

SOUTHERN NEVADA HEALTH DISTRICT REGULATIONS GOVERNING THE SANITATION AND SAFETY OF CHILD CARE FACILITIES

WHEREAS, the Southern Nevada Health District (SNHD) has been established by the County of Clark and the cities of Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City as the public Health Authority for those entities, and pursuant to Nevada Revised Statutes (NRS) 439; has jurisdiction over all public health matters in the health district; and

WHEREAS, the Southern Nevada District Board of Health (Board) is the governing body of the SNHD, and is authorized to adopt regulations to regulate sanitation and sanitary practices in the interest of public health, and to protect and promote the public health and safety in the geographical area subject to the jurisdiction of the health district; and

WHEREAS, the Board finds that sanitary and safe care giving of children and the sanitation and safety of child care facilities does affect the public health and the well being of the children receiving care, and finds that it is necessary to adopt Regulations Governing the Sanitation and Safety of Child Care Facilities to prevent and control the spread of communicable disease, and to promote and regulate the safety and sanitary condition of those facilities in which child care is given; and

WHEREAS, the Board believes that the following Regulations are designed to protect and promote the public health and safety, it does therefore publish, promulgate and order compliance within Clark County, Nevada with the substantive and procedural requirements hereinafter set forth.

INTENT AND SCOPE

Intent The purpose of these Regulations is to protect and promote the public health, safety and environment and well-being of children receiving child care through preventive measures and timely correction of public health and environmental issues relating to child care facilities.

Scope These Regulations establish definitions; set standards for the location, design, construction, operation, and maintenance of the child care facility; outline requirements for the responsible person, child care operator, child care director, and child care provider within the child care facility; detail approved child care-related activities, prohibited acts, and sanitation standards for equipment used in the facility and for safe and sanitary food handling and service practices; outline record keeping and reporting requirements; provide for the issuance, modification, suspension, and revocation of Health Permits and Health Cards; and provide for enforcement.

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Section 1

DEFINITIONS

Summary of abbreviations of terms used in these Regulations

ASTM	American Society for Testing and Materials
EPA	United States Environmental Protection Agency
°F	Degrees Fahrenheit
FDA	United States Food and Drug Administration
ISDS	Individual Sewage Disposal System
MSDS	Material Safety Data Sheet
NSF	National Sanitation Foundation International
NAC	Nevada Administrative Code
NRS	Nevada Revised Statutes
ppm	parts per million
PHF (TCS)	Potentially hazardous food (time/temperature control for food safety)
SDWA	Safe Drinking Water Act
SIDS	Sudden Infant Death Syndrome
SNHD	Southern Nevada Health District
SNWA	Southern Nevada Water Authority

As used in these Regulations, unless the context otherwise requires, the following words and terms defined have the meanings ascribed to them in this document.

- 1.1 **“Accommodation facility”** defined. An **accommodation facility** is a facility that is operated by a business that is licensed to conduct a business other than the provision of care to children, where the child care is an auxiliary service provided for the customers of the primary business.
- 1.2 **“Administrative Hearing Officer”** defined. An **Administrative Hearing Officer** is the Administrator or any person designated by him to conduct a hearing relating to a citation or notice issued by the Health Authority pursuant to these Regulations.
- 1.3 **“Agency of jurisdiction”** defined. The **agency of jurisdiction** is the local building department, safety authority, fire marshal, business licensing, police or other federal, state or local health agency, federal regulatory agencies, departments of agriculture, other than the Health Authority, having jurisdiction concerning construction, operation, maintenance, and public safety of a child care facility.
- 1.4 **“Approved”** defined. **Approved** means acceptable to the Health Authority based on conformance with adopted Regulations, good public health practices and recognized industry standards.
- 1.5 **“Biocide”** defined. A **biocide** is a chemical agent capable of killing microorganisms.

- 1.6 **“Cease and Desist Order”** defined. A **Cease and Desist Order** is a written Order issued by the Health Authority which directs the responsible person to immediately stop doing or allowing a specific action to occur at a child care facility. A Cease and Desist Order does not include a direction to completely cease operating a child care facility. Under certain circumstances, a Cease and Desist Order can include a timeframe to achieve compliance with the Order so long as there is not an imminent threat to public health or safety.
- 1.7 **“Child care center”** defined. A **child care center** is a child care facility in which the licensee provides care for more than twelve (12) children.
- 1.8 **“Child care center director”** defined. The **child care center director** is either the business licensee or the responsible person appointed by the licensee who manages the operation of the facility.
- 1.9 **“Child care facility”** defined. A **child care facility** is a licensed establishment operated and maintained for the purpose of furnishing care, during the day or overnight, for children under eighteen (18) years of age, in which the parents or guardians are not present.
- 1.10 **“Child care facility Closure Order”** defined. A **child care facility Closure Order** is a written notification to cease immediately all business operations of a child care facility.
- 1.11 **“Child care facility Health Permit”** defined. A **child care facility Health Permit** is written approval by the SNHD to operate a licensed establishment that furnishes care, during the day or overnight, for children under eighteen (18) years of age, in which the parents or guardians are not present. Approval is given in accordance with these Regulations and is separate from any other licensing requirements that may exist within communities or political subdivisions comprising the SNHD.
- 1.12 **“Child care facility Health Permit revocation”** defined. A **child care facility Health Permit revocation** occurs when the Health Authority permanently revokes approval to operate a child care facility based on cause due to the presence of significant health and safety hazards.
- 1.13 **“Child care facility Health Permit suspension”** defined. A **child care facility Health Permit suspension** occurs when the Health Authority suspends, for an indefinite period of time, permission to operate a child care facility based on cause due to the presence of significant health and safety hazards that are establishment wide or are of such severity to cause an imminent hazard to the health and safety of the children, employees, or any other person present. Suspensions may lead to eventual child care facility Health Permit Revocation.
- 1.14 **“Child care operator”** defined. The **child care operator** is the person who holds the child care license.

