

**Nevada Division of Public & Behavioral Health (DPBH)**  
**Child Care Licensing Advisory Council**  
**Meeting Minutes**  
**Date: January 10, 2017**  
**Time: 1:30 PM**

Division of Public and Behavioral Health  
727 Fairview Drive, Suite E  
Carson City, Nevada 89701

Division of Public & Behavioral Health  
4220 S. Maryland Pkwy Bldg D Suite 810  
Las Vegas, NV 89119

Also available via teleconference  
Call in Number: (775) 887-5619  
Conference Number: 2000  
PIN Number: 0110

**Committee Members Present**

Diane Nicolet, Chair, E L Cord (via phone)  
Carrie Paldi, Co-Chair, Creative Kids Learning Center (Las Vegas)  
Laurie Ciardullo, Roots and Wings (Las Vegas)  
Shelly Martinez, Roots & Wings (via phone)  
David Walton, Challenger School (via phone)  
Andrea Doran, WNC (via phone)  
Tiffany Alston, Sunrise Children's Foundation (via phone)  
Rachel Perez, Kids Quest (via phone)  
Andrea Davis, Kids Kottage (via phone)  
Sue Joyner, Dayton Valley Learning Center (via phone)

**Child Care Licensing Staff Present**

Latisha Brown, Program Manager (Las Vegas)  
Joe Pollock, Administrator (via phone)  
Alicia Mazy, Administrative Assistant (Carson City)  
Lisa Roberts, Surveyor (Carson City)  
Tammy Hutchinson, Surveyor (Carson City)  
Tiffany Kaplan, Surveyor (Carson City)  
Edith Farmer, Supervisor (Las Vegas)  
Lisa Torgerson, Surveyor (Las Vegas)

**Public Attendees**

Joyce Draege, Mountain View Montessori (Carson City)  
Mary Levy, Mountain View Montessori (Carson City)  
Lisa Fitzgerald, Merryhill School (Las Vegas)

**Teleconference Attendees**

Hailey Hamel, The Child Garden  
Karen McLish, Washoe County Social Services  
Kristy Baker, Washoe County Social Services  
Mike McBride, Child Garden

**1. Opening remarks, Introductions Roll Call-Carrie Paldi, Co-Chair**

**Carrie Paldi:** The Meeting agenda was posted in all meeting locations however it were not immediately available on the website. What will be happening is we will go through the agenda items but we cannot take any action today.

**2. Approval of meeting minutes from October 11, 2016 meeting-Carrie Paldi, Co-Chair**

**No corrections needed or stated. The item will be tabled for approval at the April 11, 2017 meeting.**

**3. Update from Child Care Licensing-Child Care Licensing Representative**

**Latisha Brown:** I wanted to give a general thank you to the industry, which I have called and talked to gather their knowledge and input on some of the amendment changes. I made some new amendment changes that I have moved up to LCB. I received some positive feedback and some feedback where individuals are still a little concerned. I would like to go over that today with you.

As I had discussed at the last meeting, I had explained that there will be some changes to the regulations. First, we made a change to the training. I know that was a concern because we had more trainings that were going to be added to the existing trainings. Instead of completion within the first 90 days, you will be given the first 120 days to complete your initial trainings. Also, it's important to know, that within that first year that you are working in a facility, that your initial and annual training hours will be combined to equal the hours of training to 24 hours. You won't have to complete your initial trainings on top of the annual trainings. They will be combined for a total of 24 hours.

**Carrie Paldi:** The 120 days is for all of the initial trainings or just for the new initial trainings that are being added?

**Latisha Brown:** It will be a total.

**Sue Joyner:** When will that go into effect?

**Latisha Brown:** Again, these will not go into effect yet. These are proposed regulations. These will still need to be taken to the Board of Health. If these pass the Board of Health, then these will be passed on to Legislation. These have not been passed yet. There is no date on when it could be passed. We are only moving forward hoping that these changes could happen at some point. Hopefully at this session but I cannot guarantee anything at this moment.

**David Walton:** Child Care Licensing submitted recommendations to LCB and it was mentioned the Board of Health, which did not hear the regulation recommendations or the adjustments to them...

**Latisha Brown:** The plan was for us to make it to the December Board of Health meeting, however, after holding the advisory meeting, there were still a lot of people within the industry that were uncomfortable with the changes that were made initially. We decided to postpone the Board of Health in December and

we were signing up for the March Board of Health meeting. We are introducing the changes in this meeting that we hope will sit a little more comfortably with the industry. We will go ahead and introduce this to the Board of Health in March rather than December.

**David Walton:** Is this something that was previously submitted to LCB with the recommendations as well as a part of the process?

**Latisha Brown:** Yes sir, I did. The very first set of regulations were posted by LCB on July 18, 2016, so I know that one is up there. The one that I submitted for November 22, 2016 was received by LCB. They are reviewing it but it doesn't look as if they have posted it yet. I wanted to go over these changes with everyone today.

**Diane Nicolet:** I am wondering what the variables were that were used to continue in your efforts to reach out to our colleagues and stakeholders to solicit additional information?

**Latisha Brown:** I called a lot of people. I asked for input...Carrie Paldi, Dr. Thompson, Lisa from Merryhill, Mary from Montessori, and I called individual people as I could to receive input. Of course, people have been calling so I am making myself available to make sure I was hearing what everyone had to say. I went back through the Small Business Impact Statement to make sure that I had addressed everyone's concerns. Everyone's concerns were re-evaluated and re-addressed.

**Diane Nicolet:** Did you reach out to our colleagues in Northern Nevada? Elko, Winnemucca, etc.

**Latisha Brown:** I did speak with Kids Kottage. I know they had some concerns, especially with group size and the mixed age groups. I spoke with Mary with the Montessori who is also from the North. I have also spoken to Mike McBride about the changes.

**Diane Nicolet:** Those are Reno, Sparks, and Washoe County. How about the far reaching parts of Northern Nevada? Elko, Winnemucca, etc.

**Latisha Brown:** I am not going to claim that I am able to contact everyone. I cannot do that. However, that's why these meetings are held. We ask that people become a part of these meetings and send out invitations to everyone. That way the providers and everyone can come together to discuss. This is happening before we move forward to the Board of Health so I can ensure that I am hearing everyone.

**Diane Nicolet:** I would like the record to show that Diane Nicolet is Co-Chair of CCAC, is extremely uncomfortable with the process by which personal solicitation was handled. It didn't appear to be having any defining variables, therefore, I feel that our colleagues on many levels were omitted and did not have that personal touch ability.

**Karen McLish:** When does everybody else get to see the changes?

**Latisha Brown:** Like I said before, I sent up the changes to LCB. It's in their hands right now. We are waiting for them to publish. However, I believe Mr. Pollock is on the phone, he has given me permission to hand out our copies. If that is still ok, I can go ahead and send out, via email, upon conclusion of this meeting.

**Joe Pollock:** That is fine. Go ahead and share. Make sure you indicate, when you send these out, that these are not final. LCB could make some changes. LCB puts the language in to legal terms. They will do that without the changing the intent. The intent of the regulations should not change, however the

verbiage might change in some areas. As long as everyone is aware, I have no problem with you sharing the draft.

**Latisha Brown:** Thank you.

**Karen McLish:** Is there another opportunity for those in the industry to look over this again and give feedback? Or, once LCB approves this then we go in front of the Board of Health?

**Kristy Baker:** I'd also like to clarify, our understanding was that the meeting that was going to be held in December and postponed to March, was to seek further stakeholder input. With the absence of that and this being pushed out to March, if this goes to LCB and they say ok, this looks good as it is, will there be another opportunity, stakeholder wise, to say anything at that point because it has already been pushed on by LCB. Can you just clarify the process to help us understand?

**Carrie Paldi:** I think the question that I am hearing from a couple of people is, will there be another workshop or another public comment time where people can get together and speak to that particular issue. Is that the question?

