STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

CODY PHINNEY
Administrator

JOHN DIMURO, DO, MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
4220 S. Maryland Parkway, Suite 810, Bldg D, Las Vegas, NV 89119
Telephone: 702-486-6515, Fax: 702-486-6520
www.health.nv.gov

May 18, 2017

MEMORANDUM

To: Brian Saeman, Chairman
State Board of Health

From: Cody Phinney, Secretary
State Board of Health

Re: Consideration and adoption of Regulation Amendments LCB File # 092-16 and accompanying Errata

PURPOSE OF REGULATIONS

The Division of Public and Behavioral Health has introduced amended language for NAC432A because in 2014, the federal government passed the Child Care Act which stipulates precise mandated changes to occur within all licensed child care facilities across the nation. The proposed amendments were generated in efforts to bring the State of Nevada into compliance with the federal mandates. Necessary amendments were made to provider trainings; school ratios and group size. The amendments are designed to ensure continued health and safety for children that attend licensed child care facilities within Nevada.

AUTHORITY FOR ADOPTION

NRS 432A.080 Cooperation with Federal Government. The Department through the Division may make agreements, arrangements or plans to:

1. Cooperate with the Federal Government in carrying out the purposes of this chapter or of any federal statutes pertaining to child care services and programs and to this end may adopt such methods of administration as are found by the Federal Government to be necessary for the proper and efficient operation of such agreements, arrangements or plans; and
2. Comply with such conditions as may be necessary to secure benefits under those federal statutes.

NRS 432A.077 State Board of Health: General powers and duties.

1. The Board shall adopt:

(a) Licensing standards for child care facilities.

SUMMARY OF CHANGES TO NEVADA ADMINISTRATIVE CODE (NAC)

1) Per the requirement qualifications for the Federal Child Care Block Grant Act of 2014, the following changes are to be implemented by States:

   a) Establishment of health and saferty requirement in certain topic areas –

      i) The administration of medication, consistent with standards for parental consent

      ii) The prevention of and response to emergencies due to food and allergic reactions

      iii) Building and physical premises safety

      iv) Prevention of shaken baby syndrome and abusive head trauma

      v) Emergency preparedness and response planning for emergices resulting from a natural disaster or a man-caused event

      vi) Appropriate precaution in transporting children

      vii) Nutrition and physical activity

   b) Establishment of Child to Provider Ratios/Group size –

      i) Group size limits for specific age populations

      ii) The appropriate ratio between the number of children and the number of providers, in terms of the age of the children in the child care

      iii) Required qualifications for providers

2) Further, the proposed amendments provided for cleanup and clarification of current NAC provisions.

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

If the State Board of Health does not adopt or approve the proposed regulations this could place the State of Nevada out of compliance with the Federal Block Grant Act of 2014 and, in turn, could jeopardize funding for the Child Care Licensing Program within the State.

APPLICABILITY OF PROPOSED AMENDMENT

These regulations will apply to all state licensed child care facilities and applicants for licensure with the state agency responsible for licensing child care facilities.

PUBLIC COMMENT RECEIVED

An outline of opportunities for public comment follows:

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health has requested input from State of Nevada licensed child care facilities.

A Small Business Impact Questionnaire was sent to licensed child care facilities along with a copy of the proposed regulation changes, on July 25th, 2016. Respondents of this questionnaire expressed concerns about the proposed changes that were further elaborated by the industry through a public workshop that was held on September 30th , 2016.

Modifications to the proposed regulations have been made as a result of this input. Industry concerns and Division response to those concerns include the following:

a) Per the industy training, it is currently required within the licensing process, comes at cost to providers and cagivers, therefore, with the increase of mandated trainings, the cost would increase. However, it is important to note that the newly required trainings would only need to be taken once by the facility employee for the duration of thier employment at their hiring facility with updated trainings to be taken as information on a particular subject or topic evolves. Therefor with the providers only needing to take the new mandated classes initially upon hire will help to stabilize cost and the Divison has agreed to prorate these training hours against any required annual hours that first year which also helps to combat cost.

b) Ratios could have an economic effect within licensed child care facilities because supervision of children would require a set number of caregivers within a classroom. However, the proposed ratios are not so different from current standards and it is not anticipated that the economic effect will adversely affect the facilities, but rather will help to ensure compliance with the federal standards and mitigate risk to the children's safety.

c) Group size as delineated within the proposed regulations could have an economic impact on facilities, however, a feasible compromise of ensuring that facilities will be able to utilize available floor space within classrooms while adhering to group size mandates will help to minimize this economic effect.

May 10th, 2017: Notice of a public hearing before the State Board of Health regarding LCB File No. R092-16 was posted in accordance with Nevada Open Meeting Law.

STAFF RECOMMENDATION

Staff recommends the State Board of Health adopt the proposed regulations for child care facilities as proposed in LCB File No. R092-16.

PRESENTER

Latisha Brown, Child Care Licensing Manager

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
Child Care Licensing Program
3811 W. Charleston Blvd #210, Las Vegas, NV 89102

dpbh.nv.gov

NOTICE OF PUBLIC HEARING

Intent to Adopt Regulations
(LCB File No. R092-16 and Errata)

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapter 432A of Nevada Administrative Code (NAC). This public hearing is to be held in conjunction with the State Board of Health meeting on June 9th, 2017. The NAC 432A regulation changes will be heard in the order placed on the State Board of Health agenda.

The State Board of Health will be conducted via videoconference beginning at 9:00 a.m. on Friday, June 09, 2017, at the following locations:

Division of Public and Behavioral Health 4150 Technology Way Room 303 Carson City, NV 89706	Division of Public and Behavioral Health 280 S. Decatur Blvd. Red Rock Trail Room A &B Las Vegas, NV 89102	Division of Aging and Disability Services Early Intervention Services 1020 Ruby Vista Drive, Suite 102 Elko, NV

These proposed amendments are needed to comply with the provisions of the 2014 federal government Child Care Act which stipulates precise mandated changes to occur within all licensed child care facilities across the States. The set forth proposed amendments were generated in efforts to bring the State of Nevada into compliance with these federal mandates. The necessary amendments were made to provider trainings; school ratios and group size as required.

In addition, the proposed regulations provide for cleanup of current NAC provisions.

1. **Anticipated effects on the business which NAC 432A regulates**:
   A. *Adverse effects*: In consideration of the responses received from the questionnaire the program has concluded a need for some amendments and further explanation of purpose

and method in efforts to be all inclusive and transparent throughout this process.

- Training, as it stands within the license process, does come with various fees and with the increase of mandated trainings to be taken, the cost would reasonably increase. However, it is important to note that the newly required trainings would only need to be taken once by the facility employee for their duration of being employed at the facility with updated trainings to be taken as information on a subject or as a topic evolves. Providers will only need to take the new mandated classes initially upon hire, which will then be prorated against any required annual hours that first year; this will assist to combat the increase.
- Ratios could have an economic effect within child cares because supervision of children would require a set number of caregivers within a classroom of children. However, the proposed ratios do not overly differ from current standards and it is not anticipated that the economic effect will adversely affect the schools, but will help to ensure compliance and mitigate risk to children's safety.
- Group size as currently delineated out within the proposed regulations could have an economic impact on facilities, however, a feasible compromise of ensuring that all facilities will be able to utilize all usable square footage within classrooms while adhering to group size mandates will help to minimize that economic effect.

B. *Beneficial:* These regulations are providing clear guidelines, which include requirements of continued professional training, group size and ratio as well as brings the state into alignment with the federal grant that funds the child care licensing program. These changes institute good policy and helps to ensure and maintain safety in the best interest of the children within our State.

C. *Immediate:* The regulations will allow for the application of this industry progress of promoting professional advancement for the Early Childhood Education needs and bolstering continued risk assessments by taking appropriate security measures.

D. *Long-term:* Provide integrity and professional advancement to the industry and continue to support child safety.

2. **Anticipated effects on the public**:

A. *Adverse*: None anticipated.

B. *Beneficial:* Increased professional understanding of Early Childhood Educational needs and strengthening of safety measures for with children within child cares.

C. *Immediate*: Increased child safety.

D. *Long-term:* Increased child safety and Early Childhood Educational needs in training comprehension.

3. **The estimated cost** to the Division of Public and Behavioral Health there is no estimated cost to the agency for enforcement of the proposed regulation as it can be incorporated into the inspection process.

The proposed regulations do not overlap or duplicate any other local, state or federal regulations.

The Division is not proposing any new fees or increasing any existing ones

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8 1/2" x 11" pages must submit the material to the Board's Secretary, , to be received no later than , at the following address:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations are on file for inspection and may be copied at the following locations during normal business hours:

Nevada Division of Public and Behavioral Health
727 Fairview Dr. Suite E
Carson City, NV 89701

Nevada State Library
100 Stewart Street
Carson City, NV 89701

Nevada Division of Public and Behavioral Health
3811 W. Charleston Blvd., Suite 210
Las Vegas, NV 89102

A copy of the regulations as revised by the Legislative Counsel Bureau and the Small Business Impact Statement can be found on-line by going to: http://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_-_Home/ Copies may be obtained in person, by mail, or by calling Alicia Mazy, Administrative Assistant at the Division of Public and Behavioral Health at (775) 684-4463, 4150 727 Fairview Dr., Carson City, Nevada 89701.

Copies of the proposed regulations as revised by the Legislative Counsel Bureau may also be obtained from any of the public libraries and website listed below:

LCB Website: https://www.leg.state.nv.us/App/Notice/A/

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
1401 East Flamingo Road
Las Vegas, NV 89119

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Esmeralda County Library
Corners of Crook and 4th Street
Goldfield, NV 89013-0484

Eureka Branch Library
80 South Monroe Street
Eureka, NV 89316-0283

Henderson District Public Library
280 South Green Valley Parkway
Henderson, NV 89012

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390

Pahrump Library District
701 East Street
Pahrump, NV 89041-0578

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

Per NRS 233B.064(2), upon adoption of any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

Division of Public and Behavioral – Child Care Licensing

Errata:

R092-16 of January 06, 2017

In efforts to ensure transparency and working collaboration between the industry and Child Care Licensing on the proposed regulation amendments of document R092-16, various meetings were held with the industry for effective dialogue.

These meetings lead to 3 areas within the document that were revisited which lead to the following compromises between licensing and the industry:

Section 5 ***subsection 1: Except as otherwise provided in NAC432A.290 and 432A.546, 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 6:30am – 9:00pm., abide by the following staffing levels in each classroom:***

~~Age of Child~~	~~Required Staff to Child Ratio~~	~~Maximum Number of Children~~
~~Less than 9 months of age~~	~~1 caregiver for every 4 children~~	~~8~~
~~9 months of age or older but less than 2 years of age~~	~~1 caregiver for every 6 children~~	~~12~~
~~2 years of age or older but less than 3 years~~	~~1 caregiver for every 9 children~~	~~18~~
~~3 years of age or older but less than 5 years of age~~	~~1 caregiver for every 12 children~~	~~24~~
~~5 years of age or older~~	~~1 caregiver for every 18 children~~	~~36~~

Chart to be replaced with:

Section 5 subsection 1:

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	*1staff – 12 children*	*24 children*
4 years	*1 staff - 13 children*	*26 children*
5 years and up	*1 staff – 18 children*	*36 children*

Rationale for Change: After discussion with the industry it was compromised that splitting the ages in this way would allow facilities more flexibility with their classrooms and teacher to child ratios. Licensing felt the delineation of age groups and the teacher to child ratios is feasible for enforceability and does not compromise child safety.

