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Child Care and Development Fund (CCDF) Plan  
for

**Tribe: Moapa Band of Paiute Indians**

Federal Fiscal Years 2026–2028

***Plan Status: Updates in Progress as of 2025-07-21 17:39:53 GMT***

This Plan describes the Child Care and Development Fund (CCDF) program to be administered by the CCDF Tribal Lead Agency for the period from 10/01/2025 to 9/30/2028. As provided for in the applicable statutes and regulations, the Tribal Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described herein.

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

## **Introduction and How to Approach Plan Development**

### **PART I: ALL TRIBAL LEAD AGENCIES**

#### **1 CCDF Program Administration**

- 1.1 Definition of Indian Child (Direct Funded Lead Agencies Only)
- 1.2 Definition of Service Area (Direct Funded Lead Agencies Only)
- 1.3 Child Count (Direct Funded and P.L. 102-477 Lead Agencies)
- 1.4 CCDF Leadership
- 1.5 Designated Tribal Lead Agency
- 1.6 Administration through Contracts or Agreements
- 1.7 Consultation in the Development of the Tribal CCDF Plan
- 1.8 Categories of Care
- 1.9 Coordination of Services
- 1.10 Program Integrity and Accountability
- 1.11 Disaster Preparedness and Response Plan

#### **2 Health and Safety of Child Care Settings**

- 2.1 Relative Providers
- 2.2 Overview of Health and Safety Standards, Training, and Inspections
- 2.3 Health and Safety Standards and Pre-Service/Orientation Training
- 2.4 Ongoing Training
- 2.5 Staff/Child Ratios and Group Sizes
- 2.6 Provider Qualifications
- 2.7 Monitoring and Enforcement of Health and Safety Requirements
- 2.8 Monitoring Inspectors
- 2.9 Comprehensive Background Checks
- 2.10 Comprehensive Background Checks for Household Members in Family Child Care
- 2.11 Disqualifying Crimes for Employment Eligibility
- 2.12 Fees
- 2.13 Timeliness in Returning Employment Determination Results
- 2.14 Provisional Hire
- 2.15 Privacy of Comprehensive Background Check Results
- 2.16 Appeals for Child Care Staff
- 2.17 Justification for Alternative Approaches

#### **3 Quality Improvement**

- 3.1 Quality Activities Needs Assessment Methodology
- 3.2 Quality Improvement Goals and Activities

### **PART II: TRIBAL LEAD AGENCIES WITH SMALL ALLOCATIONS**

#### **4 Direct Services**

- 4.1 Direct Child Care Services
- 4.2 Direct Child Care Funding Methods
- 4.3 Eligibility Criteria
- 4.4 Payment Rates

### **PART III: TRIBAL LEAD AGENCIES WITH MEDIUM AND LARGE ALLOCATIONS**

#### **5 Child and Family Eligibility, Enrollment, and Continuity of Care**

- 5.1 Basis for Determining Eligibility

5.2 Eligible Children and Families

5.3 Application and Eligibility Determination/Redetermination Process

**6 Equal Access to Quality Child Care**

6.1 Description of Direct Child Care Services

6.2 Establishing Adequate Payment Rates

6.3 Improving Access for Vulnerable Children and Families

6.4 Family Contribution to Payments

**7 Family Outreach and Consumer Education**

7.1 Sharing Information with Families

7.2 Information on Developmental Screenings

7.3 Consumer and Provider Education

7.4 Consumer Education

7.5 Information on Monitoring and Enforcement

7.6 Parental Complaint Process

**Appendix 2: Tribal Early Learning Initiative (TELI)**

## Introduction and How to Approach Plan Development

### *Overview*

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 et seq.), together with Section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and to increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) and provides resources to state, territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development. It facilitates parental employment, training, and education, improving the economic stability and well-being of participating families. It also supports child development, promoting safe high-quality care and learning environments for children when child care is needed.

As required by the CCDBG Act, this Tribal CCDF Plan serves as the Tribal Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Tribal Lead Agency compliance with the requirements of the statute and regulations. Tribal CCDF Lead Agencies must comply with the rules set forth in the CCDBG Act and corresponding ACF-issued rules and regulations found at 45 CFR Part 98, which are cited throughout the Plan. For example, the citation for immunization requirements is noted as §98.41(a)(1)(i). The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms, including administrative and financial data reporting, audits, and the ACF-700 Tribal Annual Report.

The Tribal CCDF program includes flexibilities specifically to address a broad range of Tribal needs and population sizes, including tiered program requirements based on the size of the Tribal Lead Agency's CCDF allocation. CCDF categorizes a Tribal Lead Agency as receiving a small, medium, or large allocation based on its allocation in federal fiscal year (FFY) 2016. A Tribal Lead Agency designated as "small allocation" received less than \$250,000 in FFY 2016. A Tribal Lead Agency designated as "medium allocation" received between \$250,000 and \$1 million in FFY 2016. A Tribal Lead Agency designated as "large allocation" received over \$1 million in FFY 2016. A Tribal Lead Agency with a small allocation has the most flexibility in spending CCDF funds, though they must spend all their CCDF program funds in alignment with the goals and purposes of the CCDF program and comply with health and safety, monitoring, background checks, and quality spending requirements. To align with these more limited CCDF program requirements, a Tribal Lead Agency with a small allocation completes an abbreviated CCDF Plan.

### *Organization of Plan*

In its Tribal CCDF Plan, a Tribal Lead Agency must describe how it implements the Tribal CCDF program. The Plan is organized into the following parts and sections:

Part I (all Tribal Lead Agencies): Three sections on program administration, the triennial child count, health and safety, and quality improvement.

Part II (only for Tribal Lead Agencies with small allocations): One section on direct services.

Part III (only for Tribal Lead Agencies with medium and large allocations): Three sections on child and family eligibility, enrollment and continuity of care, equal access, and family outreach and consumer education.

Appendix 1: Triennial Child Count Declaration/Demonstration: Relevant for Consortia Tribal Lead Agencies of all allocation sizes. Consortia Tribal Lead Agencies must submit a child count declaration/demonstration for each member Tribe for the Tribal Lead Agency to act on its behalf. The template (or a similar document) must be completed and signed by an individual authorized to act for the participating member Tribe/Village. The Consortia Lead Agency must upload the declaration/demonstration as part of their child count submission for each member Tribe/Village.

Appendix 2: Tribal Early Learning Initiative (TELI): Relevant for all Tribal Lead Agencies of all allocation sizes. A Tribal Lead Agency has the **option** to submit Appendix 2, which will serve as a notification to OCC that it plans to join the TELI Network and receive universal technical assistance on developing and strengthening Tribal early childhood systems building. This initiative is voluntary, and Tribal Lead Agencies are not required to complete this appendix.

### *Completing the Plan*

This Plan aims to capture the most accurate and up-to-date information about how a Tribal Lead Agency is implementing its Tribal CCDF program in compliance with the requirements of CCDF. In responding to Plan questions, Tribal Lead Agencies should provide concise and specific summaries and/or may use bullet points as appropriate to the question.

### *Tribal CCDF Plan Submission*

A Tribal Lead Agency will submit its Plan to OCC electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final Tribal CCDF Plan template approved by the Office of Management and Budget (OMB).

A Tribal Lead Agency must submit its FFY 2026 – 2028 CCDF Plan to OCC no later than July 1, 2025.

*Note: The format of the questions in CARS could be modified from the pdf version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.*

### *Plan Review*

OCC will review submitted Tribal CCDF Plans for completeness and compliance with federal policies. Each Tribal Lead Agency will receive a letter approximately 90 days after the Plan is due to inform the Tribal Lead Agency that its Plan has been approved or approved with conditions.

### *Amendment Process*

OCC recognizes that a Tribal Lead Agency may wish to modify and adapt its CCDF program to address evolving needs and priorities. A Tribal Lead Agency must submit amendments to its Plan as it makes substantial policy and program changes during the three-year Plan cycle, including when addressing areas of non-compliance.

## PART I: ALL TRIBAL LEAD AGENCIES

### 1 CCDF Program Administration

#### 1.1 Definition of Indian Child (Direct Funded Lead Agencies Only)

For the purposes of determining eligibility, Tribal Lead Agencies must define Indian child (§98.81(b)(2)(i)). This definition must be limited to children from federally recognized Indian Tribes, consistent with the CCDBG Act's definition of Indian Tribe (§98.2).

This definition could include children who are Tribal members, whose membership is pending, who are eligible for membership, and/or are children or descendants of members and could also include adopted children, foster children, or stepchildren.

##### 1.1.1 Indian Child

For the purposes of determining CCDF eligibility, the Tribal Lead Agency defines an Indian child as: **The Moapa Band of Paiutes defines a child as anyone under the age of (13) who meets the following criteria: is a member of a federally recognized Indian Tribe, eligible for membership in such tribe, a descendant of a federally recognized Indian Tribe, or holds a Bureau of Indian Affairs (BIA) Certificate of degree or Certified Indian Blood (CIB) Card. This definition also includes children who may not meet the above criteria but are descendants of a federally recognized Indian Tribe, as well as children who live in the home and are stepchildren, half-siblings, or foster children living in a Indian home. [MBOP Tribal Council Approved June 29, 2019]**

#### 1.2 Definition of Service Area (Direct Funded Lead Agencies Only)

Programs and activities must be carried out for the benefit of Indian children living on or near the Indian reservation, which is called the service area. A Tribal Lead Agency must define its service area in the Tribal CCDF Plan (§98.83(b)). The service area must be within reasonably close geographic proximity to the borders of a Tribe's reservation (except for Tribes in Alaska, California, and Oklahoma). Tribes that do not have reservations must establish service areas within reasonably close geographic proximity to the area where the Tribe's population resides.

Tribal Lead Agencies are expected to be able to provide services to eligible families throughout the service area. ACF will not approve an entire state as a Tribe's service area.

##### 1.2.1 Service Area

- a. The Tribal Lead Agency defines the service area as: **Programs and activities are designed to benefit the Indian children living on or near the Indian Reservation or within Clark County’s service area. Clark County is geographically close to the borders of the Moapa Band of Paiutes Reservation. Our mission is to provide services in Southern Nevada, specifically in Clark County, to support all Native American and Alaskan Native families through our subsidy 12-Month Certificate Program and operate the Tribally Operated Center serving children on the Moapa Band of Paiutes Reservation. [6500(c)(2)(B); 98.80(e); 98.81 (b)(2)(ii); 98.81(b)(3)(ii); 98.93(b)]** The Moapa Band of Paiutes Reservation is located (52.1) miles from the greater Las Vegas area. Moapa Valley borders the Moapa Band of Paiutes Reservation, while the Logandale/Overton rural area is (21) miles away, and Mesquite is (39) miles away. The urban and rural demographics of Clark County, Nevada, define our service area as being on and near the Moapa Band of Paiutes Reservation.

The Moapa Band of Paiutes outlines their service area in Clark County, Nevada, which encompasses 8,000 square miles, including rural regions such as the Moapa Reservation, Moapa Valley, Logandale/Overton, and Mesquite. This region is not only Southern Paiute ancestral lands, but is also encompasses the larger urban areas of Las Vegas and Henderson, prioritizing the accessibility of child care services for the Native American and Alaskan Native population, which stands at 65,163 based on the 2023 Census. This initiative aims to enhance support for these communities and sure their needs are met.

- b. **Optional:** In addition to the description above, a clearly labeled map of the service area is attached. Attachment: **Document was provided by TLA**

### 1.2.2 Neighboring and/or Overlapping Service Areas

Is the service area (as defined in 1.2.1) neighboring and/or overlapping with the service area(s) of any other Tribal Lead Agencies?

No.

Yes. If yes, answer the following questions:

- a. Identify those other Tribal Lead Agencies with neighboring and/or overlapping service areas. Describe: **Within Clark County, Nevada, the only other Tribal Lead Agency is the Las Vegas Paiute Tribe, which operates its own Tribal Center.**

**The I.T.C.N. Child Care Development fund continues to serve Clark County, Nevada.**

- b. Describe the Tribal Lead Agency’s process for ensuring unduplicated child counts for neighboring and/or overlapping service area(s): **On Wednesday, April 30th, 2025, Project Director Ashly M. Osborne contacted Tami Watanabe via email at the Las Vegas Paiute Tribe Child Development Center to conduct a Tribal Consultation aimed at ensuring an accurate child count without duplication. We verified our data resources and worked together to ensure there is an unduplicated child count through our correspondences.**

**On Wednesday, June 4th, 2025, the Moapa Band of Paiutes responded to I.T.C.N.'s request and provided our child count.**

### 1.3 Child Count (Direct Funded and P.L. 102-477 Lead Agencies)

For the purposes of determining a Tribe/Tribal organization’s annual CCDF program funding level, the Tribal Lead Agency is required to conduct and submit a triennial child count of children younger than age 13, (\$98.80). The child count submitted is not reflective of the number of children who receive direct child care services. Instead, the child count gives the number of children younger than 13 who meet the Tribal Lead Agency’s definition of Indian child and who reside in the designated service area.

The Tribal child count will be effective from October 1, 2025, to September 30, 2028, and will be valid for three years. If a consortium gains or loses a member organization(s), then the adjustments will be made accordingly.

*Note: A consortium must also submit a declaration/demonstration for each participating member Tribe/Village. (See Appendix 1: Triennial Child Count Declaration/Demonstration for a template).*

A Tribal Lead Agency may not count any children who are included in the child count of another CCDF Tribal Lead Agency. The Tribal Lead Agency is required to confer with all other CCDF Tribal Lead Agencies that have neighboring and/or overlapping service areas.

#### 1.3.1 Child Count

**(If the Tribal Lead Agency is not a consortium, it is required to answer this question.)**

The Tribal Lead Agency certifies that the number of Indian children younger than age 13 (as defined in 1.1.1 or the approved P.L. 102-477 Plan) who reside in the service area (as defined in 1.2.1 or in the approved P.L. 102-477 Plan) for the Tribal Lead Agency is: **7666**

### 1.3.2 Consortium Child Count

**(If the Tribal Lead Agency is a consortium, it is required to answer this question.)**

The Tribal Lead Agency certifies that the number of Indian children younger than age 13 (as defined in 1.1.1 or in the approved P.L. 102-477 Plan) who reside in the service area (as defined in 1.2.1 or in the approved P.L. 102-477 Plan) for the consortium Tribal Lead Agency and consortium members are:

Consortium Tribal Lead Agency	Mandatory Count of Children Less than 13 Years Old	Discretionary Count of Children Less than 13 Years Old
TOTAL		

Consortium Member	Mandatory Count of Children Less than 13 Years Old	Discretionary Count of Children Less than 13 Years Old	Signed Declaration/Demonstration for Each Consortium Member (upload letter) <i>Example in Appendix 1</i>

### 1.3.3 102-477 Reallotted Tribal Discretionary Funds

**(If a Tribe has a P.L. 102-477 consolidated plan, it is required to answer this question.)**

Reallotted Discretionary funds are unobligated current grant year Discretionary funds re-awarded into the same originating grant year by ACF to other Tribal Lead Agencies (thus retaining original obligation and liquidation requirements). To be eligible to receive reallotted funds, the Tribal Lead Agency must indicate their interest below.

Does the Tribal Lead Agency request discretionary funds should they be available through the reallotment process?

## 1.4 CCDF Leadership

This section identifies the Tribal Nation or participating member Tribes/Villages of a Tribal consortium leadership of the CCDF program, including the designated Tribal Lead Agency. It also addresses who was

consulted in the development of the Tribal CCDF Plan and how the Tribal Lead Agency plans to coordinate CCDF services with other entities.

#### 1.4.1 Program Compliance

By submitting this Plan, the Tribal Lead Agency assures that it will have in effect a program that complies with the provisions of the CCDF Plan, and that it is administered in accordance with the Child Care and Development Block Grant (CCDBG) Act (42 U.S.C. § 9857 et seq.), as amended by the CCDBG Act of 2014 (Pub. L. 113-186); section 418 of the Social Security Act (42 U.S.C. § 618); and all other applicable federal laws and regulations.

Check this box to provide assurance.

#### 1.4.2 Tribe or Tribal Consortium Information

- a. Official name of the federally recognized Tribe as listed in the Federal Register or Tribal consortium: **Moapa Band of Paiutes**
- b. Name of Tribal Chair, President, or Leader: **Mario Monroe**
- c. Title: **MBOP Tribal Chairman**
- d. Address: **#1 Lincoln St./P.O. Box 340**
- e. City, state, ZIP code: **Moapa, Nevada 89025**
- f. Telephone number: **7028652787**
- g. Email address: **chair.mbop@moapabandofpaiutes.org**

#### 1.4.3 Tribal Consortium

**(If the Tribal Lead Agency is a consortium, it is required to answer this question.)**

A Tribal consortium refers to a partnership between two or more Tribal governments authorized by the governing bodies of those Tribes/Alaska Native Villages to allow the Tribal consortium to apply for and receive CCDF funding on behalf of the participating member Tribes/Villages. A Tribal consortium must describe how it coordinates services on behalf of each of its participating member Tribes/Villages (§98.81(b)(8)(ii)).

Describe how the consortium coordinates with each participating member Tribe/Village on child care services:

## 1.5 Designated Tribal Lead Agency

The Tribe or Tribal consortium must designate an agency to represent the Tribe/consortium as the Tribal Lead Agency. This designated agency agrees to administer the Tribal CCDF program in accordance with applicable federal laws and regulations and the provisions of this Plan (§98.10; §98.16(a); §98.83(a)).

The Tribal Lead Agency can be a department or sub-agency, such as the CCDF department, human services department, or workforce development department. In some cases, the Tribe itself may be the Tribal Lead Agency.

*Note: An amendment to the Tribal CCDF Plan is required in the event of a change in the designated Tribal Lead Agency.*

### 1.5.1 Designated Agency by the Tribe or Tribal Consortium

Which agency has been designated by the Tribe or Tribal consortium to administer the CCDF program?

Name of Tribal Lead Agency: **Moapa Band of Paiutes**

### 1.5.2 Contact Information for the Tribal CCDF Administrator

Identify the CCDF Administrator designated by the Tribal Lead Agency. The CCDF Administrator serves as the day-to-day contact person responsible for administering the Tribal CCDF program.

If there is more than one designated contact person with shared responsibility for administering the CCDF program, please identify the Co-Administrator/Assistant Administrator and include relevant contact information for the Co-Administrator in 1.5.3.

- a. Name of Tribal CCDF Administrator: **Ashly M. Osborne**
- b. Title: **Project Director**
- c. Mailing address: **P.O. Box 572 Moapa, Nevada 89025**
- d. Physical address (if different than mailing address): **700 N. Rainbow BLVD Las Vegas, NV 89107**
- e. Phone number: **7023336565**
- f. Cell phone number: **7023719087**
- g. Email address: **aosborne@mboptribalchildcare.org**

### 1.5.3 Contact Information for the Tribal CCDF Co-Administrator/Assistant Administrator

- a. Name of Tribal CCDF Co-Administrator/Assistant Administrator: **Loretta Seweingyawma**
- b. Title: **Assistant Project Director**
- c. Mailing address (if different from above): **P.O. Box 572 Moapa, NV 89025**
- d. Physical address (if different than mailing address): **700 N. Rainbow BLVD Las Vegas, NV 89107**
- e. Phone number: **7023336565**

- f. Cell phone number: **7025332871**
- g. Email address: **lseweingyawma@mboptribalchildcare.org**

#### 1.5.4 Contact Information for the Tribal Fiscal Contact

Identify the fiscal contact designated by the Tribal Lead Agency. The fiscal contact serves as the person who will answer questions related to the annual Financial Reporting Form for Tribal CCDF Lead Agencies (ACF-696T), and other related CCDF fiscal topics. If there is more than one designated contact person with shared responsibility for fiscal management, please identify the person in 1.5.5 and include relevant contact information:

- a. Name of Tribal fiscal contact: **Ashly M. Osborne**
- b. Title: **Project Director**
- c. Mailing address: **P.O. Box 572 Moapa, NV 89025**
- d. Physical address (if different than mailing address): **700 N. Rainbow BLVD Las Vegas, NV 89107**
- e. Phone number: **7023336565**
- f. Cell phone number: **7023719087**
- g. Email address **aosborne@mboptribalchildcare.org**

#### 1.5.5 *Optional:* Contact Information for Any Other Needed Tribal Contact

Identify any additional contacts that OCC should include in correspondence with the Tribe or Tribal Lead Agency:

- a. Name of the other Tribal contact: **Chris Pascoe**
- b. Title: **MBOP Tribal Administrator**
- c. Mailing address: **P.O. Box 340 Moapa, NV 89025**
- d. Physical address (if different than mailing address): **#1 Lincoln St. Moapa, NV 89025**
- e. Phone number: **7028652787**
- f. Cell phone number: **7023080839**
- g. Email address: **cpascoe@moapabandofpaiutes.org**

## 1.6 Administration through Contracts or Agreements

The Tribal Lead Agency has broad authority to administer the CCDF program through contracts or agreements with other governmental, non-governmental, or other public or private local agencies. The Tribal Lead Agency remains the single point of contact and retains overall responsibility for the administration of the CCDF program (§98.11(a)(3)).

### 1.6.1 Direct Administration and Operation

Will the Tribal Lead Agency directly administer and operate the CCDF program?

Yes, the Tribal Lead Agency will directly administer and operate all aspects of the CCDF program.

No, the Tribal Lead Agency will not directly administer and implement all aspects of the CCDF program and certifies that there is a written agreement between the Tribal Lead Agency and other agencies.

## 1.7 Consultation in the Development of the Tribal CCDF Plan

In the development of the Tribal CCDF Plan, the Tribal Lead Agency is required to consult with appropriate representatives of the local government of the Tribal Nation (§98.14(b)). Tribal Lead Agencies are also required to conduct a public hearing to provide an opportunity for the general public to comment on the provision of the child care services under the CCDF Plan (§98.14(c)). For the purposes of developing this CCDF Plan, consultation involves meeting with or obtaining input from appropriate representatives of the Tribal community.

### 1.7.1 Consultation and Representation

Does the Tribal Lead Agency certify that it consulted with appropriate representatives of the local government of the Tribal Nation in the development of this Plan, as practicable (§98.14(b))?

Yes.

No.

### 1.7.2 Public Hearings

Tribal Lead Agencies are required to conduct a public hearing to provide those interested with an opportunity to comment on the provision of child care services under the CCDF Plan (§98.14(c)).

The Tribal Lead Agency must conduct at least one public hearing prior to the submission of the Tribal CCDF Plan but no earlier than January 1, 2025. The Tribal Lead Agency must provide notice of the hearing throughout the Tribe's service area. This notice must be provided no later than 20 days prior to the date of the hearing. Tribal Lead Agencies must make the contents of the draft Plan available to the public in advance of the hearing.

Does the Tribal Lead Agency certify that it held at least one hearing after at least 20 days of public notice to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan before the Plan is submitted to ACF, but no earlier than nine months before the Plan becomes effective, and it made the contents of the draft Plan available to the public in advance of the hearing?

Yes.

No.

### 1.7.3 Plan Availability to the Public

A Tribal Lead Agency must make its submitted and final Plan, any Plan amendments, and any waivers

publicly available (§98.14(d)).

Does the Tribal Lead Agency certify that it makes the final Plan, any subsequent Plan amendments, and waivers available to the public?

Yes.

No.

## 1.8 Categories of Care

Tribal Lead Agencies with small allocations are not required to offer direct services. Tribal Lead Agencies with medium and large allocations must provide direct services. Tribal Lead Agencies offering direct services must identify the categories of care CCDF eligible families may choose from, including those current or planned during the three-year Plan period.

*Note: Choices in 1.8.1-1.8.3 will affect skip patterns throughout the Plan.*

### 1.8.1 Center-Based Child Care (Including Tribally Operated Centers)

Does the Tribal Lead Agency offer center-based child care providers, including Tribally operated centers, which are providers licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a nonresidential setting, unless care in excess of 24 hours is due to the nature of work of a child's parent(s)?

Yes.

No.

### 1.8.2 Family Child Care

Does the Tribal Lead Agency offer family child care providers, which are individuals who provide child care services for fewer than 24 hours per day per child in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the work of a child's parent(s)?

Yes.

No.

### 1.8.3 In-Home Child Care

Does the Tribal Lead Agency offer in-home child care providers, which are individuals who provide child care services in the child's own home?

Yes.

No.

## 1.9 Coordination of Services

The Tribal Lead Agency is required, as practicable, to coordinate services with other Tribal, federal, state, and/or local child care and early childhood development programs and agencies, such as:

- Public health
- Employment services/workforce development
- Temporary Assistance for Needy Families (TANF)
- Child care licensing
- Head Start and/or Early Head Start
- State Advisory Council on Early Childhood Education and Care
- Statewide afterschool network
- Emergency management and response
- Child and Adult Care Food Program (CACFP)
- McKinney-Vento state coordinates for homeless education
- Agencies responsible for Medicaid and state children’s health insurance program
- Mental health services
- Child care resource and referral agencies

A Tribal Lead Agency must demonstrate in the Plan how it encourages partnerships, if applicable and to the extent practicable, among Tribal agencies, other public agencies, other Tribes and Tribal organizations, private entities, and community-based organizations to leverage existing service delivery systems and to increase the supply and quality of services (§98.14(a)).

### 1.9.1 Coordination of Services

Briefly describe the ways coordination occurs and the results of those coordination efforts:

**Public Health:**

**The Irene Benn Medical Clinic, funded by Indian Health Services (IHS), serves as the primary care facility for residents of the Moapa Band of Paiutes Reservation. Our Tribally-Operated Center collaborates closely with the Irene Benn Medical Clinic to provide a range of services, including immunizations, obtain doctor's notes, provide free COVID-19 testing, assess communicable diseases, evaluate incident reports as needed, and offer medication management guidance for children enrolled in our program. Parental consent is obtained through a release of information (ROI). Additionally, our Tribally Operated Center conducts annual health screenings for dental, vision, and hearing for children enrolled in our program, as well as for children in the Moapa Band of Paiutes Tribal community, in collaboration with the Irene Benn Medical Clinic.**

**For families residing outside the Moapa Reservation but within Clark County, primary care is available through the Las Vegas Paiute Human Health & Services, located in Downtown Las Vegas within the Las Vegas Paiute Colony. Our offices coordinate referrals and obtain parental consent for ROIs to access necessary medical services. Families also have the option to use their private insurance to connect with their primary care doctors. In Las Vegas, free, low-cost medical services for children are**

available through Medicaid and CHIP (Children’s Health Insurance Program), as well as through various community health centers and programs. Our TCC Case Managers assist families with application support and referrals to agencies that process Medicaid and CHIP programs. If families encounter difficulties accessing healthcare services, we connect them with the Irene Benn Medical Clinic on the Moapa Band of Paiutes Reservation. This clinic offers free services to any Native American or Alaska Native individuals who can provide proof of Certified Indian Blood (CIB), either via a card or Tribal Enrollment letter.

**Employment Services/Workforce Development:**

In Clark County, we offer employment services for families seeking vocational and educational support at our (2) locations. The Moapa Band of Paiutes provides both a Tribal Vocational Rehabilitation Program and a Tribal Employment Rights Ordinance (TERO) program, both of which are accessible to parents and guardians. The MBOP Tribal Vocational Rehabilitation Program supports Native Americans/Alaskan Natives with disabilities in re-entering the workforce. This program offers accessible assessments for diagnosis, facilitates referrals for treatment, and helps identify barriers to employment for individuals. Our program specifically supports applicants from vulnerable populations, providing access to Tribal Vocational Rehabilitation services tailored for individuals with disabilities, those in drug and alcohol recovery through their wellness program, and assistance for the homeless community that meets eligibility criteria for the MBOP Tribal Vocational Rehabilitation Program.

On the reservation, these offices are located next to our MBOP Tribal ChildCare program, which has established a referral process to streamline access to resources. Our Las Vegas location shares facilities with the MBOP Tribal Vocational Program, allowing us to co-serve clients collaboratively and connect them to the resources outlined in our "resource catalogue." This catalogue is distributed during the initial intake appointment to facilitate any necessary referrals. The MBOP Tribal Vocational Program offers a variety of classes on-site, including life skills, job readiness, financial literacy, and computer skills, all of which are open to public participation.

The Moapa Band of Paiutes TERO Program helps Moapa Band of Paiutes Tribal Members connect with higher education, obtain certifications, and access employment preferences and placements for jobs within the Moapa Band of Paiutes. Many Tribal Members take advantage of these resources to secure employment on the Moapa Reservation. Tribal Members of other Nations also have a preference for hiring for other Moapa Band of Paiutes employment opportunities.

**Public Education:**

The Moapa Band of Paiutes Tribal ChildCare Program has established a collaborative partnership with the Clark County School District's Indian Education Opportunities Program. This partnership provides services for K-12 children, including cultural activities, educational support, after-school tutoring, events, and summer programs. Together, our organizations support school-aged children (ages 5 to 12) through coordinated services and community outreach initiatives. The Project Director actively participates in public hearings to advocate for the needs of children in our program, in coordination with the chairs of the Title VI and Johnson O'Malley Tribal Committees.

Additionally, parents and guardians who enroll their school-aged children are encouraged to include their infant and toddler applicants. This ensures comprehensive childcare services for Native American and Alaskan Native families in Clark County, from infancy to age (12). If a Native American

or Alaskan Native family moves into our Clark County service area, their assigned TCC Case Manager will connect them with our resources to facilitate enrollment in public schools and navigate the process. This support aims to ease their transition and address any concerns they may have as newcomers to the area.

MBOP Tribal Child Care is committed to supporting the rights and developmental needs of all children, including those with disabilities. We uphold the principles of the Individuals with Disabilities Education Act (IDEA), a federal law that ensures eligible children with disabilities receive a free and appropriate public education (FAPE). IDEA supports not only special education and related services for school-aged children but also early intervention services for infants and toddlers and their families. Additionally, it provides competitive discretionary grants to enhance service delivery. We also recognize and comply with Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination based on disability in any program or activity receiving federal financial assistance from the U.S. Department of Education. To ensure children receive the support they need, MBOP Tribal Child Care partners with the Clark County School District (CCSD) through the Child Find Program. This collaboration helps identify children who may benefit from special education services and provides them with an Individualized Education Program (IEP), a tailored plan that outlines educational goals and the services required to support their academic success. These services are offered at no cost to families of children enrolled in public schools.