**Kristy Baker:** Yes.

**Latisha Brown:** We can have another meeting if deemed necessary if after reviewing the amendments that I have here. Our hope is to make it to the March, Board of Health, but again that is another opportunity still for stakeholders to come forward if they would like to do so at that time as well. Because we send the amendments to LCB, it's still in draft form. It is not finalized until it moves to the Legislature. You will still have the opportunity to voice any kind of objections or your opinions to the language that has been drafted. It's still a draft.

**Joe Pollock:** I am going to jump in here. The Board of Health is the body that hears the regulations and approved the regulations. It is always our intention not to debate the regulations in front of the Board of Health. It's not fair to the Board of Health members. It's not the way to go about passing a regulation. We want industry buy-off and the industry, just as we on one side of the table, the industry needs to know that it's not going to be a perfect regulation for everybody. That's where we would have to come to a consensus that this is the best regulation that we have moving forward. When we go to the Board of Health, we appreciate when the industry steps up and says, we have worked with the Division and we appreciate them getting this regulation to as good as it's going to get. Maybe it doesn't make everyone completely happy but it is consensus to the industry that we want this regulation moving forward. If we can't reach consensus then we won't take these regulations to the Board. We need to have overall consensus that this is a regulation that everyone can live with and that it protects the interest of the public. At the same time, it will allow the industry to be successful. What I would suggest is to plan a stakeholder meeting. At this state, any changes that you would like to make to the proposed regulations, you will be limited in scope. If you have to send them back to LCB for a revision, you're more than likely not going to get them back in time for the March Board of Health meeting. Any changes that we would like to make, if we would like to go to the March Board of Health meeting, would be to not make changes to sections that have the most concerns or to make changes that are less restrictive to what's already in there. If you had a change to a particular section, if we took out part of that, we would not have to go back to LCB, we could just delete that and go to the Board of Health and say, these are the regs, but we need to delete subsection 5 of...or whatever that section is that's identified. We can move forward with that. If we do not make it to the Board of Health in March, then you are looking at pushing this back to June, then with Legislation in session, you wouldn't get in front of the Legislative Commission until probably after

session. If we don't make it to March then you're looking at not getting these regulations in place until after session is over which will be in the fall. I would like everyone to be aware of that going in. When you have that stakeholder meeting, don't expect sweeping changes that would go to the March Board of Health. At this point, we would be making minor changes and just not addressing the controversial areas. Just moving forward with the portions of regulations that people will be happy. Then, we would have to re-open those regulations again for further revision after the session is over. I'd be happy to answer any questions anyone might have on that process.

**Sue Joyner:** I am on the CCAC committee to represent non-profit, rural centers. I wanted to clarify, the initial trainings will add how many new classes?

**Latisha Brown:** 5 classes.

**Sue Joyner:** Can you go over what they are again please?

**Latisha Brown:** It's one hour of the prevention and safety for shaken baby syndrome and abusive head trauma. It's 2 hours or more of training in the administration of medication. It's 2 hours or more in the training of building and physical premises safety. It's 2 hours or more in the training of emergency preparedness and response planning. If applicable, it's 1 hour in training for transportation.

**Sue Joyner:** As a representative of the rural centers, I'd like to reiterate what was already said by Diane. We, as a whole, are already having a difficult time finding employees that want to work in child care. Things like this are one of the reasons, I mean they can go work anywhere else for more money, and not have to do hours and hours of classes. I am having a difficult time with this. I feel like we are going to be regulated to death. People are leaving this industry because of this. That's 7 required and 8 if you do transportation. That will be required of the current employees also?

**Latisha Brown:** Yes, ma'am.

**Sue Joyner:** Are you going to do all of these for free?

**Latisha Brown:** Can you clarify? What do you mean are we going to do all of these for free?

**Sue Joyner:** Are there ways that new employees plus the existing employees are going to be able to do all of these new trainings without charge? Are these going to be charged?

**Latisha Brown:** Trainings are contracted. It depends on the trainer. I spoke with Shelly Nye and she is working very hard to make these trainings available, especially for the rural areas. Make them available in different ways to reach out so that it's readily accessible so that providers are able to take these classes and they aren't a hindrance. You are still able to take the classes. We have talks within Child Care Licensing in devising a webinar to offer to all existing facilities for up to 6 months. You would be able to utilize that webinar. We are trying to build the webinar. It's still in the works. We do recognize that there are more classes which is also why we added more time and why we have been talking to Shelly Nye to make sure that these classes are accessible. We want to make sure we have these classes. She is also approving classes from various states. She was working with Texas. Texas already has a curriculum based on these classes. This is a nationwide change that all states must contend with. Many states have already developed webinars. We are trying to get access to those webinars. The states that already have these webinars are Washington, Texas, New York...these will be Nevada Registry approved classes. You will be able to take these online as well.

**Sue Joyner:** You are going to extend the initial trainings of new employees to 120 days but how much time would the current employees have and would these count in their 24 hours?

**Latisha Brown:** Yes ma'am. That's what I was saying. These will count in their annual hours. So, if you have existing employees and they need to get these trainings, they can take these as a part of their 24 hours that they have to get annually as of now.

**Sue Joyner:** So, not just new employees but the current employees. The current employees would have how long to get these?

**Latisha Brown:** It depends on their licensing year. If they are working towards their hours now, then we would say make sure you take these classes so it would be a part of their annual hours.

**Sue Joyner:** Each one of those would be a one time?

**Latisha Brown:** Right. These are part of the initial classes. This is not something that you have to take over every year. It's just the one time that you have to take it.

**Sue Joyner:** I appreciate the clarification because this was a little vague. I apologize for not knowing a little more about it.

**Latisha Brown:** Please don't apologize. I appreciate the healthy discussion. Thank you for asking me.

**Mary Levy:** Thank you Latisha. You were kind enough to call me after sending you some correspondence. For me, for the trainings, my concern really is having access available for the employees. As Sue mentioned, these people are working long hours and for them to have to complete the additional, we are not getting as many potential employees as we used to. I see that trend. Pushing this through in a short period of time without having access as to where they can actually take these is what concerns me. Potential webinars with other states, with all of those things that are on the horizon, I would think it would be in our best interest to make sure those things are said and done. Access needs to be established before something like this is approved or regulated. Once it becomes regulated, then we are not in compliance because they do not have access. I would appreciate having the access established before the training is required so we can guide our employees to the correct avenues. Everything here is very important training to work in a child care facility. I don't want to deny that but it's happening quickly, then there we are with the regulations.

**Latisha Brown:** I completely understand. All of these trainings are currently available. This is about making more trainings available. These are all on the Nevada Registry and they are all online. We already have partnerships with other states. This is about making sure that we have enough classes available to accommodate all of the individuals that are going to come or need to transition into these classes. There are going to be required classes at this point. Because these are not required currently, the classes aren't full at the moment. What we are anticipating is that we don't have the amount of classes to accommodate the people that will need to take these classes once this passes. I wanted to clarify that the classes are out there, they are online, we do have those partnerships and what we are trying to do now is ensure that we have enough classes to accommodate.

**Mary Levy:** Thank you. I appreciate that but once again it's having that all well established for the point you just gave. I see exactly what you are saying. Even though they are there, it doesn't mean that they are easy to get to. For me, if we are going to make something this broad based, I feel like we have to have a

lot of opportunity and communicate that well to the centers and employees. That way they have a variety of choices. They don't have to attend a class for two hours at 7:30 at night that is only offered once.

**Latisha Brown:** It's reasonable to have those concerns. I don't want people to think that we are trying to develop a path for people to fail. I always try to build a path for people meant for success. I will never try to introduce anything that doesn't have a clear resolution. We will come up with a plan. As we have been discussing these changes for about 2 years now, one of the reasons why we are working on this the way we are working on it, is because this is a nationwide change. Nevada is working to come into compliance with the federal government at this time. Again, this is not something that we will initiate, implement, and say you don't have it so you're non-compliant. Of course we are going to work with you. We will work with everyone. We are not setting anyone to fail. We will definitely build a plan to make sure everyone is successful.