Section 5 subsection 4: ~~Except as otherwise provided in subsection 5, if a licensee of a child care facility care for children of different age groups as described in subsections 1 and 2, the licensee shall abide by the required staff to child ratio and maximum number of children limits based on the average age of the children in the facility.~~

Section 5 subsection 4 to be replaced the following verbiage with:

Facilities are allowed the use of all useable and measured square footage within a classroom if ratios and group size are maintained per subsection 1 of this section within those classrooms.

Rationale for Change: Industry and Division discussion and dialogue recognized that classroom capacity should be allowed to be utilized if the facility maintains ratio and group size within that classroom. Licensing agrees that all useable and measured space within a classroom can be maximized if ratio and group size are continually maintained to ensure child safety.

Section 5 subsection 5: ~~No child 2 years of age or older may be in a classroom where there are children less than 2 years of age, regardless of the average age of the children in the facility.~~

Section 5 subsection 5 to be replaced the following verbiage with:

Facilities who utilize mixed ages must use the youngest age of child within a group size as the basis for ratio, however, per subsection 4, multiple group sizes can be in one classroom while maintaining room capacity.

Rationale for Change: Industry and Division discussion identified that mixed age groups can be the norm to facilities, especially, during the opening and closing hours of the day. Industry required the flexibility to move the children around and to utilize mixed ages to accommodate staffing shortages during those times of day. Licensing agreed that having multiple ages and group sizes within one classroom is permissible if facilities do not exceed their room capacities while maintaining ratio and group size ratio as stipulated within subsection 1 of section 5.

SMALL BUSINESS IMPACT STATEMENT 2016

PROPOSED AMENDMENTS TO NAC 432A

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments should not create significant impact upon a small business or hinder the formation, operation or expansion of a small business in Nevada.

A small business is defined in Nevada Revised Statutes NRS 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608 (3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 below followed by the certification by the person responsible for the agency.

Background

In 2014, the federal government passed the Child Care Act which stipulates precise mandated changes to occur within all licensed child care facilities across the States. The set forth proposed amendments were generated in efforts to bring the State of Nevada into compliance with these federal mandates. The necessary amendments were made to provider trainings; school ratios and group size as required.

1) **A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

   The amended regulations of NAC432A were sent out to State of Nevada licensed child care facilities and posted publicly for other interested parties. The delivery outlets included postings to the listserv, child care licensing website, as well as, being electronically mailed. Majority of the responses received indicate that the proposed changes will have an adverse effect on small business in its current state. Individuals who answered the small business impact questionnaire explain that the effect would put a financial strain on their business and found the changes to be excessive.

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health has requested input from State of Nevada licensed child care facilities.

A Small Business Impact Questionnaire was sent to licensed child care facilities along with a copy of the proposed regulation changes, on July 25th, 2016. The questions on the questionnaire were:

1) How many employees are currently employed by your business?
2) Will a specific regulation have an adverse economic effect upon your business?
3) Will the regulation(s) have any beneficial effect upon your business?
4) Do you anticipate any indirect adverse effects upon your business?
5) Do you anticipate any indirect beneficial effects upon your business?

Summary of Response

Summary Of Comments Received **67 responses were received out of 459 small business impact questionnaires distributed)**			
Will a specific regulation have an adverse economic effect upon your business?	**Will the regulation (s) have any beneficial effect upon your business?**	**Do you anticipate any indirect adverse effects upon your business?**	**Do you anticipate any indirect beneficial effects upon your business?**
Respondents that replied yes stated that the increase of training will adversely affect their business because trainings come at a cost. Increasing supervision needs will mean hiring more staff which will cost the facility.	Respondents did claim that having more training will be beneficial by keeping caregivers knowledgeable on their day to day activities. Increase to supervision is good because it helps to ensure children's safety.	Trainings and hiring of more caregivers will cost the facilities in the end which in turn will require the facilities to raise the cost to the parents that utilize their services.	More education and better supervision.

Number of Respondents out 67	**Adverse economic effect?**	**Beneficial effect?**	**Indirect adverse effects?**	**Indirect beneficial effects?**
	48	15	27	6
	67	67	67	67

2) Describe the manner in which the analysis was conducted.

a) Program review of the responses sent in and summarized.

3) **The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.**

a) Training, as it stands within the license process, does come with various fees and with the increase of mandated trainings to be taken, the cost would reasonably increase. However, it is important to note that the newly required trainings would only need to be taken once by the facility employee for their duration of being employed at the facility with updated trainings to be taken as information on a particular subject or topic evolves. Providers will only need to take the new mandated classes initially upon hire, which will then be prorated against any required annual hours that first year; this will assist to combat the increase.

b) Ratios could have an economic effect within child cares because supervision of children would require a set number of caregivers within a classroom of children. However, the proposed ratios do not overly differ from current standards and it is not anticipated that the economic effect will adversely affect the schools, but will help to ensure compliance and mitigate risk to children's safety.

c) Group size as currently delineated out within the proposed regulations could have an economic impact on facilities, however, a feasible compromise of ensuring that all facilities will be able to utilize all usable square footage within classrooms while adhering to group size mandates will help to minimize that economic effect.

4) **Provide a description of the methods that the agency considered reducing the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Division of Public and Behavioral Health has held several opportunities for child care businesses to provide input and comments regarding the proposed NAC432A proposed regulations, including the economic impact the proposed regulations may have on theses child care businesses. Modifications to the proposed regulations will be made as a result of this input. Workshops will be held on September 30th, 2016 allowing for further input by child care providers regarding the proposed regulations and how they will impact their businesses. These comments will be taken into consideration for possible further revisions to the regulations to reduce the economic impact on facilities.

5) **The estimated cost to the agency for enforcement of the proposed regulation.**

NONE

6) **If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.**

NONE

7) **An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.**

NONE

8) Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.

The agency recognizes that the proposed amendments are essential to ensuring the continued health and safety of the children and families that utilize these child care facilities. Continued education and by placing strong safeguards around supervision are among the basic function of need in producing equitability in the quality of care offered throughout the State. The agency is also mindful of the economic impact changes can have on facilities which is why the agency is willing to make feasible modifications that will not compromise the health and safety of the children this State serves.

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to Latisha Brown at the Division of Public and Behavioral Health at:

Division of Public and Behavioral Health
3811 W. Charleston Blvd, Suite 210
Las Vegas, NV 89102
Latisha Brown
Phone: 702-486-3822
Email: ChildCareLicensing@health.nv.gov

Certification by Person Responsible for the Agency

I, Cody Phinney, Administrator of the Division of Public and Behavioral Health certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and is accurate.

Signature Cody Phinney Date: 9/15/16

REVISED PROPOSED REGULATION OF THE

STATE BOARD OF HEALTH

LCB File No. R092-16

January 6, 2017

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§1-5, 8-10, 12-20 and 22-29, NRS 432A.077; §6, NRS 432A.077, 432A.170, 432A.180 and 439.150; §7, NRS 432A.077 and 432A.190; §11, NRS 432A.077 and 432A.177; §21, NRS 432A.077 and 432A.1771.

A REGULATION relating to children; revising certain provisions concerning the required ratio of caregivers to children in certain types of child care facilities; authorizing the Division of Public and Behavioral Health of the Department of Health and Human Services to charge and collect a fee for reasonable costs of investigation of a licensee; requiring persons employed in certain child care facilities and directors of certain child care facilities to obtain training in various subjects relating to child care and safety; making various other changes relating to the standards of operation of certain types of child care facilities; providing additional requirements for certain types of child care facilities; repealing certain provisions relating to the standards of operation of certain types of child care facilities; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law and regulations require the Division of Public and Behavioral Health of the Department of Health and Human Services to perform a criminal background investigation of each employee of an applicant for a license to operate a child care facility and each licensed child care facility to determine whether the employee has been convicted of certain crimes. (NRS 432A.170, 432A.175; NAC 432A.200) **Section 2** of this regulation defines the term "employee" for the purposes of existing regulations governing child care facilities, including, without limitation, for the purpose of determining which employees of child care facilities are required to undergo criminal background investigations.

Existing law requires the State Board of Health to adopt regulations relating to the licensing and operation of child care facilities in this State. (NRS 432A.077, 432A.177, 432A.190) Existing regulations require certain ratios of caregivers to children in certain child care facilities. (NAC 432A.520-432A.546) **Sections 5 and 25-27** of this regulation revise those

ratios for certain child care facilities. **Section 29** of this regulation repeals certain provisions relating to ratios of caregivers to children in certain child care facilities. Existing regulations require persons employed in certain child care facilities and directors of child care facilities to receive certain training in subjects relating to child care and safety. (NAC 432A.323) **Section 11** of this regulation requires that such training be provided in various other subjects relating to child health and safety and emergency preparedness. **Section 13** of this regulation requires a child care facility to write a report if a child under the care of the facility becomes seriously ill or injured within 24 hours after the illness or injury. **Section 15** of this regulation adopts the standards for meals and snacks issued by the United States Department of Agriculture that child care facilities in this State must follow.

Existing law authorizes the Board and the Division to conduct investigations and inspect any child care facility in this State. (NRS 432A.170, 432A.180) Existing law also authorizes the Division to impose administrative fines for a violation of the statutes governing licensure of child care facilities or the regulations adopted pursuant thereto. (NRS 432A.190) Existing regulations establish the amount of such administrative fines and the procedure that the Division will follow in imposing those administrative fines, including the circumstances pursuant to which the Division is authorized to issue a notice of violation to a person operating a child care facility. (NAC 432A.195) **Section 6** of this regulation authorizes the Division to charge any licensee for the reasonable cost of the investigation conducted as a result of a substantiated complaint. **Section 7** of this regulation revises the circumstances pursuant to which the Division is authorized to issue such a notice of violation.

Existing law requires the Board to adopt regulations requiring each licensee that operates a child care facility to provide appropriate space where a mother may breastfeed. (NRS 432A.1771) **Section 21** of this regulation requires each child care facility to provide a private area on the premises where a mother may breastfeed.