**Temporary Assistance for Needy Families Program:**

During the initial intake process with their assigned TCC Case Managers, all applicants undergo an assessment to identify their resource needs. The following services are evaluated to better assist them:

- Documentation Support
- Vocational / Employment / Educational
- Welfare
- Housing/Shelter
- Food Assistance (SNAP / WIC)
- Adult Protective Services
- Addiction Services
- Medical Assistance (Medicaid, CHIP, Medicare)
- Veteran Services
- Disability (SSI/SSDI)

MBOP Tribal ChildCare's Case Managers are trained to assist parents and guardians with obtaining and completing the Temporary Assistance for Needy Families (TANF), Women, Infants, and Children (WIC), or Supplemental Nutritional Assistance Program (SNAP) application during one-on-one appointments. They provide guidance in gathering the necessary documentation through our Release of Information (ROI) process, help secure birth certificates, and advocate on behalf of participants with their assigned TCC Case Managers in the Clark County Social Services Program. We understand that the application process can be challenging, especially for those unfamiliar with it, and this support has proven successful for many of our current participants. The future goals of the MBOP Tribal ChildCare program include establishing monthly resource days on the Moapa Reservation. During these days, representatives from TANF, WIC, and SNAP will be on-site to serve the rural population. Given that Las Vegas is (52.1) miles from the Moapa Band of Paiutes Reservation, this initiative aims to ensure families have access to these essential services without facing transportation

barriers. While individuals are in pending status and not yet enrolled, are families informed about pantry availability. We recognize that travel can be difficult for some families, so our locations offer a list of city-wide food pantries, along with their dates and times, to ensure that families have access to emergency food resources when needed. This information is available on our social media or upon request.

#### **Child Care Licensing:**

The initial screening process includes the FBI Fingerprint Criminal History Check, the In-State Criminal History Registry, and the In-State Sex Offender Registry. This screening is conducted through the National Criminal Registry and the Indian Child Protection and Family Violence Prevention Act [25 U.S.C. § 3207] via the Department of Justice for fingerprint screenings. MBOP Tribal ChildCare has established an account with the Nevada Department of Public Safety through their Records, Communications, and Compliance Division. TCC Upper Management, including the Project Director and the Health and Safety Monitor, has completed nexTest Training, which authorizes them to access Criminal History Record Information (CHRI). We utilize one of the authorized vendors, B&D Fingerprinting, to meet all Nevada state requirements for childcare licensing background checks. These checks are authorized under the National Child Protection Act/Volunteers for Children Act [NCPA/VCA] (P.L. 101-209, as amended, 34 U.S.C. 40101 et seq.). MBOP Tribal ChildCare screens both MBOP TCC Staff and eligible In-Home Providers to ensure the safety of children under our care. This screening process can take up to (45) days from the initial screening, with results received via U.S. mail. These results are sent to a secure mailbox at our Las Vegas office for confidential and certified mail handling. The TCC Health & Safety Monitor stores the information in a secure, locked filing cabinet and reviews adjudications for approval. Under the Division of Public and Behavioral Health, which licenses all childcare institutions and facilities in Nevada as outlined in [NRS 432A.024 and 432A.9245], all childcare facilities must undergo background screening that covers the past (5) years. All staff must be cleared before they can work in childcare settings, as required by the childcare licensing unit to validate their licenses. This ensures that our center-based providers comply with background check regulations.

The MBOP Tribal ChildCare Program collects both provisional and permanent licenses of all center-based licensed providers. Our TCC Health & Safety Monitor regularly reviews these licenses to ensure there are no other restrictions that require follow up inspections from our program. Additionally, the TCC Health & Safety Monitor creates a filing system for copies of all Division of Public and Behavioral Health Child Care Licensing inspections, as well as our own conducted inspections. The MBOP Tribal ChildCare Program aims to create a partnership that facilitates notifications regarding licensed centers with violations, probationary status, or reports of injury, suspected abuse, or neglect. We believe it is essential to gather this information to keep our families informed, enabling them to make educated decisions about changing providers if necessary.

#### **Head Start:**

The U.S. Department of Health and Human Services, through the Administration for Children and Families and the Office of Head Start, promotes school readiness for economically disadvantaged children by enhancing their social and cognitive development. This is achieved through various services, including education, health care, nutrition, and social support. Head Start programs serve children ages 3 to 5 and their families, while Early Head Start programs support pregnant women and children from birth to age 3, along with their families. The federal Office of Head Start (OHS) provides grants to public and private agencies in Nevada to operate both Head Start and Early Head Start

programs. These programs actively engage parents in their children's learning and assist them in making progress toward their educational, literacy, and employment goals. There is a strong emphasis on involving parents in the administration of local Head Start programs.

The Moapa Band of Paiutes recognizes a significant and pressing need for the establishment of a Head Start Program on the Moapa Indian Reservation. This initiative is driven by meticulous data collection and insightful recommendations put forth by the Moapa Tribal Council, in partnership with the Moapa Band of Paiutes Tribal Child Care. Over the years 2025 and 2026, the Tribal Child Care program plans to engage in a collaborative effort with tribal leadership, alongside the U.S. Department of Health and Human Services, particularly within the Administration for Children and Families and the Office of Head Start. This partnership aims to lay the groundwork for the successful implementation of the Head Start Program, which will serve as an essential resource for young children and families residing in the Moapa Indian Reservation, fostering early childhood education and development.

#### State Advisory Council on Early Childhood Education & Care:

- **National Indian Child Care Association (NICCA)-** The National Indian Child Care Association is the only nationally organized grassroots alliance of Tribally-governed and operated child care and early learning programs. Established in 1993, NICCA provides information, support, coordination, and advocacy for Tribal child care. Tribal child care programs serve over 300,000 American Indian, Alaska Native, and Native Hawaiian children from over (500) federally recognized Tribes across the United States. NICCA supports Tribal governments operating the federally-funded Child Care and Development Fund and those operating their own, Tribally funded child care programs and services. MBOP Tribal ChildCare will continue to invest in membership with the NICCA, which will connect our TCC Staff with training and resources and allow us to attend future conferences. The Project Director will attend monthly calls with NICCA.
- **Council for Exceptional Children (CEC)-** is an international professional organization dedicated to improving the success of children and youth with disabilities and/or gifts and talents. MBOP Tribal ChildCare will continue to invest in membership with the CEC, connecting our TCC Staff with training and resources, along with opportunities to attend future conferences.
- **The Nevada Early Childhood Advisory Council-** This council focuses on ensuring that parents and families have leadership roles in the early childhood system. They aim to strengthen families, promote children's success, and create position changes in the system. MBOP Tribal ChildCare will assign the TCC Assistant Director to participate in future conferences and trainings provided by this organization.
- **Children's Cabinet-** The mission of the Children's Cabinet is to keep children safe and families together by offering services and resources that address unmet needs through effective cooperation between the private sector and public agencies in Nevada. MBOP Tribal ChildCare participates in the Quality Improvement Tribal Model (QITM) and collaborates on professional development for our teachers at the Tribally Operated Center. The Children's Cabinet also provides assessments and support for special needs children regarding Individual Education Plans (IEP) and Individual Family Support Plans (IFSP) for children and families at our Tribally Operated Center.
- **First 5 Nevada-** Nevada's Early Childhood System includes all the programs and services that young children and their families need to be healthy and grow to their fullest potential. This system includes a comprehensive network of resources to ensure children receive everything they need for a strong start in life. These services include: Child Care and Early Education, Health and Safety, Special Needs and Early Intervention, Food and Nutrition, and Family and Family Support. MBOP Tribal ChildCare will coordinate with First 5 Nevada to connect our families with resources and participate in

all outreach events hosted by First 5 Nevada.

- The Nevada Registry- Serving early childhood educators throughout Nevada, the Nevada Registry is a workforce data system that captures essential information about the Early Care and Education (ECE) workforce in Nevada. This includes career ladder placement, workforce support, training approval, and data collection. MBOP Tribal ChildCare will hold a membership with the Nevada Registry, enabling TCC Staff to benefit from training/professional development opportunities and ECE resources.

**Statewide Afterschool Network or other coordinating entity for out-of-school care:**

The MBOP Tribal ChildCare Program partners with Clark County Safekey to provide families with information about available after-school programs for school-aged children. Clark County Safekey offers several major locations throughout the county, and we help families connect with the most suitable site for their needs. Our TCC Health and Safety Monitor conducts quarterly inspections and addresses any requests from these after-school programs to ensure they comply with our standards, thereby creating a safe and healthy environment for the children who attend.

Additionally, many parents and guardians express a need for summer programs, and we assist them in locating summer camps, as well as programs offered by their providers, the YMCA, and the Boys and Girls Club in their area. In most cases, families select providers based on informed choices that allow them to secure full-day tuition to cover childcare services during spring, summer, and winter breaks.

**Emergency Management & Response:**

MBOP Tribal ChildCare has established a written plan for taking appropriate action in the event of an emergency including a fire; a tornado; a flood; extreme outdoor heat or cold; a loss of building service, including no heat, water, electricity or telephone; human-caused events, such as threats to the building or its occupants; allergic reactions; lost or missing children; a provider's family situation, such as medical emergency or illness; or other circumstances requiring immediate attention. It was created as a tool to help child care providers ensure compliance with CCDF Plan FY2026 - 2028 sections for Tribal Lead Agencies are required to establish a Child Care Disaster Plan for the Tribal Service Area (658E(c)(2)(U); 98.16(aa)). Providers are advised to seek out additional resources specific to their community and setting.

**MBOP Tribal ChildCare Center disaster plans incorporate the four areas of disaster management for our Tribally Operated Center:**

- prevention/mitigation
- preparation
- response
- recovery

MBOP Tribal ChildCare's Tribally Operated Center conducts monthly shelter-in-place and emergency evacuation drills, overseen by the TCC Assistant Director and the TCC Health & Safety Monitor. These drills are evaluated to identify areas for improvement, which are then addressed through a corrective action plan implemented during future Staff Development Days. In the event of unforeseen closures at our Las Vegas Office, notifications are promptly shared with the Tribal Administration Office, posted on our social media platforms, and sent via email to the enrolled families. To ensure continuity of services, TCC Case Managers and TCC Upper Management are equipped to work remotely, allowing

operations to proceed without interruption.

**Child and Adult Care Food Program (CACFP) and other relevant nutrition programs:**

In 2024, MBOP Tribal ChildCare reached out to the Child and Adult Care Food Program (CACFP), which is a federal initiative program that reimburses eligible children and adults for nutritious meals and snacks at participating child care centers, day care homes, and adult day care centers. CACFP also provides reimbursements for meals served to children and youth in after-school care programs, those residing in emergency shelters, and adults over the age of (60) or living with disabilities who are enrolled in day care facilities. This program contributes to the wellness, healthy growth, and development of young children and adults across the United States. MBOP Tribal ChildCare will submit a Request for Information to assist the U.S. Department of Agriculture (USDA) in the development of the Child Nutrition Programs Tribal Pilot Projects, as authorized in the Consolidated Appropriations Act of 2024. This Act permits the USDA to conduct pilot projects that allow one or more Tribes or Tribal organizations to administer child nutrition programs, taking on the roles and responsibilities typically held by state agencies. The USDA will use comments received in response to this Request for Information to shape the application process, as well as the eligibility and selection criteria for the Child Nutrition Tribal Pilot Projects. The USDA invites feedback from Tribes, Tribal organizations, leaders, representatives, and associations, state agencies administering child nutrition programs, and others interested in promoting Tribal sovereignty in these operations. Currently, MBOP Tribal ChildCare is utilizing the USDA Center for Nutrition Policy and Promotion (CNPP), which was established in 1994. The goal of CNPP is to improve the nutrition and well-being of Americans.

To achieve this goal, CNPP focuses on two primary objectives:

1. To advance and promote dietary guidance for all Americans.
2. To conduct applied research and analysis in nutrition and consumer economics.

CNPP's core projects supporting these objectives include:

- Dietary Guidelines for Americans
- USDA Food Guidance System (MyPlate)
- Nutrition Evidence Systematic Review (NESR), formerly known as the Nutrition Evidence Library (NEL)
- Healthy Eating Index
- USDA Food Plans
- Nutrient Content of the U.S. Food Supply

In the CNPP's core projects, MBOP TCC uses the USDA Food Guidance System (MyPlate), Healthy Eating Index, and USDA Food Plans.

**McKinney-Vento state coordinators for homeless education and other agencies providing services:** MBOP Tribal ChildCare will start to coordinate effectively with homeless programs. This will include initiatives that address immediate needs, such as shelter and crisis response, as well as long-term solutions like housing assistance and supportive services. Below are the following organizations and programs MBOP Tribal ChildCare will build partnerships:

- Help of Southern Nevada
- HopeLink of Southern Nevada
- Help Hope Home
- Salvation Army

- Catholic Charities of Southern Nevada
- Nevada Partnership for Homeless Youth
- The Shade Tree
- Family Promise
- Women’s Development Center
- Las Vegas Rescue Mission

Types of services that these programs offer:

- **Emergency Shelters:** provide temporary housing and basic needs.
- **Rapid Rehousing:** Helps individuals quickly find and maintain permanent housing.
- **Transitional Housing:** Provides temporary housing with supportive services to help individuals gain independence.
- **Supportive Services:** includes counseling, job training, and other assistance to help individuals overcome challenges to self-sufficiency.
- **Employment Services:** Helps individuals find and maintain employment.

Our Moapa Band of Paiutes Tribal Vocational Rehabilitation Program is well-equipped to address homelessness through its comprehensive services. Their program has established partnerships with Clark County Social Services, Shade Tree, Safe Nest, and Help of Southern Nevada to provide referrals and co-service for applicants in need. Families with children are specifically referred into our program to ensure we can effectively assist them with their unique needs. Families that experience homelessness are priority cases that are expedited through our 12-Month Certificate Program to connect them with child care services, while in that process assist families with documentation support to collect the needed verifications for their case file.

**Agencies responsible for Medicaid and the State Children’s Health Insurance Program:**

The Indian Health Services at the Irene Benn Medical Clinic, located on the Moapa Indian Reservation, assists with applying for Medicaid services. We refer parents and guardians who are seeking medical coverage to this clinic. For those living in urban Las Vegas, the Las Vegas Paiute Tribe Health & Human Services has a Benefits Coordinator available on-site to help parents and guardians with their medical coverage needs. Our referral process for both the Irene Benn Medical Clinic and the Las Vegas location is consistent, ensuring that all applicants receive the necessary support.

**Mental Health Services:**

At MBOP Tribal Child Care, we recognize that mental health is a vital part of the overall well-being, of both children and adults. Addressing mental health challenges early is essential, as ignoring these issues can have long-term effects on individuals and families. In Nevada, mental health remains a significant concern. Approximately 4% of adults in the state live with a serious mental health condition. This figure does not account for the many more individuals, including children, who experience less severe but still impactful mental health challenges. Alarmingly, only 32% of adults with mental health conditions in Nevada receive treatment, leaving the majority without the support they need. As a result, Nevada ranks 51st in the nation (including Washington, D.C.) for access to mental health care. To help address this gap, MBOP Tribal ChildCare introduced Social Emotional Learning (SEL) tools and curricula in 2024, including programs like ReadyRosie and Noni. These resources are designed to help young children develop essential life skills such as:

- Listening attentively
- Managing emotions and behavior

- Paying attention and staying focused
- Building positive relationships with others

These “human skills” are foundational for emotional intelligence, which plays a critical role in achieving lifelong success, fostering healthy relationships, and promoting personal well-being. SEL enhances children’s ability to communicate, cooperate, and make thoughtful decisions making skills that are just as important as academic learning.

MBOP Tribal Child Care also collaborates with a network of partners to ensure families have access to mental health resources and support. These partners include:

- Nevada Early Intervention Services (NEIS)
- The Children’s Cabinet (QITM-QRIS)
- Inclusive Education Coaches
- Nevada Department of Health and Human Services “ Division of Child and Family Services Early Childhood Childcare Consultation Program

Together, we work to provide a comprehensive, community-based approach to mental health and early childhood development. If families have concerns about their child’s emotional or developmental well-being, they are encouraged to seek an evaluation. Referrals can be made by MBOP Tribal Child Care, the family, a physician, or another trusted professional. Our team is here to assist families every step of the way, from referral to service implementation. Any materials produced through Ready Rosie and Noni will be distributed to all families in our MBOP Tribal ChildCare Program as a part of consumer education.

Child care resources and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development:

MBOP Tribal ChildCare currently has staff members enrolled in the Tribal Child Care Development program at Northwest Indian College, where they are pursuing associate degrees in early childhood education. These classes are offered virtually through the Canvas online platform, and staff attend on a semester basis. This opportunity supports professional growth in early childhood education for our team. Additionally, all staff at our Tribally Operated Center are required to complete quarterly childhood development training provided by the State of Nevada Registry. Our program also supports TCC Staff who are interested in obtaining their Child Development Associate (CDA) certification, available through the Nevada Registry. For those interested in advancing their education beyond an associate degree, we have partnerships with (2) higher education institutions: the University of Nevada, Las Vegas (UNLV) and the College of Southern Nevada (CSN).

At the Tribally Operated Center, all teachers participate in monthly training sessions during Staff Development Day. These sessions are coordinated by the TCC Assistant Director and focus on topics specifically designed to meet the specific needs of our program, with support from the Children’s Cabinet.

Other agencies or entities with which the Tribal Lead Agency Coordinates:

The Las Vegas Indian Center’s mission is to promote the rich culture of Native Americans, and to provide services that improve the social and economic self-sufficiency of the diverse populations living in the greater Las Vegas area. Their program provides employment services, affordable housing, Indigenous Clean Energy for Indian homes, Native Vote, and has programs for digital equity. Our

program connects families with information about available resources and services. Additionally, we actively participate in outreach activities organized by the Las Vegas Indian Center.

We are currently in collaboration with (2) providers: Let's Talk Therapy and Kids R Kids Academy that are willing to waive the family's overage fees. This allows additional supports for financial situations to ensure that they have full access to child care services.

## 1.10 Program Integrity and Accountability

The Tribal Lead Agency is responsible for making sure that policies and procedures are in place to monitor programs and services, ensure compliance with the rules of the program, and provide oversight in the expenditure of all funds, including identifying improper expenditures and undertaking fraud prevention and recovery efforts.

### 1.10.1 Identifying Improper Payments

Tribal Lead Agencies are required to describe effective internal controls to identify improper payments.

- a. Briefly describe how the Tribal Lead Agency's effective internal controls ensure integrity and accountability, including processes to ensure sound fiscal management (§98.68(a)). Describe: **Identifying Improper Payments**  describe effective internal controls to ensure integrity

MBOP Tribal ChildCare administers a "Provider Payment Agreement" that must be signed by both providers and the parent/guardian(s). This agreement includes a section that defines "fraudulent activities" and outlines our procedures for handling improper payments. By signing the agreement, both parties acknowledge their understanding of the roles and responsibilities involved with our procurement process.

TCC Case Managers are responsible for maintaining a "ledger sheet" that records every invoice submission and corresponds with each one of its respective payouts, ensuring a seamless payment process. The ledger also indicates whether checks are mailed out (with the postdate documented) or if providers pick up their payments in person, in which case they must sign off to confirm receipt of the payment. At the end of each fiscal year, all TCC Case Managers are obligated to complete "Case Record Reviews," to ensure compliance with every case file. Our TCC Case Managers also keep hard copies of all documentation for record retention. Additionally, TCC Case Managers conduct monthly reviews of provider invoices to facilitate the payment process. Our procurement system incorporates internal controls for each invoice submitted. The process is as follows:

- Initial Requester- submits invoice and supportive documentation.
- Project Director Approval- reviews and approves submissions. Anything over \$1,000.00 is subjected to an additional approval by the MBOP Tribal Administrator.
- Financial Processing- The MBOP Tribal Finance will accept the approval and either process the payment by check or approve the purchase with a credit card.
- After the check or purchase approval is issued, the TCC Administrative Assistant updates our cuff account, logging each expense into the appropriate category. This helps monitor expenses effectively. If any checks need to be re-issued or voided from our system due to an unintentional error, the Project Director is responsible for notifying the MBOP Tribal Finance Department in writing. The assigned TCC Case Manager collaborates with the provider to resolve any payment issues or delays.
- At the end of the fiscal year, the Project Director coordinates with MBOP Tribal Finance to review and audit expenses in preparation for the ACF-969T Reports.

- b. How does the Tribal Lead Agency prevent and identify improper payments (§98.68(b))? Check those that are included in the Tribe's policies and procedures:

- i.  Train staff on CCDF policies and regulations.
- ii.  Conduct supervisory staff reviews or quality assurance reviews.
- iii.  Share data with other programs (e.g., state CCDF program, Tribal or state TANF program, Head Start, CACFP, other Tribal offices).
- iv.  Run system reports that flag errors.
- v.  Review enrollment documents and attendance or billing records.
- vi.  Review provider records.
- vii.  Perform ongoing monitoring and assessment of policy implementation.

- viii.  Train staff on Tribal procurement procedures.
- ix.  Inform families on allowable uses of Tribal CCDF funds.
- x.  Create a timeline for review of a family's presumptive eligibility determinations.
- xi.  Other. Briefly describe:

#### 1.10.2 Investigating and Collecting Improper Payments

The Tribal Lead Agency is required to recover improper payments that are the result of fraud (§98.68(b)(2)). How does the Tribal Lead Agency investigate and collect improper payments resulting from fraud (intentional errors or program violations)? Check those that apply:

- a.  Coordinate with and refer to other Tribal, state, or federal agencies (e.g., Tribal Council, law enforcement).
- b.  Require recovery if the improper payment exceeds a specific dollar amount. Identify the minimum dollar amount: **\$500**
- c.  Recover through repayment plans.
- d.  Reduce payments in subsequent months.
- e.  Recover through payroll deductions (i.e., for CCDF clients, providers, and staff employed by the Tribe).

- f.  Other. Briefly describe: **\*\*Dispute Resolution\*\***: When MBOP Tribal Child Care receives notification of a billing or payment discrepancy, the designated Provider Point of Contact and the assigned TCC Case Manager from MBOP Tribal Child Care will be contacted in writing via email and postal mail, followed by a phone call for further discussion. MBOP Tribal Child Care will maintain ongoing communication with all involved parties and will provide an update regarding the claim no later than ten (10) business days after receiving the notification. Payments may be withheld until the dispute is resolved. MBOP Tribal Child Care is obligated to recover any improper payments resulting from fraud. This agreement does not intend to waive the sovereign immunity of the Moapa Band of Paiutes. While the MBOP Tribal Child Care Program will endeavor to prevent improper payments, if an overpayment, underpayment, or violation is identified, the program will collaborate with the relevant parties to resolve the issue using the following options:
- a. **\*\*Option 1\*\***: If a fraud violation is confirmed, the applicant will be required to reimburse the full amount of the payment to the MBOP Tribal Child Care Program. If they do not comply with the recovery payment process, the MBOP Tribal ChildCare program will consult with the Moapa Band of Paiutes Tribal Police Department and legal counsel. Those families that participate in fraud will no longer be eligible for child care services with our program.
- b. **\*\*Option 2\*\***: If a fraud violation is confirmed, the applicant may propose a written agreement to establish a reasonable repayment plan for the full payment. Adjustments to payments will be made through deductions from the provider's monthly subsidy amount over the succeeding months, with a clear timeline for full recovery. Those families may continue utilizing our subsidy program.
- MBOP Tribal Child Care has a standard grievance process, which can be reviewed by TCC Upper Management. We encourage applicants and/or providers to submit complaints in writing or request scheduled meetings with the Project Director for resolution.

### 1.11 Disaster Preparedness and Response Plan

**(If the Tribal Lead Agency has a medium or large allocation, it is required to answer 1.11.1-1.11.3. Tribal Lead Agencies with small allocations are only required to answer 1.11.3 and 1.11.1 and 1.11.2 are optional to answer.)**

Tribal Lead Agencies with medium and large allocations are required to establish a Child Care Disaster Plan for the Tribal service area. The plan must be developed in consultation with relevant agencies and partners and must describe how it will address the needs of children, including the need for safe child care before, during, and after a state of emergency declared by the Governor or Tribal Chief Executive for a major disaster or emergency (§98.16(dd) and as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122).

Tribal Lead Agencies with small allocations are not required to establish a Child Care Disaster Plan, but are required to include in its policies and procedures standards for disaster procedures including evacuation, relocation; shelter-in-place; lockdown; communication and reunification with families; continuity of operations; accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions; and conducting emergency preparedness training and practice drills for staff and volunteers.

### 1.11.1 Child Care Disaster Plan Collaboration

Did the Tribal Lead Agency collaborate with other agencies to develop the Child Care Disaster Plan, which may include other programs within the Tribal Lead Agency's governance structure, or any other partners identified by the Tribal Lead Agency (§98.16(dd)(1))? (e.g., Tribal or state emergency management agency, child care licensing agency, or health department):

Yes.

No. Briefly describe:

### 1.11.2 Child Care Disaster Plan Components

Does the Child Care Disaster Plan include the following required components (§98.16(dd)(2)):

a. Guidelines for the continuation of child care subsidies?

Yes.

No.

b. Guidelines for the continuation of child care services?

Yes.

No.

c. Procedures for the coordination of post-disaster recovery of child care services?

Yes.

No.

### 1.11.3 Child Care Disaster Plan Disaster Procedures

Does the Tribal Lead Agency certify it has included in its Tribal CCDF Disaster Plan (or for small allocations, in its policies and procedures) standards for disaster procedures including evacuation; relocation; shelter-in-place; lockdown; communication and reunification with families; continuity of operations; accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions; and conducting emergency preparedness training and practice drills for staff and volunteers (§98.41(a)(1)(vii))?

Yes.

No.

## 2 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Tribal Lead Agencies to design, adapt, or adopt standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Tribal Lead Agencies should implement standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development. Health and safety standards should set clear and enforceable expectations for providers, set the foundation for health and safety training, and establish the baseline for monitoring and inspection.

In this section, a Tribal Lead Agency will describe its health and safety standards, pre-service or orientation training on health and safety, monitoring system(s), and its comprehensive background checks approach. Tribal Lead Agencies may adopt state health and safety standards, training, monitoring, and comprehensive background checks, or they may set their own. Tribal Lead Agencies have the flexibility to describe alternative monitoring and background check approaches and to provide justification(s) for the approach(es). Tribal Lead Agencies will be skipped out of questions if they are adopting state standards or practices.

### 2.1 Relative Providers

Tribal Lead Agencies can use relative providers in either family child care or in-home settings. If the Tribal Lead Agency utilizes relative providers in its CCDF program (defined in the Child Care and Development Block Grant Act [42 U.S.C. 9857 et seq.] as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles age 18 and over), the Tribal Lead Agency has the flexibility to determine exemptions for relative providers for health and safety standards, training, monitoring, and comprehensive background checks if the individual cares only for relative children.

Check the exemptions the Tribal Lead Agency has for eligible relative providers age 18 and over for the following health and safety requirements.

#### 2.1.1 Relative Providers

Does the Tribal Lead Agency allow for relative providers?

No, the Tribal Lead Agency does not have relative providers. **(If checked, skip 2.1.2-2.1.6.)**

Yes. If Yes, please check the category of care the Tribal Lead Agency allows

Family child care: Care is provided by relative in a private residence other than the child's residence.

In-home child care: Care is provided by relative in the child's home.

#### 2.1.2 Relative Providers Only

Does the Tribal Lead Agency *only* provide child care services utilizing relative providers?

Yes. **(If checked, skip 2.2-2.8.)**

No. (If checked, skip 2.1.3-2.1.6.)

### 2.1.3 Health and Safety Standards for Relative Providers

**Tribal Lead Agencies that only have relative providers will complete information on standards in this question and will skip 2.2-2.3.**

Select one of the two options:

- Relative providers are exempt from all health and safety standard requirements.
- Select the topical standards **required** for relative providers:
  - a.  The prevention and control of infectious diseases (including immunizations). Describe:
  - b.  Prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices. Describe:
  - c.  Administration of medication, consistent with standards for parental consent. Describe:
  - d.  Prevention and response to emergencies due to food and allergic reactions. Describe:
  - e.  Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. Describe:
  - f.  Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. Describe:
  - g.  Emergency preparedness and response planning. Describe:
  - h.  Handling and storage of hazardous materials and the appropriate disposal of biocontaminants. Describe:
  - i.  Appropriate precautions in transporting children. Describe:
  - j.  Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR). Describe:
  - k.  Recognition and reporting of child abuse and neglect. Describe:
  - l.  Other. Describe:

### 2.1.4 Health and Safety Training for Relative Providers

**Tribal Lead Agencies that only have relative providers will complete information on training in this question and will skip 2.4-2.6.**

Select one of the two options:

- Relative providers are exempt from all health and safety training requirements.
- Select the topical trainings **required** for relative providers in a pre-service training or within a 90-day orientation period:
  - a.  The prevention and control of infectious diseases (including immunizations)
  - b.  Prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices

- c.  Administration of medication, consistent with standards for parental consent
- d.  Prevention and response to emergencies due to food and allergic reactions
- e.  Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic
- f.  Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- g.  Emergency preparedness and response planning
- h.  Handling and storage of hazardous materials and the appropriate disposal of biocontaminants
- i.  Appropriate precautions in transporting children
- j.  Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR)
- k.  Recognition and reporting of child abuse and neglect
- l.  Other: *Click or tap here to enter text.*

#### 2.1.5 Monitoring and Enforcement for Relative Providers

**Tribal Lead Agencies that only have relative providers will complete information on monitoring in this question and will skip 2.7-2.8.**

Select one of the two options:

- Relative providers are exempt from all monitoring and enforcement requirements.
- Relative providers are not exempt from all monitoring and enforcement requirements. Describe:

#### 2.1.6 Comprehensive Background Checks for Relative Providers

Select one of the two options:

- Relative providers are exempt from all CCDF background check requirements. **(If checked, skip 2.9 and 2.11-2.17.)**
- Relative providers are not exempt from all CCDF background check requirements.

## 2.2 Overview of Health and Safety Standards, Training, and Inspections

Use the check boxes below to indicate the health and safety standards (§98.41(a)), monitoring systems (§98.42(a); §98.42(b)), and comprehensive background check processes (§98.43(a)(1)) used by the Tribal Lead Agency for each category of care.