- 1.15 **“Child care provider”** defined. A **child care provider** is any person who is sixteen (16) years of age or older, who meets the qualifications set forth in these Regulations and those regulations set forth by the Child Care Licensing Authority, whose duties include the direct care, supervision and guidance of children in a child care facility.
- 1.16 **“Child care provider Health Card suspension”** defined. **Child care provider Health Card suspension** means that the individual child care provider to whom the Health Card was issued is not permitted to work as a child care provider while the Health Card is suspended. Suspended child care providers will be notified, in writing, when and under what conditions (if any) their Health Card will be reissued to them so that they may legally resume their profession.
- 1.17 **“Clean”** defined. **Clean** means free of visible dirt, dust, sludge, foam, slime (including algae and fungi), bodily excretions or secretions, rust, scale, mineral deposits, accumulation of impurities, and/or other foreign material.
- 1.18 **“Communicable disease”** defined. A **communicable disease** is a disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.
- 1.19 **“Critical height”** defined. **Critical height** is the fall height below which a life-threatening head injury would not be expected to occur.
- 1.20 **“Cross-contamination”** defined. **Cross-contamination** is the transfer of pathogenic microorganisms to previously sanitized or sterilized surfaces, equipment, or products.
- 1.21 **“Disinfect”** defined. **Disinfect** means to carry out a process which kills most or significantly reduces pathogenic microorganisms.
- 1.22 **“Disinfectant”** defined. A **disinfectant** is an EPA-registered antimicrobial agent, such as a chemical, or heat that destroys, neutralizes, or inhibits the growth of pathogenic microorganisms. All chemical disinfectants must provide a strength equivalent to at a minimum 200 ppm of free available chlorine in their normal use concentration. Other strengths of chlorine may be used as indicated for the purposes shown in these Regulations and all commercially prepared, EPA-registered disinfectants shall be approved by the Health Authority for a given use and must be used according to the label instructions.
- 1.23 **“Disinfection”** defined. **Disinfection** is a process that reduces the number of pathogenic microorganisms, but not necessarily bacterial spores, from inanimate objects or skin, to a level which is not harmful to health.
- 1.24 **“Disposable article”** defined. A **disposable article** is an item such as a paper or plastic cup, container, lid, plate, utensil, straw, placemat, napkin, wrapper, paper towel, diaper, cleansing wipe or any other similar item which is intended or designated to be discarded after single use or after use by a single person.

- 1.25 “Environmental Protection Agency (EPA)-Registered”** defined. **Environmental Protection Agency (EPA)-Registered** means any chemical or substance, including sanitizers, sterilizers, biocides, pesticides or other substances, which is registered with the United States EPA under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) prior to their distribution and use by industry and consumers.
- 1.26 “Environmental surface”** defined. An **environmental surface** is the surface of any furniture, equipment, fixtures, walls, floors, ceilings, lavatories, toilets, tables, countertops, cabinets, diaper changing tables, play equipment, or similar surface which is part of a child care facility.
- 1.27 “Equipment”** defined. **Equipment** is an article that is used in the operation of a child care facility such as a freezer, refrigerator, ice maker, mixer, oven, stove, scale, sink, table, temperature measuring device, vending machine, laundry washer, dryer, or warewashing machine. This definition excludes disposable or single-use articles which are discarded after use.
- 1.28 “Extensive remodel”** defined. An **extensive remodel** refers to a change in fixtures or finishes in an area which is fifty (50) percent or greater of the square footage of the facility.
- 1.29 “Family care home”** defined. A **family care home** is a child care facility, within a family dwelling, in which the licensee regularly provides care, without the presence of parents, for at least one (1) child, but not more than six (6) children.
- 1.30 “Food”** defined. **Food** is a raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption, or chewing gum.
- 1.31 “Food preparation”** defined. **Food preparation** is any packaging, processing, assembly, portioning or any other process that changes the form, flavor or consistency of food.
- 1.32 “Foot-candle”** defined. **Foot-candle** is a unit of measure of the intensity of light falling upon a surface, equal to one lumen per square foot and originally defined with reference to a standardized candle burning at one foot from a given surface.
- 1.33 “Group care home”** defined. A **group care home** is a child care facility, within a family dwelling in which the licensee regularly provides care, without the presence of parents, for at least seven (7) but not more than twelve (12) children.
- 1.34 “Hand washing sink”** defined. A **hand washing sink** is a lavatory, a basin or vessel for washing, a wash basin, or a plumbing fixture especially placed for use in personal hygiene and designed for the washing of the hands. Hand washing sink includes an automatic hand washing facility.
- 1.35 “Health Authority”** defined. **Health Authority** means the officers and agents of the Board and the SNHD.

- 1.36 **“Health hazard”** defined. **Health hazard** means any biological, physical, or chemical exposure, condition, or public nuisance that may adversely affect the health of a person.
- 1.37 **“Hot water”** defined. **Hot water** is water that attains and maintains a temperature between ninety (90) and one hundred twenty (120) degrees Fahrenheit (°F). Each application of hot water in a child care facility, such as hand washing, ware washing, or other uses may require a more specific temperature range to be effective and appropriate for that use.
- 1.38 **“Infant”** defined. An **infant** is a child usually aged from zero (0) to twelve (12) months that is not yet able to walk independently.
- 1.39 **“Integrated pest management”** defined. **Integrated pest management** is a pest management strategy that focuses on long-term prevention or suppression of pest problems through a combination of techniques such as monitoring for pest presence and establishing treatment threshold levels, using non-chemical practices to make the habitat less conducive to pest development, improving sanitation, and employing mechanical and physical controls. Pesticides that pose the least possible hazard and are effective in a manner that minimizes risks to people, property, and the environment are used only after careful monitoring indicates they are needed.
- 1.40 **“Licensee”** defined. The **licensee** is the person who, or organization which is licensed pursuant to local or state child care licensing regulations and is responsible for the operation of a child care facility and adherence to these and child care licensing regulations.
- 1.41 **“Licensing Authority”** defined. The **Licensing Authority** is any agency of a county or incorporated city that meets the requirements of NRS 432A.131 or in the absence of such agency, the Bureau of Services for Child Care of the Division of Child and Family Services in the Nevada State Department of Health and Human Services.
- 1.42 **“Linens”** defined. **Linens** include sheets, covers, blankets, pillow cases, drapes, towels, or any other similar item used to cover a table, sleeping or resting mat, or a child in a child care facility.
- 1.43 **“Medical professional”** defined. A **medical professional** is a licensed, certified, or registered provider of health care such as a physician, physician assistant, osteopathic physician, advanced practitioner of nursing, registered nurse, podiatric physician, or a licensed hospital as the employer of any such person.
- 1.44 **“Menu”** defined. A **menu** is a list food available for or served as a meal or snack.
- 1.45 **“Minor remodel”** defined. A **minor remodel** refers to a change in fixtures or finishes in an area which is less than fifty (50) percent of the square footage of the facility.

- 1.46 “**National Sanitation Foundation International (NSF)**” defined. The **National Sanitation Foundation International (NSF)** is an independent, not-for-profit organization that offers programs and services to augment and support the work of regulatory officials. This includes the development of public health standards; certification of products to those standards; and education and training in all areas of environmental health, including air, water, and food safety.
- 1.47 “**Night care facility**” defined. A **night care facility** is any child care facility that operates between the hours of 12:00 midnight to 6:00 a.m.
- 1.48 “**Nuisance**” defined. A **nuisance** is anything, which is injurious to health, or offensive to the senses, so as to interfere with the comfort or endanger the health or safety of the public as defined by NRS 202.450.
- 1.49 “**Pathogenic**” defined. **Pathogenic** means the ability to produce disease.
- 1.50 “**Potable water**” defined. **Potable water** is water that is safe for human consumption.
- 1.51 “**Potentially hazardous food (time/temperature control for food safety) [(PHF)(TCS)]**” defined. A **potentially hazardous food (time/temperature control for food safety) [(PHF)(TCS)]** means a food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation. Such foods meet the definition of potentially hazardous food in the current *Regulations Governing the Sanitation of Food Establishments* or its successors. This definition includes foods that consist in whole or in part of: milk or products made from milk; eggs; meat; poultry; fish; shellfish; cooked rice; pasta; potatoes; melons; or other food capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms.
- 1.52 “**Preschooler**” defined. A **preschooler** is a child usually aged from three (3) to five (5) years who has not yet entered regular school.
- 1.53 “**Protective surface**” defined. The **protective surface** is the ground surface material in the use zone of a piece of playground equipment that conforms to **Section 9** of these Regulations.
- 1.54 “**Public area**” defined. A **public area** is any area at a child care center open to public view, whether indoors or outdoors, to which the public has approved access, excluding individual classrooms, play areas, and restrooms.
- 1.55 “**Responsible person**” defined. The **responsible person** is the individual designated by the child care facility operator as being responsible for compliance with these Regulations.
- 1.56 “**Restroom**” defined. A **restroom** is a room that contains one or more toilets and one or more hand sinks, unless the hand sinks are located in an easily accessible area not directly within the toilet room.