Section 1. Chapter 432A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. ***"Employee" means a person who 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:***

1. ***Exercise supervisory control over children served by the facility;***
2. ***Have direct access to or contact with children served by the facility; or***

3. Have access to information or records maintained by the licensee relating to children served by the facility.

Sec. 3. *"Moderate or vigorous physical activity" has the meaning ascribed to it in NRS 432A.1771.*

Sec. 4. *"Sedentary activity" has the meaning ascribed to it in NRS 432A.1771.*

Sec. 5. *1. Except as otherwise provided in NAC 432A.290 and 432A.546, 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:*

Age of Child	*Required Staff to Child Ratio*	*Maximum Number of Children*
Less than 9 months of age	*1 caregiver for every 4 children*	*8*
9 months of age or older but less than 2 years of age	*1 caregiver for every 6 children*	*12*
2 years of age or older but less than 3 years of age	*1 caregiver for every 9 children*	*18*
3 years of age or older but less than 5 years of age	*1 caregiver for every 12 children*	*24*

Age of Child	*Required Staff to Child Ratio*	*Maximum Number of Children*
5 years of age or older	*1 caregiver for every 18 children*	*36*

2. Except as otherwise provided in NAC 432A.546, 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 which is operated between the hours of 9:00 p.m. and 6:30 a.m. shall abide by the following staffing levels in each classroom:

Age of Child	*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*

3. Every member of the staff of a child care center, child care institution, accommodation facility, facility for special events, nursery for infants and toddlers or special needs facility who is on duty at night shall remain awake during duty hours.

4. Except as otherwise provided in subsection 5, if a licensee of a child care facility cares for children of different age groups as described in subsections 1 and 2, the licensee shall

abide by the required staff to child ratio and maximum number of children limits based on the average age of the children in the facility.

5. No child 2 years of age or older may be in a classroom where there are children less than 2 years of age, regardless of the average age of the children in the facility.

Sec. 6. NAC 432A.190 is hereby amended to read as follows:

432A.190 1. Inspections of any building or premises of a facility pursuant to NRS 432A.180 may be unannounced and must be made at least two times during the 12-month licensing period or once every 6 months. Any authorized member or employee of the Division may enter and inspect any building or premises of a facility at any time pursuant to NRS 432A.180 to secure compliance with or prevent a violation of any provision of this chapter or chapter 432A of NRS.

2. In conducting inspections and investigations, the Division may call upon political subdivisions and governmental agencies for assistance. The licensee or applicant shall cooperate with the person conducting the investigation by providing access to the buildings, records ***required to be maintained pursuant to this chapter*** and staff of the facility. Failure to provide such access is a ground for revocation of a license or denial of an application for a license.

3. ***The Division may charge any licensee subject to a substantiated complaint for the reasonable cost of the investigation conducted as a result of the complaint. As used in this subsection, "substantiated complaint" means a complaint that results in the finding of a violation of any provision of this chapter or chapter 432A of NRS by an authorized member or employee of the Division.***

4. On confirmation of the operation of an unlicensed operator of a facility, the Division or the local licensing agency shall investigate and attempt to license the operator of the facility, force discontinuance of the operation of the facility or prosecute the violation.

Sec. 7. NAC 432A.195 is hereby amended to read as follows:

432A.195 1. If an inspection of a facility conducted pursuant to NRS 432A.180 reveals that the person who operates the facility is in violation of any provision of this chapter or chapter 432A of NRS, the Division may issue a notice of violation. ***The notice of violation may be issued in the form of a statement of deficiencies or a report of an inspection of the facility.*** The notice of violation must:

(a) Be in writing and describe with particularity the nature of the violation;

(b) Include the time permitted to correct the violation; ~~[and]~~

(c) Inform the person who operates the facility of the provisions of subsections 2, 3 and 4 ~~[.]~~ ***;***

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.

2. The Division may impose an administrative fine ~~[:~~

~~(a) In]~~ ***in*** the amount of $100 for:

~~[(1) An injury to a child which is the direct result of the negligence of the licensee or an employee of the licensee.~~

~~(2)]~~ *(a)* The failure to satisfy the requirements of this chapter or chapter 432A of NRS relating to information on the background and personal history of all persons required to be investigated ~~[two or more times]~~ during the licensing period of the facility.

~~[(3)]~~ ***(b) The failure to correct any violation of a provision of this chapter or chapter 432A of NRS within the time frame set forth in the notice of violation. A fine may be imposed for each day a facility is in noncompliance with the notice of violation.***

(c) The failure to satisfy the applicable requirements for the ratio of caregivers to children pursuant to this chapter or chapter 432A of NRS two or more times during the licensing period of the facility.

~~[(4)]~~ *(d)* The failure to satisfy the requirements of this chapter or chapter 432A of NRS for training of the caregivers in the facility by the end of the licensing period of the facility.

~~[(b) Of not more than $100 per day for the failure to correct any other violation of a provision of this chapter or chapter 432A of NRS within the time frame specified in the notice of violation.~~

~~3.]~~ ***(e) The failure to submit a completed application for reissuance before the expiration of the license of the facility, in addition to any renewal or late fee set forth in NAC 432A.200 and 432A.220.***

3. The Division may impose an administrative fine of $200 in addition to any administrative fine prescribed by subsection 2 if the violation of a provision of this chapter or chapter 432A of NRS resulted in an injury to any person.

4. A licensee upon whom the Division imposes an administrative fine pursuant to this section may appeal that action pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.

Sec. 8. NAC 432A.290 is hereby amended to read as follows:

432A.290 1. Each licensee of a facility shall have a working telephone listed in a local telephone directory. A current list of emergency telephone numbers, including health agencies, fire and police departments and ambulance services must be posted adjacent to the telephone.

2. Each licensee of a facility shall have a policy of insurance for protection against liability to third persons. A certificate of insurance must be furnished by the licensee of a facility to the Division as evidence that the policy is in force. Each policy must contain a provision which requires the insurer to notify the Division before cancellation or nonrenewal of the policy. The licensee shall notify the Division if there is a lapse in the insurance coverage required by this subsection. The policy of insurance must be maintained at the facility. Any government, governmental agency or political subdivision of a government which operates a child care facility and is self-insured is not required to furnish a certificate of insurance to the Division.

3. If transportation is provided by the licensee of a facility, all children must be protected by adequate supervision by the staff, safety precautions and adequate insurance which covers liability for health or injury, medical expenses and damages caused by uninsured motorists. The licensee of a facility shall require that each child is instructed in the conduct required for safe transportation. A driver of a vehicle used by the licensee of a facility shall:

(a) Possess an appropriate driver's license and adequate insurance;

(b) Not leave an unattended child in the vehicle at any time;

(c) Ensure that a parent, or a person designated in writing by the parent, is present to take charge of a child upon delivery of the child to his or her home or the facility;

(d) Ensure that each child boards or departs the vehicle on the side of the vehicle adjacent to a curb and that the child is safely conducted across any street encountered immediately before boarding or after departing; and

(e) Ensure that the doors and windows of the vehicle are secure before proceeding.

4. Except as otherwise provided in this section, ~~[and NAC 432A.532,]~~ when transporting children, the licensee of a facility shall ensure that the ratio of caregivers to children in the vehicle satisfies the applicable requirement for the ratio of caregivers to children set forth in ~~[NAC 432A.524.]~~ ***section 5 of this regulation.*** When transporting children who are 2 years of age or older, a licensee of a special needs facility shall ensure that the ratio of caregivers to children in the vehicle satisfies the applicable requirement for the ratio of caregivers to children set forth in ~~[NAC 432A.532.]~~ ***section 5 of this regulation.***

5. If, during the time school is in operation, the licensee of a facility provides transportation for children of school age to and from a public or private school, the ratio of staff to children in the vehicle must be not less than one member of the staff for every 15 children.

6. The licensee of a facility shall maintain a log for transportation provided by the licensee of the facility. The log must be maintained at the facility for at least 4 months after the transportation is provided. The log must include:

(a) The name of each child who was transported;

(b) The date the transportation was provided by the licensee of the facility;

(c) The time of departure of the vehicle and the time the vehicle arrived at its destination;

(d) The signature of the driver of the vehicle;

(e) The name of each adult who was transported in the vehicle, including, without limitation, the driver of the vehicle; and

(f) The signed verification required by subsection 7.

7. Upon arrival at the destination, one member of the staff of the facility shall mark each child off the log as the child departs the vehicle, conduct a physical inspection and visually and physically sweep the vehicle to ensure a child is not left behind in the vehicle, and include in the log signed verification that each child who was transported in the vehicle is accounted for and that the visual and physical sweeps were conducted.

Sec. 9. NAC 432A.304 is hereby amended to read as follows:

432A.304 1. The director of a child care facility is responsible for screening, scheduling and supervising the staff of the facility and for the conduct of each member of the staff at the facility.

2. The director shall:

(a) Provide a program for child care for the facility which meets the requirements of this chapter.

(b) ***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.***

(c) Provide space for an office, the storage of records, conferences with parents, meetings of the staff and all other needs of the program for child care.

~~[(c)]~~ *(d)* Maintain organized separate records for each employee that include, without limitation, documents related to training. Such records must include, without limitation:

(1) Documents verifying that the employee has, if applicable:

(I) Completed the training required pursuant to NRS 432A.177;

(II) Received the orientation and basic training required pursuant to NAC 432A.320;

(III) Completed the training required pursuant to NAC 432A.323; and

(IV) Completed the training required pursuant to NAC 432A.326; and

(2) A copy of the documentation concerning, and the results of, the investigation of the employee's background and personal history which is conducted pursuant to NRS 432A.170, including, without limitation, a clearance letter from the Division or a current child care work card, and a release form for this information completed by the employee.

~~[(d)]~~ *(e)* 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.

~~[(e)]~~ *(f)* Work with parents and include them, whenever possible, in the programming and functioning of activities.

~~[(f)]~~ *(g)* Cooperate with the Division and other agencies of government to improve the quality of child care and the competence of caregivers.

~~[(g)]~~ *(h)* Designate a member of the staff who is responsible for the operation of the facility when the director is not present at the facility.

3. If the facility is in operation 25 hours or less ~~[,]~~ ***per week,*** the director must be present in the facility during at least half the hours of operation.

Sec. 10. NAC 432A.310 is hereby amended to read as follows:

432A.310 1. Every member of the staff of a facility, including a volunteer, *and each resident of the facility* shall present to the director of the facility, to be placed in the ~~[employee's]~~ *person's* file, written evidence that the ~~[employee]~~ *person* is free from communicable tuberculosis. The evidence must be in the form of a report which states that the ~~[employee]~~ *person* is free from active tuberculosis as required pursuant to subsection 2 or 3. ***This subsection does not apply to a child who is receiving child care services from the facility or a child who resides at the facility who is not employed by or volunteering at the facility.***

2. Before a person, including a person who has received a bacillus Calmette-Guerin (BCG) vaccination, begins employment, *volunteering or residing* at a facility, he or she must have submitted to a:

(a) ~~[Mantoux tuberculin skin]~~ ***Tuberculin*** test; or

(b) Chest radiograph and examination by a provider of health care who is authorized to diagnose active tuberculosis,

➥ within the 12 months immediately preceding the first day of employment, *volunteering or residing* at the facility.

3. Every member of the staff of a facility, including a volunteer, *and each resident of the facility* shall submit to:

(a) A ~~[Mantoux]~~ tuberculin ~~[skin]~~ test; or

(b) An examination by a provider of health care who is authorized to diagnose active tuberculosis,

➥ at least once every 24 months after the date the ~~[skin]~~ *tuberculin* test or chest radiograph and examination were conducted pursuant to subsection 2.