*Note: For Tribal Lead Agencies that utilize both relative providers and nonrelative providers, Sections 2.2 through 2.11 questions apply to non-relative providers only. If multiple boxes are checked in a category of care, describe the combination.*

## 2.2.1 Health and Safety Standards

- a. Check the health and safety standards that apply for center-based care, including Tribally operated centers:
- i.  Tribal health and safety standards
  - ii.  State health and safety standards. State(s): **Department of Health and Human Services Division of Welfare and Supportive Services Child Care Licensing Unit, Southern Nevada Health District, and Caring for Our Children (CFOC)**
  - iii. If both Tribal and state standards are checked, briefly describe how each type of standard is applied: **MBOP Tribal ChildCare Program developed its Tribal Health & Safety Standards based on the guidance from the following sources:**
    - **Department of Health and Human Services Division of Welfare and Supportive Services, Child Care Licensing Unit**
    - **Southern Nevada Health District**
    - **Caring for Our Children (CFOC) National Health and Safety Performance Standards**

**These standards are used by the TCC Health & Safety Department to conduct regular inspections across all MBOP child care settings, including:**

- **The Tribally Operated Child Care Center**
- **Before/After School Programs (exempt from state licensing)**
- **In-Home and Family Child Care Providers**

**The Tribally Operated Center also undergoes inspections conducted by the Indian Health Services (IHS) Office of Environmental Health and Engineering (OE&E), with support from the TCC Health & Safety Department.**

**All other center-based child care programs located in Clark County, Nevada, are inspected by the Department of Health and Human Services Child Care Licensing Unit and the Southern Nevada Health District. The TCC Health & Safety Monitor maintains records of all inspection reports, both those conducted internally and those from external agencies, within the TCC Health & Safety Department.**

- b. Check the health and safety standards that apply for family child care (check all that apply):
- i.  Tribal health and safety standards
  - ii.  State health and safety standards. State(s):
  - iii. If both Tribal and state standards are checked, briefly describe how each type of standard is applied:
- c. Check the health and safety standards that apply for in-home care (check all that apply):
- i.  Tribal health and safety standards
  - ii.  State health and safety standards. State(s):
  - iii. If both Tribal and state standards are checked, briefly describe how each type of standard is applied:

**(If only 2.2.1a.ii, 2.2.1b.ii, and 2.2.1c.ii are checked, skip 2.3.1-2.6.3.)**

## 2.2.2 Monitoring Systems

- a. Check the monitoring systems that apply for center-based care, including Tribally operated centers:
- i.  Tribal monitoring. List entity(ies): **TCC Health & Safety Department and Indian Health Services Office of Environmental and Engineering (OE&E)**
  - ii.  State monitoring. List entity(ies): **Department of Health and Human Services ☐ Division of Welfare and Supportive Services, Child Care Licensing Unit and Southern Nevada Health District**
  - iii. If both Tribal and state monitoring are checked, briefly describe how each type of monitoring is applied: **The TCC Health & Safety Monitor is responsible for conducting inspections and ensuring compliance with the MBOP Tribal Child Care Health & Safety Standards.**

**Inspection Process**

- **Initial Inspection: (1) inspection is conducted prior to child placement to ensure the environment meets all required standards. This inspection is necessary for validating the 12-Month Certificate.**
- **Follow-Up Inspection: An unannounced follow-up inspection is conducted in accordance with the MBOP Tribal Child Care Policy & Procedure Manual to ensure continued compliance.**

**In-Home / Family Care Provider Requirements**

- **Orientation & Training: All In-Home/Family Care Providers must complete an orientation and health and safety training covering the program’s (11) Health & Safety Standards before any child is placed and before the 12-Month Certificate is validated.**
- **Initial Inspection: (1) inspection is conducted prior to child placement to ensure the environment meets all required standards. This inspection is necessary for validating the 12-Month Certificate.**
- **Follow-Up Inspection: An unannounced follow-up inspection is conducted in accordance with the MBOP Tribal Child Care Policy & Procedure Manual to ensure continued compliance.**

**The TCC Health & Safety Department collects provisional and permanent licenses from all center-based providers. In addition, we also collect their formal inspections from the state from the following websites for Nevada ChildCare Licensing and the Southern Nevada Health District:**

- **<https://www.southernnevadahealthdistrict.org/permits-regulations/>**
- **[https://dpbh.nv.gov/Reg/ChildCare/Child\\_Care\\_Licensing\\_-\\_Home/](https://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_-_Home/)**

- b. Check the monitoring systems that apply for family child care (check all that apply):
- i.  Tribal monitoring. List monitoring entity(ies): **TCC Health & Safety Department**
  - ii.  State monitoring. List monitoring entity(ies):
  - iii. If both Tribal and state monitoring are checked, briefly describe how each type of monitoring is applied:
- c. Check the monitoring systems that apply for in-home care:
- i.  Tribal monitoring. List monitoring entity(ies): **TCC Health & Safety Department**

- ii.  State monitoring. List monitoring entity(ies):
- iii. If both Tribal and state monitoring are checked, briefly describe how each type of monitoring is applied:

**(If only 2.2.2a.ii, 2.2.2b.ii, and 2.2.2c.ii are checked, skip 2.7.1-2.8.3.)**

### 2.2.3 Comprehensive Background Check Processes

- a. Does a state agency conduct all comprehensive background checks on behalf of the Tribal Lead Agency for all center-based care, including Tribally operated centers?

Yes. List the state(s): **Nevada Department of Public Safety Child Care Licensing Unit, Sjodin National Sex Offender Public Website (NSOPW), and Nevada Division of Child and Family Services (Child Abuse & Neglect Registry)**

No.

- b. Does a state agency conduct all comprehensive background checks on behalf of the Tribal Lead Agency for all family child care?

Yes. List the state(s): **Nevada Department of Public Safety Child Care Licensing Unit, Sjodin National Sex Offender Public Website (NSOPW), and Nevada Division of Child and Family Services (Child Abuse & Neglect Registry)**

No.

- c. Does a state agency conduct all comprehensive background checks on behalf of the Tribal Lead Agency for all in-home child care?

Yes. List the state(s): **Nevada Department of Public Safety Child Care Licensing Unit, Sjodin National Sex Offender Public Website (NSOPW), and Nevada Division of Child and Family Services (Child Abuse & Neglect Registry)**

No.

**(If only 2.2.3a, 2.2.3b, and 2.2.3c are “Yes,” skip 2.9 and 2.11-2.17.)**

## 2.3 Health and Safety Standards and Pre-Service/Orientation Training

Tribal Lead Agencies are required to establish health and safety standards for all providers receiving CCDF funds relating to the topics listed below, as appropriate to the provider setting and age of the children served (§98.41(a)). This requirement is applicable to all providers receiving CCDF program funds except for certain relatives, which may be exempted by the Tribal Lead Agency. Additionally, Tribal Lead Agencies must ensure caregivers, teachers, and directors are trained on health and safety standards either in pre-service training or within a three-month orientation period. Training must cover each of the required standards that address the health and safety requirements described in §98.41(a) and be appropriate to the provider setting and the age of children served.

In this section, the Tribal Lead Agency will describe health and safety standards that apply to all providers. A standard describes the actions that must be taken by child care providers to ensure the health and safety of children in care.

- In the first part of each health and safety topic, Tribal Lead Agencies must provide a brief summary or list of components for each standard and any variations based on the category of care and the ages of children served.
- In the second part of each health and safety topic, Tribal Lead Agencies must certify that the training topic is to be completed by providers either in a pre-service training or within a 90-day orientation period.

### 2.3.1 Prevention and Control of Infectious Diseases (Including Immunizations)

- a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(i)):

**1. Immunization Requirements**

The MBOP Tribal ChildCare Program requires all providers serving children of any age, including Center-Based Child Care Providers, Tribally Operated Centers, and In-Home/Family Care Providers, to obtain written documentation from parents or guardians confirming that each enrolled child has received age-appropriate immunizations, as outlined in the CDC Birth - (18) Years Immunization Schedule, unless exempt due to a documented medical condition or religious belief.

Additionally, all TCC Staff must be current with immunizations routinely recommended for adults by the CDC Adult Immunization Schedule. Relative providers are exempt from this requirement.

**2. Health and Hygiene Practices**

The program maintains comprehensive health and hygiene policies, including:

- Routine hand hygiene for staff and children
- Daily health checks
- Procedures for preventing exposure to blood and bodily fluids
- Cleaning, sanitizing, and disinfecting protocols
- Diaper-changing procedures
- Inclusion/exclusion and dismissal policies for sick children and staff
- COVID-19 response procedures
- Standard precautions for infectious disease control
- Documentation requirements for immunizations
- Guidelines for managing non-immunized children

**3. Wellness Policy**

At our Tribally Operated Center, a wellness policy is in place requiring that:

- Children must be symptom-free for at least (24) hours before returning to care.
- If the illness is a communicable disease, a doctor's note is required for reentry.

**4. Staff Training Requirements**

Before providing care, all TCC Staff and In-Home/Family Care Providers must complete orientation training on health and safety topics, including Prevention and Control of Infectious Diseases and Immunization Practices.

This training is:

- Required during orientation and completed annually
- Delivered in partnership with Indian Health Services (IHS) and the Nevada Registry

- b. Is this standard addressed in a pre-service training or within a 90-day orientation period? (§98.41(a)(2))?

Yes.

No.

c. Does the Tribal Lead Agency certify that it established a grace period (in consultation with the state or Tribal health agency (§98.41(a)(1)(i)(C))) that allows children experiencing homelessness to receive CCDF assistance while providing families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements?

Yes.

No.

d. Does the Tribal Lead Agency certify that it established a grace period (in consultation with the state or Tribal health agency (§98.41(a)(1)(i)(C))) that allows children in foster care to receive CCDF assistance while providing families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements?

Yes.

No.

### 2.3.2 Prevention of SIDS and the Use of Safe Sleeping Practices

- a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(ii)):

**MBOP Tribal ChildCare requires all providers caring for infants in our childcare program must follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP). Our program has established comprehensive SIDS/Infant Sleep Policies and Procedures, which include the following:**

**Safe Sleep Practices: Sleep Position:** Infants up to (12) months must be placed on their backs (supine position) for every nap and sleep time, unless a signed waiver from the child's primary healthcare provider specifies an alternate position.

- **Sleep Environment:** Infants must sleep in a safety-approved crib with a firm mattress and a tightly fitted sheet. Cribs must meet U.S. Consumer Product Safety Commission (CPSC) and ASTM International standards. No monitors, positioning devices, or other items are allowed in the crib, except for a pacifier.
- **Prohibited Sleep Locations:** Infants must not sleep in car seats, swings, bouncy seats, bean bags, futons, sofas, or any furniture not approved as a crib. If an infant arrives asleep in a car seat, they must be moved immediately to their crib.
- **Immediate Action:** If an infant falls asleep in an unsafe location, staff must promptly move the infant to their crib in the supine position.
- **One Infant per Crib:** Only (1) infant is allowed per crib. Stackable cribs are not recommended.
- **No Soft Bedding:** Keep all soft or loose bedding away from sleeping infants. This includes bumper pads, pillows, quilts, comforters, blankets, flat sheets, cloth diapers, bibs, etc. Nothing should hang on crib sides.
- **Swaddling:** Swaddling is not necessary or recommended. Use one-piece sleepers or safe sleep clothing sacks instead.
- **No Toys in Cribs:** Toys, mobiles, or any play equipment attached to cribs must be kept away from sleeping infants.
- **Room Temperature and Clothing:** Ensure the room is comfortable for a lightly clothed adult. Infants should be dressed appropriately, not overheated or sweaty. Remove bibs, necklaces, and garments with ties or hoods.
- **Supervision:** Infants must be directly observed by sight and sound at all times, including while falling asleep, sleeping, and waking up.

#### **Additional Infant Sleep Safety Guidelines**

- **Bedding and Mats:** Bedding must be changed between children. If mats are used, they must be cleaned between uses.
- **Lighting:** Lighting in the room must allow caregivers to clearly see each infant's face, observe skin color, and monitor breathing and pacifier placement (if used).
- **Trained Supervision:** A caregiver trained in safe sleep practices must always be present in each room with infants. This caregiver must remain alert and actively supervise sleeping infants, ensuring heads remain uncovered and clothing is adjusted as needed.
- **Room Design:** Separate sleeping rooms for infants are not recommended due to the need for direct supervision. Existing facilities with separate rooms should have a plan to modify room assignments or practices to eliminate this setup.
- **Pacifier Use:** If pacifiers are allowed, the facility must have a written policy outlining procedures and guidelines. Pacifier use outside of cribs in rooms with mobile infants or toddlers is not recommended.

- **Breastfeeding Support:** The facility should encourage, support, and provide arrangements for breastfeeding. Feeding infants with expressed breast milk is associated with a reduced risk of sleep-related infant deaths.

#### **Crib Safety and Transition Policies**

- **Crib Transition:** Infants who become large or mobile enough to reach crib latches or climb out must be transitioned to a cot or sleeping mat.
- **Crib Identification:** Each crib must be labeled with its brand, type, and/or product number. This information must be kept on file for as long as the crib is in use or storage.
- **Crib Inspections:** Staff must inspect each crib before every use to ensure all hardware is secure and there are no safety hazards. Cribs with missing or broken parts must not be used.

#### **Crib Construction Standards:**

- Cribs must be made of wood, metal, or plastic.
- Slats must be spaced no more than 2 3/8 inches apart.
- Mattresses must be firm and fit snugly (no more than (2) fingers between mattress and crib side).
- Minimum height from mattress top to crib rail top must be (20) inches in the highest mattress position.
- Drop-side cribs are prohibited.
- No corner post extensions over 1/16 inch.
- No cutout openings in headboards or footboards.
- Mattress support must not be easily dislodged by upward force.

#### **Crib Safety Standards Compliance: All cribs must meet:**

- ASTM F1169-10a (Full-Size Baby Cribs)
- ASTM F406-10b (Non-Full-Size Cribs/Play Yards)
- CPSC 16 CFR 1219, 1220, and 1500 Safety Standards
- **Crib Placement:** Cribs must be placed away from window blinds, cords, or draperies.
- **Mattress Adjustment:** As soon as a child can stand, the mattress must be lowered to its lowest position. Once a child can climb out, they must be moved to a bed.
- **Crib Covers:** Children must never be kept in cribs by placing, tying, or wedging fabric, mesh, or other coverings over the top.
- **Evacuation Cribs:** Cribs used for evacuation must be designed to carry up to five non-ambulatory children under two years old and must:
  - Have wheels suitable for emergency movement
  - Fit through designated fire exits
  - Be used only during emergencies such as fire or evacuation drills

#### **Crib Use Requirements:**

- Corner posts must not exceed 1/16 inch in height.
- Only fixed-side cribs are allowed.
- Slats must be no more than 2 3/8 inches apart.
- Mattresses must be firm and tight-fitting.
- No decorative cutouts in headboards or footboards.

- No missing or broken hardware or slats.
- Infants must be placed flat on their backs for sleep.
- Manufacturer guidelines must be followed for all furniture and equipment.
- Recalled or unsafe cribs must be removed or repaired per CPSC guidelines.

**Crib Use Environment:**

- Nap areas should be separate from play and eating areas to minimize disturbances.
- Cribs are for napping only. Infants must be removed from cribs once awake and returned to the play area.

**Staff Training Requirements: All TCC Staff, In-Home, and Family Care Providers must complete orientation training on SIDS prevention and safe sleep practices.**

- Ongoing annual training is required for these health and safety topics.
- Our program partners with the Nevada Registry and Indian Health Services (IHS) to provide this training.

b. Is this standard addressed in a pre-service training or within a 90-day orientation period (§98.41(a)(2))?

Yes.

No.

### 2.3.3 Administration of Medication, Consistent with Standards for Parental Consent

- a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(iii)):

**MBOP Tribal ChildCare has established a comprehensive Medication Administration Policy to ensure the safe and effective handling of both prescription and nonprescription medications.**

**This policy includes procedures for:**

- **Parental Permission:** Written authorization is required from the parent or guardian before any medication is administered.
- **Proper Storage:** All medications are stored securely and in accordance with safety guidelines to prevent unauthorized access or contamination.
- **Administration Procedures:** Only medications prescribed or recommended by a licensed healthcare provider will be administered.
- **Documentation:** Each instance of medication administration is documented, including the date, time, dosage, and staff member responsible.
- **Disposal Procedures:** Unused or expired medications are disposed of according to safety and environmental guidelines.

**The physician must specify:**

- **Medical need**
- **Medication name**
- **Dosage**
- **Duration of administration**
- **Labeling Requirements**

**Medications must be brought to the facility in their original container, clearly labeled with:**

- **The child's name**
- **Date filled**
- **Prescribing clinician's name**
- **Pharmacy name and phone number**
- **Dosage and instructions**
- **Any relevant warnings**

**Applicability and Training**

**This policy applies to all categories of care, with the exception of Relative Providers, who are exempt from this standard.**

**Staff Training:**

- **All TCC Staff receive Medication Administration training during their health and safety orientation, prior to providing care.**
- **Training is provided in partnership with the Nevada Registry.**
- **Ongoing training is offered as needed, based on updates or specific incidents during Staff Development Day.**

**Monitoring and Competency:**

- **All TCC Staff competency in medication administration is monitored annually.**
- **Additional evaluations are conducted whenever a medication administration error occurs to ensure corrective action and retraining if necessary.**

b. Is this standard addressed in a pre-service training or within a 90-day orientation period (§98.41(a)(2))?

Yes.

No.

#### 2.3.4 Prevention of and Response to Emergencies Due to Food and Allergic Reactions

- a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(iv)):

**MBOP Tribal ChildCare has established comprehensive emergency policies and procedures that apply to all categories of care and age groups within the program. These policies are clearly outlined in the Parent Handbook, which is reviewed with families during the enrollment process.**

#### **Food Allergies and Emergency Response**

**Our program follows the standards Caring for Our Children (CFOC) standards to prevent and respond to food-related emergencies and allergic reactions.**

**Key components of Individualized Care Plans: Each child with a diagnosed food allergy must have a care plan prepared by their primary healthcare provider.**

**This plan must include:**

- **A written list of allergens.**
- **Steps to avoid exposure.**
- **A detailed emergency treatment plan, including: Symptoms to watch for.**
- **Medications to be administered (names, dosages, and methods).**

**Documentation and Accessibility:**

- **Allergy action plans in place and accessible to all TCC Staff**
- **A list of children with allergies is posted in the food preparation area.**
- **Each child's care plan is stored in the emergency binder located in the TCC Assistant Director's office at the Tribally Operated Center.**
- **Allergy and special diet needs are discussed during enrollment, and parents/guardians complete a dedicated form for the child's file.**

**MBOP Tribal ChildCare's Tribally Operated Center has nutrition and feeding policies.**

**The program also maintains policies for:**

- **Mealtime environment: promotion of positive, family-style dining experience.**
- **Availability of clean drinking water.**
- **Safe preparation, feeding, and storage of human milk and infant formulas.**
- **Proper warming of bottles and infant food.**
- **Identification and avoidance of choking hazards.**
- **Controlled access to food preparation areas.**
- **Staff Training and Certification**
- **Culturally appropriate foods: traditional foods and tribal customs.**

**All TCC Staff are trained in recognizing and responding to food-related emergencies, including how to report and document incidents for both parents and medical professionals.**

**Training Partnerships:**

- **Training is provided in collaboration with the Indian Health Service (IHS) and the Nevada Registry.**
- **All TCC Staff complete this training during orientation, prior to providing care.**
- **Indian Health Service (IHS) conducts annual refresher trainings.**

- **Food Safety Certification:**
- TCC Staff at the Tribally Operated Center are trained in food handling and must renew their Food Handler Safety Training Cards every (3) years.
- Several TCC Staff members hold Certified Food Safety Manager Cards, which are renewed every (5) years.

These certifications are issued through the Southern Nevada Health District, in compliance with state licensing requirements for childcare kitchen employees.

b. Is this standard addressed in a pre-service training or within a 90-day orientation period (§98.41(a)(2))?

Yes.

No.

### 2.3.5 Safety of Building and Physical Premises

- a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(v)): **MBOP Tribal ChildCare prioritizes the safety of all children in care, across all categories and age groups. Comprehensive building and physical premises safety policies are in place for all providers, including those at center-based, In-Home Provider, and Family Care settings.**

**These policies include:**

- Supervision Policy
- Supervision Near Water Policy (splash pad at the Tribally Operated Center)
- Strangulation Hazards Prevention
- Building Inspection Policy
- Compliance with Fire Prevention Code
- Drug-Free Environment Policy (including alcohol, substances, and tobacco)
- Firearms Policy
- Sun Safety Policy
- Electrical Device Placement Near Water Policy
- Integrated Pest Management Policy
- Guardrails and Protective Barriers Policy
- Safety Covers and Shock Protection for Electrical Outlets
- Smoke and Carbon Monoxide Detectors
- Safety of Equipment, Materials, and Furnishings
- Availability and Use of Telephones or Wireless Communication Devices
- Safe Location of Play Areas Near Water
- Enclosures for Outdoor Play Areas and Water Bodies
- Prohibited Surfaces for Climbing Equipment
- Indoor/Outdoor Play Area and Equipment Inspections
- Lifesaving Equipment Policy
- Water in Containers Policy
- Sign-In and Sign-Out System
- Authorized Pick-Up Policy
- Environmental Audits and Assessments

**MBOP has adopted Caring for Our Children (CFOC) standards for building and premises safety. Each site undergoes an Environmental Audit to assess:**

- Safety hazards
- Air and water quality
- Drinking water safety
- Soil contamination
- Noise exposure

**If potential hazards are identified, further assessments are conducted.**

- **State-Licensed Providers: Assessed by the Southern Nevada Health District (SNHD)**
- **Tribally Operated Center: Assessed by Indian Health Services (IHS)**
- **In-Home and Family Child Care Providers: Assessed by the Tribal Lead Agency Health and Safety Monitor**

**Incident Reporting and Outdoor Safety**

At all center-based and Tribally Operated Centers, Accident/Injury Report Forms are used to document:

- Accidents and injuries
- Medical situations
- Behavioral incidents

Observations requiring follow-up: Outdoor safety is reinforced through a Playground Safety Self-Inspection Checklist, completed before each outdoor play session to minimize risks and prevent injuries.

#### Training and Compliance

All providers receive training on Building and Physical Premises Safety during their orientation.

This training is conducted in partnership with:

- Indian Health Service (IHS)
- Nevada Registry

#### Ongoing Training:

- Provided annually for staff at the Tribally Operated Center, In-Home Providers, and Family Care Providers through IHS Preservice Training.
- For Nevada State-Licensed Providers, training is offered on an as-needed basis.

- b. Is this standard addressed in a pre-service training or within a 90-day orientation period (§98.41(a)(2))?

Yes.

No.

### 2.3.6 Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment

- a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(vi)): **MBOP Tribal ChildCare takes the health and safety of all children seriously and has adopted the Caring for Our Children (CFOC) standards to guide our practices. This policy applies to all categories of care and all age groups within our program.**

**Policy Overview:** Our program has implemented clear procedures for the prevention, identification, and emergency response related to Shaken Baby Syndrome (SBS), also known as Abusive Head Trauma (AHT). These procedures are designed to educate staff, caregivers, and families, and to ensure swift and appropriate action when concerns arise. **Understanding Shaken Baby Syndrome / Abusive Head Trauma:** Abusive Head Trauma occurs when an infant or young child is violently shaken, with or without blunt impact. Due to underdeveloped neck muscles and proportionally larger heads, young children—especially infants—are highly vulnerable to this type of injury. Damage can occur in as little as five seconds of forceful shaking.

**Age Risk:** While AHT can occur in children up to 5 years old, infants under (1) year are at the greatest risk.

**Potential Outcomes:**

- Brain damage, memory and attention issues, cerebral palsy
- Blindness or hearing loss
- Intellectual, speech, or learning disabilities
- Developmental delays
- Signs and Symptoms to Watch For

**TCC Staff are trained to recognize the following symptoms, which may indicate possible abusive head trauma:**

- Seizures
- Bruising
- Vomiting or lack of appetite
- Difficulty sucking or swallowing
- Lack of smiling or vocalizing
- Muscle rigidity
- Inability to lift the head
- Difficulty staying awake or altering consciousness
- Unequal pupil size or inability to focus eyes
- Irritability

**Prevention Strategies:** To prevent incidents of SBS/AHT, our program emphasizes:

**Caregiver Training:** TCC Staff and In-Home/Family Care Providers are trained to manage stress and respond appropriately to a crying child. This includes recognizing personal stress signals and using calming techniques.

**Family Communication:**

Parents, guardians, and In-Home/Family Care Providers are encouraged to share effective soothing strategies that work at home or in the center.

**Emergency Response Protocol**

If a child exhibits symptoms of Shaken Baby Syndrome or if abuse is suspected:

- **Immediate Notification:** The TCC Staff member must notify the Tribal Child Care Center's Assistant Director or on-site Supervisor immediately. In-Home/Family Care Providers contact the TCC Upper Management immediately to seek support.
- **Reporting:** MBOP Tribal ChildCare will initiate their SCAN process by notifying Moapa Band of Paiutes Tribal Police and the Department of Family Services Indian Child Welfare Act (ICWA) Department. The parent/guardian(s) will be prompted to take their child to seek emergency medical services.
- **Documentation:** The reporting TCC Staff member must complete the Shaken Baby Syndrome/Abusive Head Trauma Report Form. TCC Staff are strictly prohibited from discussing the incident with parents, other staff, or unauthorized individuals.

**Child Maltreatment Policy:**

MBOP Tribal ChildCare maintains a zero-tolerance policy for child abuse or neglect. The following behaviors are strictly prohibited by any staff, volunteer, visitor, or older child in care:

- Corporal punishment or physical abuse (e.g., hitting, spanking, shaking, slapping, twisting, biting)
- Excessive physical demands or bizarre postures
- Forced physical contact
- Forcing substances into a child's mouth (e.g., soap, spices)
- Exposure to extreme temperatures
- Isolation in unsupervised or dark areas
- Binding or restricting movement (except for safe travel)
- Using or withholding food as punishment or reward
- Demeaning toilet training practices
- Emotional abuse (e.g., rejection, terrorizing, prolonged ignoring)
- Sexual abuse or inappropriate touching
- Verbal abuse, threats, or derogatory remarks
- Public or private humiliation
- Withholding physical activity or outdoor time as punishment

**Mandatory Reporting:** All MBOP Tribal ChildCare Staff and Providers (including In-Home/Family Care) are considered mandatory reporters by law.

**Emergency Response Protocol:** If a child exhibits symptoms of Child Abuse, or Neglect or if abuse is suspected:

- **Immediate Notification:** The TCC Staff member must notify the Tribal Child Care Center's Assistant Director or on-site Supervisor immediately. In-Home/Family Care Providers contact the TCC Upper Management immediately to seek support.
- **Reporting:** MBOP Tribal ChildCare will initiate our SCAN process by notifying the Moapa Band of Paiutes Tribal Police and the Department of Family Services Indian Child Welfare Act (ICWA) Department. The parent/guardian(s) will be prompted to take their child to seek emergency medical services.
- **Documentation:** The reporting TCC Staff member must complete the SCAN Form. TCC Staff are strictly prohibited from discussing the incident with parents, other staff, or unauthorized individuals.

**Training Requirements:**

- Provided during orientation through the Nevada Registry and Indian Health Service (IHS)
- Includes education on physical, sexual, emotional abuse, and neglect
- Covers risk factors, signs of stress in families, and support strategies
- Special training is provided for working with children with disabilities, who are at higher risk of abuse

**Ongoing Training:**

- Conducted annually by Indian Health Services (IHS)
- Additional training provided as needed by the State of Nevada

b. Is this standard addressed in a pre-service training or within a 90-day orientation period (§98.41(a)(2))?

Yes.

No.

### 2.3.7 Emergency Preparedness and Response Planning

- a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(vii)): **MBOP Tribal ChildCare prioritizes the safety and well-being of all children, staff, and families. Our Emergency Preparedness and Response Planning policy applies to all categories of care and all age groups within our program.**

The MBOP Tribal ChildCare Center disaster plans should incorporate the four areas of disaster management:

- prevention/mitigation
- preparation
- response
- recovery

**PREVENTION / MITIGATION:** A key mitigation activity is to determine which hazards might exist in the building, on the property, immediately surrounding the property, and in the neighborhood, community, and state where the child care center is located. Survey our internal center for potentially dangerous placement of furniture, fixtures, loose blinds, windows, etc. Fix any dangerous situations that are discovered. Know the locations of the main shut-off valve for water and the main utility box for electricity.

Identify each of the following designated shelter areas:

- Protective safe area(s) inside the center.
- Shelter area outside the center.
- Primary evacuation assembly site outside the center.
- Identify how TCC Staff and children will get to each of the above identified areas.

On the evacuation floor plan diagram of your facility, identify at least (2) evacuation route exits for each room where children may be present, the emergency outdoor meeting place, the location of emergency kits (go-bag), utility shut-off valves and switches, and where any special equipment is stored. Prepare an Emergency Supplies Kit (go-bag) that can provide supplies for immediate needs, as well as children and staff if sheltering in place is required for extended periods of time (e.g., 72 hours). All these supplies should be portable so they can be moved quickly during a disaster, with some of the more immediately needed items kept in a **Go Bag** such as a backpack or duffle bag. Supplies could also be stored at a pre-identified off-site location. Develop a checklist to assist with organizing, maintaining, and replenishing supplies.

MBOP Tribal ChildCare has policies relating to shelter-in-place, evacuation, and family reunification.

**Emergency Planning Requirements:** All providers are trained to develop and implement emergency response plans for the following scenarios:

- Fire
- Flood
- Hazardous Material Release (inside/outside)
- Severe Weather (shelter-in-place)
- Structural Failure
- Utility Loss or Failure
- Abduction or Missing Student

- Active Shooter / Armed Intruder
- Bomb Threat / Suspicious Packages
- Illness or Injury
- Medical Emergencies
- Public Health Emergencies

#### Drills and Documentation

- Shelter-in-Place and Evacuation Drills are conducted monthly.
- All (3) locations have emergency plan signs posted in all areas of the building.
- The Tribally Operated Center holds document retention for all logs in (2) locations: the Tribally Operated Center & the TCC Health & Safety Department. They are also available online on our organization's OneDrive.
- All In-Home/Family Providers must have an emergency floor plan available for the place where the child is in their care.