**David Walton:** Thank you for the clarification. I think it's important. Regarding the regulation, the State of Nevada is sovereign and required to come into compliance with the federal government on the child care regulation. I am not aware of any federal requirements for pushing this on states. I do understand that there are pushes by the federal government. There is a big push by the federal government to standardize regulations in this country and they are doing so with grants. The child care block grant and so on. I wanted to make sure that everyone was clear on that. Correct me if I am wrong on that, but my understanding is that there is no legal requirement for the state of Nevada to abide by federal regulation guidelines.

**Mary Levy:** I would like to add to that because I was kind of confused when that was said also. Thank you David for that. Is that for schools that are subsidized with federal funds? Is this for centers that are subsidized? Is that what you're talking about? I am not sure about the federal compliance either. I've never heard of that.

**Latisha Brown:** The state of Nevada does have a federal grant. The child care block grant. This is how the program is funded. This is also how we are able to keep our fees where they have been for the last 20 plus years. This is also how we are able to go do our inspections and to make various changes. In order for us to receive those moneys, we have to come into compliance with that grant and this is a part of that grant.

**Mary Levy:** Thank you.

**David Walton:** I'd like to take a quick opportunity to state that many schools accept these subsidies but many do not. I think a big concern was that it would not receive any funds from that grant. It would be, like what you said Latisha, to pay for government operations. I'd like to put that on the record and of course have Latisha continue her review.

**Carrie Paldi:** Just a couple of questions Latisha. I know these timeframes are, I can't remember, I can't find them on my CCDBG cheat sheet that for these classes that you require, are there specific timeframes that you require. Some of these things tie together to things that already exist or could be combined. Maybe recognizing reporting child abuse and neglect, which is currently 2 hours, could be made for 3 hours to include prevention of shaken baby syndrome.

**Latisha Brown:** We are doing that. We have to give them a time limit for the actual topic area. They are going to combine it with other trainings that are already available.

**Edith Farmer:** The Nevada Registry will be the entity to combine.

**Carrie Paldi:** If you put into regulation that you have to have 1 hour in this and 2 hours in that, that would have to be 2 hours of a specific thing. If I went to 2 hours of recognizing and reporting child abuse and neglect class and it include the prevention of shaken baby syndrome, that won't necessarily meet the requirement. You would have to add the additional hour. Again, the administration of medication is only going to be a requirement for centers that administer medication and only by the staff members that administer medication? I think that transportation should only be required for centers that provide transportation but again only for the individuals that will be providing the transportation not for everybody. That would be my recommendation. Also, I think that the building premises safety and emergency preparedness can be combined to a convert type course. It would be just a suggestion.

**Latisha Brown:** Thank you.

**Sue Joyner:** The initial training that is now currently required, I do believe it's about 14 hours, and you're going to add 7, possibly 8 more, to complete within 120 days?

**Latisha Brown:** Yes.

**Sue Joyner:** 22 hours of training plus working? I would respectfully ask that you reconsider.

**Latisha Brown:** How many days would you like?

**Sue Joyner:** I really like what Carrie just said and combine. Those 8 hours, I mean, I have been administering medication for 30 years and now I'm going to have to take a 2 hour class. You're going to make my entire staff take the class, yet only I and one other person are the ones that administer medication.

**Latisha Brown:** I understand that. I understand what everyone is saying so even if we are not able to combine the classes, how many days would you like to see if the classes stay exactly the way that they are? If not 120 days, how many days would you like?

**Sue Joyner:** For an employee that is brand new, I think 120 days is unrealistic.

**Latisha Brown:** How many days would you like?

**Sue Joyner:** I haven't had a chance to think of it but being put on the spot, I would think they would need 6 months. I mean, they actually have a life besides work and classes. Weekends and after work and we are an hour away from Reno and my employees would have to drive. Not only my employees, but any of the other rural people. I think Carson is 30-40 minutes and they are not considered rural. They cannot be in classes every other night for the first 120 days trying to get 24 plus hours.

**Carrie Paldi:** I think that you bring up a very good point and it affects the rural. One of my concerns initially was it was not cost effective adding the other courses. Especially because I am looking at the Nevada Registry and the new training requirements, they are going to need the people that are going to be able to provide these trainings. I think trainings like, administering medication is probably going to be a medical personal person. I am asking because sometimes the medical classes, like recognizing signs and symptoms of illness and blood borne pathogens, have to be taught by nurses. I am not sure about these other classes so I am asking. If you can't find one of the free classes, then they tend to be more expensive. Even though there are sometimes free classes available, there could be a cost associated with it. In my mind, I think saying 6 months would be fair.



**Mary Levy:** To your point Carrie, I know that a lot of these kids are students. We want to have longevity in this industry. We want them to be the up and coming. They are also doing course work at Truckee Meadows or whatever the college is as well. As you said, the Registry has become narrower for the number of teachers and the qualifications for teaching. That has already been a radical change at the top of this. 6 months is much more doable in my opinion. I also would appreciate that.

**Lisa Fitzgerald:** I also know that people have postponed things in the last few years. I don't know if there is something where the original trainings that we had looked at, which are very important, like the 3 hours in child development, and those could be done in the first 90 days, and then maybe the ones have the extension of the 6 months. That way we make sure that we are getting those strong and important, the recognizing abuse and neglect and child development, those are being given up front for our new staff, rather than waiting and hoping they get those within those 6 months...Inaudible.

**Carrie Paldi:** I think Lisa brings up a good point. I think that if we cap the current trainings at 90 days and make the new courses have to be completed within 180 days, I think that would be a good solution.

**Latisha Brown:** So 90 plus 180 days? Or 90...

**Carrie Paldi:** You would complete the current courses within the 90 days and then complete the new courses in a remaining 3 months. That would be a total of 180 days.

**Karen McLish:** Is there some reason why the initial training classes couldn't happen over the remainder of the year then? If it's all counted toward the 24?

**Latisha Brown:** Again, these are initial trainings and we are trying to ensure that these are getting done. That's why we are putting a time limit on it to ensure that people are taking the classes, being steadfast about it, and they are being turned in accordingly. That's why we are not giving them the full year. We have a lot of people who are on provisional licenses right now who have a hard time getting their annual hours done within 12 months. So, the initial classes are actually supposed to be completed before you are working with the children or while you are working with the children.

**Laurie Ciardullo:** Some of the things are important before you start working with children or at the beginning at least maybe not at the 11 month mark.

**Latisha Brown:** We are trying to educate and equip them with the knowledge that they need to care for the children.

**Laurie Ciardullo:** Such as medication, signs and symptoms.

**David Walton:** Will these regs apply to all facilities in the State?

**Latisha Brown:** Yes, all licensed facilities.

**David Walton:** So unlicensed facilities do not have to follow the regulations?

**Latisha Brown:** If they aren't licensed then we cannot make them follow the regulations.

**David Walton:** I meant government agencies and accommodations. Also public schools.

**Latisha Brown:** Public schools have their own monitoring system so the State licenses Child Care facilities that are under the Public Schools. As for the after school programs such as Boys and Girls Club and the YMCA 1) we license a lot of them here in Clark County or we permit them, and permitted

facilities do not have to follow the same regulations. But if you are a licensed government agency, licensed by us, then yes you would have to follow the regulations. As for the other government agencies that are not licensed or permitted by us, we are working to get them to be.

**David Walton:** As for the provisional licenses that are given out due to not obtaining trainings on time, do you have the numbers on that? Such as the percentages of them that are on provisional due to trainings and why they are having the difficulties?

**Latisha Brown:** Provisional licenses are given out due to a multitude of reasons, so no we don't break them down by each variable. But the training hours are a difficulty for the facilities that we have noted. As for Las Vegas/Southern Nevada alone we have almost 70 facilities that are not in compliance with NAC 432A or NRS 432A.

**David Walton:** So of those 70, some but not all are in part due to missing or incomplete trainings?

**Latisha Brown:** Yes.

**David Walton:** I wanted to ask that question because we are talking about adding hours to the annual requirement and I don't know how that will affect those facilities that are having a hard time maintaining the current level of hours.