- 1.57 **“Sanitized”** defined. **Sanitized** means the treatment of equipment, utensils, and surfaces using a process which has been approved by the Health Authority as being effective in destroying pathogenic microorganisms.
- 1.58 **“School-age child”** defined. A **school-age child** is a child usually aged from five (5) to twelve (12) years of age who is enrolled in a regular school.
- 1.59 **“Sewage”** defined. **Sewage** is the water-carried human or animal waste from residences, buildings, industrial establishments, feedlots or other places, together with such ground water infiltration and surface water as may be present. The term includes the mixture of sewage with wastes or industrial wastes and gray water.
- 1.60 **“Solid waste”** defined. **Solid waste** is all putrescible and nonputrescible refuse in solid or semisolid form, including, but not limited to, garbage, rubbish, junk vehicles, ashes or incinerator residue, street refuse, dead animals, demolition waste, construction waste, and solid or semisolid commercial and industrial waste. The term does not include hazardous waste managed pursuant to NRS 459.400 to 459.600, inclusive.
- 1.61 **“Special events facility”** defined. A **special events facility** is a facility that is operated by an organization conducting a business that is not otherwise licensed or permitted to provide care to children. A special events facility is located on the premises of a business at which a special event is held. Child care that is offered by a special events facility may be provided only to the children of persons who are attending the special event on the same date and time when the special event is occurring. Such child care may not be provided for more than seven (7) days and for no more than ten (10) hours in one (1) day. A special events facility must meet all requirements of these Regulations except the following **Sections: 6.1, 6.2.1, 6.10.1, 11.3.2.5, 12, and 14.1.3.**
- 1.62 **“Standard Precautions”** defined. **Standard Precautions**, formerly referred to as “Universal Precautions,” are standard procedures used by employees to prevent transmission of disease from contact with blood or other body fluids which includes the following elements: hand washing after patron contact; using gloves when touching blood, bodily fluids, secretions, excretions, and contaminated items; using mask, eye protection, and protective clothing during procedures likely to generate exposure; handling contaminated equipment and linens in a manner that prevents the transfer of microorganisms to people or equipment; proper disposal of needles and other sharp instruments and blood- and body fluid-contaminated products, practicing care when handling sharps, and using a mouthpiece barrier device or other ventilation device as an alternative to mouth-to-mouth resuscitation. (See **Appendix A: Standard Precautions**).
- 1.63 **“Sterilization”** defined. **Sterilization** means destruction of all forms of microbial life including bacterial and fungal spores.
- 1.64 **“Suitable barrier”** defined. A **suitable barrier** is any barrier that is not easily deformed, non-climbable, and able to prevent entry or access into areas that present a hazard to children under care.

- 1.65** “**Toddler**” defined. A **toddler** is a child usually aged from thirteen (13) to thirty-five (35) months who is able to walk independently.
- 1.66** “**Use zone**” defined. The **use zone** is the area beneath and immediately adjacent to a play structure or equipment that is designated for unrestricted circulation around the equipment and on whose surface it is predicted that a user would land when falling from or exiting the equipment.
- 1.67** “**Volunteer**” defined. A **volunteer** is a person at least sixteen (16) years of age who, if present in a facility more than fifteen (15) hours per week, must meet the requirements of **Section 3.1-Child care provider’s health**.

Section 2

SUBSTANTIAL HAZARDS TO PUBLIC HEALTH AND SAFETY AND EMERGENCY PROTOCOLS

2.1 Substantial hazards to public health and safety

Whenever the Health Authority finds an unsafe, unsanitary, or other condition(s) in the operation, environment, equipment or structure of a child care facility which may constitute a hazard to public health, the Health Authority shall require that the condition(s) be abated as soon as reasonably possible. Substantial hazards to public health and safety include, but are not limited to:

- 2.1.1** Substantial damage to the child care facility caused by earthquake, wind, fire, rain, or flood, or any other condition(s) causing structural damage.
- 2.1.2** Loss of electrical power to critical systems, such as lighting, heating, cooling, or ventilation controls for a period of two (2) or more hours.
- 2.1.3** A water outage to the entire child care facility for a period of two (2) or more hours.
- 2.1.4** A water supply that is not approved by the Health Authority.
- 2.1.5** A defect or condition exists in the system supplying potable water that may result in the contamination of the water.
- 2.1.6** A cross-connection between the potable and non-potable water distribution systems, such as landscape irrigation, air conditioning, heating, and/or fire suppression.
- 2.1.7** A back siphonage.
- 2.1.8** Sewage that is not disposed of in an approved and sanitary manner.
- 2.1.9** Improperly installed toilet or hand washing facilities for washing hands. Such facilities in disrepair or inoperable.
- 2.1.10** An infestation, harborage, or propagation of vermin.
- 2.1.11** Toxic chemicals labeled, stored, or used improperly.
- 2.1.12** The presence of toxic or noxious gases, vapor, fumes, mists, or particulates in concentrations immediately dangerous to life or health, or in concentrations sufficient to cause an environmental disease or a public nuisance.
- 2.1.13** The presence within the child care facility of any pesticide not approved by the EPA, including evidence of indiscriminate use of a pesticide or herbicide which may be injurious to the health of humans.

- 2.1.14 The presence of any disease-causing organism in water exposed to the atmosphere at a level which has caused or is likely to cause an environmental disease within the child care facility.
- 2.1.15 A child, child care provider, or other person infected with a communicable disease or parasites which represents an immediate hazard to fellow children, employees, or anyone present in the child care facility.
- 2.1.16 Equipment that by condition, design, construction or use, poses an immediate risk of entrapment, fall, puncture, pinch, crush, trip, or other cause of injury.
- 2.1.17 Responsible person or child care provider not practicing strict standards of cleanliness, personal hygiene, and Standard Precautions.
- 2.1.18 Environmental surfaces, furnishings, mats, changing tables, pillows, cushions, linens, chairs, dress-up play clothes, or other items within the child care facility that are stained with blood or bodily fluids, soiled, infested with vermin; or are in an otherwise unsanitary condition.
- 2.1.19 Any unmitigated biohazardous event that simultaneously involves more than one (1) individual, classroom, or public area exceeding two hundred (200) square feet.
- 2.1.20 Missing or inoperable smoke detection equipment.
- 2.1.21 Inability of heating and cooling equipment to maintain the room temperatures between sixty (60° F) and ninety (90° F) in all rooms and areas within the child care establishment which are occupied by children and employees.
- 2.1.22 The presence of uncontrolled putrescible waste within the child care facility, on the facility grounds, or in waste accumulation and disposal areas in a quantity and duration to create a nuisance. Such waste must be maintained in a manner inaccessible to children.
- 2.1.23 Substantial health hazards relating to food service, as required in the most current *Southern Nevada Health District (SNHD) Regulations Governing the Sanitation of Food Establishments*.
- 2.1.24 Bodies of water lacking approved barriers as required in **Sections 9.2 and 9.3**.