#### First Aid Preparedness

- Each location must have a fully stocked first aid kit, stored in a labeled container, cabinet, or drawer that is always accessible to all TCC Staff and out of the reach of children.
- Monthly Inventory Checks: Expired or used items must be replaced promptly.

Incident Reporting and Emergency Response: Providers must have a written plan for reporting and managing any incident or unusual occurrence that poses a threat to the health, safety, or welfare of children, staff, or volunteers.

#### This includes:

- Procedures for identifying and responding to emergencies
- Communication protocols with emergency services and families
- Plans for continuity of care during and after a disaster

#### Training and Ongoing Support

- Initial Training: All providers receive Emergency Preparedness and Response Planning training during orientation, in partnership with the Indian Health Service (IHS) and the Nevada Registry.
- Ongoing Training: Provided annually for TCC Staff at the Tribally Operated Center, In-Home Providers, and Family Care Providers through IHS Preservice Training.
- Additional training is offered as needed by the State of Nevada.

b. Is this standard addressed in a pre-service training or within a 90-day orientation period (§98.41(a)(2))?

Yes.

No.

### 2.3.8 Handling/Storage of Hazardous Materials and Appropriate Disposal of Biocontaminants

- a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(viii)): **MBOP Tribal ChildCare adheres to the Caring for Our Children (CFOC) standards for the safe handling, storage, and disposal of hazardous materials and bio-contaminants. This policy applies to all categories of care and all age groups within our program.**

#### **Hazardous Materials Handling and Storage**

The following items must be used strictly according to manufacturer instructions and stored in their original, labeled containers:

- Cleaning materials
- Detergents (including pods)
- Automatic dishwasher detergents (liquid or solid, including pods)
- Aerosol cans
- Pesticides
- Health and beauty aids
- Medications
- Lawn care chemicals
- Marijuana (all forms, including oils, liquids, and edibles) - prohibited
- Liquid nicotine and tobacco products
- Other toxic substances

#### **Storage Requirements:**

- All hazardous materials must be stored in a locked room or cabinet with a child-resistant opening device, inaccessible to children.
- Hazardous substances must be kept separate from food and medication storage areas.
- Chemicals used for lawn care must be approved for use in areas occupied by children.
- Medications must be stored securely and disposed of properly to prevent accidental ingestion or misuse.

#### **Usage Guidelines:**

- Hazardous substances must never be used in a way that could contaminate food, food preparation areas, or play surfaces.
- When not in active use, all chemicals must be securely stored.

**Safety Data Sheets (SDS):** An SDS must be available onsite for every hazardous chemical present at the childcare facility.

#### **Poison Control Information**

- The Poison Control Center phone number (1-800-222-1222) must be posted in a visible location, such as near telephones, for quick access in an emergency.
- Poison Control is available 24/7 for emergency guidance.

#### **Training and Compliance**

- **Initial Training:** All TCC Staff, In-Home, and Family Care Providers receive training on the Prevention and Management of Toxic Substances during orientation, prior to providing any unsupervised care. This training is conducted in partnership with the Indian Health Services (IHS).
- **Ongoing Training:** Annual refresher training is provided to all TCC Staff, In-Home, and Family Care Providers to ensure continued compliance and awareness of safety protocols.

b. Is this standard addressed in a pre-service training or within a 90-day orientation period (§98.41(a)(2))?

Yes.

No.

### 2.3.9 Precautions in Transporting Children

Does the Tribal Lead Agency permit providers to transport children?

No.

Yes. If yes, answer the following questions:

a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(ix)):

b. Is this standard addressed in a pre-service training or within a 90-day orientation period (§98.41(a)(2))?

Yes.

No.

### 2.3.10 Pediatric First Aid and Pediatric Cardiopulmonary Resuscitation (CPR)

- a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(x)): **MBOP Tribal ChildCare requires all providers, across all categories of care and age groups, to be certified in Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) prior to providing any unsupervised care. This policy ensures that all caregivers are prepared to respond effectively in emergencies.**

#### Certification Requirements

- **Initial Certification:** All TCC Staff, In-Home, and Family Care Providers must complete Pediatric First Aid and CPR training as part of their orientation process.
- **Renewal:** Certification must be renewed every (2) years to remain current and compliant.
- **Training Format:** Courses are conducted in person and include instructor-led demonstrations and hands-on practice to ensure participants can confidently perform life-saving techniques in real emergencies.

**Special Considerations for Children with Health Needs:** Children with special health care needs, such as those with compromised airways (e.g., tracheostomy), may require additional support. In such cases, arrangements should be made for a qualified nurse to be available to respond to air-related emergencies.

#### Automated External Defibrillator (AED) Policy

All childcare facilities must have an Automated External Defibrillator (AED) on-site for use in emergencies involving both children and adults. MBOP Tribal ChildCare has (3) locations that house an AED kit.

#### Training:

All TCC Staff, In-Home, and Family Care Providers are trained in AED use as part of their Pediatric First Aid and CPR certification.

#### Monthly AED Checks:

The TCC Health & Safety Monitor is responsible for conducting monthly inspections of the AED to ensure it is functioning properly. A log of these checks must be maintained.

#### Training Providers and Schedule

- **Orientation Training:** Pediatric First Aid and CPR training is completed within three months of hire and is currently offered through the CPR Society® - Las Vegas CPR Certification Classes.
- **Ongoing Training:** Certification is renewed biennially (every two years) to ensure continued competency and compliance with health and safety standards.

- b. Is this standard addressed in a pre-service training or within a 90-day orientation period (§98.41(a)(2))?

Yes.

No.

### 2.3.11 Recognition and Reporting of Child Abuse and Neglect

- a. Describe the standard and any variations based on category of care and/or ages of children served (§98.41(a)(1)(xi)): **MBOP Tribal ChildCare strictly adheres to federal and state laws regarding Mandated Reporting of Child Abuse and Neglect. In accordance with Nevada Revised Statute (NRS) 432B.121(1), any person who knows or has reasonable cause to believe that a child under the age of (18) has been abused or neglected is legally required to report the incident as soon as reasonably practicable, and no later than (24) hours after becoming aware of the situation.**

#### **Reporting Procedures**

- **For Families: Contact TCC Upper Management or your assigned TCC Case Manager.**
- **In-Home/Family Care Providers: Contact TCC Upper Management or your assigned TCC Case Manager.**
- **Tribally Operated Centers: Report to your immediate on-site supervisor or the TCC Assistant Director.**

#### **Documentation and Submission:**

**Suspected Child Abuse and Neglect Report (SCAN) forms are available to accurately document the incident. These forms must be submitted to the appropriate supervisor. Once the supervisor reports the incident to the proper authorities, a copy must also be submitted to TCC Upper Management. Confidentiality is strictly maintained throughout the process. All details are outlined in our MBOP Tribal ChildCare's Policy and Procedure Manual.**

#### **Steps for Filing a Report (SCAN Process):**

- **Complete the SCAN (Suspected Child Abuse and Neglect) Forms.**
- **Scan and email the completed forms to: Project Director, TCC Assistant Project Director, and the appropriate authorities.**
- **The SCAN case will be investigated by the authorities. Determination is typically made within (1) to (4) months.**
- **A written report will be issued upon case closure. Any findings may result in further legal action by the appropriate authorities.**

#### **Reporting Authorities**

- **Clark County: Las Vegas Metropolitan Police Department and Clark County Child Protective Services (CPS)**
- **Moapa Reservation: Moapa Band of Paiutes Tribal Police Department and Clark County Family Services ☐ Indian Child Welfare Act (ICWA) Department**

#### **Required Information for SCAN Reports:**

- **Child's name, age, and address**
- **Parent/guardian name(s) and address**
- **Names and ages of other children in the household (if applicable)**
- **Child's current location**
- **A clear description of the concern or allegation**
- **Specific details of any observed injuries or conditions, or statements made by the child (photos if applicable)**
- **Location and address where the suspected abuse occurred (if known)**
- **Dates and times when the injury or concern was first noticed or reported**

- Name of the suspected perpetrator (if known)

**MBOP Tribal Child Care conducts an annual review of the Suspected Child Abuse and Neglect (SCAN) process to ensure staff remain informed about current indicators of abuse and neglect, as well as best practices for completing SCAN documentation accurately and thoroughly.**

- b. Is this standard addressed in a pre-service training or within a 90-day orientation period (§98.41(a)(2))?

Yes.

No.

### 2.3.12 Child Development

**(If the Tribal Lead Agency has a small allocation, it is not required to answer this question.)**

Certify that the Tribal Lead Agency requires providers to be trained on child development, the major domains of cognitive, social, emotional, and physical development, approaches to learning, and any variations based on category of care and/or ages of children served in a pre-service training or within a 90-day orientation period (§98.44 (b)(1)(iii))?

Yes.

No.

### 2.3.13 Additional Standards

In addition to the CCDF required health and safety standards, Tribal Lead Agencies may require providers to comply with additional standards such as those related to nutrition, access to physical activity, care for children with special needs, and any other topic determined to be relevant by the Tribal Lead Agency (§98.41(a)(1)(xii)).

Does the Tribal Lead Agency require providers to follow any health and safety standards in addition to the CCDF-required health and safety topics?

Yes. Briefly describe (e.g., nutrition, access to physical activity, caring for children with special needs, or any other areas the Tribal Lead Agency requires providers to follow to promote child development or to protect children’s health and safety):

**Nutrition Policy:**

**MBOP Tribal ChildCare is committed to promoting healthy eating habits and ensuring that all meals and snacks served meet the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) guidelines. This policy applies to all categories of care and all age groups within our program. Currently, MBOP Tribal ChildCare is utilizing the USDA Center for Nutrition Policy and Promotion (CNPP), which was established in 1994. The goal of CNPP is to improve the nutrition and well-being of Americans.**

To achieve this goal, CNPP focuses on two primary objectives:

1. To advance and promote dietary guidance for all Americans.
2. To conduct applied research and analysis in nutrition and consumer economics.

- CNPP’s core projects supporting these objectives include:
- Dietary Guidelines for Americans
- USDA Food Guidance System (MyPlate)
- Nutrition Evidence Systematic Review (NESR), formerly known as the Nutrition Evidence Library (NEL)
- Healthy Eating Index
- USDA Food Plans
- Nutrient Content of the U.S. Food Supply

In the CNPP’s core projects, MBOP TCC uses the USDA Food Guidance System (MyPlate), Healthy Eating Index, and USDA Food Plans.

#### **Nutrition Standards**

To support a balanced diet that includes fruits, vegetables, and whole grains while limiting foods and beverages high in sugar and fat, our nutrition policy includes the following:

- Fruits and Vegetables
- Fruit is served at least twice per day.
- A vegetable other than white potatoes is offered at least once per day.
- Grains
- Whole grain foods are served at least once per day.
- Beverages
- 100% fruit juice is limited to once per day, in age-appropriate serving sizes.
- Sweetened beverages are not served.
- Only skim or 1% milk is served to children aged 2 years and older.
- Fats and Sugars
- High-fat meats (e.g., bologna, bacon, sausage) are served no more than twice per week.
- Fried or pre-fried vegetables, including potatoes, are served no more than once per week.
- Sweet food items are limited to no more than twice per week.

#### **TCC Staff Role in Nutrition Education**

- TCC Staff provide weekly opportunities for children to learn about nutrition.
- TCC Staff serve as positive role models by demonstrating healthy eating behaviors.
- Food is never used as a reward or punishment.

#### **Meal Scheduling and Cultural Inclusion:**

At the Tribally Operated Center, meals and snacks are scheduled so that no child goes more than (2) hours without being offered food. Traditional Native foods are incorporated into the menu to honor and celebrate cultural heritage.

#### **Oversight and Monitoring**

**State Center-Based Providers:** Menus are reviewed to ensure alignment with MBOP’s nutrition policies.

#### **In-Home and Family Care Providers:**

- Receive CACFP nutrition information sheets during orientation.
- Are monitored for compliance during routine inspections.

### **Training and Education**

- **Initial Training:** Nutrition training is provided during orientation through the Nevada Registry.
- **Ongoing Training:** Annual training is required for all providers to ensure continued adherence to nutrition standards and best practices.

**MBOP Tribal ChildCare is committed to promoting daily physical activity for all children in care, across all categories and age groups. In alignment with best practices and health standards, our policy encourages moderate to vigorous physical activity to support healthy development and lifelong wellness.**

**Daily Active Play Guidelines:** All children should be provided with ample opportunities to engage in age-appropriate physical activities such as running, climbing, dancing, skipping, and jumping, to the extent of their abilities.

**Our policy includes the following daily activity recommendations:**

- **Outdoor Play: Infants (Birth - 12 months):** Taken outdoors (2 - 3) times per day, as tolerated. No specific duration is required.
- **Toddlers (12 - 35 months) and Preschoolers (3 - 6 years):** Provided with (60 - 90) minutes of total outdoor playtime daily, weather permitting.
- **Moderate to Vigorous Physical Activity Toddlers:** At least (60 - 90) minutes per 8-hour day.
- **Preschoolers:** At least (90 - 120) minutes per (8) hour day.

### **Infant Movement and Tummy Time**

- **Infants should receive supervised tummy time daily while awake, starting with (3 - 5) minutes and gradually increasing as tolerated.**
- **Infants should not remain seated for more than (15) minutes at a time, except during meals or naps.**
- **Modeled seating devices (e.g., bouncers, swings) should be used only for short periods.**

### **Structured and Guided Activities**

- **Children should participate in (2) or more structured, adult-led activities each day that promote movement, either indoors or outdoors.**
- **Continuous opportunities should be provided for children to develop and practice gross motor skills appropriate to their age and developmental level.**

### **Staff Role and Monitoring**

- **State Center-Based Providers, Tribally Operated Center, In-Home Providers, and Family Care Providers are monitored to ensure compliance with physical activity standards.**
- **TCC Staff are encouraged to model active behavior and engage with children during physical activities.**

### **Training and Education**

- **Initial Training:** Provided during orientation through the Nevada Registry.
- **Ongoing Training:** Conducted annually for all providers to reinforce the importance of physical activity and ensure continued compliance with health and safety standards.

### **Inclusion of Children with Special Needs:**

MBOP Tribal ChildCare is committed to providing inclusive, supportive, and developmentally appropriate care for all children, including those with special needs. This standard applies to all categories of care and is adapted from the Caring for Our Children (CFOC) national health and safety performance standards.

#### **Inclusive Practices**

- Providers are required to include children with special needs in all activities to the greatest extent possible, unless a specific medical contraindication exists.
- The goal is to offer fully integrated care that respects each child’s individual abilities and developmental needs.
- All providers must comply with the Americans with Disabilities Act (ADA) to ensure accessibility and equal opportunity for every child.
- Abide by all Individual Education Plans (IEP) and Individual Family Support Plan (IFSP) for reasonable accommodations.

#### **Training and Professional Development**

- **Initial Training:** Inclusion and ADA compliance training is provided during orientation through the Nevada Registry.
- **Ongoing Training:** Annual refresher training is required for all providers to maintain awareness of best practices in inclusive care.

#### **Early Intervention and Support Services:**

Recognizing the importance of early support, MBOP Tribal ChildCare collaborates with Nevada Early Intervention Services (NEIS) to assist infants and toddlers (birth to age 3) with developmental delays or disabilities. NEIS offers a wide range of no-cost services, including:

- Specialized instruction
- Audiology
- Physical and occupational therapy
- Speech and language therapy
- Vision services

These services are designed to help young children reach their full potential through education, family-centered support, and early developmental guidance.

#### **Collaborative Partnerships**

To ensure comprehensive care and support, MBOP Tribal ChildCare partners with the following organizations:

- Nevada Early Intervention Services (NEIS)
- The Children’s Cabinet (QITM - QRIS)
- Inclusive Education Coaches
- Nevada Department of Health and Human Services - Division of Child and Family Services
- Early Childhood Childcare Consultation Program

These partnerships help us provide holistic, inclusive, and culturally responsive care for all children and families in our program.

MBOP Tribal ChildCare Center's Tribally Operated Center is proud to uphold a Cultural Policy that

reflects our deep respect for and commitment to Tribal heritage. This policy is specific to our Tribally Operated Center and applies to all children enrolled, across all age groups.

#### Policy Statement

At MBOP Tribal ChildCare, we recognize that culture is a foundational element of a child’s identity. We believe that children who are connected to their cultural roots develop a stronger sense of belonging, personal history, and confidence in who they are and where they come from.

To support this belief, our Cultural Policy ensures that:

- A positive, inclusive environment is created that acknowledges, honors, and celebrates Tribal culture.
- Cultural development is integrated into the daily experience of every child through meaningful opportunities and activities.
- Children are encouraged to explore and express their cultural identity in ways that are age-appropriate and engaging.
- Special efforts are made to incorporate language, traditions, stories, songs, and values that reflect the rich heritage of the Moapa Band of Paiutes and other Tribal communities we serve.

No.

## 2.4 Ongoing Training

Tribal Lead Agencies must have ongoing training requirements on health and safety for caregivers, teachers, and directors of programs receiving CCDF funds (§98.44(b)(2)).

### 2.4.1 Ongoing Training

Does the Tribal Lead Agency certify that it has ongoing training requirements on health and safety for caregivers, teachers, and directors for all providers serving children participating in CCDF?

Yes.

No.

## 2.5 Staff/Child Ratios and Group Sizes

Tribal Lead Agencies must have standards for appropriate ratios between staff and children and appropriate group size limits for specific age populations. Tribal Lead Agencies must set requirements for qualifications for providers (§98.41(d)).

### 2.5.1 Age Classifications

Briefly describe how the Tribal Lead Agency defines the following age classifications:

- a. Infant. Briefly describe: **(6) weeks to (11) months.**
- b. Toddler. Briefly describe: **(12) months to (35) months.**
- c. Preschool. Briefly describe: **(3) years to (5) years.**
- d. School-Age. Briefly describe: **(6) years to (12) years.**

### 2.5.2 Center-Based Care Staff/Child Ratios and Group Sizes

For center-based care, including Tribally operated centers, provide the maximum staff/child ratio and group size for the settings and age groups below (§98.41(d)(1-2)):

- a. Infant
  - i. Ratio: **(6) weeks - (11) months: Ratio: 1:6 / (9) weeks - (11) months: Ratio: 1:6**
  - ii. Group Size: **12**
- b. Toddler
  - i. Ratio: **(12) months - (35) months: Ratio 1:6 / (24) months - (35) months: Ratio: 1:9**
  - ii. Group Size: **18**
- c. Preschool
  - i. Ratio: **(3) years - (3) years and (11) months: Ratio: 1:12 / (4) years to (5) years and (11) months: Ratio: 1:15**
  - ii. Group Size: **30**
- d. School-Age
  - i. Ratio: **(6) years to (12) years and (11) months: Ratio: 1:18**
  - ii. Group Size: **36**
- e. Mixed-Age Groups
  - i. Ratio: **N/A**
  - ii. Group Size: **0**

### 2.5.3 Family Child Care Staff/Child Ratios and Group Sizes

For family child care, provide the maximum staff/child ratio and group size for the settings and age groups below (§98.41(d)(1-2)):

- a. Infant
  - i. Ratio: **(6) weeks - (11) months: Ratio: 1:6 / (9) weeks - (11) months: Ratio: 1:6**
  - ii. Group Size: **6**

- b. Toddler
  - i. Ratio: **(12) months - (35) months: Ratio 1:6 / (24) months - (35) months: Ratio: 1:6**
  - ii. Group Size: **6**
- c. Preschool
  - i. Ratio: **(3) years - (3) years and (11) months: Ratio: 1:6 / (4) years to (5) years and (11) months: Ratio: 1:6**
  - ii. Group Size: **6**
- d. School-Age
  - i. Ratio: **(6) years to (12) years and (11) months: Ratio: 1:6**
  - ii. Group Size: **6**
- e. Mixed-Age Groups
  - i. Ratio: **The maximum number of children a single Family Care Provider can supervise is (6).**
  - ii. Group Size: **6**

#### 2.5.4 In-Home Care Staff/Child Ratios and Group Sizes

For in-home care, provide the maximum staff/child ratio and group size for the settings and age groups below (§98.41(d)(1-2)):

- a. Infant
  - i. Ratio: **(6) weeks - (11) months: Ratio: 1:6 / (9) weeks - (11) months: Ratio: 1:6**
  - ii. Group Size: **6**
- b. Toddler
  - i. Ratio: **(12) months - (35) months: Ratio 1:6 / (24) months - (35) months: Ratio: 1:6**
  - ii. Group Size: **6**
- c. Preschool
  - i. Ratio: **(3) years - (3) years and (11) months: Ratio: 1:6 / (4) years to (5) years and (11) months: Ratio: 1:6**
  - ii. Group Size: **6**
- d. School-Age
  - i. Ratio: **(6) years to (12) years and (11) months: Ratio: 1:6**
  - ii. Group Size: **6**
- e. Mixed-Age Groups
  - i. Ratio: **The maximum number of children a single In-Home Provider can supervise is (6).**
  - ii. Group Size: **6**

## 2.6 Provider Qualifications

Describe the provider qualifications for each of the Tribal Lead Agency's categories of care (§98.41(d)(3)).

### 2.6.1 Center-Based Care (including Tribally Operated Centers)

Briefly describe provider (caregiver, teacher, etc.) minimum qualifications:

#### MBOP Tribal ChildCare Teacher Qualifications:

##### Essential Duties and Responsibilities:

- Implement schedules, routines and curriculum in accordance with guidelines and directives.
- Plan daily classroom operations, including lesson plans that provide a variety of developmentally age and stage appropriate activities in the areas of physical, social, emotional, language, and cognitive enrichment that aid in a child's growth.
- Assess children according to milestone timelines, ensuring that each child is developing and growing well. Share this information with the TCC Assistant Director and the child's parents as guided.
- Evaluate the classroom environment, making suggestions for changes needed for the continued interest and development of the children.
- Work closely with the TCC Assistant Director in the transition of students (incoming and outgoing students).
- Clean, disinfect, sanitize, organize classroom, materials, toys, and laundry daily.
- Feed, groom, and guide children in development of proper eating, hand washing, dressing, and toileting habits.
- Identify and report behavioral and developmental problems to the TCC Assistant Director.
- Complete necessary childcare center documents daily (this information will be shared during orientation training).
- Participate in all required CCDF training/teleconferences.
- Perform related duties as required and directed by the TCC Assistant Director or the TCC Upper Management Team.
- Use best practices in positively guiding the behavior of children.
- Knowledge of IEP (Individualized Education Plan).
- Complete mandatory IHS and Nevada Registry trainings according to the training schedules.
- Vigilant in ensuring the Health and Safety of children is always a priority (practice safety drills regularly and document accordingly). Note any allergies a child may have.
- Nurturing, compassionate, professional, and caring.
- Must obtain a Food Handler's Card

##### Other Knowledge, Skills, and Abilities Required:

- Ability to communicate and work with professional and other staff members.
- Ability to communicate well with a broad cross-section of the community, including low-income residents and members of minority groups.
- Ability to work effectively with the Native American/Alaskan Native Tribal community and community organizations.

##### Minimum Education and/or Experience Qualifications:

- Must pass drug employment screening and full background check.

- Must have TB and COVID-19 Vaccination.
- Hold a high school diploma or a general educational development certificate.
- Able to lift children weighing (50) pounds.
- Ability and willingness to complete CCDF - provided training, including (4) hours of Human Resources orientation, health and safety, classroom management and staff orientation, IHS and Nevada Registry trainings are to be completed within the first (90) days of hire. Information about the training schedule will be provided.
- Possess or able to obtain a Food Handler’s Card or Food Management Card through our program.
- Possess or able to obtain CPR/First Aid Certification and other health & safety training courses through our program and the Nevada Registry.
- Incumbent must abide by the program’s standards of conduct - MBOP Employee Policy & Procedure.

#### MBOP Tribal ChildCare Lead Teacher Qualifications:

Under the guidance of the TCC Assistant Director, the Lead Teacher provides leadership and limited supervision to staff, coordinating and organizing staff-related tasks. The Lead Teacher is responsible for generating monthly, quarterly, and annual reports on school and childcare operations in compliance with applicable federal and tribal regulations, including investigation reports (e.g., SCAN). They also assist in planning and implementing language and cultural lessons and activities.

#### Instructional Planning and Implementation

- Plans, organizes, and implements developmentally appropriate practices tailored to the individual and collective needs of enrolled children.
- Designs and delivers experiential learning activities that promote intellectual and emotional development.
- Develops and executes lesson plans aligned with the program’s curriculum and Child Care and Development Fund (CCDF) outcomes.
- Ensures all activities comply with established standards, policies, procedures, and work plans.
- Classroom Leadership and Child Development.
- Supervises and models appropriate behavior and teaching strategies for staff, parents, and volunteers.
- Maintains a collaborative and cooperative classroom environment.
- Conducts ongoing child assessments using approved tools to gather, analyze, and report data for curriculum planning, staff development, and school readiness outcomes.
- Maintains detailed records of each child’s developmental progress across all domains.
- Completes parent-teacher conference forms and transition documentation.

#### Health, Safety, and Behavior Management

- Implement behavior plans developed by the mental health specialist and reports on their effectiveness.
- Maintains discipline and ensures the safety and supervision of all children.
- Protects children from physical punishment and verbal abuse, reporting any incidents immediately.
- Observes children for signs of illness, injury, emotional distress, developmental delays, or suspected abuse/neglect and reports concerns promptly.
- Models healthy eating habits by sitting and eating with children during meals.

### **Family and Community Engagement**

- Collaborates with paraprofessionals, school readiness coaches, and family advocates to support child development and encourage parent involvement.
- Works with the TCC Assistant Director to conduct meetings and conferences with families to discuss the child progress and goals.
- Coordinates with special service providers to ensure integrated support for children with special needs.
- Participates in team meetings to support consistent and collaborative planning for children and families.

### **Administrative and Professional Responsibilities**

- Maintains an inventory of classroom materials and supplies.
- Ensures confidentiality of all personnel, child, and family records and communications.
- Prepares and submits required reports in a timely manner.
- Attend meetings and trainings as requested.
- Actively pursues professional development through trainings, college coursework, conferences, and seminars to stay current on best practices in early childhood education.

### **Other Knowledge, Skills, and Abilities Required:**

- Ability to communicate and work with existing staff.
- Ability to communicate well with a broad cross-section of the community that includes low-income residents and members of minority groups in Tribal areas.
- Ability to work effectively with Native American/Alaskan Native Tribal Communities on the rural reservation.
- Able to lift (50) pounds.
- Knowledge of CCDF Standards or Regulations, Tribal federal, state, and local laws relative to position responsibilities.
- Knowledge of educational concepts, principles, theories, and applications.
- Knowledge of child development, particularly as applicable to the age of children served, in all domains represented on the Child Development and Early Learning Framework, including working knowledge of recent early brain development.
- Knowledge of early childhood assessment and educational activities based on current and relevant research. Knowledge of health and safety practices applicable to the age of children served.
- Skill in applying early childhood developmentally appropriate practices.
- Skill in being responsive to children's developmental needs. Skill in analyzing data and drawing valid and reliable conclusions.
- Skill in collaborating with parents to develop individually and developmentally appropriate goals for each child.
- Skill in oral and written communications.
- Skill in establishing and maintaining open communication and effective working relationships.
- Skill in exercising professional judgment.
- Skill in the use of technology to effectively manage data and information.
- Skill in applying problem - solving strategies.

### **Minimum Education and/or Experience Qualifications:**

- Must pass drug employment screening and full background check.

- Must have TB and COVID-19 Vaccination.
- Must have a high school diploma.
- Preferred: Bachelor of Science (BS) or Bachelor of Arts (BA) degree in Public Health, Early Childhood Education, or Child Development Associate (CDA) or associate's degree (AA) in the related field.
- Preferred: One (1) year of classroom experience teaching preschool-age and/or infant/toddler-age children.
- Possess or able to obtain a Food Handler's Card or Food Management Card through our program.
- Possess or able to obtain CPR/First Aid Certification and other health & safety training courses through our program and the Nevada Registry.
- Incumbent must abide by the program's standards of conduct - MBOP Employee Policy & Procedure.

#### **MBOP Tribal Child Care ☑ Lead Teacher / Cultural Specialist**

##### **Essential Duties and Responsibilities**

- Develop and implement a culturally relevant curriculum with a focus on Paiute Culture and traditions.
- Create lesson plans and collaborate with lead and assist TCC Teachers to integrate cultural content into the classroom.
- Teach children the Paiute language, traditions, and cultural practices; organize performances and community - inclusive events.
- Research and document cultural content; report any issues or concerns to the TCC Assistant Director.
- Plan and schedule (as permitted) field trips that align with Paiute traditions and values.
- Demonstrate initiative, creativity, and effective communication skills.
- Develop and distribute a calendar of cultural events for the TCC Center and community.
- Prepare materials for cultural enrichment activities.
- Maintain and track inventory of cultural supplies and resources.
- Effectively manage all responsibilities related to the Cultural Specialist role.
- Provide regular updates, milestones, and assessments to the TCC Assistant Director.
- Participate in all required CCDF trainings, teleconferences, and professional development opportunities.
- Ensure the health and safety of all children in care.
- Exhibit professionalism, compassion, and a nurturing demeanor.
- Clean, sanitize, and disinfect all materials, toys, and classroom areas.
- Perform additional duties as assigned by the TCC Assistant Director or the TCC Upper Management Team.

##### **Required Knowledge, Skills, and Abilities**

- Effective communication and collaboration skills with staff and community members.
- Ability to work effectively with diverse populations, including low-income and Native American/Alaska Native communities.
- Cultural competence and sensitivity to tribal traditions and values.

##### **Minimum Qualifications**

- Must pass drug employment screening and full background check.

- Must have TB and COVID-19 Vaccination.
- Hold a high school diploma
- Able to lift children weighing (50) pounds.
- Ability and willingness to complete CCDF - provided training, including (4) hours of Human Resources orientation, health and safety, classroom management and staff orientation, IHS and Nevada Registry trainings are to be completed within the first (90) days of hire. Information about the training schedule will be provided.
- Possess or able to obtain a Food Handler's Card or Food Management Card through our program.
- Possess or able to obtain CPR/First Aid Certification and other health & safety training courses through our program and the Nevada Registry.
- Incumbent must abide by the program's standards of conduct - MBOP Employee Policy & Procedure.