4. Each caregiver or member of the staff of a facility who has an identified health problem that may affect his or her ability to provide adequate care to children in a facility shall:

(a) Report the problem to the director of the facility or, if self-employed, to his or her licensing agency; and

(b) Submit to the director or, if self-employed, to his or her licensing 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 or her care in the facility.

5. Each director shall report to his or her licensing agency any health problem reported to him or her pursuant to subsection 4.

6. Each director or caregiver, if self-employed, shall immediately report to his or her licensing agency any person residing at his or her facility who contracts a serious communicable disease.

7. Each caregiver or member of the staff of a facility who has herpetic gingivostomatitis, a cold sore or herpes labialis shall:

(a) Refrain from engaging in close contact with children cared for in the facility;

(b) Refrain from sharing food or drink with children cared for in the facility or with other caregivers or members of the staff of the facility;

(c) Avoid touching the lesions;

(d) Wash his or her hands frequently; and

(e) Cover any skin lesion with a bandage, clothing or other appropriate dressing.

Sec. 11. NAC 432A.323 is hereby amended to read as follows:

432A.323 1. Except as otherwise provided in NAC 432A.521 and NRS 432A.177, within ~~[90]~~ *120* days after commencing his or her employment or position in a child care facility, each person who is employed in a child care facility, other than a person employed in a facility that provides care for ill children, and each director of a child care facility shall complete:

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

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

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

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

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

(f) If the person or director works with infants under 12 months of age, at least ~~[2]~~ *:*

(1) Two hours of training concerning Sudden Infant Death Syndrome ~~[.]~~ *; and*

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

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

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

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

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

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

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

3. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment as a member of the staff of a facility, each member of the staff of a facility ~~[who works in a nursery for infants and toddlers shall, in addition to completing any training required pursuant to subsections 1 and 2, and completing any]~~ ***shall complete a*** course in the development of children required pursuant to NAC 432A.306. ~~[, complete at least 2 hours of training concerning Sudden Infant Death Syndrome.]~~

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

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

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

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

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

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

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

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

Sec. 12. NAC 432A.326 is hereby amended to read as follows:

432A.326 1. During each 12-month licensing period immediately succeeding the completion of the initial training required pursuant to NAC 432A.323, each director of a child care facility and each caregiver who is employed at the facility shall complete:

(a) If the facility provides care for ill children, at least ~~[15]~~ ***24*** hours of training, of which not more than 3 hours may be training in the administration of cardiopulmonary resuscitation.

(b) If the facility does not provide care for ill children, the number of hours of training required pursuant to subsection 1 or 2 of NRS 432A.1775, as applicable, of which not more than 3 hours may be training in the administration of cardiopulmonary resuscitation.

2. The hours of training described in subsection 1 may consist of:

(a) Informal training, including, without limitation, on-site training at a facility, community workshops or conferences;

(b) Formal training; or

(c) An early child care and education course offered by a community college or university.

3. Any training relating to the administration of cardiopulmonary resuscitation must be taught by a certified instructor who meets the standards of a nationally or internationally recognized provider of training in cardiopulmonary resuscitation, including, without limitation, the American Heart Association, the American Red Cross, MEDIC First Aid, EMS Safety Services, ***Inc.*** or the American Safety and Health Institute.

4. The training must be approved by:

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

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

5. A director or caregiver described in subsection 1 may not receive credit toward the training required pursuant to subsection 1 for hours of training received concerning the administration of first aid or concerning the recognition of signs and symptoms of illness more than once every 36 months.

Sec. 13. NAC 432A.374 is hereby amended to read as follows:

432A.374 1. If a child becomes seriously ill or injured in a child care facility, other than a facility that provides care for ill children ~~[, the]~~ *:*

(a) The child must be immediately isolated from other children and placed under appropriate supervision ~~[.]~~ *;*

(b) A parent, a person designated by a parent or a physician designated by a parent ~~[,]~~ must be promptly notified and the child must be removed from the facility as quickly as possible ~~[.]~~ *;*

(c) Members of the staff of ~~[a]~~ *the* facility ~~[shall]~~ *must* not administer any medical treatment, except emergency first aid and prescribed medications to the child ~~[.]~~ *; and*

(d) 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 by the Division, the facility must provide to the Division the written report and any statements by members of the staff of the facility that are part of the written report.

2. If a member of the staff transports or accompanies a child for professional emergency care, he or she shall remain with the child until the parents assume responsibility for the care of the child.

Sec. 14. NAC 432A.378 is hereby amended to read as follows:

432A.378 1. 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 Division or local licensing agency ~~[as soon as possible]~~ ***within 48 hours after the accident or injury*** and shall keep on file at the facility a ***written*** report ~~[of]~~ ***detailing*** the occurrence.

2. If the director of a facility finds that any reportable communicable disease may be present in the facility, he or she shall report that condition to the Division or local licensing agency as soon as possible. The Division or local licensing agency shall provide the list of reportable communicable diseases to all licensees and applicants.

3. The director of each facility shall report as soon as possible to the Division or local licensing agency the death of any child who attends or lives in the facility.

Sec. 15. NAC 432A.380 is hereby amended to read as follows:

432A.380 1. To the extent set forth in subsections 3 and 4, a licensee of a facility shall meet the daily nutritional needs of each child. Meals and snacks must be of a quality and quantity which supplement the food served at home. Cultural and ethnic foods which are appropriate for children must be considered in planning meals. To the extent possible, information provided by parents concerning their child's eating habits and preferences or special needs regarding food must be considered in planning for meals.

2. A licensee of a facility shall ~~[consult the Division or local licensing agency or some other public agency for nutritional information]~~ ***follow the current nutrition standards for meals and snacks*** which ~~[is]~~ ***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.***

3. A child who stays in a facility:

(a) For 10 hours or less in 1 day must be offered at least one meal and two snacks or two meals and one snack; and

(b) For more than 10 hours in 1 day must be offered at least two meals and two snacks or one meal and three snacks.

4. A nutritious snack must be offered to all children in the midmorning and the midafternoon. Each child must be offered food at intervals that are at least 2 hours apart and, unless the child is asleep during that time, are not more than 3 hours apart.

5. Foods and beverages which are sweet or have little nutritional value must not be served to children except as an addition to the meals or snacks served to comply with the requirements of subsections 3 and 4.

6. Every menu must be in writing, dated, planned a week in advance, and kept on file in the facility for at least 90 days after the corresponding meal is served. The licensee of a facility shall post the current menu, including any changes, in the kitchen and in a public place within the facility convenient for parental inspection. Family homes and group homes are exempt from the requirements of this subsection.

7. Meals may be brought from home 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. A 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.

8. A child is not allowed in the kitchen of any facility unless he or she is supervised.

9. ~~[Whenever possible, members]~~ ***Members*** of the staff of the facility must ~~[eat with the children and]~~ encourage ~~[them]~~ ***the children*** to eat a variety of food and observe table manners.

10. Drinking water must be freely available to all children at all times.

11. Food must not be used as a basis for discipline or reward. Children should be encouraged, but must not be forced, to eat.

Sec. 16. NAC 432A.385 is hereby amended to read as follows:

432A.385 1. The staff of each facility shall:

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

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

(1) Is in good condition;

(2) Has a wide base; and

(3) Has a safety belt for the child;

(c) Wash with a detergent and disinfect ***before and*** after each use any ~~[chair or]~~ table that is used during a snack or meal;

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

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

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

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

(h) Not hold an infant while preparing food;

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

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

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

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

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

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

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

(1) Instructions for feeding;

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

(3) A schedule of times for feeding;

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

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

(6) Likes and dislikes of certain foods.

2. A child who is fed with a bottle and does not hold his or her own bottle must be held by a caregiver while being fed with a bottle. The bottle must not be propped for feeding. A child who demonstrates a preference for holding a bottle during feeding may hold his or her own bottle and need not be held by a caregiver if the caregiver is directly observing the child.

3. The staff of a facility may feed a child commercially prepared baby food directly from the jar in which it was packaged or from a separate dish. If the staff feeds the child from the jar, the staff shall discard the jar after it is used.

Sec. 17. NAC 432A.390 is hereby amended to read as follows:

432A.390 1. Every licensee of a facility shall develop a program to 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 ensure 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.

2. A licensee of a facility shall teach each child personal hygiene. The licensee of a facility shall require all children to wash before meals and after using a toilet.

3. If the weather permits, all children must have a daily period of outdoor play. A licensee of a facility shall provide opportunities for ~~[active play]~~ ***moderate or vigorous physical activity*** which builds muscles. ~~[such as climbing, jumping, running and playing with toys which have wheels.]~~ The quantity and quality of materials and equipment must be sufficient to avoid excessive competition between the children and long waiting periods to use the materials or equipment.

4. Every child who is in a facility for more than 5 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 licensee of a facility shall provide a cot, mat or bed for each child.

5. The amount, variety and arrangement and use of materials and equipment used in a facility must be appropriate to the developmental needs of the children cared for in the facility. Materials must be stored in a manner that allows children to select, remove and replace the materials independently or with minimal assistance.

6. Furniture must be durable, safe and intended for use by children or appropriately adapted for use by children.

7. A licensee of a facility shall provide space for the storage of the children's clothing and the storage must be within easy reach of the children.

Sec. 18. NAC 432A.400 is hereby amended to read as follows:

432A.400 1. A licensee of a facility shall enhance a child's behavior through positive guidance, redirection of the child's behavior and the setting of clear-cut limits on behavior.

2. A member, employee or other person associated with a facility shall not, for any reason:

(a) Inflict physical punishment, in any manner or form, upon any child;

(b) Verbally abuse or threaten a child;

(c) Make derogatory remarks about the child or the child's family;

(d) Threaten a child with the loss of love of any person;

(e) Threaten a child with punishment by a deity;

(f) Subject a child to any form of punishment which pertains to food or rest or restricts the use of a toilet or other bathroom fixture; ~~[or]~~

(g) ***Withhold or use physical activity as a form of punishment;***

(h) Confine a child as a form of punishment by any means, including, without limitation, in a car seat, high chair, infant carrier or jump seat; or

(i) Subject a child to any form of punishment by other children.

➥ Parental consent to allow any person within the facility to punish a child contrary to the provisions of this section is void.

3. Disciplinary measures used in a facility must be consistent with supportive, positive action, and may include:

(a) Holding a child's arm to prevent hitting;

(b) Bodily picking up the child and removing him or her from the group, and:

(1) Sitting with the child until he or she is ready to play without hitting; or

(2) Isolating the child under observation for no more than 10 minutes;

(c) Informing the child in a simple, positive manner what conduct is expected while the child is in the facility;

(d) Praising and recognizing a child who behaves in the expected manner; and

(e) Directing a child who is in a situation that is creating problems to a new activity.