2.2 Emergencies

- 2.2.1 In an emergency such as, but not limited to, fire, flood, and loss of power or loss of water service, the child care operator, the child care center director, or other responsible person (the child care operator, child care center director, or the designated responsible person may herein be referred to as “responsible person”) shall notify the Health Authority within the timeframes prescribed above. Upon notice, the Health Authority will respond as necessary to protect the public health.

2.2.2 When the emergency situation affects only a portion of the child care facility, children in care shall be relocated as capacity and safety permits to a portion of the facility that is not affected or is less affected.

2.2.3 A copy of the evacuation plan, as required by the Licensing Authority, shall be available for SNHD to review annually.

2.3 Protocol for total power outage

2.3.1 The child care facility shall maintain a supply of flashlights and fresh batteries to access areas without natural light, such as restrooms.

2.3.2 The responsible person shall investigate and determine the reason for the power outage, including the anticipated time that the power will remain out.

2.3.3 The responsible person shall notify the Health Authority of the findings of the investigation and determinations made as outlined in **Section 2.5**.

2.3.4 In the case of extreme outdoor ambient air temperatures, the child care provider shall minimize the opening of exterior doors and windows to conserve interior air temperatures.

2.3.5 The responsible person shall monitor the air temperature of all child-occupied areas. If the air temperature drops below 65°F or exceeds 82°F, parents or guardians of the children in care shall be contacted to advise that children are to be picked up as soon as reasonable. The order of parental or guardian contact shall be prioritized by those rooms most affected: first, children with special needs, where extremes in temperature would be of greatest issue; then younger children next, progressing to older children in care.

2.3.6 Children shall be kept as comfortable as possible until picked up. During warm conditions, drinking water shall be frequently offered. Other means to assist in cooling children in hot temperatures include: battery-powered fans, misting bottles, moistened disposable wash cloths, personal evaporative cooling items, etc.

2.3.7 Potentially hazardous foods (time/temperature control for food safety) [(PHFs)(TCS)] that have been temperature compromised shall be disposed.

2.3.8 Once the area has been vacated, children shall not be permitted to re-enter the affected area until ambient air temperature is in the 65° to 82°F range.

2.4 Protocol for loss of water service

2.4.1 The responsible person shall investigate and determine the reason for the loss of water service, including the anticipated time that the potable water source will remain unavailable.

2.4.2 The responsible person shall notify the Health Authority of the findings of the investigation and determinations made as outlined in **Section 2.5**. Depending upon the length of time the water will remain off, the time of day, and the

associated activities at the facility, it will be determined if parents/guardians should be notified for child pick-up.

- 2.4.3** The child care facility shall store a supply of bottled drinking water and disposable cups. Drinking water shall be frequently offered to children.
- 2.4.4** If possible, the child care facility shall obtain water for flushing toilets.
- 2.4.5** The child care facility shall secure a supply of disposable wet wipes and alcohol-based hand sanitizer to cleanse child care providers' and children's hands post diapering and toileting or for any other application where hand cleansing is required.
- 2.4.6** The child care providers shall wear disposable gloves for each diaper change. Once gloves are removed, the child care providers shall cleanse their hands with a wet wipe and then use the alcohol-based hand sanitizer.
- 2.4.7** No food preparation shall take place. The child care providers will cleanse their hands with a wet wipe, use an alcohol-based hand sanitizer, and wear disposable gloves to provide any ready-to-serve snack.
- 2.4.8** Children's hands shall be cleansed with a wet wipe and an alcohol-based hand sanitizer before eating.
- 2.4.9** Once an area has been vacated, children shall not be permitted to re-enter until potable water service has been restored.

2.5 Substantial health hazard reporting and related documentation

- 2.5.1** Whenever a child care provider finds substantial health hazards present when children are at the child care facility, the provider shall notify the Health Authority immediately during normal business hours at the Environmental Health Division phone number.
- 2.5.2** Children, child care providers, and other persons must be protected from such conditions by all reasonable means until such conditions are abated.
- 2.5.3** If an unmitigated substantial health hazard is discovered while no children are present at the child care facility, such as before or after normal operating hours, then the Health Authority shall be contacted through the 24-hour hotline.
- 2.5.4** Such occurrences which have been discovered and corrected by the child care facility prior to the opening of the business day must be reported to the Health Authority within normal hours the next business day.
- 2.5.5** Whenever the Health Authority requires environmental, laboratory, or chemical testing or assessment of any part of a child care facility as a condition of reopening, all testing or assessment documents shall be provided to the Health Authority prior to reopening the affected area or facility.

Section 3

HEALTH PRACTICES

3.1 Child care provider's health

3.1.1 Every child care provider, including volunteers who are present in the child care facility fifteen (15) or more hours per week, shall have written evidence on file that they are free from active tuberculosis. Such written evidence shall be readily available for review and maintained on premises at the child care facility where they work or volunteer. Such written evidence, when testing is done through the Health Authority, is a *Certificate of Tuberculin Test or X-Ray (Certificate)*. The original of the *Certificate* shall be maintained at the child care facility. The tuberculosis test or examination shall be repeated at least every twenty-four (24) months, or more often as required under NRS Chapter 441A, *Communicable Diseases*.

3.1.2 The following persons shall maintain in their possession a current, valid Food Handler/Child Care Health Card issued by the Health Authority:

3.1.2.1 Every child care provider,

3.1.2.2 Every food handler,

3.1.2.3 Any person required to complete a background check by the licensing agency of jurisdiction, and

3.1.2.4 Every volunteer who is present in the facility fifteen (15) or more hours per week.

Photocopies of current Health Cards shall be available for review at the child care facility for all of the above individuals.

3.1.3 Child care providers shall be in good health, maintain a high degree of personal cleanliness, and conform to good hygienic practices while within the child care facility.

3.1.4 Smoking of any kind, including hookah, and the use of tobacco is prohibited on the premises and outdoor areas of any child care facility and during the hours of operation of family and group care homes. All smoking materials, nicotine-containing lozenges, gum, inhalers, electronic-cigarette nicotine/propylene glycol cartridges, and nicotine-containing nose sprays or any such items shall be maintained inaccessible to children.