#### **MBOP Tribal Child Care ☑ Nutrition Specialist / Cook**

##### **Essential Duties and Responsibilities**

- Maintain accurate inventory of food and kitchen supplies.
- Demonstrate experience and skill in food preparation and cooking.
- Understand and follow CACFP (Child and Adult Care Food Program) guidelines.
- Exhibit strong organizational and kitchen management skills.
- Obtain and maintain a valid Food Manager's Card.
- Create and manage nutritious menus in compliance with program standards.
- Manage grocery and supply orders efficiently.
- Follow all kitchen procedures as outlined during orientation.
- Serve meals and snacks to children in a timely manner according to the schedule.
- Maintain clean, organized, and hazard-free kitchen and storage areas.
- Store food properly in accordance with CACFP and health regulations.
- Record refrigerator and freezer temperatures daily.
- Always practice proper food handling and hygiene.
- Ensure children are not served foods that pose choking hazards.
- Participate in all CCDF trainings, teleconferences, and relevant professional development.

##### **Required Knowledge, Skills, and Abilities**

- Ability to communicate and collaborate with TCC Staff and community members.
- Experience working with diverse populations, including Native American/Alaska Native communities.
- Knowledge of food safety, nutrition, and child dietary needs.

##### **Minimum Qualifications**

- Must pass drug employment screening and full background check.
- Must have TB and COVID-19 Vaccination.
- Hold a high school diploma or a general educational development certificate.
- Able to lift children weighing (50) pounds.
- Ability and willingness to complete CCDF - provided training, including (4) hours of Human Resources orientation, health and safety, classroom management and staff orientation, IHS and

Nevada Registry trainings are to be completed within the first (90) days of hire. Information about the training schedule will be provided.

- Possess or able to obtain a Food Handler’s Card or Food Management Card through our program.
- Possess or able to obtain CPR/First Aid Certification and other health & safety training courses through our program and the Nevada Registry.
- Incumbent must abide by the program’s standards of conduct - MBOP Employee Policy & Procedure.

### 2.6.2 Family Child Care

Briefly describe provider (director, caregiver, teacher, etc.) minimum qualifications: **Family Care Providers** care for infants and children up to (12) years of age, offering daily activities and supervision that support each child’s growth and development. Successful providers demonstrate compassion, patience, and a positive, nurturing approach to care.

#### Primary Responsibilities

- Provide basic care for children, including feeding, diapering, and grooming.
- Introduce children to age-appropriate activities that promote learning and development.
- Foster a safe, loving, and stimulating environment conducive to emotional, social, and cognitive growth.
- Model healthy eating habits and proper table manners during mealtimes.
- Encourage positive behavior, social skills, and good manners.
- Use a variety of learning methods such as, storytelling, games, music, art, and to engage to intellectually stimulate children.
- Sanitize toys, play areas, and all materials regularly to maintain a clean and safe environment.
- Care does not exceed (5) days a week to (9) hour days.
- Care for (1) caregiver does not exceed (6) children at a time.

#### Professional Expectations

- Must be over the age of (18)
- Have a valid Identification card or Driver's License
- Pass a full background check
- If the home includes other adults residing in the home, they are also required to undergo a full background check
- Obtain First Aid/AED & CPR Certifications
- Attend the initial orientation to complete paperwork and undergo training on the (11) Health & Safety Standards
- Participate in all monitoring and inspection expectations
- Understand that they are considered "Mandated Reporters"

### 2.6.3 In-Home Care

Briefly describe provider (caregiver, teacher, etc.) minimum qualifications: **In-Home Providers** care for infants and children up to (12) years of age, offering daily activities and supervision that support each

child's growth and development. Successful providers demonstrate compassion, patience, and a positive, nurturing approach to care.

#### **Primary Responsibilities**

- Provide basic care for children, including feeding, diapering, and grooming.
- Introduce children to age-appropriate activities that promote learning and development.
- Foster a safe, loving, and stimulating environment conducive to emotional, social, and cognitive growth.
- Model healthy eating habits and proper table manners during mealtimes.
- Encourage positive behavior, social skills, and good manners.
- Use a variety of learning methods such as, as storytelling, games, music, art, and engage to intellectually stimulate children.
- Sanitize toys, play areas, and all materials regularly to maintain a clean and safe environment.
- Care does not exceed (5) days a week to (9) hour days.
- Care for (1) caregiver does not exceed (6) children at a time.

#### **Professional Expectations**

- Must be over the age of (18)
- Have a valid Identification card or Driver's License
- Pass a full background check
- Obtain First Aid/AED & CPR Certifications
- Attend the initial orientation to complete paperwork and undergo training on the (11) Health

#### **& Safety Standards**

- Participate in all monitoring and inspection expectations
- Understand that they are considered "Mandated Reporters"

## 2.7 Monitoring and Enforcement of Health and Safety Requirements

Tribal Lead Agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable CCDF and Tribal health and safety requirements.

This certification may include, but is not limited to, any systems used to ensure that providers meet health and safety requirements, any documentation required to be maintained by child care providers, and any other monitoring procedures to ensure compliance. Tribal Lead Agencies are subject to the provision at §98.42(b)(2) to require inspections of child care providers and facilities that receive CCDF program funds.

*Note: All relative provider information is entered in Section 2.1.*

## 2.7.1 Annual Inspections

Briefly describe the Tribal Lead Agency’s policies for annual inspections of CCDF providers for compliance with 1) health and safety and 2) fire safety requirements for the following categories of care (§98.42(b)(2)(ii)):

a. Center-based child care, including Tribally operated centers. Briefly describe: **Tribally Operated Center**

The MBOP Tribally Operated Child Care Center undergoes both announced and unannounced annual inspections conducted by the Indian Health Services (IHS) Office of Environmental and Engineering (OE&E). All inspection documentation is maintained by the TCC Health & Safety Department.

**State-Licensed Providers**

For providers licensed by the Nevada Division of Public and Behavioral Health’s Child Care Licensing Unit, the following procedures apply:

- Prior to enrolling children, the Tribal Child Care Program obtains a copy of the provider’s State Child Care License.
- A valid Nevada State Child Care License indicates that the provider has passed pre-licensing and routine annual inspections conducted by the state licensing agency.
- If a provider is inspected by multiple agencies (e.g., Southern Nevada Health District), all inspection records are collected and documented.
- The MBOP Tribal ChildCare Program obtains copies of their routine inspection reports from other agencies.
- Permanent licenses are issued annually and must be submitted before any payments are processed.
- Provisional licenses are issued monthly and must also be submitted prior to payment.
- The TCC Health & Safety Monitor tracks license expiration dates and notifies the appropriate TCC Case Manager when renewal is needed.

**Exempt Providers**

For providers exempt from state child care licensing:

- The TCC Health & Safety Department conducts its own pre-inspections and annual inspections.
- If infractions are found during an announced inspection, unannounced follow-up inspections are conducted until all issues are resolved.

Both center-based providers that are licensed and exempt undergo (2) inspections by the TCC Health & Safety Department every fiscal year.

**Complaint-Driven Inspections**

If a parent or guardian files a complaint about a provider (licensed or exempt), the Health & Safety Monitor will conduct an unannounced inspection to investigate the concern.

- b. Family child care. Briefly describe: **Family Care Provider Inspection Process**  
Family Care Providers are required to undergo a pre-inspection as part of their orientation with the TCC Health & Safety Department. This inspection must be completed before any child care services begin in the home.

**Pre-Inspection Preparation**

Prior to the inspection, providers receive a Care Package containing essential items to help them prepare their nursery and other designated child care areas. They are also given a Provider Home Care Self-Checklist, which outlines the specific standards and items that will be reviewed during the inspection.

**Ongoing Inspection Requirements**

Each Family Care Provider is required to complete the following inspections annually:

- One scheduled annual inspection
- One unannounced inspection (conducted with the provider’s permission)

These inspections ensure that the home environment remains safe, clean, and compliant with the program’s health and safety standards throughout the year.

- c. In-home care. Briefly describe: **In-Home Provider Inspection Process**  
In-Home Providers are required to undergo a pre-inspection as part of their orientation with the TCC Health & Safety Department. This inspection must be completed before any child care services begin in the home.

**Pre-Inspection Preparation**

Prior to the inspection, providers receive a Care Package containing essential items to help them prepare their nursery and other designated child care areas. They are also given a Provider Home Care Self-Checklist, which outlines the specific standards and items that will be reviewed during the inspection.

**Ongoing Inspection Requirements**

Each In-Home Provider is required to complete the following inspections annually:

- One scheduled annual inspection
- One unannounced inspection (conducted with the provider’s permission)

These inspections ensure that the home environment remains safe, clean, and compliant with the program’s health and safety standards throughout the year.

**2.7.2 Alternative Approach to Inspection Requirements**

Does the Tribal Lead Agency use an optional alternative approach to the inspection requirements (§98.83(d))?

Yes. Briefly describe the alternative monitoring approach to the inspections requirements and how it is comprehensive and protects the health and safety of children in care:

**Alternative Monitoring and Licensing Procedures**

**Virtual Monitoring Option**

In response to Tribal COVID-19 restrictions, the MBOP Tribal Child Care Program allows for virtual monitoring to be conducted by the TCC Health & Safety Monitor, with prior approval from the Project Director. This alternative approach ensures continued oversight while maintaining health and safety protocols.

#### Licensing Requirements

To receive payment from the MBOP Tribal Child Care Program, licensed child care centers must submit a copy of their current license issued by the Nevada Division of Public and Behavioral Health - Child Care Licensing Unit.

#### License Types and Submission Requirements

- Permanent Licenses: Issued annually and must be submitted before any payment is processed.
- Provisional Licenses: Issued monthly and must also be submitted prior to payment.
- The TCC Health & Safety Monitor tracks license expiration dates and notifies the appropriate Case Manager when renewal is needed.

#### Monitoring and Inspection Requirements

In accordance with [48 C.F.R. Circular 98.42 (2016)], all licensed and exempt providers are subject to the following:

- One pre-licensing inspection
- One annual unannounced inspection

#### Alternative Monitoring Strategy

Per [45 C.F.R. Circular 98.83(d)(2)], the program may propose an alternative monitoring strategy under special circumstances. Even if a provider is exempt from licensing, they must still comply with the health and safety requirements outlined in the Child Care and Development Block Grant (CCDBG) Act.

MBOP Tribal ChildCare has several center-based providers that are exempt from child care licensing that are before/after school programs, summer camps, religious institutions, etc. The TCC Health & Safety Monitor will conduct the formal inspections (2) times a year.

#### The reason for the licensing exemption

- How the exemption does not compromise the health, safety, or development of children
- Details about the provider category, care setting, hours of operation, and child-to-teacher ratio

#### Minimum Health and Safety Standards

In compliance with [45 C.F.R. Circular 98.41(a)], providers must have policies or plans addressing the following (11) minimum safety standards:

- Prevention and control of infectious diseases (including immunizations)
- Safe sleep practices and prevention of SIDS
- Medication administration with parental consent
- Emergency response to food and allergic reactions
- Building and physical premises safety (including water and traffic hazards)
- Prevention of shaken baby syndrome and child maltreatment

- Emergency preparedness for natural or man-made disasters
- Safe handling and disposal of hazardous materials and bio-contaminants
- Safe transportation practices (if applicable)
- Pediatric First Aid and CPR
- Recognition and reporting of child abuse and neglect

**Additional Health and Safety Topics**

- Nutrition and physical activity
- Access to physical activity
- Caring for children with special needs

**Compliance and Enforcement**

- Providers with provisional licenses are subject to additional inspections if infractions are noted.
- Formal complaints submitted to the MBOP Tribal ChildCare Program will trigger an unannounced inspection.
- A compliance timeline may be granted during licensing transitions. A certificate will be issued to allow continued payment while ensuring progress toward full compliance.

No.

## 2.8 Monitoring Inspectors

Tribal Lead Agencies must ensure individuals who are hired as inspectors or monitors are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in §98.41(a)(1) and all aspects of the requirements detailed in Sections 2.3 and 2.4. Tribal Lead Agencies must also ensure the ratio of inspectors or monitors to child care providers and facilities is maintained at a level sufficient to conduct effective inspections of child care providers and facilities on a timely basis in accordance with Tribal, federal, state, and local laws.

### 2.8.1 Qualifications for Inspectors or Monitors to Inspect Facilities and Providers

Does the Tribal Lead Agency have policies that ensure individuals who inspect child care facilities have the expertise, experience, or education, as determined by the Tribal Lead Agency, to comprehensively conduct inspections to protect the health and safety of children in care (§98.42(b)(1))?

Yes.

No.

### 2.8.2 Inspectors or Monitors Training on Health and Safety Requirements

Does the Tribal Lead Agency train inspectors or monitors on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (§98.42(b)(1))?

Yes.

No.

### 2.8.3 Ratio of Inspectors or Monitors to Child Care Providers

Does the Tribal Lead Agency have policies to ensure the ratio of inspectors to child care providers and facilities is maintained at a level sufficient to enable the Tribe to conduct effective inspections on a timely basis (§98.42(b)(3))?

Yes.

No.

## 2.9 Comprehensive Background Checks

All Tribal Lead Agencies are required to conduct comprehensive background checks for employed and prospective staff members of all child care programs eligible to deliver CCDF services.

Comprehensive background checks must include three in-state checks, two national checks, and three interstate checks if the individual lived in another state or territory in the preceding five years. The background check components must be completed at least once every five years.

A Tribal Lead Agency may choose to conduct comprehensive background checks itself, partner with one or more states to complete the checks, or use alternative approaches.

Tribes may propose an alternative approach for assessing criminal history, sex offender status, and child abuse and neglect history. The alternative approach is subject to ACF approval, and ACF will not approve approaches with blanket exemptions that bypass the intent of protecting children's safety.

For the following categories of care, select the methods the Tribal Lead Agency uses to meet the comprehensive background check requirements. If using alternative approaches, the Tribal Lead Agency must describe how the alternative approaches selected are comprehensive and ensure the health and safety of children in child care in 2.17.

*Note: Relative provider background check methods are described in Section 2.1 (§98.16(o); §98.43(b); §98.83(d)(3); §98.83(f)(3)).*

### 2.9.1 Comprehensive Background Checks for Center-Based Care

Choose the method for conducting each of the eight components the Tribal Lead Agency uses for center-based care, including Tribally operated centers.

- a. Criminal registry or repository using fingerprints in the current state of residency (§98.43(b)(3)(i)):
  - i.  State agency conducts a criminal history check on behalf of the Tribal Lead Agency
  - ii.  Tribal Lead Agency uses access to a state criminal registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, briefly describe how each method is utilized:
- b. Sex offender registry or repository check in the current state of residency (§98.43(b)(3)(ii)):

- i.  State agency conducts a sex offender registry check on behalf of the Tribal Lead Agency
  - ii.  Tribal Lead Agency uses access to a state sex offender registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- c. Child abuse and neglect registry and database check in the current state of residency (§98.43(b)(3)(iii)):
- i.  State agency conducts a child abuse and neglect registry check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state child abuse and neglect registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- d. Federal Bureau of Investigation (FBI) fingerprint check (§98.43(b)(1)):
- i.  State agency conducts an FBI fingerprint check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses a state's access to the FBI NGI System (a P.L. 92-544 state statute or a state's discretion under the NCPA/VCA)
  - iii.  U.S. Department of Justice (DOJ) Tribal Access Program (TAP)
  - iv.  FBI-approved channeler
  - v.  Hard copy fingerprint cards mailed to the FBI
  - vi.  Alternative approach: Third-party vendor
  - vii.  Alternative approach: Other. Describe:
- e. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search (§98.43(b)(2)):
- i.  State agency conducts an NCIC NSOR check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses a state's access to the NCIC NSOR name-based records
  - iii.  Alternative approach: FBI fingerprint check (which includes an automatic check the of the NCIC NSOR fingerprint records)
  - iv.  Alternative approach: Third-party vendor
  - v.  Alternative approach: Private or public sex offender registry. Describe:
  - vi.  Alternative approach: Other. Describe:

- f. Criminal registry or repository in the previous state of residency (in the past five years) (§98.43(b)(3)(i)):
  - i.  State agency conducts criminal history check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state criminal registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- g. Sex offender registry or repository check in the previous state of residency (in the past five years) (§98.43(b)(3)(ii)):
  - i.  State agency conducts a sex offender registry check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state sex offender registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- h. Child abuse and neglect registry and database check in the previous state of registry (in the past five years) (§98.43(b)(3)(iii)):
  - i.  State agency conducts child abuse and neglect registry check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state child abuse and neglect registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:

### 2.9.2 Comprehensive Background Checks for Family Child Care

Choose the method the Tribal Lead Agency uses for conducting each of the eight components for family child care:

The Tribal Lead Agency uses the same approach for comprehensive background checks as listed for center-based care as listed in 2.9.1. **(If checked, skip 2.9.2a-h.)**

The Tribal Lead Agency uses a different approach for comprehensive background checks for family

child care as listed in 2.9.1.

- a. Criminal registry or repository using fingerprints in the current state of residency (§98.43(b)(3)(i)):
  - i.  State agency conducts a criminal history check on behalf of the Tribal Lead Agency
  - ii.  Tribal Lead Agency uses access to a state criminal registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- b. Sex offender registry or repository check in the current state of residency (§98.43(b)(3)(ii)):
  - i.  State agency conducts a sex offender registry check on behalf of the Tribal Lead Agency
  - ii.  Tribal Lead Agency uses access to a state sex offender registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- c. Child abuse and neglect registry and database check in the current state of residency (§98.43(b)(3)(iii)):
  - i.  State agency conducts a child abuse and neglect registry check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state child abuse and neglect registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- d. Federal Bureau of Investigation (FBI) fingerprint check (§98.43(b)(1)):
  - i.  State agency conducts an FBI fingerprint check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses a state's access to the FBI NGI System (a P.L. 92-544 state statute or a state's discretion under the NCPA/VCA)
  - iii.  U.S. Department of Justice (DOJ) Tribal Access Program (TAP)
  - iv.  FBI-approved channeler

- v.  Hard copy fingerprint cards mailed to the FBI
  - vi.  Alternative approach: Third-party vendor
  - vii.  Alternative approach: Other. Describe:
- e. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search (§98.43(b)(2)):
- i.  State agency conducts an NCIC NSOR check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses a state's access to the NCIC NSOR name-based records
  - iii.  Alternative approach: FBI fingerprint check (which includes an automatic check the of the NCIC NSOR fingerprint records)
  - iv.  Alternative approach: Third-party vendor
  - v.  Alternative approach: Private or public sex offender registry. Describe:
  - vi.  Alternative approach: Other. Describe:
- f. Criminal registry or repository in the previous state of residency (in the past five years) (§98.43(b)(3)(i)):
- i.  State agency conducts a criminal history check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state criminal registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- g. Sex offender registry or repository check in the previous state of residency (in the past five years) (§98.43(b)(3)(ii)):
- i.  State agency conducts a sex offender registry check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state sex offender registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- h. Child abuse and neglect registry and database check in the previous state of registry (in the past five years) (§98.43(b)(3)(iii)):
- i.  State agency conducts a child abuse and neglect registry check on behalf of the Tribal Lead Agency

- ii.  The Tribal Lead Agency uses access to a state child abuse and neglect registry or repository. It submits and receives information. List the state(s):
- iii.  Alternative approach: Third-party vendor
- iv.  Alternative approach: Tribal database or repository. Briefly describe:
- v.  Alternative approach: Other. Describe:
- vi. If two or more methods are checked, describe how each method is utilized:

### 2.9.3 Comprehensive Background Checks for In-Home Care

Choose the method for conducting each of the eight components the Tribal Lead Agency uses for in-home child care:

The Tribal Lead Agency uses the same approach for comprehensive background checks for in-home care as listed in 2.9.1 or 2.9.2: **(If checked, skip 2.9.3a-h.)**

Center-based care

Family child care

The Tribal Lead Agency uses a different approach for comprehensive background checks for in-home care as listed in 2.9.1 or 2.9.2.

- a. Criminal registry or repository using fingerprints in the current state of residency (§98.43(b)(3)(i)):
  - i.  State agency conducts a criminal history check on behalf of the Tribal Lead Agency
  - ii.  Tribal Lead Agency uses access to a state criminal registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- b. Sex offender registry or repository check in the current state of residency (§98.43(b)(3)(ii)):
  - i.  State agency conducts a sex offender registry check on behalf of the Tribal Lead Agency
  - ii.  Tribal Lead Agency uses access to a state sex offender registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:

- c. Child abuse and neglect registry and database check in the current state of residency (§98.43(b)(3)(iii)):
  - i.  State agency conducts a child abuse and neglect registry check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state child abuse and neglect registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- d. Federal Bureau of Investigation (FBI) fingerprint check (§98.43(b)(1)):
  - i.  State agency conducts an FBI fingerprint check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses a state’s access to the FBI NGI System (a P.L. 92-544 state statute or a state’s discretion under the NCPA/VCA)
  - iii.  U.S. Department of Justice (DOJ) Tribal Access Program (TAP)
  - iv.  FBI-approved channeler
  - v.  Hard copy fingerprint cards mailed to the FBI
  - vi.  Alternative approach: Third-party vendor
  - vii.  Alternative approach: Other. Describe:
- e. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search (§98.43(b)(2)):
  - i.  State agency conducts an NCIC NSOR check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses a state’s access to the NCIC NSOR name-based records
  - iii.  Alternative approach: FBI fingerprint check (which includes an automatic check the of the NCIC NSOR fingerprint records)
  - iv.  Alternative approach: Third-party vendor
  - v.  Alternative approach: Private or public sex offender registry. Describe:
  - vi.  Alternative approach: Other. Describe:
- f. Criminal registry or repository in the previous state of residency (in the past five years) (§98.43(b)(3)(i)):
  - i.  State agency conducts a criminal history check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state criminal registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:

- v.  Alternative approach: Other. Describe:
- vi. If two or more methods are checked, describe how each method is utilized:
- g. Sex offender registry or repository check in the previous state of residency (in the past five years) (§98.43(b)(3)(ii)):
  - i.  State agency conducts a sex offender registry check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state sex offender registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:
- h. Child abuse and neglect registry and database check in the previous state of registry (in the past five years) (§98.43(b)(3)(iii)):
  - i.  State agency conducts a child abuse and neglect registry check on behalf of the Tribal Lead Agency
  - ii.  The Tribal Lead Agency uses access to a state child abuse and neglect registry or repository. It submits and receives information. List the state(s):
  - iii.  Alternative approach: Third-party vendor
  - iv.  Alternative approach: Tribal database or repository. Briefly describe:
  - v.  Alternative approach: Other. Describe:
  - vi. If two or more methods are checked, describe how each method is utilized:

## 2.10 Comprehensive Background Checks for Household Members in Family Child Care

**(If the Tribal Lead Agency offers family child care, it is required to complete this section.)**

For family child care, the comprehensive background check requirement includes the caregiver and household members (i.e., any other adults residing in the family home child care who are age 18 or older). ACF recognizes that completing all eight comprehensive background checks for household members may be burdensome for Tribes and will consider an alternative approach of at least one background check or completing some of the required checks. Tribal Lead Agencies who use this alternative approach must indicate which background checks apply to household members and must justify the alternative approach in section 2.17 (§98.43(a)(2)(ii)(C)).

### 2.10.1 Comprehensive Background Checks for Household Members

What comprehensive background check components are required for family child care household members over 18 years of age?

All eight required components are required using the methods listed in 2.9.2 for family child care.

An alternative approach to what is listed in 2.9.2 that includes a combination of the following components. Check those that apply:

- a.  Criminal registry or repository using fingerprints in the current state of residency
- b.  Sex offender registry or repository check in the current state of residency
- c.  Child abuse and neglect registry and database check in the current state of residency
- d.  Federal Bureau of Investigation (FBI) fingerprint check
- e.  National Crime Information Center National Sex Offender Registry (NCIC NSOR) name-based search
- f.  Criminal registry or repository in the previous state of residency (in the past five years)
- g.  Sex offender registry or repository check in the previous state of residency (in the past five years)
- h.  Child abuse and neglect registry and database check in the previous state of residency (in the past five years)

## 2.11 Disqualifying Crimes for Employment Eligibility

The Tribal Lead Agency must determine child care staff members (including prospective child care staff members) ineligible for employment or to deliver services if convicted of a felony for any of the following crimes specified in §98.43(c)(1)(iv): murder, child abuse or neglect, a crime against children, including child pornography, spousal abuse, a crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, a drug-related offense committed during the preceding five years, or has been convicted of a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, and sexual assault, or of any misdemeanor involving child pornography.

The Tribal Lead Agency must also determine a child care staff member or prospective child care staff member **ineligible** for employment for any components in §98.43(c)(1)(i) through §98.43(c)(1)(iii):

- refuses to consent to a background check,
- knowingly makes materially false statements in connection with the background check, or
- is registered, or is required to be registered, on the state/territory sex offender registry or repository or the National Sex Offender Registry (NSOR).

**(If the Tribal Lead Agency only uses state systems for comprehensive background checks, it is not required to complete this section.)**

### 2.11.1 Disqualifying Crimes for Employment Eligibility

- a. Does the Tribal Lead Agency determine child care staff members or prospective child care staff members **ineligible** for child care employment or to deliver services based on conviction for crimes and other factors listed in §98.43(c)(1)?  
 Yes.  
 No.
- b. Does the Tribal Lead Agency have additional crimes for which it determines individuals **ineligible** for child care employment or to deliver services?  
 Yes. List additional disqualifying crimes:  
 No.
- c. Does the Tribal Lead Agency use an alternative approach that implements less than a lifetime ban for offenses that are not crimes against children?  
 Yes. Briefly describe the alternative approach:  
 No.

### 2.11.2 Felony Drug Offense Review Process

Does the Tribal Lead Agency have a review process for a felony drug offense committed within the preceding five years to determine if that individual is still eligible for employment (§98.43(e)(4))?

Yes. Briefly describe:

No.

## 2.12 Fees

The Tribal Lead Agency may not charge fees that exceed the actual costs of processing applications and administering a comprehensive background check, regardless of whether the checks are conducted by the Tribe, a state, or a third-party vendor or contractor.

**(If the Tribal Lead Agency only uses state systems for comprehensive background checks, it is not required to answer this section.)**

### 2.12.1 Fees

Does the Tribal Lead Agency ensure that fees charged for completing the background check reflect the actual cost of processing and administration (§98.43(f))?

Yes.

No. If no, briefly describe the cost to the Tribal Lead Agency of processing and administering the background check and the amount charged to the applicant:

Not applicable. The Tribal Lead Agency does not charge fees for background checks.

## 2.13 Timeliness in Returning Employment Determination Results

The Tribal Lead Agency must conduct comprehensive background checks as quickly as possible and provide employment determination results to the provider and to the current or prospective staff member within 45 days after the provider submitted the request. The request must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years (§98.43(d)(2)(ii)).

Tribal Lead Agencies have the flexibility to make employment determination decisions for provisional hires if not all background check components are completed within 45 days.

**(If the Tribal Lead Agency only uses state systems for comprehensive background checks, it is not required to answer this section.)**

### 2.13.1 Timeliness in Returning Employment Determination Results

Does the Tribal Lead Agency provide employment determination results to the provider and current or prospective staff member within 45 days (§98.43(e)(1))?

Yes.

No, there are barriers in providing employment determination results within 45 days. Describe the barriers:

No, the Tribal Lead Agency proposes an alternative approach to providing employment determination results within 45 days. Describe the alternative approach:

### 2.13.2 Renewal of the Comprehensive Background Check

Does the Tribal Lead Agency conduct the comprehensive background check at least every five years for all required components for all applicable categories of care (§98.43(d)(2)(ii))?

Yes.

No.

## 2.14 Provisional Hire

Before prospective staff members may provide services or be near children, Tribal Lead Agencies must receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual lives. Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

### 2.14.1 Provisional Hire

Does the Tribal Lead Agency allow a provisional hire to begin work before a qualifying result from an FBI fingerprint criminal check or an in-state fingerprint-based criminal history check (§98.43(d)(4))?

No.

Yes. If yes, answer the following questions:

- a. Does the Tribal Lead Agency require a qualifying result from the FBI fingerprint check or state/Tribal criminal checks before a provisional hire begins work with children?

Yes.

No.

No, proposing an alternative approach. Describe the alternative approach:

- b. Does the Tribal Lead Agency require a provisional hire to be supervised by staff with a qualifying result for the comprehensive background check while awaiting results from all components of the comprehensive background check?

Yes.

No.

No, proposing an alternative approach. Describe the alternative approach: .

## 2.15 Privacy of Comprehensive Background Check Results

Tribal Lead Agencies must ensure privacy by providing the results of the background check to the child care provider (i.e., employer) in a statement that only indicates whether a child care staff member (including staff member, prospective staff member, or household member) is eligible or ineligible for employment, without revealing any detailed information of criminal history, disqualifying crimes, or other related information regarding the individual. The Tribal Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data does not include personally identifiable information (§98.43(e)(2)(iii)). ACF will consider alternative approaches that allow some information to be shared with the child care provider.

*Note: This provision is subject to limitations in FBI policy and state or Tribal privacy requirements, which may prevent the release of information. Tribal Lead Agencies must justify any alternative approach.*

**(If the Tribal Lead Agency only uses state systems for comprehensive background checks, it is not required to answer this section.)**

### 2.15.1 Privacy of Comprehensive Background Check Results

Does the Tribal Lead Agency certify it provides employment determination results to the provider without revealing any specific/detailed criminal history about the child care staff member (including staff member, prospective staff member, or household member) (§98.43(e)(2)(i))?

Yes.

No. Describe the alternative approach:

## 2.16 Appeals for Child Care Staff

Tribal Lead Agencies must have a process that allows an individual (including staff member, child care staff member, prospective staff member, or household member) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

**(If the Tribal Lead Agency only uses state systems for comprehensive background checks, it is not required to answer this section.)**

### 2.16.1 Appeals Process

Does the appeals process:

- a. Provide the affected individual with information in writing related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal (§98.43(e)(2)(ii))?  
 Yes.  
 No.
- b. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if the individual wishes to challenge the accuracy or completeness of the information contained in such individual's background check report (§98.43(e)(3)(ii))?  
 Yes.  
 No.
- c. Ensure the Tribal Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime (§98.43(e)(3)(iii))?  
 Yes.  
 No.
- d. Get completed in a timely manner (§98.43(e)(3)(iv))?  
 Yes.  
 No.
- e. Ensure the affected individual receives written notice of the decision (§98.43(e)(3)(v))?  
 Yes.  
 No.
- f. In the case of a negative determination, the decision must indicate (1) the Tribal Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct records at issue in the case (§98.43(e)(3)(v))?  
 Yes.  
 No.