Sec. 19. NAC 432A.415 is hereby amended to read as follows:

432A.415 1. Equipment and any material other than a toy that is used for play in a facility must be durable and free from characteristics that may be hazardous or injurious to a child who is less than 2 years of age, including, without limitation, such characteristics as sharp or rough edges, toxic paint or objects that are small enough for a child of that age to swallow and choke on.

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

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

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

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

6. Toys ***must not be*** placed in a crib at ~~[a facility must be appropriate for the age of the child using the crib.]~~ ***any time.*** The staff of a facility shall adhere to any requirement set forth on the label of a toy regarding the safe use of the toy.

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

(a) Low, open shelves to store toys;

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

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

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

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

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

Sec. 20. NAC 432A.416 is hereby amended to read as follows:

432A.416 1. Each member of the staff of a facility that is necessary to meet the applicable requirement for the ratio of caregivers to children set forth in ~~[NAC 432A.526]~~ ***section 5 of this regulation*** for napping or sleeping children must be on the same floor in the same building where the children are napping or sleeping. Members of the staff of each facility must be readily accessible and available to be summoned to ensure the safety of the children in the facility.

2. Areas provided for napping or sleeping in a facility must be sufficiently lighted to provide for visual supervision of the children at all times.

3. The staff of each facility shall:

(a) Ensure that each infant under 12 months of age is placed on his or her back on a firm mattress, mat or pad manufactured for use by an infant when the infant is napping or sleeping;

(b) Use a safe, sturdy, well-constructed, single-level, free-standing crib, portable crib or playpen for children to nap or sleep in;

(c) Equip any such sleeping device with a waterproof, firm-fitting mattress;

(d) Ensure that each crib to be used by a child who is 6 months of age or younger is constructed with vertical slats that are not more than 2 3/8 inches apart;

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 21. NAC 432A.425 is hereby amended to read as follows:

432A.425 1. 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:

(a) Feeding;

(b) Diapering;

(c) Changes of clothing, which are to be provided by the parents;

(d) Bathing, including, without limitation, the kind of soap to be used;

(e) Precautions against infectious disease;

(f) Sleeping;

(g) Toilet training;

(h) Daily reports to the parents;

(i) Any special precautions regarding the health and safety of the child; and

(j) Any other information deemed necessary by the facility or the Division.

2. A caregiver must be assigned to a specific group of infants on a continuing basis.

3. Except as otherwise provided in paragraph (n) of subsection 3 of NAC 432A.416, each infant and toddler must be under direct visual observation by a qualified caregiver at all times.

4. 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:

(a) Hold and talk to the child;

(b) Encourage the development of the child's coordination by allowing him or her to reach for, grasp, creep, crawl or pull up;

(c) Give toddlers the opportunity to develop the large muscles of the body by activities such as climbing and walking; and

(d) 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 6 months of age must be provided an additional period of not less than 2 hours of activity each day out of the crib, for example, in a playpen or other suitable area.

5. Each licensee of a facility shall provide an indoor area which is covered by a soft or nonabrasive material and is protected from traveled walkways where crawling children can be on the floor for at least a part of the day.

6. A caregiver may take the infant or toddler assigned to him or 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 environment and to increase opportunities for social interaction.

7. 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.

8. An infant who is awake must not be left in a crib for long periods without direct adult care and never for more than ~~[30]~~ ***15*** minutes at a time.

9. The staff of a nursery for infants and toddlers shall separate the infants from the toddlers while the toddlers are engaging in physical activities.

10. 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.

11. The staff of a nursery for infants and toddlers shall promote the healthy development of toddlers by:

(a) Expressing feelings with words;

(b) Giving directions that are worded in a positive manner;

(c) Modeling desirable behavior; and

(d) Redirecting behavior.

12. The staff of a nursery for infants and toddlers shall not discipline or punish an infant or toddler by confining him or her to a crib, high chair, playpen or other such piece of furniture or equipment.

13. The staff of a nursery for infants and toddlers shall prepare a daily report for each ~~[infant less than 12 months of age]~~ ***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.]~~ *child.*

14. Each licensee of a facility shall provide an appropriate, private area on the premises where a mother may breastfeed.

Sec. 22. NAC 432A.430 is hereby amended to read as follows:

432A.430 1. Each facility, including, without limitation, a family home and a group home, shall have an early care and education program.

2. Each facility described in subsection 1 shall develop a written assessment plan which is designed to, without limitation:

(a) Identify the interests and needs of each child enrolled in the facility;

(b) Describe the developmental and educational progress of each child enrolled in the facility who is not attending public or private elementary school;

(c) 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;

(d) Describe the methodology for developing curriculum for the children enrolled in the facility;

(e) Adapt teaching practices and the environment to the children enrolled in the facility;

(f) Facilitate the early care and education program required pursuant to subsection 1; and

(g) Promote communication with the family of a child enrolled in the facility.

3. In addition to the written assessment plan which is developed pursuant to subsection 2, each facility described in subsection 1 shall, within 3 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.

4. Each facility described in subsection 1 shall develop a written plan of curriculum for the children enrolled in the facility. The plan must:

(a) Be made available for parental review;

(b) Be prepared before the early care and education program becomes effective;

(c) Be kept on file at the facility for at least 1 year;

(d) Include a program of speaking and listening to English;

(e) Integrate age appropriate key areas of instruction, including, without limitation, literacy, mathematics, science, social studies, creative expression and the arts, and health and safety;

(f) Incorporate ***age appropriate*** instruction, concepts and activities that foster the social, emotional, physical, linguistic and cognitive development of children ~~[; and]~~ ***, which must include, without limitation, moderate or vigorous physical activity;***

(g) Provide for the involvement of parents of the children enrolled in the facility in learning activities at the facility and at home ~~[.]~~ ***; and***

(h) Ensure that sedentary activity is limited throughout the day.

5. Each facility described in subsection 1 shall provide materials and equipment to carry out the written plan of curriculum developed pursuant to subsection 4 that:

(a) Reflect the lives of the children and the families of the children enrolled in the facility;

(b) 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;

(c) Provide for the safety of the children enrolled in the facility while being appropriately challenging for the children;

(d) Encourage the children enrolled in the facility to explore, experiment and discover new information and ideas;

(e) Promote action on the part of the children enrolled in the facility and interaction among the children enrolled in the facility;

(f) Are organized in a manner which facilitates independent use of the materials and equipment by a child enrolled in the facility;

(g) Are rotated to reflect changes in the curriculum and to accommodate the different interests and skill levels of the children enrolled in the facility;

(h) Allow for a variety of uses; and

(i) Accommodate the special needs of the children enrolled in the facility.

Sec. 23. NAC 432A.520 is hereby amended to read as follows:

432A.520 1. A licensee of a child care facility shall 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.

2. Except as otherwise provided in subsection 3, in addition to the number of caregivers that are required to satisfy the applicable ratio of caregivers to children set forth in ~~[NAC 432A.524.]~~ ***section 5 of this regulation,*** one additional caregiver or an adult volunteer per each 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.

3. The provisions of subsection 2 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.

(b) To a group of children that is composed entirely of children of school age, including children who are attending kindergarten.

4. A member of the staff of a facility who is supervising a child pursuant to subsection 1 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 assistance or direction is needed by the child.

Sec. 24. NAC 432A.521 is hereby amended to read as follows:

432A.521 A facility, other than an accommodation facility or a facility that provides care for ill children, may replace a caregiver who has:

1. An unplanned absence with an alternate caregiver:

(a) Who is able to be on the premises of the facility within 5 minutes after being requested to do so;

(b) Whom the Division has investigated pursuant to paragraph (a) of subsection 2 of NAC 432A.200; and

(c) Who satisfies the requirements of NAC 432A.310 and ~~[paragraph (a) of]~~ subsection 1 of NAC 432A.323.

2. A prearranged absence with a substitute caregiver who satisfies each of the requirements of a caregiver set forth in this chapter and chapter 432A of NRS.

Sec. 25. NAC 432A.534 is hereby amended to read as follows:

432A.534 1. ~~[In]~~ ***Limits on the number of children in*** a family home ~~[:~~

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

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

Age of Child	*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*

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

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

(b) ***Not provide care for more than two children who are less than 1 year of age at any given time;***

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

~~[(c)]~~ ***(d)*** Provide an alternate caregiver in case of an emergency.

3. If a licensee of a family home is:

(a) A natural person, the licensee shall:

(1) Reside in the facility; and

(2) Provide direct care to the children in the facility.

(b) Not a natural person, one of the persons listed on the license pursuant to NRS 432A.150 as a person authorized to operate the facility shall:

(1) Reside in the facility; and

(2) Provide direct care to the children in the facility.

Sec. 26. NAC 432A.536 is hereby amended to read as follows:

432A.536 1. ~~[In a group home, not more than eight of the children may be less than 3 years of age, and not more than four of the children may be less than 1 year of age.~~

~~2.]~~ Except as otherwise provided in NAC 432A.546, ***a licensee of*** a group home ~~[must have one caregiver on duty at all times. An additional caregiver must be on duty whenever one or more of the following conditions exist:~~

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

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

~~(c) More than two of the children are less than 1 year of age.]~~ ***shall abide by the following limits on the number of children in the group home and staffing levels:***

Age of Child	*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*

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

~~[3.]~~ 2. If a licensee of a group home is:

(a) A natural person, the licensee shall:

(1) Reside in the facility; and

(2) Provide direct care to the children in the facility.

(b) Not a natural person, one of the persons listed on the license pursuant to NRS 432A.150 as a person authorized to operate the facility shall:

(1) Reside in the facility; and

(2) Provide direct care to the children in the facility.

Sec. 27. NAC 432A.540 is hereby amended to read as follows:

432A.540 1. A licensee of a facility that provides care for ill children shall ~~[have on duty at least the following number of staff:~~

~~(a) If all children in the facility are younger than 2 years old, one member of the staff for every three children;~~

~~(b) If all children in the facility are between 2 years and 3 years old, one member of the staff for every four children;~~

~~(c) If all children in the facility are between 3 years and 6 years old, one member of the staff for every five children; or~~

~~(d) If all children in the facility are older than 6 years, one member of the staff for every seven children.]~~ ***abide by the following limits on the number of children in the facility and staffing levels:***

Age of Child	*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*

2. If the director provides care for ill children, he or she may be included in calculating the ratio of staff to children.

3. 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.

Sec. 28. NAC 432A.685 is hereby amended to read as follows:

432A.685 1. The provider shall establish and maintain a personnel file for each employee. Each individual file must include, without limitation:

(a) The information required by paragraph ~~[(c)]~~ *(d)* of subsection 2 of NAC 432A.304.

(b) The person's application for employment, including a record of his or her previous employment and related references.

(c) Evidence of his or her applicable credentials and certifications.

(d) An initial medical evaluation, including the results of a tuberculin test.

(e) A current record of all related training successfully completed and certification obtained by the employee, including training in such areas as the administration of first aid and the certification in the administration of cardiopulmonary resuscitation required pursuant to NAC 432A.322.

(f) A copy of each evaluation of his or her work performance.

(g) A copy of his or her registration as an alien, if applicable.