3.2 Children's health

3.2.1 Evidence of immunizations for each child shall be maintained at the child care facility as required by NRS 432A.230 to NRS 432A.280. Exemption from immunization shall be in compliance with NRS 432A.240 or NRS 432A.250.

3.2.2 The child care provider shall observe the child each day upon arrival and throughout the child's stay for obvious signs of illness such as, but not limited to, fever, diarrhea, vomiting, difficulty breathing, or skin rashes.

3.2.3 Unless the child care facility is designated as an ill child care facility by the child care Licensing Authority, children with the following symptoms shall be excluded from care:

3.2.3.1 Severe pain or discomfort,

3.2.3.2 Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change to a looser consistency within a period of twenty-four (24) hours,

3.2.3.3 Two or more episodes of acute vomiting within a period twenty-four (24) hours,

3.2.3.4 Elevated body temperature at or above 101°F as determined using oral, axillary, ear, forehead strip or other SNHD approved methods with appropriate temperature adjustment for the method used. Before excluding a child with fever who is four months or older, the fever must also be accompanied by a change in behavior, or signs or symptoms of illness requiring parental evaluation of the child's illness and need for care before the child is excluded. Children less than four months are to be excluded with the presence of fever alone unless the child was both vaccinated during the previous 24 hours and the fever is not accompanied by either a change in behavior or signs or symptoms of illness requiring parental evaluation and/or care.

3.2.3.5 Sore throat or severe coughing,

3.2.3.6 Yellow eyes or jaundiced skin; brown urine/white stool,

3.2.3.7 Red eyes or red lining (conjunctiva) of the eye with discharge,

3.2.3.8 Infected, untreated skin patches,

3.2.3.9 Difficult or rapid breathing,

3.2.3.10 Skin rashes, excluding diaper rash, lasting more than one (1) day,

3.2.3.11 Weeping or bleeding skin lesions that have not been treated by a licensed medical professional. Once treated and released to return to child care; cuts, sores, or lesions shall be covered,

3.2.3.12 Swollen joints,

3.2.3.13 Visibly enlarged lymph nodes,

3.2.3.14 Swelling over the jaw in front of one or both ears,

3.2.3.15 Stiff neck,

3.2.3.16 Blood in urine or feces,

3.2.3.17 Small, raised bumps or blisters on skin with severe itching,

3.2.3.18 Blisters on or near lips that may be open and become covered with a dark crust.

3.2.4 Children suffering from signs and symptoms listed in **Section 3.2.3**, inclusive, shall not be permitted in the child care setting until written documentation from a medical professional is received stating that the child's condition is not infectious and will not adversely affect the child care setting.

3.2.5 Children suffering from a lice infestation shall be excluded from child care until verified free of lice and nits by the physical observation of the child care operator, child care provider, child care facility responsible person, or medical professional.

- 3.2.6 The child care operator or child care center director shall report a case of communicable disease to the Health Authority in accordance with NRS 441A. The child in question shall be excluded in accordance with NRS 441A, and the most current version of the *SNHD Office of Epidemiology Communicable Disease Chart for Schools and Child Care Centers*.
- 3.2.7 The child care provider shall separate a child with a suspected communicable illness from all other children.
- 3.2.8 A general illness/injury log shall be maintained on premises at the child care facility. The record shall contain information regarding non-emergency illnesses or injuries and include:
 - 3.2.8.1 The affected child's name,
 - 3.2.8.2 The date of first observation of the illness or injury,
 - 3.2.8.3 The illness or injury signs and symptoms,
 - 3.2.8.4 Actions taken by child care provider to respond to the illness or injury,
 - 3.2.8.5 Time of parent/guardian notification,
 - 3.2.8.6 Time and nature of parent/guardian's response to notification,
 - 3.2.8.7 The date of the child's re-admittance to the child care facility,
 - 3.2.8.8 Documentation of medical professional care received, if any, prior to re-admittance.

3.3 Report and treatment for accident or injury

- 3.3.1 The child care operator or the child care center director shall keep on file at the facility a report of the occurrence of any accident or injury that requires emergency medical care of the child.
- 3.3.2 Child care providers shall not administer any medical treatment to a child, except first aid and only those medications preauthorized and provided by the parents or legal guardians of the child, which are administered under the requirements of **Section 3.5**.
- 3.3.3 The child care operator or the child care center director shall promptly evaluate the cause of any given accident or injury and make corrective actions as needed to prevent reoccurrence of the accident or injury in question.

3.4 First aid

- 3.4.1 The child care facility shall have a working telephone that is readily accessible. Emergency telephone numbers shall be prominently posted near the telephone.
- 3.4.2 The child care facility shall maintain first-aid supplies and equipment to include:
 - 3.4.2.1 Current first-aid manual or quick-reference instructions,
 - 3.4.2.2 Fever thermometer,
 - 3.4.2.3 Sterile gauze pads,
 - 3.4.2.4 Bandage scissors,
 - 3.4.2.5 Various sizes of adhesive bandages or Band-Aids®,
 - 3.4.2.6 Rolled flexible bandage or Ace® bandage,

- 3.4.2.7 Triangular bandage,
- 3.4.2.8 Disposable gloves,
- 3.4.2.9 Bandage adhesive tape,
- 3.4.2.10 Tweezers,
- 3.4.2.11 Cold pack, and
- 3.4.2.12 Single-use, unexpired bottle of sterile eye wash.

3.4.3 First-aid supplies shall be stored:

- 3.4.3.1 Inaccessible to children,
- 3.4.3.2 In a location that is readily accessible and known to all child care providers,
- 3.4.3.3 Separate from food,
- 3.4.3.4 In a clean and safe manner to prevent contamination of supplies.

3.4.4 Use of items within the first-aid kit shall be done by a child care provider certified to administer first aid, as required by the Licensing Authority.

3.5 Medication administration and storage

3.5.1 Child care operators are not required to administer prescription or nonprescription medications or treatments to children under their care. If the program accepts the responsibility for the administration of medications or treatment, the program shall comply with the requirements of this Section.

3.5.2 Child care providers responsible for administration of medication or treatments shall be provided specific, written instructions or training from the child's parent or legal guardian. This Section does not apply to the administering of oral medications that only require a simple measuring device to administer or to topical medication.

3.5.3 The medication shall be in the original container and labeled prominently with the child's first and last name. All medication shall have manufacturer's instructions or a prescription label with specific, legible instructions for administration and storage.

3.5.4 The medication container or physician authorization note shall clearly outline specific parameters to be followed such as the dosage and the frequency of administration. Medications marked with "as needed" must include the parameters for dosing such as:

- 3.5.4.1 The symptoms that would indicate the medication should be given,
- 3.5.4.2 The length of time the medication is allowed to be given on an "as needed" basis, and
- 3.5.4.3 The maximum amount of medication allowed in a twenty-four (24) hour period.

3.5.5 Medications shall be stored inaccessible to children and in accordance with the manufacturer's instructions or pharmacist's label.