## 2.17 Justification for Alternative Approaches

**(If the Tribal Lead Agency only checks preapproved methods in 2.9-2.15, it is not required to answer 2.17.1-2.17.2.)**

Tribal Lead Agencies may use alternative approaches to complete all eight of the comprehensive background checks (Plan question 2.9); the implementation of less than lifetime bans for offenses that are not crimes against children (2.11); the policies that allow longer than 45 days to conduct comprehensive background checks (2.13); provisional hire (2.14); or any private information shared with the child care provider (i.e., employer) (2.15), as applicable.

OCC will consider alternative approaches in cases where the Tribe does not have authority or access to conduct a particular component of the check, particularly in cases where staff are not Tribal employees (e.g., staff of family child care providers or center-based providers receiving vouchers/certificates).

In the question below, describe how the alternative approach(es) selected in Plan questions 2.9-2.16 are comprehensive and ensure the health and safety of children in child care, as applicable.

### 2.17.1 Barriers in Completing CCDF Background Checks

What are the issues or barriers in completing the required CCDF background checks using approved methods? Check those that apply:

- Does not have the authority under the CCDF statute to conduct a NCIC NSOR name-based search.
- No direct authority under the CCDF statute to conduct an FBI fingerprint check.
- No existing formal or informal MOU or MOA with a state to access criminal or child abuse databases for CCDF purposes.
- Other. Describe:

### 2.17.2 Justification for Alternative Approaches

Describe how the alternative approach(es) in Plan questions 2.10-2.15 are comprehensive and ensure the health and safety of children in child care:

### 3 Quality Improvement

The quality of child care affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan of a child. Tribal CCDF quality funds can be used in a broad variety of ways to improve the quality of child care for all children in care, including for culturally relevant activities, to meet the unique needs of Tribal children, families, and communities. Tribal Lead Agencies may use CCDF for quality improvement activities for all Indian children in care in the defined service area, not just those receiving child care subsidies.

Required Minimum for Quality Spending		
	Tribal Lead Agencies with Small Allocations	Tribal Lead Agencies with Medium and Large Allocations
Quality Set-Aside*	9%	9%
Infant-Toddler*	NA	3%
Total Quality*	9%	12%

*\*Does not apply to discretionary base amount.*

#### 3.1 Quality Activities Needs Assessment Methodology

##### 3.1.1 Quality Activities Needs Assessment Methodology

How did the Tribal Lead Agency assess needs to identify goals and activities to improve quality? Check those that apply:

- a.  Parent, family, community, or Tribal meetings
- b.  Self-assessments
- c.  Surveys to families, providers, and Tribal leadership
- d.  Site visits and/or monitoring inspection visits
- e.  Community assessments
- f.  Other. Describe:

## 3.2 Quality Improvement Goals and Activities

CCDF quality set-aside funds must be used on *at least one of ten quality improvement activities* described in CCDF regulations and may include supporting preservation and revitalization of Indigenous language and culture in child care programs. The quality activities must be aligned with the Tribal Lead Agency’s assessment of the service area’s need to carry out such services and care. The Tribal Lead Agency may describe activities currently underway, planned, or expected during the three-year Plan period (§98.53(a)).

### 3.2.1 Quality Improvement Activities

Identify the Tribal Lead Agency’s plans to spend CCDF funds for selected quality improvement activities.

Check at least one quality activity:

- a. **[x] Training and Professional Development:** This category supports the training and professional development of the child care workforce. For example, the Tribal Lead Agency could fund training for required health and safety training topics, language and literacy, promotion of child development, family engagement, implementation of developmentally appropriate and culturally and linguistically responsive instruction, or more.

Briefly describe: The Indian Health Service (IHS) provides a Pre-Service virtual training, for the following topics that are conducted annually for all TCC Staff and In-Home/Family Care Providers:

- Building Safety, Maintenance, & Functional Design
- Injury Prevention in Children’s Environment
- Fire Safety
- Emergency Management
- Communicable Disease Control
- Hazard Communication
- Bloodborne Pathogens
- COVID-19 Guidance

All TCC Staff and In-Home/Family Care Providers undergo the following courses to stay in compliance, which require a fee to purchase:

- First Aid/CPR Training
- AED Training
- Food Handlers & Food Managers Certifications ☑ for the Tribally Operated Center Staff only

At the Tribally Operated Center, all teachers participate in monthly training sessions during Staff Development Day. These sessions are coordinated by the TCC Assistant Director and focus on topics tailored to meet the specific needs of our program for childhood development topics, with support from the Children’s Cabinet. Furthermore, all staff at our Tribally Operated Center are required to complete quarterly childhood development training provided by the State of Nevada Registry. Our program also supports TCC Staff who are interested in obtaining their Child Development Associate (CDA) certification, which is available through the Nevada Registry.

MBOP Tribal ChildCare currently has staff enrolled in the Tribal Child Care Development program at Northwest Indian College to pursue their associate degrees in early childhood education. These classes are offered virtually through the Canvas online platform, and staff attend on a semester basis. This opportunity supports professional growth in early childhood education for our team. For those interested in advancing their education beyond an associate degree, we have partnerships with two higher education institutions: the University of Nevada, Las Vegas (UNLV) and the College of Southern Nevada (CSN).

The TCC Staff at the Tribally Operated Center participate in refresher courses with Teaching Strategies to enhance their knowledge of childhood development and optimize lesson instruction and implementation in the classroom. Each teacher also has access to a range of additional resources and professional development opportunities included in the Teaching Strategies package.

MBOP Tribal ChildCare utilizes Teaching Strategies for the following:

1. Whole-child curriculum connected to assessment to individualize learning
2. Data and reporting to inform instruction and drive program efficacy
3. Incorporates all essentials for transformative family engagement
4. Intentional support for every professional development need, from beginner to expert

TEACHING STRATEGIES INCLUDES:

- Whole-Child Curriculum

- Infant Curriculum
- Toddler Curriculum
- Twos Curriculum
- Preschool Curriculum
- Pre-K Curriculum
- Family Child Care Curriculum
- Social-Emotional
- Social-Emotional Curriculum
- Building Trauma - Sensitive Classrooms
- Social - Emotional Product Bundle - AL'S PALS, READY ROSIE, NONI
- Assessment
- Observation-Based Assessment
- Family Engagement
- Family Engagement Platform
- Parenting Curriculum
- Center Management
- Professional Development
- PD for Teachers
- PD for Coaches
- CDA Training
- Early Literacy Certification
- All Professional Development
- Classroom Materials
- Classroom Materials Kits

The MBOP Tribal ChildCare Program's Tribally Operated Center participates in the Nevada Quality Improvement Tribal Model (QITM). Their vision is to provide quality early childhood education for all Native American children in Nevada. Through respectful and strong partnerships, Nevada's Quality Improvement Tribal Model works to equitably improve and sustain the early childhood system through quality coaching, continuous quality improvement, financial support, community engagement, and advocacy for the early childhood community to benefit families of young children in Nevada.

All TCC Staff are invited to submit requests for professional development and training opportunities that align with their roles and interests to enhance their job performance. This includes travel and participation in conferences relevant to child care settings for the program. MBOP Tribal ChildCare is in the process of establishing Additional Trainings to cover the remaining (6) of the (11) health and safety standards through a new vendor:

- Prevention of sudden infant death syndrome & use of safe sleep practices
- Administration of medication, consistent with standards for parental consent
- Prevention and response to emergencies due to food and allergic reactions
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Appropriate precautions in transporting children
- Recognition and reporting of child abuse and neglect

- b. **[x] Early Learning and Developmental Guidelines:** This category supports developing, maintaining, or implementing early learning and developmental guidelines. For example, the Tribal Lead Agency could fund staff trainings on child development and early learning guidelines, use of the state’s early learning guidelines, development or implementation of the Tribal Lead Agency’s own Tribally specific guidelines, or more.

Briefly describe: **In accordance with Section 3.21.1, Article a, MBOP Tribal ChildCare has implemented Teaching Strategies software at our Tribally Operated Center. This tool enables the tracking of key developmental milestones across age groups, providing benchmarks that can be shared with parents and guardians to support healthy child development.**

The software equips our teachers with a clear understanding of typical developmental expectations while also allowing them to monitor each child’s unique growth trajectory. Our curriculum aligns with established developmental guidelines, focusing on physical, cognitive, social-emotional, and language development. The lesson plans delivered by our educators are designed to foster these core areas, supporting each child’s individual learning journey through evidence-based strategies.

- c. **[x] Quality Rating and Improvement Systems (QRIS):** This category supports developing, implementing, or enhancing a quality improvement system. For example, the Tribal Lead Agency could fund participation in a state QRIS, collaboration with other Tribes to implement a QRIS or similar rating system, development of a Tribal QRIS or similar rating system, or more.

Briefly describe: In alignment with Section 3.21.1, Article a, MBOP Tribal ChildCare has adopted the Quality Improvement Tribal Model (QITM). This model emphasizes continuous quality enhancement without relying on assessment-based ratings or the publication of scores. Instead, a set of targeted tools is used to guide coaching, define quality frameworks, set goals, and track progress over time:

**Classroom Assessment Scoring System (CLASS):** This tool supports coaching efforts by focusing on the quality of staff-child interactions. Observations using CLASS help identify both strengths and areas for growth in teacher-child engagement, informing targeted professional development.

**Environmental Rating Scale (ERS):** ERS is used to assess and improve the classroom environment. Structured observations, it helps identify best practices for organizing classroom spaces and selecting appropriate materials to support learning.

**Stepping Stones to Caring for Our Children & Caring for Our Children (CFOC):** CFOC provides a comprehensive set of national standards based on evidence-based practices for health and safety in early childhood settings. Stepping Stones is a streamlined checklist derived from CFOC, focusing on the most effective practices preventing adverse outcomes. These standards are also referenced by the Indian Health Services during environmental surveys of tribal early education programs.

**Self-Assessment Tool:** This tool empowers educators to set and pursue quality goals that are meaningful to their specific classroom context. It allows teachers to reflect on their strengths and identify areas for growth, fostering continuous improvement. Additionally, the program includes both a Teacher Continuous Improvement Plan (CIP) and a Center Continuous Improvement Plan, informed by teacher self-assessments and family feedback surveys.

**Quality Domains in QITM:**

- Native Language Revitalization and Cultural Practices
- Maintenance of Health and Safety Practices
- Positive and Nurturing Interactions
- Learning Activities
- Language Literacy
- Professional Development
- Program Structure
- Family Engagement

- d. **[x] Supply and Quality of Services for Infants and Toddlers:** This category supports improving the supply and quality of child care services for infants and toddlers. For example, the Tribal Lead Agency could fund training and professional development to enhance child care providers' abilities to provide developmentally appropriate services for infants and toddlers, Indigenous language and culturally responsive practices for infants and toddlers, transparent and easy-to-understand consumer information about high-quality infant-toddler care that includes information on infant-toddler language, social-emotional, and early literacy and numeracy cognitive development, or more.

Briefly describe: In accordance with Section 3.21.1, Article a, MBOP Tribal ChildCare has implemented Teaching Strategies software at its Tribally Operated Center to support early childhood development. Our TCC staff are specifically assigned to work with infant and toddler age groups, delivering instruction aligned with early learning developmental guidelines and standards.

Teachers use anecdotal observations in combination with the Teaching Strategies GOLD assessment tool to track each child's progress. These insights are shared with parents and guardians during scheduled parent-teacher conferences to foster collaborative support for each child's growth. Throughout the day, educators also utilize ProCare to maintain real-time virtual communication with families, providing general updates, developmental milestones, and photographs that capture meaningful moments during care.

For families utilizing our subsidy 12-Month Certificate Program, families that require support or advocacy navigating the proper selection of a suitable child care facility is primary for families with infants and toddlers. Our program provides proper inspections through our TCC Health & Safety Department, and assigned TCC Case Managers to establish rapport to address any specific needs for their infant and/or toddler children.

MBOP Tribal ChildCare will provide resources for the following activities for infants and toddlers:

- Developmental Screenings: regular assessments to identify delays early through our partnerships with licensed specialists.
- Parent Education: MBOP Tribal ChildCare will begin the process of establishing workshops on child development, positive discipline, and early literacy.
- Home Visits: For our vulnerable populations for families with infants and toddlers, TCC Case Managers and the TCC Health & Safety Monitor will conduct visits to the homes of our families to ensure they have their essential needs. Our program will provide TCC Mini-Grants to families to help support a child's development (diapers, wipes, formula, car seats, car seat coolers, strollers, cribs, etc.) or connect them with resources we are unable to provide outside our scope.
- Assist with covering costs for vulnerable populations that need to seek supportive treatment services for children with special needs, with cooperating programs that provide therapy.

Recognizing the importance of early support, we also work closely with Nevada Early Intervention Services (NEIS) to assist infants and toddlers (birth to age three) with developmental delays or disabilities. NEIS offers a wide range of no-cost services, including:

- Specialized instruction
- Audiology
- Physical and occupational therapy
- Speech and language therapy
- Vision services

These services aim to help young children reach their full potential through education, resources, and family-centered support.

Early intervention is critical to a child's development, helping them learn, grow, and manage emotions in healthy ways. MBOP Tribal Child Care collaborates with several key organizations to ensure comprehensive support, including:

- Nevada Early Intervention Services (NEIS)

- The Children’s Cabinet (QITM-QRIS)
- Inclusive Education Coaches
- Nevada Department of Health and Human Services - Division of Child and Family Services
- Early Childhood Childcare Consultation Program

Together, we guide families through these formative years to promote long-term developmental success. If a family has concerns about their child’s development, the first step is to request an evaluation. Referrals can be initiated by MBOP Tribal Child Care, the family, the child’s physician, or another professional. Our team is available to assist families throughout the referral, evaluation, and service implementation process.

- e.  **Child Care Resource and Referral (CCR&R) Services:** This category supports establishing or expanding a system of CCR&R services. For example, the Tribal Lead Agency could fund partnerships with other Tribes to offer CCR&R services, incorporation of CCR&R services into the family intake process, use of a state CCR&R, or more.

Briefly describe:

- f.  **Licensing, Inspection, Monitoring, Training, Health, and Safety:** This category supports facilitating compliance with Tribal child care licensing, monitoring, inspection, and health and safety standards. For example, the Tribal Lead Agency could fund health and safety materials/equipment (e.g., carbon monoxide detectors, fencing, personal protective equipment), classroom materials and resources, conducting monitoring visits of child care providers, or more.

Briefly describe: Investments in health and safety quality improvement activities:

- Staff Training & Professional Development
- Health & Safety Equipment to In-Home/Family Care Providers, TCC Staff, and Center-Based Providers
- Facility Improvements
- Monitoring & Documentation Tools (technological equipment, printing, software, and record retention)
- External Services & Consultants
- Quality Improvement Mini-Grants for Providers
- Classroom Materials and Developmental Resources

#### **MBOP Tribal Child Care: Health & Safety Support for In-Home Providers**

As part of our commitment to maintaining safe and nurturing environments, MBOP Tribal Child Care provides comprehensive health and safety support to all In-Home/Family Care Providers.

#### **Initial Orientation & Health and Safety Kits**

During the initial orientation and training sessions conducted by the TCC Health and Safety Department, each In-Home/Family Care Provider receives a starter health and safety kit. This kit includes essential items to help providers meet basic safety standards in their care environments. The program purchases these items and keeps them in stock for new In-Home/Family Care Provider availability.

#### **Ongoing Monitoring & Support**

Throughout the year, the TCC Health and Safety Monitor conducts (2) home inspections to assess ongoing needs and offer additional support.

In-Home/Family Care Providers may also request additional services or materials. These requests are subject to:

- A formal assessment conducted by the TCC Health and Safety Monitor to review items of request to ensure they fall within our policy standards
- An inspection conducted by the TCC Health and Safety Monitor to ensure they address the needs of the request and the age ranges under their care
- Approval by the Project Director

This process is outlined in the MBOP Tribal Child Care Policy and Procedure Manual. We provide additional support for special requests for vulnerable populations.

#### **Grants & Mini-Grants for Center-Based Providers**

To further support providers, the Project Director may issue a formal letter announcing the availability of mini-grants for health and safety materials, equipment, classroom materials, and professional development. The TCC Health & Safety Monitor conducts inspections to assess the need to support center-based providers and before/after school programs. This letter includes:

- Grant details
- Submission guidelines
- A deadline for applications

Once applications are received, the TCC Upper Management Team reviews them in alignment

with the program's budget. If any award exceeds \$10,000, it must receive Tribal Council approval, in accordance with the Moapa Band of Paiutes Financial Policy. Approved mini-grants are formalized through an MBOP Tribal Resolution for documentation purposes. Award recipients receive a formal award letter outlining the procurement process. Items may be distributed by:

- Direct purchase from an authorized vendor, or
- Check-out to the provider for use with a designated vendor

#### **Classroom Materials & Developmental Resources**

At our Tribally Operated Center, we provide developmentally appropriate materials for infants, toddlers, preschoolers, and school-age children. Our learning environments include play centers that promote:

- Science exploration
- Reading and writing
- Cultural activities
- Dramatic play
- Critical thinking and problem-solving

These materials support social, emotional, physical, and cognitive development. We also utilize the CDC's developmental milestone tools to assess children's progress, identify areas of concern, and support smooth transitions between classrooms. This information is shared with families to ensure collaborative support. The TCC Health & Safety Monitor will collaborate with the TCC Assistant Director to ensure materials fall under those CDC developmental guidelines that best support the classroom needs.

#### **Other Licensing, Inspection, and Monitoring activities**

##### **Monitoring & Inspections**

1. **Quarterly Internal Audits** conducted by the TCC Health & Safety Monitor: Conduct self-assessments using state licensing checklists. Identify areas for improvement before official inspections.
2. **Peer Review Walkthroughs:** Invite TCC Center Staff to other child care programs to conduct informal reviews. Gain fresh perspectives and share best practices in comparison to what we do.
3. **Health & Safety Spot Checks:** Unannounced mini-inspections focused on hygiene, emergency preparedness (drills), and equipment safety in our Tribally Operated Center.
4. **Digital Monitoring Tools:** The use of Google Forms to track compliance tasks, maintenance schedules, and incident reports.
5. **Family Feedback Surveys:** Collect input from parents on cleanliness, safety, and communication. Use results to guide improvements.

##### **Licensing & Compliance**

1. **Licensing Readiness Binder:** Maintain a binder with all required documentation (staff credentials, fire drills, menus, etc.) for easy access during inspections.
2. **Staff Licensing Training:** Regularly train staff on licensing standards and updates. Include quizzes or role-play scenarios.
3. **Corrective Action Plans:** After any citation or finding, develop a written plan with timelines and responsibilities and submit to the Indian Health Service (IHS) Office of Environmental Health & Engineering Division of Environmental Health Services. All staff at the Tribally Operated Center will review citations and undergo the corrective action plan in response as a part of their training

for Staff Development Days.

4. **External Services & Consultants:** Resources and investments towards the need for external services and consultants for children with special needs or vulnerable populations for behavioral management conducted by licensed specialists.

5. **Policy & Procedure Reviews:** Schedule annual reviews of all policies to ensure alignment with current regulations and work with the Tribal Child Care Capacity Building Center (TCBC).

- g. **[x] Evaluating the Quality of Child Care Programs:** This category supports evaluating the quality of child care programs, including how programs positively impact children. For example, the Tribal Lead Agency could purchase quality assessment tools, implement surveys to collect provider or family input, conduct internal training on the use of quality evaluations, or more.

Briefly describe: **MBOP Tribal ChildCare will offer Mini-Grants to support center-based providers in investing in quality improvement. A Quality Rating and Improvement System (QRIS) is a structured approach to assess, improve, and communicate the quality of early care and education programs. QRIS systems use a set of defined standards to rate programs, helping parents compare different options and make informed choices. They also support continuous improvement for participating programs and their staff. Participating providers may be eligible to receive funding to assist with materials and professional development towards QRIS to either begin that process or improve their rating scale.**

- h. **[ ] Supporting Providers in the Voluntary Pursuit of Accreditation:** This category supports accreditation by an accrediting body with demonstrated, valid, and reliable program standards of high quality. For example, the Tribal Lead Agency could use accreditation guidelines as a quality measure, fund any aspect of national accreditation (e.g., accreditation from the National Association for the Education of Young Children or National Association for Family Child Care, or accreditation developed by a Tribal association), pay annual accreditation fees, or more.

Briefly describe:

- i. **[ ] High-Quality Program Standards:** This category supports Tribal or local efforts to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. For example, the Tribal Lead Agency could use Minimum Health and Safety Standards: A Guide for American Indian and Alaska Native CCDF Grantees, Caring for Our Children, Head Start Program Performance Standards, or more to develop or adopt high-quality program standards.

Briefly describe:

- j. **[x] Other Measurable Quality Improvement Activities:** This category supports other activities the Tribal Lead Agency will engage in to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry, including culturally relevant quality activities. For example, the Tribal Lead Agency could incorporate Tribal language into child care settings, offer culturally based training opportunities for families and providers, serve traditional Indigenous foods in child care programs, fund written materials, including newsletters, brochures, and checklists on child care topics, develop or participate in the Tribal Early Learning Initiative (TELI), or more. For more information about TELI, see Appendix 2.

Briefly describe: **12-Month Certificate Program (Subsidy) - Childcare Provider Selection Support**  
As part of the 12-Month Certificate Program (subsidy), TCC Case Managers are responsible for assisting parents and guardians in selecting appropriate childcare providers. The MBOP Parent Handbook includes a section titled "Center-Based Care," which offers a general overview of what families should consider when choosing a childcare center.

This section covers key topics such as:

- Understanding application requirements
- Background screening procedures
- Approaches to behavior management and guidance
- Environmental quality and safety
- Opportunities for family engagement
- Menu and nutrition standards
- Health and hygiene practices

This guidance serves as a practical checklist of questions and considerations that families can use when evaluating potential childcare providers. Additionally, TCC Case Managers may accompany parents or guardians on tours of childcare centers upon request and provide mileage reimbursements. This support ensures that families feel empowered to express their preferences and make informed decisions that align with their values and their child's developmental needs. For families opting for In-Home/Family Care childcare, our Health and Safety Department offers orientation and training to ensure providers are equipped with the knowledge and resources necessary to meet early childhood development standards.

#### Looking Ahead - Year 2 Initiative

In the second year of the program, we are developing parenting classes focused on childhood development. These classes will be available to all participants, equipping parents and guardians with the tools and knowledge to support their children's growth and learning at home. We are developing a comprehensive guide to support parents and guardians through a structured immersion process. This guide will include detailed lesson plans and engaging activities designed to facilitate learning and promote active participation in their child's development.

#### Year 3: Program Implementation and Evaluation

In the third year, we will launch the parenting immersion program and begin full implementation of the classes. Throughout the year, we will monitor participation and engagement and conduct a thorough evaluation at year's end to assess the program's impact and identify areas for improvement.

#### MBOP Tribal ChildCare - Ongoing Program Initiatives

MBOP Tribal ChildCare remains committed to supporting the well-being, development, and safety of children and families in our community. We aim to continue incorporating the following initiatives:

- MBOP Tribal ChildCare will continue to operate a satellite office in the greater Las Vegas area to serve urban families. This office is licensed under the City of Las Vegas as N31-NP Community Services.
- **Background Checks:** Cover background check fees for all TCC staff and In-Home/Family Care

#### **Providers.**

- **Professional Development:** Fund travel and related expenses for TCC staff to attend early childhood development trainings and conferences.
- **Memberships:** Pay for memberships in organizations that support childhood development to access valuable resources and benefits.
- **Car Safety:** Provide infant and booster car seats to families in need.
- **Water Safety:** Distribute summer swimming vouchers for children of all ages to promote swimming skills and pool safety.
- **Bike Safety:** Provide bikes and scooters to teach children of all ages about bike safety.
- **Summer Support:** Adjust subsidy payments to help families afford summer camps and programs.
- **Special Needs Support:** Partner with programs to assist with treatment costs (e.g., therapy from licensed specialists) for children with special needs, especially those from vulnerable populations.
- **Assistive Technology:** Provide assistive devices for children with special needs whose families face financial hardship.
- **Field Trips:** Organize educational and recreational field trips for children at the Tribally Operated Center.

#### **Community Engagement:**

- Submit children's art projects to the Clark County Fair and Rodeo.
- Host Girl Scouts of America at the Tribally Operated Center.
- Organize Tribal community events and activities throughout the year.
- Coordinate with the MBOP Family Advocate and support Youth Tribal Council activities.
- Host a back-to-school night in collaboration with the CCSD Indian Education Opportunities Program.
- Participate in outreach and other Tribal community events

#### **Transportation Support:**

- Bus passes are provided to vulnerable populations and In-Home/Family Care Providers.
- Transportation is arranged for families on the Moapa Reservation upon request.
- (4) Tribal vehicles support staff travel, trainings/conferences, program errands, service delivery, and inspections for TCC Staff.

#### **Software & Technology: Les Olson Company**

- Continue purchasing ProCare and Teaching Strategies software, including refresher courses for current and new staff.
- Server maintenance, upgrades, and equipment procurement.
- Subscriptions for: Microsoft 365 Business (TCC Staff), Microsoft Student (Public Computer Lab), Adobe (fillable PDFs, virtual signatures, media production), Proof Point (email security), and Sophos (VPN and encryption).
- Maintenance of Sharp printers at the Tribally Operated Center and Las Vegas Office.

All locations are connected to a centralized server for software, backups, internet, phones, and device repairs. MBOP maintains a domain through GoDaddy and operates a website: [www.mboptribalchildcare.org](http://www.mboptribalchildcare.org).

#### Facility Maintenance:

- Maintain contracts (e.g., with Cintas) for cleaning and sanitation services.
- Conduct building repairs and maintenance at the Tribally Operated Center and MBOP Reservation Office to meet health and safety standards.

MBOP Tribal ChildCare prioritizes the health and safety of all children in our care. Our annual investments in safety include:

1. **Pest Control:** Due to the rural setting of the Moapa Reservation, our centers are vulnerable to pests such as spiders, scorpions, cockroaches, and lizards. To address this:

- Monthly pest control services are scheduled and outlined in the Parent Handbook.
- Families receive formal notifications regarding pest control procedures and any temporary closures.
- One staff development day per month is designated to allow for proper ventilation before children return.

2. **Facility Insurance:** MBOP pays annual premiums to insure all childcare buildings. FirePro conducts yearly inspections of fire extinguishers at all three locations.

#### 3. Security Systems

All MBOP Tribal ChildCare locations are equipped with security systems:

- **Las Vegas Office:** Buzzer entry, doorbell access control, and a locking gate for overnight security.
- **Moapa Reservation Office:** Similar features with walk-in access during business hours.
- **Tribally Operated Center:** Camera system monitored by Tribal Police for incident documentation.
- **Sting Alarm** provides annual subscriptions for alarm and surveillance systems.
- Fire alarm systems at the Tribally Operated Center and the Reservation Office are monitored via emergency radio.

#### Cultural Activities

MBOP Tribal ChildCare has developed a comprehensive 10-unit Paiute language curriculum designed to introduce and reinforce Tribal language from infancy through school age. The curriculum begins with infants transitioning into the toddler stage and continues through all developmental stages within the program. Preschool and school-age children are encouraged to speak and identify words from the following themed lessons with a properly established pacing guide:

#### Language Curriculum Units:

1. Basic Paiute Greetings, Phrases, and Introductions
2. Animals
3. Body Parts (e.g., face, hands, arms, legs)
4. Place Settings and Time
5. Family Identification
6. Food
7. Elders and Cultural Items (stories, beliefs, and traditions)
8. Numbers

- 9. Weather
- 10. Colors

Children engage with the Paiute-translated version of *Brown Bear, Brown Bear, What Do You See?* by Bill Martin Jr. during story time. Classrooms also feature bilingual signage in both English and Paiute to reinforce dual-language exposure.

**Cultural Activities and Materials supported by the Paiute Cultural Curriculum:**

- Daily greetings and salutations with both children and parent/guardian(s).
- Crafts, Paiute songs and dances, and games are integrated into classroom activities.
- Flashcards, Word Wall, and stuffed animals labeled with Paiute words are used to support language learning.
- Bilingual signage is placed throughout the classroom to immerse children in both languages.
- Indigenous Meal Planning will be incorporated every week.
- Cultural Presentations and Performances by Tribal Elders or Tribal Community Members
- Cultural Field Trips
- Dance Classes: Lessons on traditional, fancy, grass, and jingle dress.
- Paiute Language Symposium and other culturally related events
- Specialized cultural events during Native American Heritage Month
- TCC Staff authorized to attend cultural trainings and conferences related to the development and improvement of our Paiute Cultural Curriculum
- Hire a contract service for an additional Cultural Specialist to assist in further development and improvement of our Paiute Cultural Curriculum

**Teacher Training and Implementation:**

The TCC Cultural Specialist is responsible for implementing the cultural curriculum and training other TCC Teachers. This ensures that all TCC Teachers are prepared to lead afternoon sessions or step in when needed. The Cultural Specialist also manages a variety of educational tools and resources to support language learning.

**Partnerships and Cultural Resource Development.** The TCC Cultural Specialist collaborates with:

- The MBOP Cultural Department
- The MBOP Cultural Committee
- The Paiute Language Classes Committee
- Participating MBOP Tribal Elders & other Tribal Community members

Together, they guide the development of culturally relevant activities and provide recommendations for classroom integration. The TCC Cultural Specialist also coordinates with Tribal community members to create traditional items such as ribbon skirts, ribbon shirts, drums, shawls, and gourds for children to use during cultural demonstrations and performances.

**Elder Involvement:**

Tribal Elders are invited to participate in classroom activities and read to children voluntarily, fostering intergenerational relationships and cultural continuity. Those who participate in cultural demonstrations are eligible for a stipend for their services per request. The Tribally Operated Center will plan events centered around activities at the MBOP Tribal Senior Center with the children.