(h) A copy of the rules of conduct for employees which has been signed by the employee indicating that he or she has received and understands the rules.

2. The field administrator shall allow each employee reasonable access to his or her respective personnel file and shall allow the employee to insert written statements in the file. The provider shall retain the personnel file of an employee for at least 1 year after the termination of his or her employment.

Sec. 29. NAC 432A.420, 432A.522, 432A.524, 432A.526, 432A.528, 432A.530, 432A.532, 432A.541, 432A.542, 432A.543 and 432A.544 are hereby repealed.

TEXT OF REPEALED SECTIONS

432A.420 Nurseries for infants and toddlers: Part of larger facility; director. (NRS 432A.077)

1. A nursery for infants and toddlers may be a part of another type of facility if each part of the facility meets the requirements of this chapter. If such a nursery is a part of a larger facility, the director or one caregiver who meets the qualifications of a director must spend at least one-half of his or her time in the nursery.

2. In a facility where a director is not required, the director of the nursery for infants and toddlers shall ensure that the required number of persons on the staff is maintained.

432A.522 Nurseries for infants and toddlers. (NRS 432A.077)

1. A licensee of a nursery for infants and toddlers shall have on duty at least the following number of caregivers:

(a) If all children in the nursery are under 9 months old, one caregiver for every four children;

(b) If all children in the nursery are between 9 months and 18 months old, one caregiver for every six children; or

(c) If all children in the nursery are between 18 months and 3 years old, one caregiver for every eight children,

↪ except that if there are more than six children in the facility, there must be at least two caregivers on duty in the facility.

2. If the nursery contains children from more than one of these age groups, the required number of staff members is determined by computing the average of the ages of all children attending the nursery and using the average age to determine the applicable ratio of caregivers to children.

432A.522 Nurseries for infants and toddlers. (NRS 432A.077)

1. A licensee of a nursery for infants and toddlers shall have on duty at least the following number of caregivers:

(a) If all children in the nursery are under 9 months old, one caregiver for every four children;

(b) If all children in the nursery are between 9 months and 18 months old, one caregiver for every six children; or

(c) If all children in the nursery are between 18 months and 3 years old, one caregiver for every eight children,

↪ except that if there are more than six children in the facility, there must be at least two caregivers on duty in the facility.

2. If the nursery contains children from more than one of these age groups, the required number of staff members is determined by computing the average of the ages of all children attending the nursery and using the average age to determine the applicable ratio of caregivers to children.

432A.524 Child care centers and accommodation facilities: Caregivers during the day. (NRS 432A.077) Except as otherwise provided in NAC 432A.290, 432A.532 and 432A.546, a

licensee of a child care center or accommodation facility shall have on duty between the hours of 6:30 a.m. and 9:00 p.m. at least the following number of caregivers:

1. Where the children are 2 years of age and older:

(a) For 1 to 6 children, inclusive, one caregiver;

(b) For 7 to 20 children, inclusive, two caregivers;

(c) For 21 to 35 children, inclusive, three caregivers;

(d) For 36 to 50 children, inclusive, four caregivers;

(e) For 51 to 65 children, inclusive, five caregivers;

(f) For 66 to 80 children, inclusive, six caregivers;

(g) For 81 to 93 children, inclusive, seven caregivers; and

(h) For every 13 children in excess of 93, one additional caregiver.

2. In a classroom which contains children who are 2 or more years of age but less than 3 years of age:

(a) For 1 to 10 children, inclusive, one caregiver;

(b) For 11 to 20 children, inclusive, two caregivers;

(c) For 21 to 30 children, inclusive, three caregivers; and

(d) For every 1 to 10 children, inclusive, in excess of 30, one additional caregiver.

432A.526 Child care centers, accommodation facilities and facilities for special events: Caregivers at night. (NRS 432A.077)

1. Except as otherwise provided in NAC 432A.532 and 432A.546, a licensee of a child care center, accommodation facility or facility for special events which is operated between the hours of 9:00 p.m. and 6:30 a.m. shall have on duty the following number of caregivers:

(a) For 1 to 15 children, inclusive, one caregiver;

(b) For 16 to 31 children, inclusive, two caregivers;

(c) For 32 to 46 children, inclusive, three caregivers;

(d) For 47 to 61 children, inclusive, four caregivers; and

(e) For every 15 children in excess of 61, one additional caregiver.

2. Every member of the staff of a child care center, accommodation facility or facility for special events who is on duty at night shall remain awake during duty hours.

432A.528 Child care centers: Caregivers for infants and toddlers. (NRS 432A.077)

1. Whenever one or more infants or toddlers who are under 2 years of age are being cared for in a child care center, the licensee shall have at least one caregiver on duty who is designated to provide that care.

2. An additional caregiver must be on duty whenever more than six infants or toddlers who are under 30 months of age are in a child care center between the hours of 6:30 a.m. and 9:00 p.m.

432A.530 Child care centers: Additional children outside normal school hours. (NRS 432A.077)

1. A licensee of a child care center may, after obtaining the written permission of the Administrator of the Division, provide care before and after normal school hours for up to three additional children or 10 percent more children than the number stated on the facility's license, whichever number is greater, if each of the additional children is attending first grade or a grade higher than first grade but is less than 16 years of age.

2. A licensee of a child care center who accepts such additional children shall have one additional caregiver for up to 20 children so accepted and one additional caregiver for every 1 to 20 additional children thereafter.

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

432A.532 Special needs facilities. (NRS 432A.077) Except as otherwise provided in NAC 432A.546, a licensee of a special needs facility in which care is provided to children who are 2 years of age and older shall have on duty at all times at least the following number of caregivers:

1. For 1 to 6 children, inclusive, one caregiver;
2. For 7 to 20 children, inclusive, two caregivers;
3. For 21 to 30 children, inclusive, three caregivers;
4. For 31 to 40 children, inclusive, four caregivers;
5. For 41 to 50 children, inclusive, five caregivers;
6. For 51 to 60 children, inclusive, six caregivers;
7. For 61 to 70 children, inclusive, seven caregivers;
8. For 71 to 80 children, inclusive, eight caregivers;
9. For 81 to 90 children, inclusive, nine caregivers;
10. For 91 to 100 children, inclusive, 10 caregivers; and
11. For every 6 children in excess of 100, one additional caregiver.

432A.541 Child care institutions. (NRS 432A.077) Except as otherwise provided in NAC 432A.546, a licensee of a child care institution shall have on duty between the hours of

6:30 a.m. and 9:00 p.m. at least the following number of caregivers if the children are 2 years of age or older:

1. For 1 to 6 children, inclusive, one caregiver;

2. For 7 to 20 children, inclusive, two caregivers;

3. For 21 to 35 children, inclusive, three caregivers;

4. For 36 to 50 children, inclusive, four caregivers;

5. For 51 to 65 children, inclusive, five caregivers;

6. For 66 to 80 children, inclusive, six caregivers;

7. For 81 to 93 children, inclusive, seven caregivers; and

8. If the number of children is greater than 93:

(a) At a residential child care institution, for every 10 children in excess of 93, one additional caregiver;

(b) At a shelter child care institution, for every 13 children in excess of 93, one additional caregiver; and

(c) At an educational child care institution, for every 18 children in excess of 93, one additional caregiver.

432A.542 Educational child care institutions. (NRS 432A.077)

1. Except as otherwise provided in NAC 432A.546, a licensee of an educational child care institution shall have on duty between the hours of 9:00 p.m. and 6:30 a.m., when children are generally asleep, at least the following number of caregivers:

(a) For 1 to 25 children, inclusive, one caregiver; and

(b) For every 25 children in excess of 25, one additional caregiver plus an additional on-call or back-up person on-site.

2. Every member of the staff who is on duty at night shall remain awake during duty hours.

432A.543 Residential child care institutions. (NRS 432A.077)

1. Except as otherwise provided in NAC 432A.546, a licensee of a residential child care institution shall have on duty between the hours of 9:00 p.m. and 6:30 a.m., when children are generally asleep, at least the following number of caregivers:

(a) For 1 to 15 children, inclusive, one caregiver;

(b) For 16 to 31 children, inclusive, two caregivers;

(c) For 32 to 46 children, inclusive, three caregivers;

(d) For 47 to 61 children, inclusive, four caregivers; and

(e) For every 15 children in excess of 61, one additional caregiver.

2. Every member of the staff who is on duty at night shall remain awake during duty hours.

432A.544 Shelter child care institutions. (NRS 432A.077)

1. Except as otherwise provided in NAC 432A.546, a licensee of a shelter child care institution shall have on duty between the hours of 9:00 p.m. and 6:30 a.m., when children are generally asleep, at least the following number of caregivers:

(a) For 1 to 15 children, inclusive, one caregiver;

(b) For 16 to 31 children, inclusive, two caregivers;

(c) For 32 to 46 children, inclusive, three caregivers;

(d) For 47 to 61 children, inclusive, four caregivers; and

(e) For every 15 children in excess of 61, one additional caregiver.

2. Every member of the staff who is on duty at night shall remain awake during duty hours.

NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC) Chapter 432A. The workshop will be conducted via videoconference beginning at 9:00 AM on Friday, September 30, 2016, at the following locations:

Desert Regional Center 1391 S. Jones Blvd. Las Vegas, NV 89146	Division of Public and Behavioral Health 4150 Technology Way, Ste. 303, Carson City, NV 89706
Early Intervention Services 1020 Ruby Vista Drive, Suite 102 Elko, NV 89801	

These workshops will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law.

AGENDA

1. Introduction of workshop process
2. Public comment on proposed amendments to Nevada Administrative Code Chapter 432A.
3. Public Comment

The purpose of the workshops is to solicit comments from interested persons on proposed amendments to regulations regarding Child Care Facilities. The proposed changes will revise Chapter 432A of the Nevada Administrative Code and can be reviewed at the following link: http://www.leg.state.nv.us/Register/2016Register/R092-16P.pdf.

LCB file No R092-16 is being proposed in accordance with NRS 449.0302.
Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or information may submit the material to:

Child Care Licensing
3811 W. Charleston Blvd Suite 210,
Las Vegas, NV. 89102

Members of the public who require special accommodations or assistance at the workshops are required to notify Latisha Brown, in writing at the Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance, Child Care Licensing 3811 W. Charleston Blvd., Suite 210, Las Vegas, NV 89102, at least five (5) working days prior to the date of the public workshop.

A copy of the notice and the proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV

Division of Public and Behavioral Health
3811 W. Charleston Blvd., Suite 210
Las Vegas, NV

Nevada State Library and Archives
100 Stewart Street
Carson City, NV

A copy of the regulations and small business impact statement can be found on-line by going to:
http://dpbh.nv.gov/Reg/MedicalLabs/Notice_of_Public_Workshops_and_Proposed_Regulations/

Copies of the proposed regulations may also be obtained in person, by mail, or by contacting Child Care Licensing, 3811 W. Charleston Blvd. Suite 210, Las Vegas, NV. 89102, phone 702-486-3822.