**Lisa Torgerson:** In my caseload I have very few facilities that struggle with this and the few that do, the Directors say that it's procrastination not accessibility or money as many facilities offer in house trainings at little to no cost to the employees. I have no facilities at this time that are on provisional due to the lack of trainings.

**Carrie Paldi:** With training, I think we proposed good changes and I feel as if what we need to understand is the Nevada's intention is to keep the Block Grant moneys. Child Care Licensing is funded through that grant, as is the child care subsidy programs and quality improvement. So we must abide by that Grant's rules do we not? We do not want to lose the millions of dollars that come to this state for this and other things. So we must build these things into our regulations and I think some options have been brought up today. I think the 180 day allowance is more feasible, because while there are those that procrastinate, there are also many variables that affect trainings. Does anybody have an objection to allowing 180 days to complete this new, second set of trainings that is being discussed?

**Diane Nicolet:** I think that the 180 days to complete this second set of trainings is too much to ask at this moment in time. And second, I do not believe that those are the most important topics, with all of my experience I think that guidance and discipline, transitioning, working with parents, and the peaceful classrooms are important. But I believe that other topics are more important.

**Sue Joyner:** I second that.

**Hailey Hamel:** I contacted the Nevada Registry and the only initial training that is being offered in Washoe County is Signs and Symptoms still, so want to reiterate that there needs to be more offerings of our current trainings before we add more.

**Mary Levy:** These 5 areas, because the block grant specifically states the training for these 5 training is required for employees, we have to add it. Is this correct?

**Latisha Brown:** Yes.

**Mary Levy:** For all employees? Not just Administrative? They just don't seem important to the daily activity to the new employee.

**Latisha Brown:** Yes.

**Sue Joyner:** If the grant were to ever go away would the trainings go away? Would they add more?

**Latisha Brown:** I would think yes, because we would have lost the grant money and wouldn't have the grant so we wouldn't have to do these trainings.

**Carrie Paldi:** The grant pays for Licensing so if that went away, we would have regulations and no one to enforce them.

**Latisha Brown:** There is a law that there is a Licensing entity for those watching more than 4 children. So we would have to find another way to pay for it, and there are complaints about the fees already.

**Lisa Torgerson:** These are spelled out in the grant and isn't something that has come from Licensing as we don't have a choice in the matter. As to are there more trainings that are more important, yes but all training is important. As to who should administer medication and who should transport, not all facilities can say that they have one person who is dedicated to this. If there is an emergency, are you going to call the director to come administer the medication? I don't think so. I have been in the business as a teacher and a director for 30 years. I get it. But we really need to look at the what-ifs.

**David Walton:** Let's look and see if there are any problems in administering medication, or think if everyone at the facility is going to transport children. I think we need to look for more options that could be better for the facilities. There are a multitude of what-ifs and we could draft regulation to prevent all of them. Regulations have been should to increase the cost of providing the services that they are in regard to. I also haven't seen an exact number of hours required or how we can divide and combine certain trainings so that we do not have as much training throughout the year. I do agree that we need to move on and forward, allowing Latisha to move forward with her suggestions.

**Shelly Martinez:** I think Webinar is a great idea since it addresses all of the new training requirements and would help facilitate them.

**Latisha Brown:** I appreciate that.

**Carrie Paldi:** Hearing nobody else we're going to move on to the next topic. Latisha has a lot for us to discuss today and I appreciate all of the thoughts and candid speech.

**Latisha Brown:** The other change is in section 5 in regard to Ratios and Group Size. Birth – 9 months stayed the same which was 4-1 with a group size of 8, 9-18 months was a 1-6 ratio with a group size of 12, The change occurs with the 2-3 years with a ratio of 9-1 with a group size of 18, there is a change in the 3-5 years with a ratio of 12-1 with a group size of 24, and 5 years and up with a 18-1 ratio and group size of 36. Further attached to that, the ratio and group size can be used up to the capacity of the room so that no space is lost in capacity. So long as the ratio and group size is maintained. As for mixed age groups, the staff to child ratio will be determined by the average age of the children in the room, we just ask that birth- 24 months to be mixed and 2 years and up to be mixed. That is the change we have made to that section. Any questions?

**Mike McBride:** Yes, I do have 2 questions before the stake holder meeting, regarding the changes from 9-24 months, wasn't it 9-18 months was 1-6 and then 18-24 months was 1-8, by regulations in Washoe County, effectively they have been combined and made the ratio 1-6 for that whole group is that true?

**Latisha Brown:** I didn't realize that when we made the changes but it does seem like that happened, yes.

**Mike McBride:** Okay, I thought that is what happened. Next question, in Section 5 under A where it says birth to 24 months only and 2 years and up only, we have some classes where there is a 19 month old and a 26 month old, so its outside of those 2 groups, do you then have to go by the ratio of the youngest, 19 month old, because you do not want those 2 groups mixed. So no 23 month old and 25 month old could cohabitate, we just wanted to clarify that.

**Latisha Brown:** The intent is for birth – 24 months can be mixed and then 2 years and up can be mixed, so we are trying to keep that separate, so I'm not really sure what you're asking.

**Mike McBride:** So you can't have a 23 month old and a 25 month old in the same room? Or if you can, how would we figure out the ratios for those rooms?

**Latisha Brown:** So we're taking the average age of the children in the classroom, so you would add up all of the ages and then get the average age and follow that ratio.

**Mike McBride:** Okay, because the way I read it was that you were trying to keep those 2 groups separate, but if you had 3 20 month old and 3 29 month olds, would that be an average of 24 months so the ratio would be 2 and up?

**Lisa Torgerson:** I think I understand and Latisha can correct me if I am wrong, but the way I understand it is that from birth to 24 Months they can be mixed as you see fit but once they turn 25 months, they are over 2 years old and can be mixed with older children, and in either scenario you would take the average age of the children to determine the ratio.

**Carrie Paldi:** I think I see what Mike is trying to say, it's the beginning of that day, my center is beginning to fill and I have my staff there. It's 6:30 am, I have my staff member in the office and staff in the classroom and I 2 kids, one is 23 months and the other is 28 months, you're saying that those kids cannot be together ever?

**Latisha Brown:** That is correct.

**Mike McBride:** Then I have to say that I completely disagree with that. Because we have rooms that range from 18 to 28 months mixed because we are a large school. So you're saying that once a child turns 2 years old and 1 day they have to be bumped up into the next classroom and be constantly moving, whereas we try to only move children twice a year. So you're saying that everyone under 2 has to be separate from everyone over 2. I understand taking the average age to obtain the ratio if you have 1 child that's 23 months and 3 that are 26 months, but to say that once they are over 2 they need to be moved means that children will constantly be bumped to classrooms. I think there needs to be some clarification on that.

**Mary Levy:** I didn't understand it to be that way and I think it makes it very difficult to have our toddler program which starts at 16 months and then the preschool doesn't start until 3 years old. And to move those children into the next developmental level where they really don't belong because they are just over

2 years old just doesn't make sense to me and doesn't allow our program to work, and there is nowhere else to put them.

**Mike McBride:** No disrespect to anyone who wrote it, but it just does not make any common sense to me. Not just logistically but also emotionally and developmentally it just doesn't make sense because 23 months and 25 months, developmentally, aren't that different. I understand that you do not want us to play with the averages and take say 3 20 month olds and 4 4 year olds and say that they should be together and go with the 12-1 ratio. But the former regulation that stated that you had to go with the youngest age ratio, I think I could get more on board with that, and say you can mix the groups but if you do then you have to go with the youngest age. So if I have a couple of 20 month olds and a couple of 30 months olds in the morning, you wouldn't have to average the ages or say you could mix young children with a bunch of older children and decide to go with the higher ratio. I just don't think that this is explained fully or written as it is being discussed.