**Cultural Center Sessions:**

The Tribally Operated Center offers both morning and afternoon Cultural Center sessions for all enrolled children:

- The morning session, led by the TCC Cultural Specialist.
- The afternoon session is led by a designated TCC Teacher and reinforces morning lessons.

**Family and Provider Engagement:**

MBOP Tribal ChildCare also offers culturally based training opportunities for families and providers to support language and cultural learning at home through newsletters and parent/guardian handouts. In-Home/Family Care Providers are also invited, along with the Tribal Community to attend our cultural related events hosted by the Tribally Operated Center.

## PART II: TRIBAL LEAD AGENCIES WITH SMALL ALLOCATIONS

### 4 Direct Services

Tribal Lead Agencies with small allocations do not have to offer direct services to children, but CCDF funds must be used in alignment with the goals and purpose of CCDF (§98.1). If the Tribal Lead Agency chooses to offer direct services, it is exempt from requirements listed in Section 5: Child and Family Eligibility, Enrollment, and Continuity of Care, Section 6: Equal Access, and Section 7: Family Outreach and Consumer Education, but not from the requirements listed in §98.83(f).

#### 4.1 Direct Child Care Services

##### 4.1.1 Direct Child Care Services

Indicate if the Tribal Lead Agency will offer direct child care services.

Check the appropriate box below:

- Yes. The Tribal Lead Agency will offer direct child care services.
- No. The Tribal Lead Agency will not offer direct child care services. If no, this concludes the abbreviated CCDF Plan for Tribal Lead Agencies with small allocations.

**(If “No” is checked, skip 4.2.1-4.4.1. The application is complete.)**

#### 4.2 Direct Child Care Funding Methods

##### 4.2.1 Funding Methods

How does the Tribal Lead Agency provide direct child care services? Check those that apply:

- a.  Certificates and vouchers
- b.  Grants or contracts with approved child care providers (e.g., the Tribal Lead Agency uses grants or contracts for child care slots to increase the supply and prioritize children in underserved areas, infants and toddlers, children with disabilities [as defined by the Tribal Lead Agency], and children who receive care during nontraditional hours and/or to improve quality of child care programs)
- c.  Operational costs for a Tribally operated center. *Note: A Tribally operated center is a center owned and operated by a Tribe that delivers all or part of the Tribe’s child care services funded by CCDF.* Does the Tribal Lead Agency provide child care services exclusively through one or more Tribally operated centers?
  - Yes.
  - No.

### 4.3 Eligibility Criteria

Tribal Lead Agencies with small allocations who choose to provide direct child care services must at a minimum, limit eligibility to Indian children (as defined in Plan question 1.1.1) residing in the defined service area (as defined in Plan question 1.2.1). If the Tribal Lead Agencies have additional eligibility criteria, please describe below.

#### 4.3.1 Eligibility Criteria

Describe the Tribal Lead Agency's eligibility criteria:

### 4.4 Payment Rates

**(If "Yes" is checked in 4.2.1c, the Tribal Lead Agency is not required to answer this question.)**

#### 4.4.1 Provider Payments

Describe how the Tribal Lead Agency sets payment rates for each provider type:

The abbreviated CCDF plan for Tribal Lead Agencies with small allocations ends here.

## PART III: TRIBAL LEAD AGENCIES WITH MEDIUM AND LARGE ALLOCATIONS

### 5 Child and Family Eligibility, Enrollment, and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Tribal Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, a Tribal Lead Agency will identify how it defines eligible children and families and how the Tribal Lead Agency's eligibility and enrollment policies support equal access for eligible children and families.

#### 5.1 Basis for Determining Eligibility

***Tribal Lead Agencies with medium and large allocations*** must include the basis for determining family eligibility, in addition to children meeting the definition of Indian child in Plan question 1.1.1 and living within the service area in 1.2.1, through one of two options or a combination of both, as described below.

***Standard Eligibility.*** Tribal Lead Agencies implementing standard eligibility must determine eligibility for services pursuant to the criteria found in §98.20(a) and §98.81(b)(1)(ii). When eligibility is determined, children must (1) meet the Tribal Lead Agency's definition of Indian child, (2) reside in the Tribal service area, (3) be under age 13, and (4) reside with a parent or caregiver who is working, attending a job training or an educational program, or receive or need to receive protective services.

Per §98.81(b)(1)(ii), Tribal Lead Agencies have the option to disregard family income and assets as an eligibility requirement described under §98.20(a)(2). If the Tribal Lead Agency chooses to assess income or implement an asset limit, it is not required to limit family income to 85 percent of State Median Income (SMI) or family assets at \$1 million. Should the Tribal Lead Agency set an eligibility limit below 85 percent of SMI, it must implement policies required under §98.21 that are tied to the income requirement, including the implementation of a graduated phase-out process during re-determination (§98.21(b)) and continued assistance requirements (§98.21(a)(2)). Tribal Lead Agencies that set income limits above 85 percent SMI may establish a graduated phase-out or continued assistance policies but are not required to.

***Categorical Eligibility.*** If 100 percent of the Tribe's Median Income (TMI) is below 85 percent of the State Median Income (SMI), the Tribal Lead Agency has the ***option*** to consider any Indian child in the Tribe's service area to be eligible to receive CCDF program funds, regardless of a family's income, work, education, or training status, provided that the provision for services still goes to those with the highest need (§98.81(b)(1)(i)). Tribal Lead Agencies that use categorical eligibility must still ensure that children meet the Tribal Lead Agency's Indian child and service area definitions to be eligible for services. Tribal Lead Agencies that use categorical eligibility may create opportunities to align or partner CCDF programs with other Tribal early childhood programs, including Tribal home visiting, Early Head Start, Head Start, state-funded Pre-K, and Tribally funded Pre-K.

A Tribal Lead Agency that chooses to use categorical eligibility will receive the same funding allocation as if it had chosen to use standard eligibility thresholds. Additional funds will not be allocated.

**Combination of Categorical and Standard Eligibility:** Tribal Lead Agencies also have the *option* to use different criteria in different parts of the service area, or a Tribal consortium may establish different eligibility tracks based on the preferences of its participating Tribes.

#### 5.1.1 Basis for Determining Eligibility

Which option does the Tribal Lead Agency choose as the basis for determining child eligibility (§98.81(b)(1))?

- a.  Standard Eligibility
- b.  Categorical Eligibility in the entire service area
- c.  Categorical Eligibility in part of the service area

**(If “a” is checked, skip 5.1.3 and 5.1.4.)**

**(If “b” is checked, skip 5.2.2, 5.2.3, and 5.2.4.)**

#### 5.1.2 Timely Eligibility Documentation and Verification

Describe the policies in place for timely documentation and verification that children meet eligibility criteria at the time of eligibility determination and redetermination (§98.16(h)(10), §98.68(c)):

**Eligibility Determination Process for MBOP Tribal Child Care Program:**

The date the MBOP Tribal Child Care (TCC) application is signed marks the beginning of the eligibility determination period. TCC Case Managers work closely with the applicant and co-applicant to gather all required documentation within (60) days. During this eligibility phase, TCC Case Managers conduct an Orientation to explain program rules and responsibilities. They also complete an Intake Interview to build the family’s case profile and identify any additional needs, allowing for referrals to other supportive resources.

Our program operates under categorical eligibility. Families are informed that submitting documentation is necessary to verify their status, whether they are employed, attending school, job searching, or part of a vulnerable population. This information determines their placement on our sliding fee scale. Once all documentation is collected and verified, TCC Case Managers help families select their preferred type of care: center-based care (including before/after school programs), a Tribally Operated Center, Family Care Provider, or an In-Home Provider. A 12-Month Certificate is then issued and must be signed by the applicant, provider, and TCC Case Manager. This certificate includes either a Provider Payment Agreement (for center-based care) or an In-Home/Family Care Provider Payment Affidavit, which outlines the responsibilities of both the program and the provider regarding payment processing. Most families complete this process within (2) to (3) weeks. The (60) day window provides flexibility for families to finalize their plans and gather necessary documents. If an applicant fails to provide their documentation in that time frame, their case will be closed, but they have the option to reapply when they are ready. Families experiencing homelessness are exempt from the (60) day waiting period and are prioritized for expedited child care services. The only requirement is Tribal Verification, a free service in which TCC Case Managers sign a Release of Information (ROI) and contact the family’s tribe to confirm enrollment. TCC Case Managers also assist

these families in collecting any remaining documentation to complete their case file and refer out to supportive services.

**Annual Re-Determination:**

Re-Determinations are conducted annually to continue services. The expiration date is listed on the 12-Month Certificate. TCC Case Managers begin outreach (2) months prior to expiration to remind families of the upcoming Re-Determination process. In the final month, families are expected to complete the necessary paperwork to issue a new 12-Month Certificate.

### 5.1.3 Categorical Eligibility Demonstration

- a. Demonstrate that 100% of the Tribal Median Income (TMI) is below 85% of the State Median Income (SMI) for a family of four:
  - i. 100 percent of Tribal Median Income: **\$\$2,461.44/month** (must be less than 85 percent SMI)
  - ii. 85 percent of State Median Income: **\$\$5,230.68/month**
- b. What data sources were used for TMI and SMI?
  - i. Source data for TMI: **Moapa Band of Paiutes indicates that their General Welfare Assistance Program serves all Moapa Band of Paiutes Tribal Members of a total of \$21,600.00/year from ages (21) years of age to (55) years of age. The small population of Elders receives \$33,600.00/year. The majority of the Tribal Population relies on that assistance alone. The U.S. Census: My Tribal Area states that the Tribal Median Income at 100% is \$34,792.00/year. We calculated 85% of \$34,792.00/year to \$29,573.20/year, which makes \$2,461.44 a month.**
  - ii. Source data for SMI, including the name of the state: **Information was pulled from the U.S. Census Bureau website for Clark County, Nevada. The records indicate that the SMI at 100% is \$73,845.00/year. We calculated 85% of \$73,845.00/year to \$62,786.25/year which makes \$5,230.68 a month.**

### 5.1.4 Additional Eligibility Criteria

If utilizing categorical eligibility, the Tribal Lead Agency may add additional eligibility criteria in addition to the requirement of meeting the definition of Indian child, residing within the service area, and the child age limits.

Does the Tribal Lead Agency use additional *optional* eligibility criteria (§98.20(b))?

Yes, describe:

No.

## 5.2 Eligible Children and Families

### 5.2.1 Eligibility Criteria: Age of Children Served

Tribal Lead Agencies may provide child care assistance for Indian children less than 13 years of age in

the defined service area (§98.20(a)(1)). In addition, Tribal Lead Agencies can choose to serve a child under 19 and physically or mentally incapable of caring for himself or herself, or under court supervision (§98.20(a)(1)(ii)).

- a. The Tribal CCDF program serves eligible children from ages 6 weeks months[ ] years[ ] through age 12 weeks[ ] months[ ] years or under age 13.
- b. Does the Tribal Lead Agency allow CCDF-funded child care for a child age 13 and older but under 19 and physically or mentally incapable of caring for himself or herself?

[ ] No.

Yes, and the upper age limit is: **18** (may not equal or exceed age 19).

- i. Provide the Tribal Lead Agency's definition of physical and/or mental incapacity: **Special Needs Child: a youth who has been determined to require special attention and specific necessities that other children do not. The state may declare this status for the purpose of offering benefits and assistance for the child's well-being and growth. Child with a disability means a child evaluated in accordance with [§§300.304 through 300.311] as having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, and other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.**

**MBOP Tribal ChildCare will require documented verification for the case file to support the criteria for children with special needs. This documentation will allow TCC Case Managers to work with their child care providers on the determined level of care that meets the needs of special needs children and defines if the child requires personal care assistance above the age of (13).**

- c. Does the Tribal Lead Agency allow CCDF participation for a child age 13 and older but under 19 who is under court supervision?

[ ] No.

Yes, and the upper age limit is: **18** (may not equal or exceed age 19).

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

- i. Define "residing with" (§98.16(g)(5)): **Live in a home of a tribal member/descendant of a federally recognized tribe- The final rule specifies that a child must reside with parents, legal guardians, foster parents, or individuals acting in loco parentis (kinship). This includes applicant's the children, children under applicant's guardianship, foster children, step-children, and half-siblings. Children who are roommates with the applicant that are non-Native do not qualify.**
- ii. Define "in loco parentis" (§98.16(g)(9)): **In loco parentis means "in place of a parent," and refers to an individual who assumes parental status and responsibilities for a child. Individuals who are considered "loco parentis," must provide a notarized statement that they claim responsibility for the children.**

## 5.2.2 Eligibility Criteria: Reason for Care

Tribal Lead Agencies have broad flexibility in defining the work, training, educational activities, and protective services required to qualify for child care assistance. Tribal Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s).

How does the Tribal Lead Agency define the following for the purpose of determining eligibility (§98.16(g))?

- a. "Working":
- b. "Job training":
- c. "Education":
- d. "Attending" (a job training or educational program):
- e. Does the Tribal Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of children in, or in need of protective services (§98.20(a)(3)(ii))?  
 No.  
 Yes. If yes, provide the Tribal Lead Agency's definition of protective services by checking those below that are included (§98.16(g)(7)):
  - i.  Children in foster care
  - ii.  Children in kinship care
  - iii.  Children who are in families under court supervision
  - iv.  Children who are in families receiving supports or otherwise engaged with a child welfare agency
  - v.  Children participating in an early childhood or school-aged partnership (e.g., Tribal Early Head Start – Child Care Partnership, CCDF and school-aged care partnerships)
  - vi.  Children experiencing homelessness
  - vii.  Children whose family has been affected by a natural disaster
  - viii.  Other. Describe:
- f. Does the Tribal Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services (§98.17(g)(7))?  
 Yes.  
 No.

### 5.2.3 Eligibility Criteria: Income Limits

Tribal Lead Agencies do not need to consider family income in eligibility determinations but can choose to do so. Tribal Lead Agencies also have flexibility in defining family income and setting income limits. This flexibility allows for the exclusion or deduction of certain types of income from calculations of total family incomes and setting the income limit above 85% of the State Median Income (SMI). If a Tribal Lead Agency chooses to set the income limit for families above 85% SMI, it does not have to answer the graduated phase-out questions below.

- a. Does the Tribal Lead Agency use income to determine eligibility?  
 No. **(If checked, skip 5.2.3b-d.)**  
 Yes.
- b. What is the income eligibility percentage of TMI at the time of initial eligibility determination? If there are different percentages per family size, report a family size of three:
- c. If family income at the time of initial eligibility is below 85% TMI, does the Tribal Lead Agency certify that it has a graduated phase-out for families with incomes less than 85% TMI?  
 Yes. Describe the Tribal Lead Agency's graduated phase-out process, including methods for informing families and providers (§98.21(b)(1)):  
 No.  
 Not applicable.
- d. The Tribal Lead Agency processes for initial determination and redetermination must take into account irregular fluctuations in earnings (§98.21(c)).  
Check the processes that the Tribal Lead Agency uses to take into account irregular fluctuations in earnings:
  - i.  Average the family's earnings over a period of time (e.g., 12 months).
  - ii.  Request earning statements that are most representative of the family's monthly income.
  - iii.  Deduct temporary or irregular increases in wages from the family's income level.
  - iv.  Are there other ways the Tribal Lead Agency takes into account irregular fluctuations in earnings? Describe:

### 5.2.4 Additional Eligibility Criteria

The Tribal Lead Agency may establish **optional** additional eligibility criteria (§98.20(b)).

Does the Tribal Lead Agency establish additional eligibility criteria?

Yes. Describe:

No.

### 5.3 Application and Eligibility Determination/Redetermination Process

### 5.3.1 Reducing Barriers to Family Enrollment and Redetermination

The Tribal Lead Agency has the flexibility to consider a child presumptively eligible for up to three months and begin to receive child care subsidy prior to full documentation and eligibility determination. The Tribal Lead Agency has the flexibility to verify eligibility as appropriate by using documents or verification from other benefit programs (e.g., Head Start, TANF, etc.).

*Note: Policies for children experiencing homelessness should not be reported here, and instead should be reported in question 6.3.2c.*

Check any eligibility practices the Tribal Lead Agency uses to reduce barriers to enrollment:

- a.  Establishing presumptive eligibility (§98.21(e)). Describe the policy and how long the period of eligibility is: **MBOP Tribal Child Care offers temporary enrollment for children while their full application is being processed, specifically for families experiencing homelessness. To qualify, children must meet the definition of an Indian Child and reside within our Clark County service area. Families are required to provide proof of Tribal Membership or direct descendancy. If documentation is not immediately available, TCC Case Managers will assist by completing a Release of Information (ROI) form to contact the appropriate Tribe for membership verification. Additionally, families must complete a "Statement of No Income or Residency" to confirm their current residence in Clark County. If, during the 90-day presumptive eligibility period, the child is found to be ineligible, services will be discontinued immediately.**
- b.  Leveraging eligibility from Tribal or other public assistance programs (§98.21(g)). Describe:
- c.  Coordinating eligibility determinations for children in the same household. Describe: **MBOP Tribal Child Care works to coordinate eligibility determinations for all children within the same household to ensure continuity of services under the family's 12-Month Certificate. This includes situations where a child is newly born, adopted, or placed under guardianship within a household that already has enrolled children. Families are required to submit appropriate documentation, such as hospital records, birth certificates, guardianship papers, or foster care documentation to their assigned TCC Case Manager. This information is used to update the 12-Month Certificate and include the newly added child(ren) in the family's care plan.**

- d.  Other practices to reduce barriers to enrollment. Describe: **MBOP Tribal ChildCare defines other "vulnerable populations," to reduce. barriers to enrollment**
- Children in foster care or court appointed guardianship - due to domestic violence or child abuse & neglect cases.
  - Children in kinship care - defined by our loco parentis clause
  - Children who are in families receiving support or otherwise engaged with a child welfare agency (low income)
  - Children experiencing homelessness
  - Children whose families have been affected by a natural disaster
  - Families experiencing addiction- This defines applicants who are in recovery or undergoing inpatient/outpatient programs with alcohol or substance abuse.
  - Chronic Health Conditions (SSDI)- This defines applicants who receive Social Security Disability Income are the primary parent/guardian(s).
  - Children with Special Needs - Defined in Section 5.2.
  - Teen Parent(s)- Any applicant who is under the age of (18) years of age.
  - The Elderly (SSI)- This defines applicants who are Elders and do not work or receive Social Security Income, who are the primary guardian(s) of their grandchildren.

MBOP Tribal ChildCare will request supportive documentation or assist in collecting the supportive documentation to validate their vulnerable population status. If an applicant has more than one criterion, they are placed in a priority status and connected with the available resources.

We also offer flexible assistance by:

- Online Application & Fillable PDF Forms for orientation and intake.
- Virtual or phone consultations.
- Applicants have the option to sign up at any of our outreach events, and the TCC Case Manager will contact them to begin the process.
- Accepting documentation in various formats that support their file, as defined in our MBOP Tribal ChildCare Policy & Procedure Manual.
- Home visits to complete the application and orientation/intake for families per request (Elders or Individuals with Disabilities).
- TCC Case Managers have the option to adjust their hours to meet the needs of a family to extend accommodation outside our office hours.

- e.  None of the above. The Tribal Lead Agency does not use any practices to reduce barriers to enrollment.

### 5.3.2 Priority for Child Care Services

- a. Tribal Lead Agencies must set priority rules to ensure the provision of child care services goes to children experiencing homelessness and children with special needs, which may include any vulnerable populations as defined by the Tribal Lead Agency. Does the Tribal Lead Agency certify that it prioritizes child care services to children experiencing homelessness and children with special needs, as defined by the Tribal Lead Agency (§98.46(a))?

Yes.

No.

- b. The Tribal Lead Agency may also establish additional priority rules (§98.20(b)). Does the Tribal Lead Agency set additional priority rules?

Yes. Describe: **In Section 5.3.1.d: Reducing Barriers to Family Enrollment, we outline the eligibility criteria for vulnerable populations, which include families experiencing homelessness and children with special needs, along with (8) additional qualifying factors. When an applicant meets (2) or more of these criteria, their case is prioritized. We also connect these families with supportive resources through our established partnerships to ensure they receive the assistance they need.**

No.

### 5.3.3 12-Month Eligibility

Tribal Lead Agencies are required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in a family’s eligibility, including changes in a child’s age and changes in a family’s residency within a Tribal service area.

The Tribal Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences temporary changes in participation in work, training, or educational activities and must receive services at least at the same level.

Temporary changes shall include, at a minimum:

- Any time-limited absence from work for an employed parent due to reasons such as the need to care for a family member or an illness;
- Any interruption in work for a seasonal worker who is not working between regular industry work seasons;
- Any student holiday or break for a parent participating in training or education;
- Any reduction in work, training, or education hours, as long as the parent is still working or attending training or education;
- Any other cessation of work or attendance at a training or education program that does exceed three months or a longer period of time established by the Tribal Lead Agency;
- If a child turns 13 years old during the eligibility period; and
- Any change in residency within the Tribal service area.

a. Does the Tribal Lead Agency certify that its policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination (§98.21(a))?

Yes.

No.

b. Does the Tribal Lead Agency certify that its policies or procedures provide a minimum 12-month eligibility period for each child at redetermination (§98.21(d))?

Yes.

No.

c. Does the Tribal Lead Agency certify that its temporary change requirements follow the requirements outlined above (§98.21(a)(1)(ii))?

Yes.

No. Describe:

d. Does the Tribal Lead Agency include any additional conditions in the definition of “temporary changes in activity”?

Yes. Describe: If an applicant is enrolled in an in-house rehabilitation program for alcohol or substance abuse, a coordinated care plan will be developed in collaboration with their assigned Social Service Case Manager and the assigned TCC Case Manager. This plan will include guardianship documentation, any court-ordered recommendations (if applicable), or a letter of recommendation from a Licensed Alcohol and Drug Counselor (LADC) to ensure continued care during the transitional period.

If a child enrolled in our program is under court-ordered guardianship and the biological parent(s) later regain their parental rights, we will transition the case from the guardian to the biological family. As part of this transition, a new file will be created that includes updated documentation such as the Orientation, Intake, and a revised 12-Month Certificate.

If the applicant's income is affected by these changes, they must submit a written notification along with supporting documentation to verify the change. Upon receipt, the assigned TCC Case Manager will issue an updated 12-Month Certificate reflecting the revised income and corresponding co-pay tier. The applicant and provider will be notified of the changes, and the previous certificate will be voided.

No.

#### 5.3.4 Non-Temporary Changes to Family Eligibility

If a Tribal Lead Agency chooses to terminate assistance due to a parent's non-temporary (permanent) loss or cessation of work, attendance at a job training, educational program, or other eligible activity, it must provide at least three months of continued assistance *at the same level*. Tribal Lead Agencies have the flexibility to allow a family who loses its eligible activity within three months of the end of the authorization period to continue its benefits until its redetermination date. Tribal Lead Agencies are encouraged to consider how policies will impact the families served and to ensure that such requirements help a parent find new employment without adding unnecessary burden.

At the end of the minimum three-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity, assistance cannot be terminated and the child must continue receiving assistance until the next scheduled redetermination.

Does the Tribal Lead Agency choose to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary or permanent loss or cessation of eligible activity?

No. The Tribal Lead Agency does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary change.

Yes. If yes, describe the Tribal Lead Agency's policies and procedures for offering a minimum three-month period to allow parents to engage in a job search and to resume participation in an eligible activity (§98.21(a)(2)(i)):

#### 5.3.5 Discontinuing Assistance

The Tribal Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in limited circumstances. Check the allowable circumstances used by the Tribal Lead

Agency to discontinue assistance, if applicable:

- a. **[x]** Excessive unexplained absences (after multiple attempts to contact the family, including the prior notification of a possible discontinuation of assistance)
- b. **[x]** A change in residency outside of the Tribal service area
- c. **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinuing assistance: **If services are suspended due to suspected fraudulent activity, both the applicant and the provider will be notified while an investigation is conducted. Fraud is defined according to the information provided to applicants during the initial orientation and intake process, which outlines the rules and responsibilities of our program. Our program provides (2) key documents that define fraudulent activities: the TCC Parent Handbook and the Provider Payment Agreement. Additionally, our procedures for handling such cases are detailed in the Integrity & Accountability section of our CCDF Plan and further outlined in the MBOP Tribal ChildCare Policy and Procedure Manual.**

If a family violates severe standards in our "Discharge & Termination Policy," which is reviewed and signed during orientation.

Applicants have the right to due process, including the option to file a grievance. The continuation of allowable services during the investigation is determined by the MBOP Tribal ChildCare Upper Management Team. If the infraction is deemed severe and cannot be resolved, the applicant's case will be closed, and further legal action may be pursued.

### 5.3.6 Eligibility Change Reporting

Tribal Lead Agencies may only require families to report limited changes during the minimum 12-month eligibility period.

Specifically, reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., that impact the Tribal Lead Agency's ability to contact the family or pay the child care providers) and shall not require an office visit. In addition, the Tribal Lead Agency must offer a range of notification options to accommodate families.

- a. Does the Tribal Lead Agency require families to report changes (e.g., change of address, change in child care provider) (§98.21(i)(2))?

Yes. Describe what is required to be reported and the options for families to report changes (e.g., phone call, email, in person): **Families will contact their assigned TCC Case Manager by phone call, email, text message, or in person for any changes or updates on their information. If a family chooses to change a child care provider, they are to fill out a form detailing the changes and propose a new provider to begin a new 12-Month Certificate to process.**

No.

- b. Does the Tribal Lead Agency ensure that reporting changes are not burdensome and avoid an impact on continued eligibility between redeterminations (e.g., reporting changes by mail, email, online forms, or in person; extended submission hours) (§98.21(i)(2)(iii)):

Yes.

No.

## 6 Equal Access to Quality Child Care

Core purposes of CCDF are to provide parental choice in child care arrangements and to provide equal access to child care for families participating in CCDF as families not participating in CCDF.

This section addresses many of the CCDF provisions related to equal access. This includes families being able to access the full range of providers available; building a supply of high-quality child care to address the needs of populations facing particularly acute shortages (e.g., children with disabilities, infants and toddlers, nontraditional hour care); adequate payment rates for providers; differential payment rates, if appropriate; and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

### 6.1 Description of Direct Child Care Services

#### 6.1.1 Funding Methods

Tribal Lead Agencies can provide direct child care services through certificates, grants or contracts, or operational costs of a Tribally operated center.

Which funding methods are used by the Tribal Lead Agency to fund its direct services program? Check those that apply:

- a.  Certificates. *Note: Tribal Lead Agencies with large allocations are required to operate a certificate program that permits families to choose from all three categories of care.*
- b.  Grants or contracts with approved child care providers for child care slots
- c.  Operational costs for a Tribally operated center. *Note: A Tribally operated center is a center owned and operated by a Tribe that delivers all or part of the Tribe's child care services funded by CCDF. Does the Tribal Lead Agency provide child care services exclusively through one or more Tribally operated centers?*
  - Yes (This option is available only to Tribal Lead Agencies with medium allocations (§98.30(a)). **(If checked, skip 6.2. The Tribal Lead Agency is still required to answer 6.1.2, if applicable, and 6.1.3.)**)
  - No.

#### 6.1.2 Funding Direct Child Care Services

**(If the Tribal Lead Agency is a consortium, it is required to answer this question.)**

Describe the direct services funded by CCDF for each of the participating Tribes of the consortium (§98.83(c)(1)):

### 6.1.3 Building the Supply of Child Care

Tribal Lead Agencies are required to develop and implement strategies to increase the supply of child care services and to improve the quality of care for children who are typically underserved, as listed below in options a through d (§98.16(y)). These populations include children who receive care during nontraditional hours, infants and toddlers, children with disabilities, and children in underserved geographic areas, as defined by the Tribal Lead Agency.

Strategies may include alternative payment rates to child care providers, differential payment rates, the provision of direct contracts or grants for child care slots, offering child care certificates to parents for relative care or family child care options, or training support using quality set-aside or other quality supports.

Briefly describe the strategies to increase the supply and improve the quality of child care services of the categories below:

- a. Children in need of nontraditional hours of care. Describe: **Our 12-Month Certificate Program includes coverage for non-traditional hours to accommodate the unique needs of families in the Clark County, Nevada, a region known for its 24/7 lifestyle. Many parents and guardians work outside of standard business hours, and our TCC Case Managers collaborate closely with applicants to identify child care centers that offer extended hours of operation.**

**At our Tribally Operated Center on the Moapa Reservation, we specifically support families employed at nearby solar development projects, which often require early morning shifts. To meet this need, our center begins operations as early as 3:00 AM and operates on a two-shift system to ensure continuous, reliable care for working families. Our hours of operation shift to accommodate the working families of our program by providing our TCC Staff a work schedule that reflects the need for hours of care.**

- b. **Infants and toddlers. Describe: The MBOP Tribal ChildCare 12-Month Certificate Program proposes an increase in the maximum daily rates for the infant and toddler age category. This adjustment will allow the program to provide greater financial support, recognizing that infants and toddlers typically require full-day care. TCC Case Managers work closely with families to help them select child care providers that best meet their individual needs. To ensure quality and safety, the TCC Health & Safety Department conducts regular inspections of all center-based care facilities. These inspections focus on key areas such as: a safe and nurturing environment, qualified and caring staff, developmentally appropriate practices, and health and nutrition standards. To promote continuous improvement and family engagement, parent/guardian surveys are distributed to gather feedback on their experiences with providers. This input helps ensure that families are receiving the support they need and that providers are meeting the program's quality care.**

**At our Tribally Operated Center, MBOP Tribal ChildCare outlines its commitment to building the supply and quality of infant and toddler care in Section 3.2: Quality Improvement Activities under ☒Supply and Quality Services for Infants and Toddlers.☒ This section highlights several key initiatives, including: Implementation of GOLD® assessments through Teaching Strategies, regular developmental screenings, parent education and home visiting programs, and collaboration with Nevada Early Intervention Services to support Individualized Family Service Plans (IFSPs). To ensure continuous improvement, ongoing staff training is conducted throughout the year, focusing on the best practices in infant and toddler care.**

**In addition, families experiencing financial hardship may be eligible for mini-grants to help purchase essential items, as defined in the MBOP Tribal ChildCare Policy and Procedure Manual. These grants are designed to reduce barriers and support families in providing a nurturing and developmentally appropriate environment for their children.**

- c. Children with disabilities. Describe: **The MBOP Tribal ChildCare 12-Month Certificate Program proposes to adjust child care rates based on the level of care required as outlined in a child’s Individualized Education Plan (IEP). This approach ensures that children are placed in the most developmentally appropriate care category, preventing the oversight or acceleration of developmental delays. For example, a child who is chronologically (6) years old may typically be classified as school-age. However, if their IEP reflects developmental functioning closer to that of a (4) year old, the program will apply the care level and rate appropriate for that developmental stage. This ensures that children with special needs receive the support and environment best suited to their individual growth. Additionally, the program allows for extended care eligibility up to age (18) for children with special needs who require personal care assistance, as defined by a medical diagnosis.**

MBOP Tribal Child Care's Tribally Operated Center adheres to the Individuals with Disabilities Education Act (IDEA), which guarantees eligible children with disabilities the right to a free and appropriate public education. This includes special education services and early intervention programs for infants and toddlers. We also recognize Section 504 of the Rehabilitation Act of 1973, which prohibits disability discrimination in federally funded programs. In collaboration with the Clark County School District through the Child Find Program, MBOP Tribal ChildCare provides modifications and accommodations for any specialized services that are required by the Individualized Education Plan (IEPs) at no cost to families. Early intervention is crucial for young children with disabilities. Nevada Early Intervention Services offers free assistance, including specialized instruction, therapy services, and resources to help infants and toddlers reach their full potential. MBOP Tribal ChildCare works with Nevada Early Intervention Services (NEIS), the Children’s Cabinet (QITM-QRIS), Inclusive Education Coaches, and the Nevada Department of Health and Human Services - Division of Child and Family Services, as well as the Early Childhood Childcare Consultation Program to support families in these important early years. If families have concerns about their child's development, they can initiate a referral for evaluation either through MBOP Tribal Child Care or with the help of a physician. We are here to assist throughout the process.