A copy of this notice has been posted at the following locations:

1. Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City
2. Nevada State Library and Archives, 100 Stewart Street, Carson City
3. Legislative Building, 401 S. Carson Street, Carson City
4. Grant Sawyer Building, 555 E. Washington Avenue, Las Vegas
5. Washoe County District Health Department, 9TH and Wells, Reno

Copies may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
833 Las Vegas Boulevard North
Las Vegas, NV 89101

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Eureka Branch Library
210 South Monroe Street
Eureka, NV 89316-0283

Henderson District Public Library
280 South Water Street
Henderson, NV 89105

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Mineral County Library

Pahrump Library District

110 1st Street
Hawthorne, NV 89415-1390

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

701 East Street
Pahrump, NV 89041-0578

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

Per NRS 233B.064(2), upon adoption of any regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

MONTESSORI
Nevada

565 Zolezzi Lane • Reno, Nevada 89511

Richard Whitley
Administrator Nevada State Health Division
4150 Technology Way
Carson City, NV 89706

November 18, 2016

Dear Mr. Whitley,

Thank you for your dedication to early childhood learning in Nevada as you provide leadership and guidance for child care regulations and licensing.

My name is Mary Levy and I am Head of School at Mountain View Montessori in Reno. Mountain View Montessori is an independent school serving the Reno-Sparks area for 46 years. Our students range in age from 3 to 14 years old, preschool through 8th grade. In 2017 we are opening a Toddler program for children 12-36 months in response to a strong demand from the larger community.

On a national level, I serve on the Board of Trustees for AMI/USA, the largest affiliate of Association Montessori Internationale (AMI), headquartered in Amsterdam and the oldest organization to champion the Montessori method worldwide. AMI is recognized as the leading authority on Montessori education.

I am writing on behalf of MONTESSORI Nevada, a non-profit 501c(6) corporation created in 2014 to advocate for Montessori education in the private, public, regulatory and legislative sectors in Nevada. MONTESSORI Nevada (MNV) is committed to coordinating collaborative efforts within our state to support high quality Montessori education and practice, provide greater accessibility to Montessori education for all children and ensure Montessori education is protected in state and local policy and regulations.

The purpose of this letter is to make known our concerns about the proposed public policy initiative set forth by the Nevada Division of Public and Behavioral Health (DPBH) and Child Care Licensing to change certain child care regulations (NAC Chapter 432A). These changes will impact Nevada's Montessori schools' ability to fully implement authentic Montessori pedagogy and meet the standards and requirements of our accrediting agencies. ***As the discussion regarding regulation changes moves forward, we want to ensure Montessori education methods and practices are fully considered and equitably included.***

We are supportive of the state organizations that are working to increase quality in early childhood education. The Nevada Early Childhood Advisory Council, Nevada Silver State Stars QRIS, Nevada Registry, Office for Early Learning and Development, Strong Start Nevada, Nevada Division of Public and Behavioral Health, Child Care Advisory Council and our state legislators are dedicating considerable time and resources toward this effort. However, given the development of the measurement of those standards and the licensing regulations is done with more conventional early childhood environments in mind, there are areas where the Montessori community is finding conflict. ***Compliance with the proposed regulation changes would bring forth a reduction in the integrity of the Montessori practice and significantly impact Nevada's Montessori schools' ability to fully implement Montessori pedagogy and meet the standards and requirements of their accrediting agencies.***

The two areas of most concern for us are:

Proposed Change in Student/teacher ratios

Montessori standards require larger groups of children (28-30) with one teacher and one assistant allowing children to develop independence, self-sufficiency and capability. While it is possible to hire more staff to meet ratios (an obvious economic impact), reducing group size limits the quality of the Montessori education we can provide. Montessori teachers are trained to teach class sizes of up to 30 children of this age. A trained teacher assistant facilitates the practical aspects of the classroom to maintain optimum health and safety standards. The teacher and assistant spend three years with the developing child allowing them to develop a consistent, trusting and well nurtured relationship with the child and the family.

Montessori is a systems based approach to teaching and learning. This means that it's not the individual parts of the curriculum that are important, it is how those components come together. Montessori classrooms can maintain larger class sizes within a safe and orderly environment. Observant teachers guide children to independence where they can spend extended periods of time choosing, doing and putting away learning activities without adult assistance and effectively develop an internal locus of control.

When there are not enough children in the classroom, activities are limited. Children in the Montessori classroom learn from doing and watching, this means that opportunities would be lost. Fewer opportunities to practice their social interaction skills would occur in smaller groups.

Research on the developing brain reveals early childhood experiences build the foundation for a skilled workforce, a responsible community and a thriving economy. New evidence based data has identified a set of skills that are essential for school achievement, for the preparation and adaptability of our future workforce and for avoiding a wide range of mental health problems. These executive function and self-regulation capacities rely on working memory, mental flexibility and self-control. A larger class size led by a Montessori trained teacher provides a natural, authentic and safe environment to develop the executive functioning and self-regulation skills now recognized as critically important to success and well-being.

Proposed change in maximum age difference in group of children limited to 2 years

Montessori classrooms traditionally group children in 3-year multi-age developmental groupings, allowing children to naturally meet milestones and experience multiple dynamics that a single or two-year age classroom does not. These dynamics include, but are not limited to, diminished competition, increased motivation to learn, increased peer-mentorship allowing the teacher to work individually with children. The mentorship piece is particularly compelling. Research clearly shows children learn by imitation, they do so quite early, and they may be particularly apt to imitate older peers. Montessori education capitalizes on imitative learning in both the academic and social realms.

In the multi-age classroom children gain an understanding and responsibility for the well-being of their peers. Keeping children together during the 3-5 developmental stage builds cohesion, shifting the focus from individualism to solidarity and collaboration. Children are encouraged to teach, work and help one another. 3 year olds have a selection of peers to choose from for guidance and direction, 5 year olds can practice what they have learned, cementing their knowledge and strengthening self-esteem. Isolating one end of the age spectrum creates disequilibrium. The social experience of a group of children in a three-year age range includes the development of positive social habits of politeness and respect, the patience to wait one's turn and the ability to gain perspective from older peers to solve problems that arise throughout the day.

The fundamental differences between a Montessori program and a traditional childcare center are:

- Montessori is a well-known, developmentally based pedagogy and method that has been widely accepted for over 100 years with documented research evidencing successful outcomes.
- Montessori pedagogy stipulates definitive standards for the child's environment, curriculum and material in order to implement the instructional program for each class and age group taught.
- Montessori teachers are highly trained to provide the environment and curriculum according to these standards. Teachers must hold a Bachelor's degree plus an additional fifth year of post graduate training and a Montessori teacher credential issued by one of the following: Association Montessori Internationale (AMI), American Montessori Society (AMS), National Center for Montessori Education (NCME), International Montessori Council (IMC), or the Montessori Accreditation Council for Teacher Education (MACTE) accredited program. Montessori teachers are required to meet all local and state licensing requirements.
- Montessori classrooms are designed according to the developmental stages and needs of children. Mixed aged groups (3 years) within the same developmental stage allow children to learn collaboratively together.
- Children are typically with one teacher for three years providing consistency and stability for the child, knowledge of the development of each child and an enhances the opportunity to build a relationship with the family as a whole.
- Classrooms are enriched and child centered allowing for the development of independence and exploration. Younger children are inspired by older peers and older children cement what they have learned by giving lessons to others.
- Classroom environments are prepared with optimum safety in mind.
- Classrooms are language rich with an emphasis on the development of vocabulary through the art of conversation, stories, songs and poetry, listening skills, hearing sounds of letters and the recognition of letters.

- The Montessori classroom schedule provides large blocks of uninterrupted work time. The focus is on the child choosing their activities, transitions are non-existent during a three-hour work period, no waiting in line or for the next group activity.
- Teacher assistants provide children with the opportunity for further adult interaction, as well as oversee the environment for safety.
- Teacher assistants meet all regulatory requirements and receive ongoing professional education and training.
- Montessori curriculum aligns with required public curriculum, children are given lessons to help them develop all nuances of language, a foundation of mathematics, practical life, social, art, music and sensorial skills.

Montessori schools in our state are few in number, but remain valuable contributors to the education of young children as well as elementary and middle school students. Montessori has a significant opportunity for growth in Nevada and an important role to fulfill in educating Nevada's children.

The enclosed document provides evidential research and data substantiating the Montessori method and its positive early learning outcomes.

MNV representatives will be attending the upcoming Department of Public and Behavioral Health Public Workshop on December 9, 2016.

I invite you to tour our school and observe in our classrooms at your convenience. Please contact me directly at 775-852-6162 or mary@mvmreno.com if you are interested in visiting.

I appreciate your time and consideration of our request.

Sincerely,

Mary Levy

Mary Levy
President
MONTESSORI Nevada

MONTESSORI Nevada

Contemporary Research Supporting Montessori Practices

I. Ratios and Group Sizes

A. Lillard, A. & Else-Quest, N. (2006). Evaluating Montessori education. Science, (313), 1893-1894.

- We evaluated the social and academic impact of Montessori education. Children were studied near the end of the two most widely implemented levels of Montessori education: primary (3- to 6-children performed better on standardized tests of reading and math, engaged in more positive interaction on the playground and showed more advanced social cognition and executive control. They also showed more concern for fairness and justice. Montessori education has a fundamentally different structure from traditional education. At least when strictly implemented, Montessori education fosters social and academic skills that are equal or superior to those fostered by a pool of other types of schools.

B. Lillard, A. S. (2005). Montessori: The science behind the genius. New York: NY. Oxford University.

- "She believed that when there are not enough other children in the classroom, there are not enough different kinds of work out for children to learn sufficiently from watching each other work, nor are there enough personalities with whom children can practice their social interaction skills."
"In traditional settings" in which class sizes are reduced, Lillard explains, "when one person is teaching the whole class simultaneously, that person would have more attention to devote to each child, and fewer children would conceivably allow for better teaching." By contrast, "when children are learning from materials and each other, having more varied possible tutors and tutees, a greater variety of people to collaborate with, and more different types of work out (inspiring one to do such work oneself) might be more beneficial."

C. Globalizing the Class Size Debate: Myths and Realities, Kevin Watson Boris, Handala Marguerite Maher, Erin McGinty University of Notre Dame, Australia, Journal of International and Comparative Education, 2013, Volume 2, Issue 2.

- Milesi and Gramoran (2006) analysed standardised test data from the Early Childhood Longitudinal Study - Kindergarten Class of 1998-99 and found no statistically significant relationship between class size and student achievement in either mathematics or reading. This was a national study which included 21,260 children enrolled in approximately 1,000 kindergartens and grouped according to three different class sizes: small (17 or fewer students), regular (between 18 and 23 students) and large (24 or more students). The study found no class size effects based on race or ethnicity and economic and academic background.

D. 2015 The class size paradox Boris Handal University of Notre Dame, boris.handal@nd.edu.au Marguerite Maher University of Notre Dame Australia, Marguerite.Maher@nd.edu.au Kevin Watson University of Notre Dame Australia, kevin.watson@nd.edu.au, University of Notre Dame Australia researchonline@ND.