3.5.6 Medications requiring refrigeration must be kept separate from food.

3.5.7 Unused medication must be returned to the parent or guardian.

3.5.8 Expired medication shall not be used in a child care facility. Expired medication must be discarded.

3.6 Medication record keeping

3.6.1 A written record shall be maintained with the following information:

3.6.1.1 The child's first and last name,

3.6.1.2 The medication name,

3.6.1.3 The medication dosage,

3.6.1.4 The date and time the medication was administered, and

3.6.1.5 The legibly printed name and signature of the child care provider who administered the medication.

3.6.2 Any errors in administration or adverse reactions to the medication shall be reported immediately to the parent or guardian verbally and the incident documented in writing in the medication record.

3.7 Medication exceptions

The requirements of this Section do not extend to the following non-prescription topical medications when used as directed by the original label provided by the parent for the individual child:

3.7.1 Diaper changing ointment, cream or powder, free of antibiotic, antifungal, or steroidal components,

3.7.2 Teething gel administered per label directions,

3.7.3 Sunscreen for children over six (6) months of age. When applying sunscreen on children, wear gloves and discard gloves after use on each child. Wash hands per **Section 4.2.1.11** and **Section 4.2.3** prior to applying sunscreen to the next child.

Section 4

INFECTION CONTROL PRACTICES

4.1 Spread of infectious disease

Disease can be spread through the intestinal tract, through the respiratory system, or through direct contact. The spread of disease in a child care facility can be greatly reduced by frequent and adequate hand washing and the regular cleaning and sanitizing/disinfecting of shared surfaces and equipment. Child care providers shall be knowledgeable regarding good infection control practices and the prevention of spread of communicable disease.

4.2 Hand washing and related hand washing facilities

Hand washing practices shall be performed at a hand washing sink, which has been designated for the sole purpose of hand washing. Any sink designated as a hand washing sink shall not be used for any other activities or uses, except when the sink has been approved by the Health Authority for use by children to perform supervised tooth brushing following disinfection of the hand sink. All hand sinks must provide soap, paper towels, and a trash receptacle at all times as required in **Section 6.10**.

4.2.1 Child care providers shall wash their hands:

- 4.2.1.1** After assisting a toileting child,
- 4.2.1.2** After each diaper change,
- 4.2.1.3** After personal toileting,
- 4.2.1.4** After smoking,
- 4.2.1.5** After attending an ill child,
- 4.2.1.6** After handling any body fluids,
- 4.2.1.7** After cleaning contaminated or soiled surfaces,
- 4.2.1.8** After handling or cleaning the cage or habitat of an animal,
- 4.2.1.9** Before preparing, serving, or eating food or setting the table,
- 4.2.1.10** Before and after giving or applying medication,
- 4.2.1.11** Before and after applying sunscreen to children. Hands shall be washed after removing gloves as specified in **Section 3.7.3**,
- 4.2.1.12** As often as necessary to keep hands clean.

4.2.2 Child care providers shall wash, assist in washing, or supervise the washing of a child's hands:

- 4.2.2.1** After the child's toileting or diapering,
- 4.2.2.2** Before the child eats or participates in food activities, including setting the table,
- 4.2.2.3** After handling contaminated surfaces,
- 4.2.2.4** When hands are visibly soiled,
- 4.2.2.5** After outdoor play,
- 4.2.2.6** As needed.

- 4.2.3 Child care providers and ambulatory children shall perform hand washing procedures using the following steps:
 - 4.2.3.1 Use warm, running water and liquid soap,
 - 4.2.3.2 Lather well, scrubbing between fingers and backs of hands and under nails for at least 20 seconds,
 - 4.2.3.3 Rinse well, with water running from wrists to fingertips,
 - 4.2.3.4 Dry hands with a disposable single-use towel,
 - 4.2.3.5 Turn off the sink faucet with a disposable single-use towel, then dispose.
- 4.2.4 Hand sanitizers shall not be used as a replacement for thorough hand washing using the procedures described above in **Section 4.2.3**.
- 4.2.5 Child care providers shall wash non-ambulatory children's hands using the following steps:
 - 4.2.5.1 Thoroughly wipe the child's hands with a clean, disposable moist wipe or with a freshly dampened single-use towel, moistened with liquid soap,
 - 4.2.5.2 If the liquid soap method is used, wipe the child's hands with a different single-use towel dampened with clear water until the liquid soap is satisfactorily removed,
 - 4.2.5.3 Dry the child's hands with a disposable single-use towel.

4.3 Diapering procedures

- 4.3.1 Children shall be diapered in an established diaper changing area that has been approved by the Health Authority.
- 4.3.2 Diapering procedures shall be clearly posted in writing, with diagrams, at each established diaper changing area. Diapering shall be done using the following steps:
 - 4.3.2.1 Gather all necessary supplies and arrange for easy access at the diaper changing station. Necessary supplies include:
 - 4.3.2.1.1 Disposable gloves,
 - 4.3.2.1.2 Diaper changing table liners, if used,
 - 4.3.2.1.3 Clean diapers, either cloth or disposable,
 - 4.3.2.1.4 Disposable cleansing wipes,
 - 4.3.2.1.5 Clean clothing, if needed,
 - 4.3.2.1.6 Easily accessible disposal receptacle for diapers, wipes, gloves, and liners;
 - 4.3.2.2 Put on disposable gloves and place a disposable liner (optional) on the diaper-changing surface,
 - 4.3.2.3 Carry the child to the changing table, keeping soiled clothing away from you,
 - 4.3.2.4 Remove clothing covering the child's diaper area. Any soiled clothing shall be handled in the manner specified in **Section 4.3.3**,
 - 4.3.2.5 Unfasten the soiled diaper,
 - 4.3.2.6 Use disposable baby wipes to clean the child's diaper area. Remove urine and stool from front to back, using a fresh wipe each time. Put the wipes into the soiled diaper,