**Latisha Brown:** Okay, so how would you guys like it to be written out?

**Mike McBride:** I would like it to be considered that if it is written explicitly that 95% of the time under 2 should be together and 2 and up should be together I understand that for the purpose of mixing averages. But to say that my Fawn room and my chick room, because we have 15 rooms so we have a very short window as we don't have 1 room to 1 year so to say, there are very mixed ages. So we would constantly be bumping kids up as there is always someone turning 2. So I would like it to be written that if you are mixing the 2 groups together then you have to go with the youngest age. So if you want to put a 21 month old with 28 month old because they are developmentally accurate then you would have to go with the 1-6 ratio until the youngest turns 2. That makes more sense to me and I don't know, Mary does that make sense to you?

**Mary Levy:** It does, I could go with that easier than separating them out. I do understand people trying to work the system and I want to say Latisha I do appreciate you working on these over the last month or so and I have recognized that so I don't want it to seem like we're saying anybody did anything wrong. That just doesn't make sense to me because developmentally it doesn't work just to move them there because that is what the rule is. Because developmentally we have a group of x amount and then the next developmental level and so on. So it just doesn't make sense. It's all what is best for the child.

**Mike McBride:** I couldn't agree more and Latisha you did a great job writing this but I think there is always a way around it. I just think we need to reconsider that and have it rewritten a little differently.

**Carrie Paldi:** I'll reuse the example from this earlier where I have 2 foster children come in at the same time but because they are separated by these age groups, where I used to be able to have 1 teacher I now have to have 2 to take of children that live in the same house. I know that was some people's concerns about siblings and mixed ages and I think we have to look at this realistically because I know we are not the only center that does this, a lot of centers do this where not every center opens in every classroom, they start in one and start to move into the others as the children come in. I see lots of heads nodding at this table. Then you kind of do the same thing at the end of the day, I'm not talking about various times throughout the day I'm talking about the beginning and ending of the day for a brief amount of time. I remember that this provision used to be in there and I'm not sure if it is still in there or not. But I think that is an important provision to be in there because I think that it would negatively affect the centers if it was not. I don't think that babies should be mixed with 8 year olds, and I don't know if centers would allow that.

**Lisa Torgerson:** I hear that a timeline is being asked for but you also have to understand that we have a handful of 24 hour facilities, so for you to ask for the opening of the day and end of the day, as a Surveyor I can't tell you when that is.

**Carrie Paldi:** I think it was set to be like 6:30-8:30.

**Latisha Brown:** We also have to look at what is feasible for us to look at and what the Surveyors can actually go out and see. That is why we did it like this so that you could have the mixed ages whenever you want or whenever you need and not actually give you a time but giving you your facilities hours to mix the ages as you need.

**Carrie Paldi:** I appreciate that but we need to think about what is going to be difficult for the facilities. Because you're talking about staff hours and hiring somebody which is going to be a financial hardship and I'm not sure if these things would show up if small business impacts were done. I'm trying to make sure, and again Latisha I think you for reaching out and talking to people to get this done but I also don't want this to be another 4 year attempt at trying to get regulations adopted and set in place as it doesn't do anyone any good. We want to get regulations that are fair, workable, and comfortable to get passed. I know everyone isn't going to be pleased, but I do think that this could be a big stumbling block and I don't want to put something forward that is a stumbling block. How to correct this, I do not know. I understand the difficulty with the 24 hour facilities but maybe there's something that says if you aren't a 24 hour facility you can have the first hour of the day. I just think that this is something that will be difficult with the centers.

**Edith Farmer:** I just want to clarify because we reworked this because originally there was some pushback with using the youngest age, but now you are saying that you would be okay with using the youngest age in the room for the ratio?

**Mike McBride:** Yes, I think we could make it work because we have a room of children approaching the age of 2 and we have 20 of them so they're going to have to be leap frogging emotionally and developmentally whether they are ready or not because you are telling me they have to. The parents are going to go nuts because they have children constantly moving throughout the year. I would personally rather have to default to the 1-6 ratio, than have to be constantly be moving children.

**Latisha Brown:** I understand what you are saying but the intent for those particular sections wasn't for the day to day functions or how you build your school and curriculum, it was intended for those that were requesting the beginning of the day and the end of the day. We were trying to figure out how we could regulate that and if/how it was feasible to do that. So we decided to allow mixed age groups so that we don't have to give you a block of time of the day. We know that most classrooms are done by age groups and we are still allowing that, so now you can mix the ages of the children during the beginning and ending of the day we are just asking you to mix it this way. But what I am hearing is that you want a little more flexibility with the mixing of the ages? This is not meant for your day to day activities as that is what is set in the ratios we already discussed. This is meant for when you need to mix the ages we are saying you can do so by following these parameters. But what I am understanding is that you want us to open up the parameters so you can mix more children together?

**Mike McBride:** I understand what you are saying and I'm only asking for where those 2 groups meet, at around the 2 year mark, that those children be mixed by following the youngest age's ratio. So if I have a 20 month old in a room with some 28 month olds I would have to go to a 1-6 ratio as opposed to a 1-8, I would rather do that than move them up every time a child turns 2.

**Latish Brown:** That I understand, thank you for the clarification.

**Carrie Paldi:** I am a big supporter of the average age groups but I also do not want them to be mixed inappropriately with 2 year olds mixed with 7 year olds bringing the average ratio down to 5 year old. I think average age is important because a) we didn't want to restrict what ages could be mixed, and environments where they have multi aged classrooms. I just think that by going with the youngest age ratio it could prevent the developmentally advanced child from being moved up ahead of time because of the fear of a lower ratio in the classroom.

**Latisha Brown:** In NAC 432A there is a stipulation about developmental plans for each child so if on that developmental plan it says that the child needs to be in that classroom than you just need to show it to your surveyor. We're saying that on the day to day this is how your rooms should be but if you have a developmental plan, we're not stopping you from doing that. That is why the surveyor checks these plans and assessments so that we know who you are setting up for classrooms and curriculums, and if you are doing something like that, it is justifiable and you are in compliance.

**Mike McBride:** So to clarify, you can add the 2 year old into the 3 year old ratio if they need to be in there and the ratio will be obtained by averaging their ages. I think that it is more feasible to go by the lowest age in that scenario, I'm not saying it should always be done that way but in certain circumstances it would help. So when mixing within Group A (Birth to 23 months) or Group B (24 months and up) then the ratio be determined by averaging the ages of the children together. But when you want to mix children from Group A and Group B together, then the ratio is determined by using the youngest age in the group. That is what I am recommending.

**Latisha Brown:** So you're asking for a (C)?

**Mike McBride:** Yes.

**Latisha Brown:** Okay I understand.

**Sue Joyner:** We try to move children only twice a year: in August, when the school system starts, and then we reevaluate in January. So if a child had turned 2 within that time frame we would move them until January 1<sup>st</sup>. This has worked really well and I have been doing it for 19 Years. I would not like to have to move a child just because of a birthday like Mike said. So that is where (C) would come in, where the child would move, not because of a birthday, but because they were ready to move developmentally.

**Mike McBride:** A subsection would be easy to write stating that if you mix group A and B then the ratio used must be that of the youngest child in the group, and that would eliminate the grey area.

**Latisha Brown:** Thank you Mike we appreciate that explanation and have written it down to see if we can have that (C) written in there.

**Carrie Paldi:** I think it is a really good solution and I think it covers my concerns about the opening part of the day, so it would allow me to have mixed ages and used the youngest ratio. I think it is a good solution.

**David Walton:** Latisha, thank you for reaching out and proposing a compromised regulation. I cannot speak on behalf of those that care for younger children, 0-9 months or 0-24 months and so on for the ratios that I don't have experience. The average ages and ratios that have been identified for 24 months and up, considering the averages, those are reasonable. I wanted to thank you for that.

**Latisha Brown:** You're welcome. Thank you.

**Andrea Doran:** I want to thank everyone for the efforts put forth. I have put in my resignation at my facility and my last day will be in July. At some point we will need to make a change on the council. I'd be willing to retain my position until I find a replacement or we do.

