



Non-Traditional Hours Slot Application

IMPORTANT: Non-traditional hour care is defined as care provided after 6pm and before 7am and/or on the weekends. At least 4 hours of care must be provided during this time.

Child Care Provider General Information			
Name of Person Completing Form:		Title:	
Name of Director:		Name of Business Owner:	
Name of Child Care Business on License:			
Physical Address:		City:	Zip:
Mailing Address:		City:	Zip:
Phone:	Alt Phone:	E-mail:	
Preferred Method of Communication: <input type="checkbox"/> Phone <input type="checkbox"/> Email			
*Director Race (select one): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other:		*Director Ethnicity (select one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	*Director Gender (please self-identify):
*These items are required by the Administration of Children & Families for grantees.			

Child Care Program Information		
Licensed by: <input type="checkbox"/> State of Nevada <input type="checkbox"/> Washoe County	License # (if applicable):	Is this a Provisional License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Program Type	Licensed Capacity (as stated on your license)	
<input type="checkbox"/> Center	Age Range (ex. 6 weeks-2 years)	Capacity for Age Range
<input type="checkbox"/> Family Child Care		
<input type="checkbox"/> Group Family Child Care		
<input type="checkbox"/> Family, Friend & Neighbor (FFN) Provider		
Is your program currently participating in Nevada Silver State Stars Quality Rating Improvement System (QRIS)?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> Yes, Waitlisted		
<input type="checkbox"/> No – If no, please explain why:		

Current Non-Traditional Hour Care Provided					
Do you currently serve children during non-traditional hours (at least 4 hours of care between 6pm and 7am and on weekends)? <input type="checkbox"/> Yes <input type="checkbox"/> No (go to Non-Traditional Hour Care Capacity Building)					
Indicate how many classroom you have that currently serve children during non-traditional hours:					
Classroom Name	Ages Served	Group Size	Ratio	Number of Classroom Slots	Number of children served at least 4 hours between 6pm and 6am and/or weekends
1.					
2.					
3.					
4.					
5.					
6.					
TOTAL					



Non-Traditional Hours Slot Application

NTH Capacity Building
Do you currently have a waitlist to serve children during non-traditional hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently enroll children during non-traditional hours (at least 4 hours of care between 6pm and 7am and on weekends)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is/are the barriers to serving these children (check all that apply): <input type="checkbox"/> Shortage of qualified staff <input type="checkbox"/> Lack of equipment <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Adequate space <input type="checkbox"/> Lack of materials
Within your current facility or home and <u>without major renovations</u> (e.g., construction that includes structural changes to building), could you increase the number of children you serve during non-traditional hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many more children could you serve during non-traditional hours? _____ Children

NTH Slot Eligibility Criteria	
1. <u>Webinar</u> : Did you attend one of the mandatory informational webinars? If so, please specify date and time: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. <u>Subsidy-Eligible</u> : Does every child being considered for a non-traditional hour slot qualify for the child care subsidy program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <u>Non-Traditional Hours Specific Training</u> : Agree to enroll and complete the following six (6) hours of NV Registry approved training: a. Non-Traditional Hour of Care: Module 1 – Quality Environments b. Non-Traditional Hour of Care: Module 2 – Wellness c. Non-Traditional Hour of Care: Guidance Recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <u>Adequate Storage</u> : Do you have adequate storage space to store children’s belongings and equipment needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. <u>Group Size & Ratio</u> : Maintain group size and ratio requirements per Nevada Revised Statutes (NRS)/Nevada Administrative Code (NAC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. <u>Wrap Around Services</u> : Can you commit to working with the Early Childhood Community Health Worker (EC-CHW) program to ensure families, children, and staff are provided needed resources and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. <u>Basic Health & Safety Training</u> : Have the staff providing non-traditional hour care taken the following trainings within the past twelve (12) months: a. CPR/First Aid (or have an active certification) b. Safe Sleep c. SIDS (if caring for infants/toddlers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. <u>Professional Development Plan</u> : Can you ensure that all staff will participate in a specific non-traditional hours training series (6 hours of Registry-Approved training) within 30 days of being awarded the slot or at the next available series start date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. <u>Quality Assurance (QA) Participation</u> : Agree to participate in random sampling at the end of each month for QA regarding the criteria and provide all requested documentation within 5 business days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. <u>Infant/Toddler Specific Criteria</u> : If caring for infants and/or toddlers during NTH, agree to follow the additional criteria: a. Have a safe sleep policy posted near infant sleeping areas;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



Non-Traditional Hours Slot Application

b. Have a space for breastfeeding mothers with privacy; and c. Have adequate storage for breastmilk.	
Do you need grant assistance to meet the above Eligibility Criteria including adequate equipment and materials to support children during non-traditional hours? If yes, a grant form will be sent to you upon approval of your Non-Traditional Hour Slot application.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification & Signature

The signatory below, who is authorized to complete this application on behalf of the child care program, by initialing each requirement, certifies the following:

Initial	Requirement	
	The signatory understands that this is a pilot program and completion of application does not guarantee approval. If approved, an amendment to the Child Care Subsidy Agreement will be issued to the provider for signature.	
	This program will meet and comply with all Non-Traditional Hour Care Slot Eligibility Criteria listed on page 2 and if program requirements are not met after awarded slot, the Non-Traditional Hour Slot Agreement will be terminated and the non-traditional hour slot will be reallocated to another provider.	
	This program is in good standing with Child Care Licensing (State or Washoe County), Division of Welfare and Supportive Services Child Care and Development Program, The Children’s Cabinet, Las Vegas Urban League, and QRIS (if applicable).	
	The signatory understands that this pilot program intends to provide temporary assistance to increase non-traditional hour care capacity, quality, and reimbursement rates of non-traditional hour care in an effort to stabilize capacity.	
	The signatory understands that if approved, the non-traditional hour slot(s) must be filled by a subsidy-eligible child within six months.	
	I agree to obtaining consent from my staff and child’s parent/guardian to share information with wrap-around providers (e.g., Early Childhood Community Health Workers).	
	I agree to allowing The Children’s Cabinet and/or The Las Vegas Urban League staff onsite to validate all Non-Traditional Hour Slot requirements.	
	The information provided in this application is true and accurate and was completed to the best of my knowledge.	
Signature of Authorized Signer	Printed Name and Title of Authorized Signer	Date