- 4.3.2.7 Look for and note any skin problems, such as developing diaper rash, on the child's diaper area. If any skin problems are seen, report them to the child care center director,
 - 4.3.2.8 Fold the diaper over the inner, soiled area and secure it with the tabs,
 - 4.3.2.9 Remove the soiled gloves by pulling the gloves inside out and placing them on top of the secured, soiled diaper,
 - 4.3.2.10 Dispose of all contaminated materials into a lined, hands-free receptacle with a tightly fitting lid that is used for disposing of diapering materials only,
 - 4.3.2.10.1 The receptacle shall be emptied as often as needed to minimize odors and cleaned and disinfected at least once per day,
 - 4.3.2.10.2 The receptacle shall be located so the lid or cover is inaccessible to children,
 - 4.3.2.11 Wipe your hands with a disposable wipe,
 - 4.3.2.12 Slide the clean diaper under the child, adjust and fasten it,
 - 4.3.2.13 Replace the clothing that was removed from the child for diapering or dress the child in new clothing, if previous clothing was soiled,
 - 4.3.2.14 Wash the child's hands as specified in **Sections 4.2.2, 4.2.3, or 4.2.5**. Return the child to the group,
 - 4.3.2.15 Dispose of the table liner, if used,
 - 4.3.2.16 Clean any visible soil from the changing table with an all-purpose cleaner, dispensed through a spray bottle or by using commercially-prepared cleaning solution wipes,
 - 4.3.2.17 Disinfect the changing table with an approved disinfectant. Spray or wipe down with the disinfectant so the surface is totally wet. Whenever possible, allow to air dry (See **Section 4.5.3** for information regarding sanitizers and disinfectants),
 - 4.3.2.18 Child care providers shall then wash their hands as specified in **Section 4.2.3**.
- 4.3.3 Soiled clothing shall be handled in the following manner:
- 4.3.3.1 Clothing soiled with fecal material or urine shall not be rinsed at the child care facility,
 - 4.3.3.2 Child care providers shall promptly change a child's clothing that is soiled with fecal material or urine,
 - 4.3.3.3 The clothing shall be placed in an airtight, leak-proof container or leak-proof bag to be sent home with the parent or legal guardian. The container of soiled clothing shall be:
 - 4.3.3.3.1 Labeled or otherwise identified as belonging to the given child,
 - 4.3.3.3.2 Maintained inaccessible to children,
 - 4.3.3.3.3 Stored away from food and food contact surfaces, and
 - 4.3.3.3.4 Sent home daily.
 - 4.3.3.4 Any free fecal material that has not soiled the child's clothing may be disposed of into a toilet, if direct contact with the fecal material can be avoided.
- 4.3.4 Cloth diapers shall be handled in the following manner:
- 4.3.4.1 Cloth diapers shall not be rinsed at the child care facility,
 - 4.3.4.2 If the child care facility allows cloth diapers, the diapers shall be of a front closure design with a waterproof cover,

- 4.3.4.3 The diaper and cover shall be removed as a single unit, with no reuse of diaper or cover until cleaned and disinfected at the child's home or at a diaper service,
- 4.3.4.4 After a diaper change, the cloth diaper shall be placed directly into an airtight, leak-proof container or leak-proof bag. The container holding the soiled cloth diaper shall be:
 - 4.3.4.4.1 Labeled with the child's name or diaper service,
 - 4.3.4.4.2 Maintained inaccessible to children,
 - 4.3.4.4.3 Stored away from food and food contact surfaces, and
 - 4.3.4.4.4 Sent home or picked up by the diaper service daily.
- 4.3.5 In child care centers, child care providers who are assigned to prepare food in the kitchen for that daily shift are strictly prohibited from diapering children or assisting in toilet training during that same day or shift.

4.4 Personal use items

- 4.4.1 Children's personal use items including, but not limited to, items such as brushes, combs, toothbrushes, hair care products, and pacifiers shall not be shared. Such items shall be labeled with the child's name, stored separately from those of other children, and made inaccessible to children unless supervised by an adult child care provider.
- 4.4.2 Child care provider's personal use items including, but not limited to, items such as brushes, combs, toothbrushes, and hair care products shall be made inaccessible to children.
- 4.4.3 When they drop onto the floor, pacifiers, teething toys, and other personal items that are designed to be placed into a child's mouth shall be washed, rinsed, and sanitized at an appropriate sink before being offered back to the child for reuse.
- 4.4.4 When children are permitted to brush their teeth at the child care facility:
 - 4.4.4.1 The hand washing sink shall be thoroughly disinfected before and after the children are permitted to brush their teeth using the sink,
 - 4.4.4.2 Toothbrushes shall be stored so that they do not drip on or make contact with another child's toothbrush,
 - 4.4.4.3 If a toothbrush holder that can hold multiple toothbrushes is in use, it must be designed so that individual toothbrushes can be maintained physically separated from each other,
 - 4.4.4.4 Each child will have their own slot on the multiple toothbrush holder. That slot shall be labeled with the child's name and hold their toothbrush only,
 - 4.4.4.5 The toothbrush bristles shall remain exposed to the air to dry after use,
 - 4.4.4.6 The holder shall be maintained in a clean and sanitary condition and protected from contamination,
 - 4.4.4.7 Toothbrushes and toothbrush holders shall not be maintained in proximity to a flushing toilet,
 - 4.4.4.8 Toothpaste shall not be dispensed directly onto toothbrushes from a common tube. Each child shall have his or her own labeled toothpaste tube or the toothpaste dispensed from a single tube shall be dispensed onto a clean piece of paper or a paper cup rather than directly onto the toothbrush,

- 4.4.4.9 Child care providers shall dispense a layer of fluoride toothpaste one-quarter ($\frac{1}{4}$) to one-half ($\frac{1}{2}$) the size of a pea for children under three (3) years of age and a pea-sized amount for children over three (3) years of age,
- 4.4.4.10 Child care providers shall directly supervise all brushing of teeth to ensure that proper hygienic measures are maintained,
- 4.4.4.11 When a child has bleeding gums, caregivers shall wear disposable gloves when assisting children with brushing their teeth and follow Standard Precaution guidelines.

4.5 Housekeeping and sanitation

4.5.1 Chemical agents used to clean and disinfect child-occupied areas, restroom surfaces, and food service areas shall be:

4.5.1.1 Measured and properly diluted with water to ensure proper strength or commercially prepared (See **Section 4.5.3.1 through 4.5.3.5** below),

4.5.1.2 Clearly and accurately labeled as to contents,

4.5.1.3 Available for use in child care, restroom, food service, and diapering areas,

4.5.1.4 Maintained inaccessible to children,

4.5.1.5 Not stored adjacent to or over foods or food service items.

4.5.2 Child care centers must provide all parents and guardians of children in care with a written advisory of the use of chemical air fresheners on the premises. All parents or guardians must sign a written acknowledgment of the use of air fresheners at least once per calendar year.

4.5.3 Child care providers shall be knowledgeable in the proper use of and precautions to follow while using chemicals within the child care facility.

4.5.3.1 As defined in these Regulations, disinfection is required in a child care setting under certain circumstances. Disinfection is a process used to destroy or significantly reduce the number of pathogenic microorganisms on surfaces and inanimate objects with which children have contact. Sanitization requirements for food contact surfaces, eating utensils, and items mouthed by children shall be discussed in a later section (**Section 10.3.8**).

4.5.3.2 In a general child care setting, a chemical solution of one-fourth ($\frac{1}{4}$) cup household liquid chlorine bleach (5.25 percent sodium hypochlorite commercially-prepared bleach) added to one (1) gallon of potable tap water OR one (1) tablespoon household chlorine bleach added to thirty-two (32) ounces of potable tap water, prepared fresh daily, to provide 200 parts per million (ppm) available chlorine as hypochlorite solution is an effective disinfectant for environmental surfaces and other inanimate objects provided that the surfaces have first been cleaned of organic material before applying the disinfecting solution.

4.5.3.3 The concentration of free chlorine in the solution may be verified using chlorine test strips designed to test within the range that includes 0 to 200 ppm free available chlorine and above.

NOTE: DO NOT USE “Ultra” strength bleach. It does not contain 5.25 percent sodium hypochlorite and will not achieve the proper concentration for disinfection using the formula calculations given.