- d. Children in underserved geographic areas. Describe: **Our program defines categorical eligibility to ensure that families in underserved situations have equitable access to enrollment and supportive services. This approach empowers parents and guardians by connecting them with resources that promote self-sufficiency, while also supporting children’s healthy development. Applicants identified as part of "Vulnerable Populations," are given priority access to services. This includes waived co-pays, referrals to partner programs, parenting classes, and advocacy for additional support and guidance. We recognize the unique needs of underserved communities and are committed to culturally sensitive practices that foster empowerment. By educating parents and guardians on the importance of early childhood development and providing them with the tools and resources they need, we help families build a strong foundation for their children’s future. We believe that all parents want what is best for their children. By ensuring equal access to quality care and support, our program plays a vital role in helping families overcome barriers and break cycles of generational trauma.**
- e.  Other. Describe:

## 6.2 Establishing Adequate Payment Rates

Tribal Lead Agencies must set sufficient base payment rates to provide equal access to the full range of child care services, cover the costs of providing child care, and are comparable to those provided to families not eligible to receive CCDF assistance. The Tribal Lead Agency will include a description of the Tribe's payment rates, how the rates are established, and how the rates support quality, including, where applicable, cultural and linguistic appropriateness.

### 6.2.1 Payment Rates to Support Equal Access

Does the Tribal Lead Agency certify that payment rates are sufficient to ensure equal access (§98.45(a))?

Yes.

No. Briefly describe:

### 6.2.2 Setting Payment Rates

Tribal Lead Agencies are required to set base payment rates at least at a level sufficient to cover the costs of meeting the health, safety, quality, and staffing requirements.

Briefly describe how the Tribal Lead Agency's base payment rates were established and how the rates support quality and meet the needs of the Tribal communities served (e.g. cultural, and linguistic appropriateness) (§98.81(b)(5)): **When developing data for our 2022 Triennial Child Count, the U.S. Census reported a total of 23,735 Native American/Alaska Native residents in Clark County, Nevada. Based on this population, we proposed counting 4,659 children toward our 2022 Child Count. As we prepare for the 2025 Triennial Child Count, the most recent 2023 data reflect a significant population increase, with 65,163 Native American/Alaska Native residents now residing in Clark County. This growth signals a rising demand for child care services, particularly for working families, students enrolled in higher education, and our vulnerable populations who rely most on our support. In 2022, the 85% State Median Income (SMI) was \$6,032/month, while the Tribal Median Income was only \$1,800/month. At that time, monthly child care costs averaged \$1,500, already placing a heavy burden on families. By 2025, these costs have increased significantly, now ranging from \$2,435 to \$2,540 per month, depending on the type of care and provider. With (2) office locations and (1) Tribally Operated Center, MBOP Tribal ChildCare is committed to bridging the gap between rising child care costs and what Native American/Alaska Native families can afford. To address this, we reviewed the 2022 Nevada Child Care Market Rate Survey and the current State of Nevada Child Care Subsidy Reimbursement Rates. Our program reached a consensus to increase our reimbursement rates to better reflect current market conditions. We have also developed two sliding fee scales: (1) for Center-Based Providers and (1) for In-Home/Family Care Providers and before/after school programs.**

**As part of our 2025-2027 CCDF Plan Cycle, we propose these adjustments to maximize child care coverage and minimize overage fees—a recurring issue during the previous grant cycle due to provider rates exceeding our previously established maximum daily rates. Overage fees, in addition to required co-payments, have placed a significant financial strain on many families. MBOP Tribal ChildCare is committed to reducing these burdens by implementing solutions that ensure child care remains accessible and affordable. Our goal is to continue providing the most effective financial support possible, so families can focus on their children's growth and well-being without the added stress of**

unaffordable care costs.

### 6.2.3 Payment Rates

The payment rates should reflect the categories of care offered in the Tribal Lead Agency's program and should also reflect any variations based on the child's age or the type or quality of care. Tribal Lead Agencies are reminded that payment rates cannot be based on a family's eligibility, such as receiving TANF or participation in education or training.

For each category of care offered, provide the full-time weekly base payment rate for each age group that the Tribal Lead Agency defines in Plan question 2.5.1 and serves. If weekly rates are not established, then the Tribal Lead Agency will need to calculate its equivalent. If the payment rates differ, use the highest base payment rates for center-based care and family child care. **(CARS opens the categories of care from 1.8; others are grayed out.)**

- a. Full-time weekly base payment rates for **center-based care**. If there are different base payment rates for geographical areas, provide the highest rates:
  - i. Infant: **566.79**
  - ii. Toddler: **542.57**
  - iii. Preschooler: **504.77**
  - iv. School-age child (based on full-day, full-year rates that would be paid during the summer): **450.59**
- b. Full-time weekly base payment rates for **family child care**. If there are different base payment rates for geographical areas, please provide the highest rates:
  - i. Infant: **225.00**
  - ii. Toddler: **223.75**
  - iii. Preschooler: **200.00**
  - iv. School-age child (based on full-day, full-year rates that would be paid during the summer): **150.00**
- c. Full-time weekly base payment rates for **in-home care**. If there are different base payment rates for geographical areas, please provide the highest rates:
  - i. Infant: **225.00**
  - ii. Toddler: **223.75**
  - iii. Preschooler: **200.00**
  - iv. School-age child (based on full-day, full-year rates that would be paid during the summer): **150.00**

### 6.2.4 In-Home Care Limits

**(If the Tribal Lead Agency offers in-home care, it is required to answer this question.)**

Does the Tribal Lead Agency limit the use of in-home care in any way, such as minimum age of

provider, number of children in care, hours of care, relative providers, etc. (§98.30(e)(1)(iii))?

Yes. Describe: **MBOP Tribal ChildCare has the following guidelines for In-Home/Family Care Provider care:**

**Parent/Guardian(s) must choose an individual that is over the age of (18).**

**All In-Home/Family Care Providers, including relatives must have a background check, complete orientation, and training.**

**All In-Home/Family Care Providers must undergo First Aid/AED and CPR Training to receive certification.**

**Any other adults residing in a residence for Family Care are required to undergo a background check.**

**All In-Home/Family Care Providers cannot provide care until all official background documentation is received and approved.**

**In-Home/Family Care Providers are not to exceed (5) days a week to match the schedule for parent/guardian that do not exceed (9) hours.**

**A single caregiver may care for between (2) and (6) children, with (6) being the typical maximum allowed per caregiver.**

**Children with special needs under the care of a In-Home/Family Care Provider will need to coordinate with the appropriate licensed specialist provided by the MBOP Tribal ChildCare program.**

No.

### 6.3 Improving Access for Vulnerable Children and Families

Tribal Lead Agencies are required to give priority for child care assistance to children with special needs and children experiencing homelessness (§98.50(a)(4); §98.46(a)(2)). The prioritization of CCDF assistance services is not limited to eligibility determination.

#### 6.3.1 Children With Special Needs

A Tribal Lead Agency has flexibility in how it defines children with special needs. The definition of children with special needs may include children with physical or mental disabilities or children who are considered part of vulnerable populations (e.g., families with very low incomes, children at risk of receiving protective services, children with teen parents) (§98.16(g)(1)).

Provide the Tribal Lead Agency's definition of children with special needs: **Special Needs Child: a youth who has been determined to require special attention and specific necessities that other children do not. The state may declare this status for the purpose of offering benefits and assistance for the child's well-being and growth. Child with a disability means a child evaluated in accordance with [§§300.304 through 300.311] as having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, and other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.**

#### 6.3.2 Services for Children Experiencing Homelessness

Tribal Lead Agencies are required to expend CCDF program funds to:

- Permit the enrollment (after an initial eligibility determination) of children experiencing homelessness (as defined by the McKinney-Vento Act) while required documentation is obtained—allowing a grace period,
- Provide training and technical assistance to child care providers and the appropriate Tribal Lead Agency (or designated entity) staff in identifying and serving children experiencing homelessness, and
- Conduct specific outreach to families experiencing homelessness.

Does the Tribal Lead Agency certify it permits the enrollment of children experiencing homelessness (as defined by the McKinney-Vento Act) while required documentation is obtained, provides training and technical assistance to child care providers, and the appropriate Tribal Lead Agency (or designated entity) staff in identifying and serving children experiencing homelessness, and conducts specific outreach to families experiencing homelessness (§98.51)?

Yes.

No.

## 6.4 Family Contribution to Payments

The Tribal Lead Agency may exempt all families participating in CCDF from co-payments or may waive co-payments for some populations and charge co-payments for other groups of families. Co-payments may not be more than seven percent of the family's income (§98.45(b)(5)).

### 6.4.1 Parent Co-Payments

a. Does the Tribal Lead Agency exempt all families from co-payments?

Yes. **(If checked, skip 6.4.1b.)**

No, the Tribal Lead Agency requires co-payments for all families.

No, the Tribal Lead Agency exempts some families from co-payments. Check only those that apply:

- Families whose income is below 150 percent of poverty level
- Families whose income is below 100 percent of poverty level
- Children who have a disability
- Children experiencing homelessness
- Children enrolled in Early Head Start or Head Start
- Other. Briefly describe:

b. What is the highest co-payment families are charged as a percentage of family income (§98.45(b)(5)); §98.45(l)(3)?: **5%**

## 7 Family Outreach and Consumer Education

Tribal Lead Agencies are required to support families in making informed choices about the services that best suit their needs. Effective consumer education ensures that families know what services they have access to and what they may want to look for in determining whether a child care provider is a good fit for their family.

In this section, Tribal Lead Agencies share information about developmental screenings, consumer education, research, best practices, access to monitoring and enforcement results, and the parental complaint process. Tribal Lead Agencies must collect and share the information with families, providers, and the general public, but Tribal Lead Agencies are not required to have a consumer education website.

### 7.1 Sharing Information with Families

Tribal Lead Agencies must share information with families participating in CCDF, in hard copy or electronically, that contains specific information about the selected child care provider. *The following eight pieces of information are required (§98.33(d)):*

- Health and safety requirements met by the provider,
- Any licensing or regulatory requirements met by the provider,
- The date the provider was last inspected,
- Any history of violations of these requirements,
- Any voluntary quality standards met by the provider,
- How CCDF subsidies are designed to promote equal access,
- How to submit a complaint through a hotline, and
- How to contact local resource and referral agencies, family liaison, or other community-based supports that assist families in finding and enrolling in a quality child care program.

#### 7.1.1 Sharing Information with Families

Does the Tribal Lead Agency certify it shares information with families, either in hard copy or electronically, that contains the required information about the provider a family has selected, including the eight required elements above (§98.33(d))?

Yes, the Tribal Lead Agency shares information with families that contains the eight required elements.

No, the Tribal Lead Agency does not share information with families with all the required elements.

### 7.2 Information on Developmental Screenings

Tribal Lead Agencies are required to share information and referrals on developmental screenings. This information should include resources and services that the Tribe can share, such as [Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\) services](#) under Medicaid and developmental screening services available through the Individuals with Disabilities Education Act (IDEA) Part B, Section 619, (Preschool Grants) and Part C (Early Intervention for Infants and Toddlers with Disabilities). Tribal Lead

Agencies are required to share this information with eligible families during CCDF intake and to child care providers through training and education.

### 7.2.1 Information on Resources for Developmental Screenings

Does the Tribal Lead Agency certify that it collects and shares information on the following to eligible parents and for training and education intended for CCDF child care providers (§98.33(c)(1)):

a. Existing resources and services available for obtaining developmental screening?

Yes.

No.

b. EPSDT program under the Medicaid program and developmental screening services available under Part B, Section 619 and Part C of IDEA?

Yes.

No.

### 7.2.2 Resources and Services to Obtain Developmental Screenings

Does the Tribal Lead Agency certify that families participating in CCDF or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays (§98.33(c)(2))?

Yes.

No.

## 7.3 Consumer and Provider Education

A Tribal Lead Agency is required to certify that it will collect and share information about the full range of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers.

### 7.3.1 Sharing Child Care Services Information and Availability

Does the Tribal Lead Agency certify it shares information with families, providers, and the general public about:

- The availability of child care services,
- The full range of categories of care provided through the CCDF program,
- Other programs for which the family may be eligible, such as Head Start, state or Tribal PreK, and
- The availability of financial assistance to obtain child care services (§98.33(b)(1)(i))?

Yes.

No.

### 7.3.2 Sharing Program Information

Does the Tribal Lead Agency certify that it shares information with families, providers, and the general public about the following programs and benefits, as practicable (§98.33(b)(1)(ii))?

Check those that apply:

- a.  Temporary Assistance for Needy Families (TANF) Program
- b.  Head Start and Early Head Start Programs
- c.  Low Income Home Energy Assistance Program (LIHEAP)
- d.  Supplemental Nutrition Assistance Program (SNAP)
- e.  Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program
- f.  Child and Adult Care Food Program (CACFP)
- g.  Medicaid and Children's Health Insurance Program (CHIP)
- h.  Programs carried out under Individuals with Disabilities Education Act (IDEA) Part B, Section 619, and Part C

### 7.3.3 Families Receiving Temporary Assistance for Needy Families (TANF) Benefits

Tribal Lead Agencies are required to inform parents who receive Temporary Assistance for Needy Families (TANF) benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age six (§98.33(f)).

Does the Tribal Lead Agencies inform parents who receive TANF benefits about this exception?

Yes.

No.

### 7.3.4 Sharing Child Development Research and Best Practices

Does the Tribal Lead Agency certify it shares information with families, providers, and the general public about child development research and best practices? The information must be tailored to a variety of audiences, and the information must include (§98.33(b)(1)(iv)):

- Physical health and development,
- Healthy eating and physical activity, and
- Successful parent and family engagement.

Yes.

No.

### 7.3.5 Sharing Social-Emotional, Behavioral, and Mental Health Information

Does the Tribal Lead Agency certify that it shares information with families, providers, and the general public about its policies regarding social-emotional and behavioral health of children and early childhood mental health? The information must include:

- Information on positive behavioral health intervention and supports models for birth to school-age or age-appropriate
- Any partners who assist in providing this information (§98.33(b)(1)(v))

Yes.

No.

### 7.3.6 Sharing Suspension and Expulsion Prevention Information

Briefly describe the Tribal Lead Agency's policies to prevent the suspension and expulsion of children from birth to age five in child care and other early childhood programs receiving CCDF program funds (§98.33(b)(1)(v)): **MBOP Tribal Child Care's Tribally Operated Center may suspend or expel a student immediately if there is evidence that the student poses a serious and immediate danger or safety risk to themselves or others. To prevent any suspension or expulsion, MBOP Tribal Child Care adheres to the following procedure(s):**

**Positive Reinforcement:** Our teaching staff is committed to fostering an encouraging environment by employing positive reinforcement techniques. These methods reward and highlight desirable behaviors, which helps increase the likelihood of these behaviors being repeated in the future.

**Redirection:** To support students who may feel overwhelmed by classroom stimuli, our teaching staff will create designated time and space for redirection. This approach helps guide students back to appropriate behaviors in a supportive manner.

**Parent Conference:** MBOP Tribal ChildCare schedules a conference or meeting to collaboratively discuss any behaviors of concern. During this meeting, the program will explore behavioral strategies and resources available for support. If needed, families can be referred to behavioral health specialists or programs through the Nevada Department of Health and Human Services and the Division of Child and Family Services for additional assistance.

**Final Step:** Following the conference, if any challenges persist, MBOP Tribal ChildCare is committed to collaborating with the family to develop a supportive plan. This may involve temporary treatment or assistance aimed at preventing any suspension or expulsion from our Tribally Operated Center. Our primary goal at MBOP Tribal ChildCare is to ensure that every child receives the necessary support to thrive and succeed.

Behavior and incident reports will be carefully documented to ensure clarity and follow-up. The teaching staff will proactively communicate with parents or guardians, as well as the TCC Upper Management, to keep everyone informed. If needed, a collaborative meeting will be arranged between the parent or guardian, the teacher, and either the Project Director or the TCC Assistant Project Director. During this meeting, they will work together to create a tailored modification or

accommodation plan that supports the child's needs. In the event that a child presents a serious and immediate risk to their own health or safety, or that of others, a suspension of two consecutive weeks may be considered as a last resort. This decision will be thoughtfully made by the MBOP Project Director or TCC Assistant Project Director, with the child's welfare as a top priority.

## 7.4 Consumer Education

A Tribal Lead Agency is required to provide information to families, the general public, and when applicable, child care providers through a method of its choice that is consumer-friendly and easily accessible. The available information must include:

- Provider-specific information,
- The quality of each provider (if information is available),
- Contact information to local CCR&R organizations and any other agencies that can assist families in better understanding the information.

Tribal Lead Agencies are required to have in effect procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF program funds.

### 7.4.1 Consumer-Friendly and Accessible Information

Does the Tribal Lead Agency certify that it ensures its information is consumer-friendly and easily accessible (§98.33(a))?

*Note: There is no federal CCDF definition for easily accessible:*

Yes.

No.

### 7.4.2 Sharing Background Check Information

Does the Tribal Lead Agency certify it shares information with families, providers, and the general public about policies and procedures for provider/staff comprehensive background checks, including offenses that prevent individuals from being employed or a provider from receiving CCDF funds (§98.33(a)(1))?

*Note: Background check policies and processes are included in Section 2.9. The “not applicable” option is only available to Tribal Lead Agencies that only use relative providers and exempt them from all background check requirements:*

Yes.

No.

Not applicable.

### 7.4.3 Searchable List of Providers

The Tribal Lead Agency must share a localized list with families, providers, and the general public that includes all licensed child care providers and differentiation between licensed and license-exempt providers. The list must be searchable by ZIP code. The Tribal Lead Agency may also share all providers eligible to deliver Tribal CCDF services. Relative providers do not need to be included (§98.33(a)(2)).

Does the Tribal Lead Agency certify that it shares a list of licensed providers that differentiates between licensed and licensed-exempt providers and is searchable by ZIP code?

Yes.

No.

Not applicable.

#### 7.4.4 Sharing Quality Information and Reporting of Quality Ratings

If the Tribal Lead Agency has quality information about each child care provider, the Tribal Lead Agency must include the information with its provider-specific information. Tribal Lead Agencies may determine the type of quality information included (§98.33(a)(3)).

Does the Tribal Lead Agency certify that it shares quality ratings or other quality information about each child care provider?

Yes.

No.

Not applicable.

#### 7.4.5 Sharing CCR&R Referrals

Does the Tribal Lead Agency certify that it shares information with families, providers, and the general public about the referral process to local CCR&R agencies (§98.33(a)(6))?

Yes.

No.

Not applicable.

#### 7.4.6 Parental Access to Children

Does the Tribal Lead Agency certify that it has procedures to ensure parents have unlimited access to their children and to the provider caring for their children during normal hours of provider operation? (§98.31)?

Yes.

No.

## 7.5 Information on Monitoring and Enforcement

A Tribal Lead Agency is required to provide information to families, the general public, and when applicable, child care providers through a method of its choice that is consumer-friendly and easily accessible on:

- Monitoring and inspection reports for providers, and
- An annual service area report on deaths, serious injuries, and the number of substantiated cases of child abuse that have occurred in child care settings.

#### 7.5.1 Sharing Monitoring and Inspection Information

Does the Tribal Lead Agency certify that it shares information with families, providers, and the general public about how child care providers are monitored and inspected by the Tribal Lead Agency and/or another entity or agency (including Tribally operated centers, if applicable) (§98.33(a)(1)(ii))?

*Note: Monitoring enforcement policies and practices are referenced in Section 2.7:*

Yes.

No.

#### 7.5.2 Monitoring and Inspection Report Contents

Tribal Lead Agencies must share monitoring and inspection reports with families, providers, and the general public. These reports must include the following seven required elements in plain language and in a timely manner:

- Results of required annual monitoring visits and visits due to major substantiated complaints about a provider’s failure to comply with health and safety requirements and child care policies,
- Information on the date of such inspection,
- Areas of compliance and non-compliance,
- Information on corrective actions taken by the Tribal Lead Agency and child care provider, where applicable,
- Any health and safety violations, including any fatalities and serious injuries occurring at the provider, prominently displayed on the report or summary,
- A minimum of three years of results where available, and
- A process for correcting inaccuracies.

Does the Tribal Lead Agency certify that its monitoring and inspection reports meet the seven required elements (§98.33(a)(4))?

Yes, the Tribal Lead Agency shares monitoring and inspection reports and/or plain-language summaries that meet the seven required elements for Tribally regulated providers.

Not applicable. The state issues all monitoring and inspection reports.

No.

### 7.5.3 Sharing Aggregate Data on Serious Injuries, Deaths, and Child Abuse

Tribal Lead Agencies must share annual aggregate data with families, providers, and the general public on serious injuries, deaths, substantiated cases of child abuse that have occurred in child care settings, and the total number of children in care for each provider category and licensing status. The data must be organized by category of care (e.g., center-based child care, including Tribally operated centers, family child care, in-home child care) for all eligible CCDF provider categories in the Tribal Lead Agency's service area. The aggregate data report should not list individual provider-specific information or personally identifiable information.

Tribal Lead Agencies must designate a Tribal or state entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care.

- a. Does the Tribal Lead Agency certify that it shares annual aggregated data on serious injuries, deaths, substantiated cases of child abuse that have occurred in child care settings, and the total number of children in care for each provider category and licensing status (§98.33(a)(5))?

Yes.

No.

- b. Identify the Tribal or state entity(ies) to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care: **Nevada Department of Health & Human Services Division of Child & Family Services available on their website at <https://dcfs.nv.gov/Programs/CWS/CPS/ChildFatalities/>**

## 7.6 Parental Complaint Process

A Tribal Lead Agency must have a process for parents to submit complaints about child care providers and make information regarding substantiated complaints available to the public on request.

### 7.6.1 Process for Reporting Complaints

Briefly describe the Tribal Lead Agency's process for how parents can submit complaints about child care providers (§98.32(a)): **During the initial orientation, all parents and guardians are informed of their rights and our complaint due process. This information is also detailed in the MBOP Tribal Child Care Parent Handbook. Parents and guardians are made aware that they may file a complaint regarding their provider, our Tribally Operated Center, or any concerns related to our services. All complaints are forwarded to TCC Upper Management, which includes the Project Director, TCC Assistant Director, TCC Health & Safety Monitor, and TCC Lead Case Manager, for review and investigation. Upon conclusion of the investigation, a meeting is held with the parent or guardian to discuss the findings and work toward a resolution.**

**Each of our (3) locations feature bulletin board signage displaying contact information for TCC Upper Management, including office and work cell phone numbers, as well as email addresses. Parents and guardians may also reach out to us through our official social media channels. Complaint forms are readily available at all locations and can be taken from the bulletin boards near the entrances. Completed forms may be submitted to the assigned TCC Case Manager, the TCC Administrative Assistant, or directly to any member of the TCC Upper Management Team. We also accept complaints via email, which are considered formal as they are written and timestamped. While we welcome**

phone calls regarding concerns, parents and guardians will be asked to complete a complaint form and/or provide a written statement to ensure proper documentation.

### 7.6.2 Process for Responding to Complaints

Briefly describe the Tribal Lead Agency's process for how it screens, substantiates, and responds to complaints regarding CCDF providers, including if monitoring is included in the process (§98.32(d)(1)): **MBOP Tribal Child Care follows a (2) week timeline to process, investigate, and review complaints in order to reach a resolution. If the investigation extends beyond this (2) week period, the parent or guardian will be notified via telephone and email with an update on the status of their complaint.**

The complaint resolution process includes the following steps:

1. **Initial Contact - Receive the complaint from the parent or guardian.**
2. **Written Documentation - Obtain the complaint in writing to ensure accurate record keeping.**
3. **Process Overview - Provide the parent or guardian with a written outline of the complaint process.**
4. **Acknowledgement - The parent/guardian is informed that the investigation is underway and will receive a follow-up within (2) weeks.**
5. **Investigation** ☐ The TCC Upper Management Team conducts the investigation. Depending on the nature of the complaint:

**Program Related Issues:** are addressed internally with the appropriate TCC Staff Member, who may undergo corrective action if at fault. We reiterate our zero-tolerance policy regarding harassment and verbal abuse. We review relevant policies with the parent/guardian and explain the proper procedures for raising concerns, ensuring they have a fair and respectful platform to voice their opinions. We offer TCC Case Management reassignment if the parent/guardian is uncomfortable continuing with their current one.

**Complaints Against Providers:** are reviewed by the TCC Health & Safety Monitor. They will conduct an unannounced inspection of the provider in question. We will schedule a meeting or follow up with the provider if the issue involves interpersonal conflict, to work towards a resolution. Once the provider has been formally reviewed, the TCC Health & Safety Monitor provides a formal report. If there are issues outside of our authority, we also assist with the process of formal complaints through the State of Nevada's Child Care Licensing website. To file a complaint against a childcare center in Clark County, Nevada, you can use the online reporting form on the State of Nevada's Child Care Licensing website. This form allows you to remain anonymous (though contact information is needed to facilitate investigation) and provides a space for detailed information about alleged incidents or violations. Alternatively, you can call the local Child Care Licensing Office.

Serious allegations, such as child abuse or neglect, are reported to the appropriate authorities through our SCAN process in accordance with mandated reporting laws.

**Complaints Related to the Tribally Operated Center:** Our Tribally Operated Center reports all incidents relating to children within our care, documented by our "Incident Report Form." All parent/guardian(s) receive notification from TCC Staff if an incident occurs. If a parent/guardian wants to issue a complaint on the incident, they must submit a formal complaint. Our TCC Upper Management reviews camera footage of the incident, if necessary, the MBOP Tribal Police

Department is contacted. A formal response or report from the Chief of Police is provided based on their findings. The TCC Upper Management holds a meeting to review the complaint and determine appropriate action. If evidence is found, proper personnel action is taken.

**Resolution Meeting** ☐ Once the investigation is complete, the parent or guardian is contacted to schedule a meeting to review the findings and discuss applicable policies and expectations. We offer to present a resolution together, and all parent/guardian(s) are provided copies of the report upon request.

**Documentation** ☐ A case file is created for each incident. All related documents are recorded in an incident tracking spreadsheet and securely stored in a locked filing cabinet maintained by the Project Director.

### 7.6.3 Process for Maintaining a Record of Substantiated Parental Complaints

Briefly describe the Tribal Lead Agency's process for how it maintains a record of substantiated parental complaints. If the record is maintained by the state or another agency, describe how the Tribal Lead Agency has access to the record of substantiated parental complaints (§98.32(d)(2)): **MBOP Tribal Child Care is in the process of implementing a structured documentation system using an Excel spreadsheet to track all reported incidents. This spreadsheet will monitor key details such as the date of the incident, type of incident, actions taken, and the resolution achieved.**

To protect the privacy of families, no personally identifiable information related to parents, guardians, or children will be included in this document. However, provider names will be recorded to ensure that any incidents involving them are properly documented and can be referenced when notifying parents or guardians, as appropriate.

### 7.6.4 Process for Providing Public Access to Substantiated Complaints

Briefly describe the Tribal Lead Agency's process for how the public can request information about substantiated parental complaints (§98.32(c)): **Parents and guardians have the right to request copies of reports related to their complaints, which are maintained in their individual case files. Additionally, MBOP Tribal Child Care includes a summary of the total number of complaints received each fiscal year in the MBOP Tribal Annual Report.**

Upon request, parents and guardians may also access a copy of the Incident Report Spreadsheet, which provides a general overview of documented incidents while maintaining confidentiality.

### 7.6.5 Sharing Contact Information for Consumer Education Information

Does the Tribal Lead Agency certify that it shares information with families, providers, and the general public about how families can contact the Tribal Lead Agency, its designee, or other programs that can help families understand the consumer information shared throughout Section 7 (§98.33(a)(7))?

Yes.

No.

## Appendix 2: Tribal Early Learning Initiative (TELI)

**Tribal Lead Agencies are not required to complete this appendix.**

One way for Tribal Lead Agencies to coordinate the delivery of CCDF with other early childhood partners is through the Tribal Early Learning Initiative (TELI) as a Collaborative or Network participant. The TELI Collaborative is an **optional** intensive technical assistance opportunity for up to eight Tribal Lead Agencies. Information on participating in the TELI Collaborative can be found on the [Tribal Early Learning Initiative](#) website.

The TELI Network is an **optional** opportunity for all Tribal Lead Agencies to receive universal technical assistance in developing and strengthening Tribal early childhood systems. Network participants will have access to the resources developed for, by, and shared with TELI Collaborative Teams. **This Appendix provides an opportunity to indicate interest in participation in the TELI Network.**

### TELI Network

Are you interested in participating in the TELI Network?

Yes.

No.