- teachers say that quality teaching, irrespective of class size is a better way to enhance student academic performance.
- bottom line is that class size in isolation is a small factor in increasing student academic performance.

II. Multi-Aged Groups

A. Broome, J. L. (2009). A descriptive study of multi-age art education in Florida. National Art Education Association, 50(2). pp. 167-183.

- Broome in his study in multi-age art education stated, "Multi-age classrooms feature the purposeful grouping of students from two or more grade levels in order to form communities of learners" (p. 167).
- "Graded models offer an economical system that is easier monitored and organized by educators" (Broome, 2009, p.168).

- Broome stated, "In the case of attitude, students were found to have both a better attitude toward school and a better self-concept in over 75% of the studies that were reviewed" (p. 170).
- Broome agreed with Montessori with the following statement: "Strict segregation by age is rare in society; except in summer camps or schools were such segregation may benefit the adults who organize these institutions" (p.168).

B. Carter, P. (2005). The modern multi-age classroom. Educational Leadership. pp. 54-58.

- Studies have demonstrated that multi-aged classrooms have a positive impact on cognitive development. Paula Carter (2005) in her article "The Modern Multi-Age Classroom" compared Developmental Reading Assessment levels of third graders who had been in the multi-age classroom for two years to those with similar demographics who entered the school as new third graders. She reported, "Students who had spent the two previous years with us scored in the fluent range on average, whereas the new group of entering third graders scored in the transitional range" (p. 58).
  She further elaborated "This year, some of our first graders' developmental reading assessment scores already surpassed the scores of many of the third graders who were new to our class" (p.58).

C. Fu, D., Hartle, L., Lamme, L.L., Copenhaver, J. Adams, D., Harmon, C., & Reneke, S. (1999). A comfortable start for everyone: The first week of school in three multi-age (K2) classrooms. Human Science Press, 27(2). pp. 73-80.

- Fu et al (1999), noted that teachers at the beginning of the "second year all remarked how much easier it was to start the year in the multi-aged classrooms than it had been when they welcomed a whole class of same-age students" (p. 74).
- They went on to explain "One way or another, within the first 10 minutes of school each kindergartener had someone older to watch, be with, and question if the need should arise" (p.75)
- "Parents become more able and knowledgeable volunteers and are better able to support their children."
- "Greater opportunity for older children to teach younger children, providing instruction in a child's zone of proximal development."

D. Gerard, M. (2005). Bridging the Gap: Towards an understanding of young children's thinking in multiage groups. Journal of Research in Childhood Education 49(3).

- Gerard (2005) summarizes these benefits by explaining that effectively teaching "children of widely varying levels requires interactive curriculum experiences, fluid grouping strategies, and individualized planning" (p. 243).
- "multiage classrooms are multidimensional environments in which children have some real choices about what they do and when or how to do it; they are more likely to make ego-enhancing choices that lead to positive self-evaluations." (p. 243).

E. Kappler, E. & Roellke, C. (2002). The promise of multiage grouping. Kappa Delta Pi Record. Summer 2002.

- Kappler and Roellke (2002) stated "A child who is advanced academically but behind socially (and vice versa) can take advantage of the diverse peer resources available in a multi-age classroom" (p. 167).
- Kappler and Roellke (2002) point out the value of this diversity in mixed age classrooms saying, "One of the strongest appeals of these classes may be that variation in student ability and interest is the norm rather than the exception" (p. 167).
- Children in mixed age classrooms are able to avoid the stigma of retention, stay with their peers, and continue to work at their own academic level. Kappler and Roellke (2002) concur explaining that multi-age classrooms allow students to avoid "feeling different" if they excel or fall behind in any particular subject.
- The social advantages of multi-age grouping are similar to those we see in the large family. Older children help younger children, and in doing so, gain a sense of purpose. Kappler and Roellke (1999) noted the additional benefit of older students modeling appropriate classroom behavior and social interactions for younger students.

F. Lillard, A. S. (2005). Montessori: The science behind the genius. New York: NY. Oxford University.

- Lillard (2005) stated children in the multi-age classrooms showed a marked improvement over the year versus children in the single aged classroom in terms of motor, cognitive, communication and overall development.
- Furthermore, when children are able to observe and interact with the older children they become motivated to learn. This in turn minimizes the need for behavioral intervention that would disturb the teachers instructional time (Lillard, 2005).

G. Lloyd, L. (1999). "Multi-age classes and high ability students." Review of Educational Research, 69(187).

- Lloyd (1999) reviewed research on the influence of multi-age classroom environments on high ability students. She reported that, "...arrangements most likely to have positive and significant results are those where the curriculum is differentiated" (p. 187). In these situations teachers may be "more likely to see their students as diverse than as similar and to provide developmentally appropriate (that is, differentiated) curricula" (p. 187).

H. McNichols, J.C. (1992). The Montessori controversy. Albany: NY. Delmar.

- McNichols (1992) explains that the Montessori "educational method is built on the idea that education must be developed to meet the specific needs and sensitivities of each age" (p. 41).

I. Montessori, M. (1967). The discovery of the child. New York: NY. Ballantine Books.

- From the inception of the first Casa dei Bambini in 1907, which housed children ages three through six in a single classroom, Montessori schools have been organized into multi-age classrooms (Montessori, 1967).

J. Montessori, M. (1979). The Absorbent Mind. New York: NY. Dell Publishing.

- Older children, then, have the opportunity to become leaders and teach. Montessori (1979) explained that the learning opportunity for the older children to teach helps them understand what they know "even better than before" because "older children have to analyze and rearrange their little store of knowledge before they can pass it on" (p. 227).
- The child's progress does not depend on his age, but also on being free to look about him. Our schools are alive. To understand what the older ones are doing fills the little ones with enthusiasm. The older ones are happy to teach what they know. There are no inferiority complexes, but everyone achieves a healthy normality through the mutual exchange of spiritual energy. (Montessori, 1979, p. 228)

K. Interventions Shown to Aid Executive Function Development in Children 4 to 12 Years Old Adele Diamond1 * and Kathleen Lee www.sciencemag.org, August 19, 2011.

- "children take turns instructing or checking one another. Cross-age tutoring occurs in Montessori mixed 3-year age groups. Such child to-child teaching has been found repeatedly to produce better (often dramatically better) outcomes than teacher-led instruction (38–40)"
- "At age 5, Montessori children showed better EFs than peers attending other schools. They performed better in reading and math and showed more concern for fairness and justice."

L. Efficacy of Montessori and traditional method of education on self-concept development of children, Shivakumara K, 1Dhiksha J, and 2Nagaraj, O International Journal of Educational Policy Research and Review, Vol.3 (2), pp. 29-35 April, 2016.

- Most of the traditional schools have one age group for each class. On the contrary, Montessori class rooms consist of children of various ages. Montessori opined that having a three-year span of age grouping encourages the teacher, students and parents to develop supportive, collaborative, trusting relationships. The children constantly interact with each other that support their social development. In the Montessori method children are encouraged to teach, collaborate and help each other. A number of research studies indicate that people learn better when working collaboratively than when working alone (Azmitia and Crowley, 2001, Lillard, 2005).

Evaluating Montessori Outcomes

Academic Research

- Expanding Access to Montessori Education: An opportunity for disadvantaged students available at www.amshq.org/research (CUNY Institute for Educational reform)
- Prosocial and academic effectiveness for ECE and Elementary by Angeline Lillard (looks at 5 year old and 12 year olds)
- Montessori schools consistently surpass norms in most districts on state tests (looking at largest districts around the country). Comparisons have been made between Montessori and non-Montessori student test scores in Milwaukee, Cincinnati, Harford, Chicago, and Denver.
- Montessori gains are evident even after 7 years of traditional schooling. In Milwaukee Public Montessori children are tracked from the ages 3-11 with a matching public school demographic. In high school Montessori students show equal test scores with peers in English and Social Studies and better than peers on math and science. Conclusion that Montessori has positive long-term impact on math and science. Students successfully move from Montessori to mainstream.
- Classic Montessori yields strong ECE results as researched by Angeline Lillard. She looked at fully implemented Montessori programs in comparison with those not fully implemented. 172 children aged 3-6 participated. Classic Montessori schools were determined by the use of prescribed Montessori materials. Classic Montessori students showed higher results in executive functions, reading, math, etc.
- A small scale experiment supports focus on "Classic" materials - 52 children in 3 Montessori classes with supplementary materials. When non-Montessori materials were removed advances were shown in early reading, the development of executive functions and early math.
- Latino children saw most benefits. 14,000 children in pre-K programs in Miami as compared with High Scope programs looked at socio-emotional and behavioral skill, and pre-academic academic skills. Latino Montessori children began at most risk, and had greatest gains.
- These findings were observed: comparing the means of the scores obtained from the IQ tests of children educated according to the Montessori method revealed they enjoyed a higher level of intelligence than the children educated according to the traditional method. Furthermore, the present study is in line with the findings of Lilard (2006, 2012), Dohrmann et al (2007), and Dohrmann (2003), who had shown that Montessori method helped students to have a significantly higher level of IQ compared to other students.

Non-Academic Skills Research

- Study in Turkey found cognitive style benefits of Montessori education. Looked at 63 children, 40 in the treatment group and 23 in the control group. Groups at the same school were similar at pre-test. At the year's end Montessori children increased reflection time and reduced number of errors. Results were still evident at a 6-week follow-up. Likely a result of attention and concentration that underlie the Montessori method.
- Montessori students had higher creativity scores. This was done in France, 40 children in elementary in the same socio economic group. The results found that Montessori students scored better than traditional and Freinet schools. Creativity in the Montessori environment is not taught directly, but likely due to socio-cognitive context in project work emphasizing self-initiative. The highly creative children in the study were Montessori students.
- Montessori preschoolers more active - 301 children in 9 Montessori and 8 traditional preschools in SC using accelerometers. Montessori kids more active both at school and when they went home. In private Montessori schools the activity is even higher.
- Montessori students show superior fine motor development - 50 five year olds in 4 Montessori schools and 50 in high performing suburban schools were studied. Moderate to large effects on fine motor development were shown. Accuracy, speed, consistent use of dominant hand were shown in the Montessori students.

Examining Like Montessori Practices in Non Montessori Schools

- An experiment of over 100 students in a traditional school found that when the students were shown how to trace numbers their math skills improved.
- The use of materials enhanced attention of students with ADHD - they performed the FTFK attention test. They measured then worked with them on Montessori materials and noted the improvement.
- Montessori models best practices using math manipulatives. Cognitive science finds four principles for maximizing the effective use of math manipulatives – use of manipulatives consistently over a long periods of time, begin with highly transparent concrete representations an move to more abstract representations over time, avoided manipulative that resemble everyday objects offering distracting, irrelevant features, (Sage Open), and explicitly explains the relations between the manipulatives and math concepts.
- Handwriting (cursive) is important for early recruitment of brain regions known to underlie successful reading. (James and Engleheart, 2012).