**Lisa Fitzgerald:** One of the things that I was worried about in the original discussion was group size. One of the things that was made clear to me was I was worried about losing some space in my room for those group sizes, and we are able to use that space. So, if I did have infant, and I have a 12:1, if I had 12 infants and 3 teachers to maintain the ratio, I can still use the full use of that room. That was something that was important to me with the building of my center. I know the last time there was a lot of push back with that, but being that is written in there with being able to use the full capacity of your school, that was helpful for our school. With regards to the mixed ratios, I think some of the schools that run on a school year with a calendar year of the school district, they are changing their calendars. They are starting earlier. A lot of schools, my school included, start out their 2 year old room as a 2's and 3's and they have to be 2 by September 30<sup>th</sup>. We don't get many of those but there are those chances that we do that. That would limit some of those schools with starting out with a 6 to 1 if they took one child instead of 2 year old ratio. I don't know if there are some listening that would be effected by that. That would keep a small portion of those children starting until that birthdate.

**Carrie Paldi:** Again, I want to thank Latisha. There are centers that combine their 3 to 4 year olds and some that don't. There are facilities that take 3 year olds and some that don't. Most take the 3 year old classrooms, 4 year old classrooms and 5 year old classrooms. I did mention to Latisha that I get if you have your 3 to 5 mixed, 12 to 1, but I would very much like to see something separate if you have a classroom primarily with 3 year olds, 12 to 1, a classroom of primarily 4 year olds, 13 to 1, and a classroom of primarily 5 year olds, 18 to 1 that you're using. Just something separate if you have those groups separated out.

**Latisha Brown:** Thank you.

**Hailey Hamel:** I'd have to agree with Carrie. My center is laid out with 3 classrooms. One classroom is strictly 3 year olds and the other 2 classrooms upstairs are 4 and up. In the 4 and up rooms we use a 1 to 15 ratio. Sometimes we have a 1 to 16 ratio. My teachers are fantastic and there are always 3-4 extra teachers in the building that can assist when problems arise. If these ratios go through the way they are proposed I would have to kick out 7 children and raise tuition about \$100 per parent that remains at my center. I would like to see this separated out. My 3 year olds do run a 12:1 ratio but the 4 year olds I feel like should be able to be at a 16:1. When they get to be at the district they run at a 30:1 at times. My classroom square footage wise cannot accommodate 24 kids. 16 with 1 teacher is perfect and it's running effectively. I would like to see that separated out so that I am not forced to kick out any children and all of the centers that are around us are full. I don't know where they would go. Probably to unlicensed in home child care which, is a scary thought. I would like some more development on the ratios so that we are not forced to increase tuition.

**Carrie Paldi:** If they were to look at, this is your 3 and 5 year old combined, and this is your 3, 4, and 5 separately, would you be comfortable with saying you have 16 and giving a little bit? Maybe going down to 14. Would that be comfortable for you?

**Hailey Hamel:** That would still affect our children because looking at our next year's numbers, next year is also full. Either way you are talking about kicking out 2 children. I don't want to have to worry about



where they are going to go. We have great children here and definitely not kicking out 7 children. When you are taking into account they are going to kindergarten, they're in huge classrooms. I don't know what the benefit is when I have a teacher who has been teaching for 22 years and then they go to kindergarten and have 26 kids with one teacher. I don't see what the benefit is for 14:1. I feel like the 16 in my facility is working effectively.

**Latisha Brown:** I am not sure why you would have to kick children out. I know that you would have to add teachers. I'm sorry I don't understand.

**Hailey Hamel:** My classroom, square footage wise, does not accommodate 24 children. To add that extra teacher in there for only the 3-4 kids that we are talking about being extra is not economical. The teacher is going to cost me way more money than what the extra kid would bring in. we don't want to put more than 16 kids in that room.

**Latisha Brown:** Understood, thank you.

**Lisa Torgerson:** She is choosing an only 10 to 1 ratio with a 12 to 1 ratio, rather than to add a second teacher for 2 more children.

**David Walton:** If you have a child that is 24 months and you want to move them into the 3 year old, you would not have to default to the 9 to 1 but you would have to look at the average for the 3 year old class. Say you have 36-48 months in a room so that 2 year old, 8 month or 10 month, that older 2 year old child averaged into the age. I think providing a break down for those older ages is reasonable. I just wanted to clarify on that average age.

**Latisha Brown:** Yes for the average. Further, NAC432A acts as one so this is one section of 432A but all of the sections work together. If you have developmental plans and you have a particular curriculum that you are utilizing in your school, then it makes sense for the children within your school, that you would have communication with your Surveyor, so that when they come out, you can communicate this is why we have this set up. That's why we ask you to do those assessments, build those curriculums, and that's why we take a look at those things to understand the setup of your school and the functionality. We ensure that it's built developmentally appropriate for the children you are providing services.

**David Walton:** Thank you for that clarification. That's very valuable.

**Latisha Brown:** Absolutely.

**Carrie Paldi:** Would there be a consideration for, if you have a mixed age ground for 3-5 year olds, and your 5 year olds are mixed into your 3 to 4 year old classrooms, it's the one ratio. Then if you have a classroom of 3 year olds, a classroom of 4 year olds, and a classroom of 5 year olds, there would be a separate ratio for those broken out classrooms. Is there an objection to that?

**Latisha Brown:** The mixed age group does cover it. That allows you to mix.

Lisa Torgerson: Are you asking to keep what we have in place and then add an additional...

**Carrie Paldi:** I am asking for an additional sub categories. Let me explain why. Nellis mixes their pre-k, the 3 to 5 year olds, that's how they do it. Diane, do you guys do it that way?

**Diane Nicolet:** Yes, we mix throughout the ages. We have Birth to 18 months, 18 months to 36 months and then 3's, 4's and 5's.

**Carrie Paldi:** Are your 3's, 4's, and 5's separate or are they mixed together?

**Diane Nicolet:** 3 year olds, 4 year olds and 5 year olds are what's considered the preschool and they are together in 3 rooms.

**Carrie Paldi:** But it would be common for you to have in those 3 rooms there together one room has all 3, 4, and 5's and the other room has all 3, 4, and 5's? Correct?

**Diane Nicolet:** Yes, there could be a mixture.

**Carrie Paldi:** That's how some centers do it and then other centers do it like, this room is mostly composed of only 3 year olds. Might have one 1 or 2 year old, might have one younger 4 year old, or a child that is developmentally not there but composed of mostly 3 year olds. Then there's this class that composed of 4 year olds that are all going to kindergarten next year. They are all pre-k. There may be some 5's in there. I think 12 is perfect for a 3 year old. If you have 3 and 5 year olds mixed and that's your rule, I think you go to your youngest age group, but if you have a classroom that's all 4's and a couple of 5's or mostly 4's and a couple of 3's, I don't think the 4 year olds need to be 12 to 1. Like someone else stated, these kids are going to go to kindergarten next year. These classes are comprised of 30 kids. It will be completely overwhelming to them. I don't think 14 is an unreasonable number.

**Unknown:** ...the schools don't have the ratios that they have. They are forced to do that because they are forced to serve an entire public.

**Lisa Torgerson:** We have a higher level of educated people in our school system than we do in most of our child care facilities. I am not talking all of them. You also have a certified aid, at minimum bachelor level teacher, or a master level teacher. Those are your schools versus your child care facilities. I can tell you as a Surveyor, up North, we have facilities where children are getting hurt, seriously hurt. I have a big concern when a group of an uneducated, unexperienced teacher, which could very well be in with a group of 14 kids because I am going to get the call with the child that got the concussion, I am going to get the call that the child walked across the street to the park. He didn't want to be in class because the teacher wasn't watching him or maybe the teacher was watching him but she is completely overwhelmed.

**Latisha Brown:** We just had a similar situation where the teacher looked right at the child, the child fell, and they were in a classroom with 4 and 5 year olds. She was looking right at him and he fell off of the table and broke his leg. The teacher walked past the child and didn't even ensure that he was ok. Those are the types of situations that we are trying to prevent and avoid. We are trying to be more proactive but I understand what you're saying.

