State of Nevada | Division of Welfare & Supportive Services
Child Care and Development Program

Children & Youth with Special Health Care Needs (CYSHCN) Slot Application

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: ❒ Phone ❒ Email			
*Director Race (select one): ❒ American Indian/Alaska Native ❒ Asian ❒ Black/African American ❒ Native Hawaiian/Pacific Islander ❒ White ❒ Multiracial ❒ Other:		*Director Ethnicity (select one): ❒ Hispanic/Latino ❒ 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 (if applicable): ❒ State of Nevada ❒ Washoe County	License # (if applicable):	Is this a Provisional License? ❒ Yes ❒ No
Program Type	***Licensed Capacity***	
❒ Center *check if: ❒ Head Start or ❒ Early Head Start*	Age Range (ex. 6 weeks-2 years)	Capacity for Age Range
❒ Family Child Care		
❒ Group Family Child Care		
❒ Family, Friend & Neighbor (FFN) Provider		
Is your program currently participating in Nevada Silver State Stars Quality Rating Improvement System (QRIS)? ❒ Yes ❒ Yes, Waitlisted ❒ No – If no, please explain why:		

Current Care Provided to CYSHCN

Do you currently have CYSHCN enrolled in your program? ❒ Yes ❒ No (go to CYSHCN Capacity Building)

Indicate how many classrooms you have that currently serve children with a diagnosed special health care need.

Classroom Name	Ages Served	Group Size	Ratio	Number of Classroom Slots	Number of children with a diagnosed special health care need in this classroom
1.					
2.					
3.					
4.					
5.					
6.					
TOTAL					

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CYSHCN Capacity Building
Do you currently have a waitlist to serve Children & Youth with Special Health Care Needs? ❒ Yes ❒ No Do you currently have the capacity to accept CYSHCN enrollees in your program? ❒ Yes ❒ No If yes, what is/are the barriers to serving these children (check all that apply): ❒ Shortage of qualified staff ❒ Lack of equipment ❒ Other (please specify): ❒ Adequate space ❒ Lack of materials
Within your current facility or home and without major renovations (e.g., construction that includes structural changes to building), could you increase the number of CYSHCN that you serve? ❒ Yes ❒ No If yes, how many more CYSHCN could you serve? _____ Children

CYSHCN Slot Eligibility Criteria	
1. Webinar: Did you attend one of the mandatory informational webinars? If so, please specify date and time: _____	❒ Yes ❒ No
2. Medical Diagnosis: Does every child being considered for a CYSHCN slot have a medical diagnosis?	❒ Yes ❒ No
3. Subsidy-Eligible: Does every child being considered for a CYSHCN slot quality for the child care subsidy program?	❒ Yes ❒ No
4. Screenings: Providers must provide a developmental screening that include Social/Emotional Development. Referral information for the appropriate agency must also be provided to parents when children fall below cut-off scores.	❒ Yes ❒ No
5. Adequate Storage: Do you have adequate storage space to store child's/children's medical equipment without damage?	❒ Yes ❒ No
6. Group Size & Ratio: Can you accommodate NAEYC group size and ratios for all CYSHCN assessed in Tier 1, 50% of group size and ratios for children in Tier II, and 1:1 ratio and 50% group size for Tier III? Link to: NAEYC Group Size & Ratios	❒ Yes ❒ No
7. Wrap Around Services: Can you commit to working with wrap-around services to ensure families and children are provided access and support to utilize Nevada Early Intervention Services (NEIS) (ages 0 to 3), IDEA Part B (ages 3-5), and onsite Early Childhood Community Health Workers (EC-CHW)	❒ Yes ❒ No
8. Care Plan: Will you ensure that a care plan for every child with special health care needs has a care plan and that you will obtain a release from the parent to share care plans already developed by NEIS and IDEA Part B. If the child does not have a care plan, can you ensure one will be developed with these entities and/or the parent.	❒ Yes ❒ No
9. Basic Health & Safety Training: The following trainings must have been taken within the past twelve (12) months from application date for all teachers/staff working with the CYSHCN: a. CPR/First Aid (or have an active certification) b. Safe Sleep c. SIDS (if caring for a special healthcare needs infant/toddler) d. Medication Administration/Storage	❒ Yes ❒ No

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10. Professional Development Plan: Can you ensure that a professional development plan will be developed for all staff working with the child(ren) with special healthcare needs after being awarded the slot(s) within 60 calendar days?	❒ Yes ❒ No
11. Staff Bonuses: I commit to providing staff who work directly with CYSHCN a bonus of 20% of the monthly slot amount. a. Tier I: $500/month* b. Tier II: $700/month* c. Tier III: $900/month* *If multiple staff work with a child or children with special health care needs, the bonus shall be divided between the staff equally.	❒ Yes ❒ No
12. Quality Assurance (QA) Participation: 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?	❒ Yes ❒ No
Do you need grant assistance to meet the above Eligibility Criteria including adequate equipment and materials to support CYSHCN? If yes, a grant form will be sent to you upon approval of your CYSHCN Slot application.	❒ Yes ❒ 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 CYSHCN Slot Eligibility Criteria listed on page 2-3 and if program requirements are not met after awarded slot, the CYSHCN Slot Amendment will be terminated and the CYSHCN 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 CYSHCN capacity, quality, and reimbursement rates of CYSHCN care in an effort to stabilize capacity.
	The signatory understands that if approved, the CYSHCN 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.
	I agree to allowing The Children's Cabinet and/or The Las Vegas Urban League staff onsite to validate all CYSHCN Slot requirements including access to the CYSHCN's file and payroll registers to verify bonuses paid to staff.
	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