**Carrie Paldi:** That is terrible and I hate to hear stories like that. It wouldn't have mattered if she had 14 kids, if she had 12 kids, or if she had 8 kids. If she is going to look at the child, observe the child falling, and walk away from that child, that's a poor qualified teacher. That's a teacher issue not a ratio issue.

**Lisa Torgerson:** If she would've had 10 or 11 kids, she would've had the opportunity to catch the child. She would've had the opportunity to pay attention to the child.

**Latisha Brown:** She was alone. It was too many children for her.

**Carrie Paldi:** I understand.

**Lisa Torgerson:** Carrie, you are an exception to the rule, most of the people sitting at this table are an exception to the rule. I wish we had other facilities here that you could hear them because you all are the exception to these rules. I think it's important that you hear that time and time again.

**Carrie Paldi:** I get it. I feel that I need to feel this, I need to speak this, and I need to feel this. I agree that we need to make improvement. Maybe it's not 14, maybe it's not 13, and maybe it's not a group of all 4 year olds. I don't know. I want to put forth something that is going to pass. I don't want to live through this for another 4 years. I lived through this the last time and I do not want to live through that a second time. I was at the world's largest child care board meeting. It was the longest meeting ever. I want something that will pass. Maybe it will be ok for everybody I don't know. I'm going to guess, we already have someone saying 16 kids and these are going to really hurt me but maybe 14 kids doesn't hurt as much. They will have to take 2 less children but I can live with it. I won't have to be going to meeting after meeting to fight it and this is going to happen. I want to be able to come up with something that we can go before the Board of Health with and it will get passed. We have people like, Laurie, who pay good money for a substitute every time we have one of these meetings. We don't have that all the time; we are not the norm. What will happen though, is that when we have these workshops, we will have the norm show up stating they are not ok with these. The people we need to remember are the parents. Improved regulations are great but when you take these and drastically decrease the number of children that can be in a classroom, the rates will increase, as stated earlier as an example, by \$100 per week. Do you know how many parents that would wipe out to being in unlicensed care? Then what happens? Where do those kids go? We all know where they go. They go to unlicensed care or lesser quality centers.

**Laurie Ciardullo:** Is there maybe a way to stair step the ratio so that it tightens up over time? This way centers aren't hit all at once. Little by little, we move it to this amount this year and that amount next year. This way, the impact financially isn't as hard. I hate to see something drag and then be stuck with the high ratios because we can't get anything passed. I also hate to see people excluded.

**David Walton:** That's a great question. Something to consider along with this, which I think is related is all of the quality programs are being offered by individuals like us and participating in these discussions. To use the government in order to essentially punish, obviously that's not the intent, but to those that are providing quality care and education to children because of those that are not is inconsistent with the principles of this country. Maybe there is a way where we can, you had mentioned a developmental plan, is there a way outside of NAEYC, because of their philosophical differences in terms of when you teach phonics, a center can demonstrate the ability to manage with a group of 5 year olds, 15 or 16 to 1. It injects some complexities that may be impossible but I want to at least ask the question. what I would say is if you haven't had any violations and you don't have the issues that a lower quality center has then the demonstrated ability to manage the program, again outside of curriculum and various philosophical points, but safety and security of the children, then perhaps that larger ratio which may be identified is permissible. I just want to ask the question or give you something to think about.

**Latisha Brown:** I hear what you're saying Mr. Walton. Personally I feel like why do we have a seatbelt law? I know how to drive so why do we have a law where you tell me I must wear my seatbelt? It's not effecting you, it would be effecting me. The point that is made with ensuring that everyone wears a seatbelt is to ensure safety. Everyone is entitled to thrive, to life, to ensure that when they go out into the streets or when they go into the classroom that their best interests are at heart. That the best practices are implemented, that the children are being taken care of, and when you get into that car or vehicle, and my mother calls me a speed demon and to pay attention to my speed. We have those speed limits to ensure

the safety of yourself and others. I hear what you're saying and again we have these discussions so that we ensure that we fit everyone in because all of the children matter. Again, I want to make sure I am writing down what you're saying. You said the 3 year is 12:1, 4 years is 14:1 and 5 years is 16:1. Then any mixed group ages from 5-12 years (inaudible).

**Carrie Paldi:** I think that this gives the autonomy to those schools that function in split classrooms to continue to do so. When we started this process, I looked back at the last time we did this and looked at what where we were when we almost agreed on everything before it went to the wayside. And one of the previously agreed on ratios was the 3 years at 12:1, 4 years at 14:1, and 5 years at 16:1. I bring this up a lot because I feel like people could live with it and then we could go before the Board of Health and give them something that everyone isn't going to scream about. They originally wanted 12 but I wanted 16 so we met in the middle at 14.

**Hailey Hamel:** I mentioned that I had the class with 16, and as a Director, I have an obligation to make sure my classrooms are running effectively. I currently have a classroom that is running 2 below the social services ratio because I have a brand new teacher and I don't want to overwhelm her. I think that it goes behind the director and undermines them, it's like going into a restaurant that can have 10 tables and telling them they can only have 5. If we have the space and ability to do this and do it well I do not understand why we are not able to continue to do so.

**Latisha Brown:** I don't think it's a matter of trust, I'm sorry if you feel that way. It's just to ensure that we are all operating on the same spectrum here. Everybody is not like yourself as a director or like Carrie as a director. Here at Child Care Licensing we do see those that do not follow the same rules as you do. I have taken down Carrie's suggestions of 12:1 and 14:1 and 16:1. We are not trying to over regulate everyone or say that we don't trust anyone. We're just trying to ensure the safety of everyone. We will take these numbers back and see what we can do.

**Carrie Paldi:** That is appreciated, as is the collaboration. My goal through this is to be able to stand in front of the Board of Health and say I support this. Joe mentioned if there would need to be another stakeholder meeting and I think that should be discussed at the end of this meeting.

**Latisha Brown:** He did mention that and if we do need another workgroup or stakeholder meeting then we are not going to meet the March deadline, and by making these changes we probably aren't going to make the Board of Health meeting. We can absolutely have another stake holder meeting because communication is good. But like I said I think it will mean we will not make it to the Board of Health or the legislature and we will go into default on this and I will deal with that when I need to.

**Carrie Paldi:** When does that happen?

**Latisha Brown:** We are already on a Corrective Action Plan.

**Unknown:** I asked for clarification as to what we would lose with that grant and I think that's why some people are confused about it also. So I know fees would go up.

**Latisha Brown:** That is definitely the biggest part of it, we would have to raise the fees and start charging a bit more obviously for us to operate licensing and you have to be licensed in the State of Nevada. Obviously \$20 for a Family Care Home will no longer be, and the cap at \$300 max for a center will no longer work also. We will have to do something similar to what California does, which is thousands and that's what we don't want. That's what we're trying to not allow happen but if this doesn't pass then we are going to have to do the analysis to see what we will have to charge. Also for the trainings some of the

money come from the grant for the Nevada Registry, and from the subsidies as I know they have to follow these guidelines also. I know some of the centers do not utilize the subsidies but some do, and they would lose a lot.

**Unknown:** So if we can't come up with an agreement here we are going to pay more somewhere else. I think that if we knew what we were losing then we might not say no as quickly.

**Latisha Brown:** I'm not saying that this is going to happen I'm just saying it could. Again, because the monies don't come from our Division, they come from another Division, and I answer to multiple individuals so I would have to let them know that we aren't going to make it to legislature, and they would let me know what would happen and in turn I would let you know.

**David Walton:** So those facilities that do utilize subsidies, would they be looking at gaining subsidies or would they take them away if we lose the grant? So they are currently using subsidies monies from the grant?

**Latisha Brown:** Yes. I can say that the State of Nevada receives \$40 million from this grant that not only goes to subsidies and licensing but also to quality dollars so we are only a piece of a larger pie here.

**David Walton:** So what portion is for the subsidies for the private facilities?

**Latisha Brown:** I do not know.

**David Walton:** I think this information would be very helpful to those trying to decide if this is something we should do and would allow us to better look at these ratios and group sizes knowing what we could lose.

**Latisha Brown:** They did not give us those numbers. We have two parts that have to agree, the State and the centers. We go by what we see and what risk we see out there as are the centers but you also look at things that we do not such as your money and enrollment. So it is about trying to find that middle ground.

**David Walton:** I fundamentally disagree with that statement because if we were not providing safe and quality care for our children, then the parents would not leave their children in our care. I think that our goal is the same but we cannot provide the level of education and safety that we have in the past without regulation getting in the way.

**Latisha Brown:** I was saying that we both look at risk and safety but you look at other variables also.

**Carrie Paldi:** There is information online regarding the subsidies, it may not be the exact number but it is available online. If you go back and make these changes due you think it is possible to make it to the March meeting if we don't have another stake holders meeting?

**Latisha Brown:** No. I'm going to try, but I do not think so. The legislative session has already begun and so the LCB are already looking at bill drafts and law changes I don't know if we would hear anything. Because we sent one off in November and we still haven't heard anything.

**Carrie Paldi:** And from my understanding, once the session starts then the LCB is focuses solely on it correct?

**Latisha Brown:** Yes. I am confident that this one would get through but I do not think that another would.

**Carrie Paldi:** I think we have come up with some great agreements and compromises regarding what we have talked about today but I do not think that we can lose this grant as it will be detrimental.

**Diane Nicolet:** I think that since Latisha said she doesn't think we will make it to the legislative session this year, then we should have another stakeholder meeting with the State and these new agreements.

**Carrie Paldi:** So you would like for Latisha to take these changes back and then introduce them all together at a stake holder meeting after she has heard back from the LCB. Prior to going to the Board of Health. Is this correct?

**Diane Nicolet:** No, I think that the changes agreed upon today should be put into text and then shown to the constituents and then when we get that collective agreement that Joe is looking for, we go to LCB and then move forward.

**Carrie Paldi:** Do you think you can do that?

**Latisha Brown:** I do not think so. I am not clear on how all of this will work I am making assumptions based on my dealing with LCB. I know it takes them some time and it takes me some time as I am not only making regulation changes all day, I also approve your licenses amongst other things. I just don't know how feasible it is to say we can get all of these things done in time for the March deadline, but I will try to get this done. So what Ms. Nicolet is referring to, I will see if we can do this.

**Carrie Paldi:** So Diane, you are saying to take the changes back to the stake holders meeting before taking to LCB.

**Latisha Brown:** I will see if I can get this done.

**Mike McBride:** I have a clarification question, I thought this had to be approved by the LCB before it could go to the Board of Health? Does this have to be done during the legislative session?

**Latisha Brown:** I think he was saying something about being able to pass it after the session but I am not sure. It still needs legislative approval regardless. We still have to go through the entire process so I am not sure if we would even make it to the after session which I believe is only 2-3 months.

**Mike McBride:** So if we didn't make it through LCB and the Board of Health, you're saying this could take 2 more years to get passed?

**Latisha Brown:** Yes this has to be done so that we are in compliance with the CCGB grant. I would also need to speak with Joe and the Department of Welfare to see what this would mean because it would put the whole State of Nevada out of compliance with the new regulations.

**Carrie Paldi:** My understanding is that when legislature isn't in session, it doesn't stop laws from being passed, they just go through other channels. Is this correct?

**Latisha Brown:** It would still have to go through LCB.

**Carrie Paldi:** But not legislative session?

**Latisha Brown:** It would be a special session but I am not well versed in that matter.

**Carrie Paldi:** Because we have had regulations changed when not in legislative, it has been a while since it has happened but I think it can be done.

**Carrie Paldi:** Are we emailing the changes so that everyone can see them even though Latisha will be making her changes?

**David Walton:** If you have them and wouldn't mind, we would like to see them even if they don't include the latest changes from you.

**Carrie Paldi:** So they wouldn't include Latisha's changes from today.

**Mike McBride:** I am a little disappointed with the lack of collaboration with the stakeholders. You are trying to write these new regulations with little input from them and I think you are going to get a tremendous negative response at the last minute. I hope that before March we can get a State, County, and Stakeholders consensus.

**Carrie Paldi:** I think that we agreed, and Latisha will check to see if we can, that we would try to have another public workshop. These changes are going to be pretty different, so if the new changes are less restrictive, then I believe Joe Pollock said you do not have to do another small business impact, correct?

**Latisha Brown:** I believe so. But I do not want to give false information.

**Carrie Paldi:** If we can, then I think it would be best to have another meeting. I do appreciate the work that has been done by licensing since our last meeting, and the drive to make changes and make as many people as possible happy.

**Mike McBride:** I think that if most of what was talked about today is worked into the changes, then you won't hear a large rebuttal from the stake holders.

**Latisha Brown:** I am going to try.

#### **4. Appointment of any open Committee positions and term limits-*Carrie Paldi, Co-Chair***

**Carrie Paldi:** I am putting it out there that we are seeking a Group Family Care Home provider for the Northern part of the state. I am going to ask the surveyors up North to help us find this person, to those that might qualify. Also, I ask my colleagues to help as well. Since we got some unfortunate news that Andrea will be leaving us shortly. We need to start reaching out. It's a hard position to fill. It's an important position that I feel we don't get enough representation. If I can get an updated application, I will send out to our council members. If you can send out in your wide email networks. Also having the Division send out on their ListServ. We need to get this application out there further so people are aware. We can also fill our rural position, Andrea's position.

#### **5. Update and discussion of Regulation Review focus areas and recommendations-*Carrie Paldi, Co-Chair***

This item is tabled until the meeting April 11, 2017.

#### **6. Legislative Action Updates-*Carrie Paldi-Co-Chair***

**Carrie Paldi:** Jared Busker from the Children’s Advocacy Alliance was not able to make it today. I was not able to reach out to him before today’s meeting. We are going to table this meeting until the next meeting.

#### **7. Board of Health meeting presenting the regulation amendment R092-16 in March 2017**

**Carrie Paldi:** Board of Health meeting and presenting the regulations in March 2017 is tentative at this point. Latisha will keep us posted. In addition to keeping the council informed, can we send something out via the ListServ?

**Latisha Brown:** Yes.

#### **8. Future Agenda Items- *Carrie Paldi, Co-Chair***

- a. Opening Remarks, Introductions, and Roll Call
- b. Approval of the minutes, October 11, 2016
- c. Approval of the minutes, January 10, 2017
- d. Update from Child Care Licensing
- e. Appointment of any Committee positions and term limits
- f. Update and discussion of Regulation Review focus areas and recommendations
- g. Legislative Action Updates
- h. Committee Updates
- i. Future Agenda Items
- j. Public Comment

#### **Future Meeting Dates**

- January 10, 2017 at 1:30p.m.
- April 11, 2017 at 1:30p.m.
- July 11, 2017 at 1:30p.m.
- October 10, 2017 at 1:30p.m.

#### **9. Update from Council Members**

**Carrie Paldi:** The center I have been working for the last 25 years is being incorporated into a national corporation. It’s a huge opportunity and I am happy for the owner Carol. She has worked very hard for many years. Our centers will be expanding since we are going to a bigger family.

#### **10. Public Comment**

**Lisa Fitzgerald:** In my 26 years in Las Vegas, I have never had a network of licensing agencies that I can trust and network with rather than fear. It’s a great honor and pleasure to be able to sit and help with this rather than just be told what will be happening. I appreciate this and wish I would’ve started this earlier.

**Latisha Brown:** Thank you so much. That means a lot.



**Carrie Paldi:** I wanted to thank everyone for being here today. I appreciate the public support and the many people that are engaged in this process. It's nice to hear people over the phone and add people in attendance to our meetings. I think that's a sign that our meetings are moving in a good direction. I also want to thank the council members. I know this is a tremendous commitment. I appreciate you all making time in your very busy schedules. You all work very hard. I also value and appreciate our amazing licensing staff.

**Latisha Brown:** Thank you.

## **11. Adjournment**

Meeting adjourned at 4:02p.m.