4.5.3.4 Disinfectants **other than** chlorine bleach may be used with the following criteria:

- 4.5.3.4.1** The disinfectant is registered as a disinfectant with the EPA as per the definition for “disinfectant” given in these Regulations,
- 4.5.3.4.2** The disinfectant is used to the specifications outlined on the original label,
- 4.5.3.4.3** Appropriate chemical test strips are obtained and used to verify disinfectant solution strength,
- 4.5.3.4.4** If a disinfectant other than chlorine is used, then the surface shall be rinsed with a water-only wiping cloth once the disinfectant has achieved sufficient contact time with the disinfected surfaces

NOTE: Rinsing following the use of properly prepared chlorine solution is not necessary because the chlorine evaporates, leaving only water. There is no residue left behind once the surface has air dried.

- 4.5.3.5** To achieve maximal disinfection, the surface must first be cleaned with an all-purpose cleaner prior to applying the disinfectant solution. The pre-cleaned surface shall then be disinfected in a second step and should be left moderately or glistening wet and allowed to air dry
- 4.5.3.6** If commercially-prepared disinfectant-detergent pre-moistened towelettes (such as Lysol® disinfecting wipes) are used, the two (2) step process is still required. One (1) or more wipes may be used for the cleaning step, then one (1) or more wipes or another form of chemically-compatible disinfectant shall be used for the second step and allowed to air dry. If the final disinfecting step uses any solution other than chlorine, follow instructions in **Section 4.5.3.4.4**.

CAUTION: Do not mix undiluted bleach or the bleach solution with other cleaning solutions or acids such as vinegar or ammonia, as this may result in the formation of highly poisonous chlorine gas. Ensure that all cleaning and disinfecting products used are chemically compatible. Thoroughly review labeling instructions and/or Material Safety Data Sheets (MSDSs) before using any chemical product.

- 4.5.4** All areas and equipment of the child care facility shall be maintained clean, in good repair, and in a neat and orderly condition.
- 4.5.5** Toys that are placed in children’s mouths shall be set aside to be cleaned and sanitized as per **Section 10.3.8** before being handled by another child.
- 4.5.6** All frequently touched toys, surfaces in rooms in which infants and toddlers are cared for, and toys or surfaces that are contaminated by body secretions shall be cleaned and disinfected daily, or sooner if soiled. Cloth or plush items shall be small enough that they can be laundered and placed in a hot clothes dryer.
- 4.5.7** Toys and other surfaces in rooms where older, non-diapered children are cared for shall be cleaned and disinfected weekly or sooner if soiled.

- 4.5.8** Cloth/fabric dress-up clothing and cloth or plush toys shall be laundered and placed into a hot dryer weekly or sooner if soiled. During lice or similar infestations such items shall not be used by the children.
- 4.5.9** Toilet rooms, flush toilets, and fixtures shall be cleaned and disinfected daily, or more often, if soiled.
- 4.5.10** Before walking on surfaces that infants use specifically for play, adults and children shall remove or cover shoes or socks that have been worn outside the play area used by that group of infants. Shoes, slippers, socks, or disposable shoe covers that are used only in the play area shall be worn. Bare feet are prohibited.

Section 5

FURNISHINGS AND EQUIPMENT

5.1 General requirements

5.1.1 Equipment, materials, toys, and furnishings shall be:

5.1.1.1 Sturdy, durable, and of safe construction,

5.1.1.2 Easy to clean and disinfect, and

5.1.1.3 Free of sharp points or corners, splinters, protruding nails, loose or rusty parts, or paint that contains lead or other poisonous materials.

5.1.2 Indoor play equipment must meet the most current requirements of applicable sections of American Society for Testing and Materials (ASTM) publications F1918, F1292, F2373, F1148, and F1487.

5.1.3 Items accessible to children shall be age and developmentally appropriate.

5.1.4 Any mirrors in child-occupied areas shall be shatterproof and child safe.

5.1.5 Broken or damaged equipment and materials, toys, and furnishings shall be removed or otherwise made inaccessible from child-occupied areas. Repairs must be made in a manner that does not compromise the safety and cleanliness of the item being repaired.

5.2 Furniture

5.2.1 Durable furniture such as tables and chairs shall be age appropriate or safely adapted for children's use.

5.2.2 Highchairs shall be stable, easy to clean and disinfect, maintained in good repair, and equipped with functioning safety restraints.

5.3 Storage

5.3.1 Space for the organized storage of napping and sleeping equipment, play equipment, and supplies shall be provided. Storage areas shall be maintained in a clean and orderly manner.

5.3.2 Separate, identified storage areas shall be provided for each child's personal effects and clothing. Individual cubicles, lockers, or coat hooks shall be provided. Coat hooks shall be spaced to prevent the overlapping of personal items.

5.3.3 Cubicles, if used, shall be cleanable, non-absorbent, and solid in structure. No open-sided or perforated containers shall be used.

5.4 Napping, sleeping, and infant activity equipment

- 5.4.1** All napping and sleeping equipment, infant swings, bouncy seats, infant carriers, playpens, floor mats, and linens shall be maintained in a safe and sanitary manner.
- 5.4.2** Mattresses, floor mats, cots, and other napping and sleeping equipment shall be nonabsorbent or have a tightly fitting waterproof cover and be easy to clean and disinfect.
- 5.4.3** Individual cribs, playpens, floor mats, or cots and associated linens shall be issued to each child. If the items are used more than once by that child, they shall be labeled with identifying information.
- 5.4.4** Napping, sleeping, and child activity equipment shall be thoroughly cleaned and disinfected prior to use by another child.
- 5.4.5** Assigned napping and sleeping equipment shall be thoroughly cleaned and disinfected a minimum of weekly or sooner if soiled.
- 5.4.6** The child care provider shall furnish each infant or toddler with a single level crib or playpen until both the child care provider and the parent mutually agree that the child is developmentally ready to use a cot, floor mat, or bed. Infant swings, bouncy seats, and infant carriers are not acceptable replacements for approved napping and sleeping equipment. The use of stacked cribs is prohibited.
- 5.4.7** Infants shall be placed on their backs for sleeping. Their heads shall remain uncovered during sleep. If a blanket or covering is used, the covering should reach no higher than the baby's chest.
 - 5.4.7.1** Child care centers and family care/group care home operators who provide care for infants or toddlers shall inform the parent or guardian via approved written advisories and brochures of the significant risk of Sudden Infant Death Syndrome (SIDS) associated with laying infants or toddlers on their abdomens to sleep.
 - 5.4.7.2** A written acknowledgement of this information shall be signed, by the parent or guardian, and kept on file by the child care operator for the duration of the child's care at the child care facility.
- 5.4.8** Cribs and playpens shall be constructed using safe and sturdy approved materials, be designed to facilitate easy cleaning and disinfecting, maintained in good condition, and conform to the following criteria:
 - 5.4.8.1** Crib slats shall be spaced no more than two and three-eighths inches (2-3/8") apart;
 - 5.4.8.2** Crib sides shall have secure latching devices;
 - 5.4.8.3** Cribs shall be equipped with a firm, tight fitting mattress designed for use in a crib. There shall be no more than one and one-half inches (1-1/2") of space between the mattress and crib frame when the mattress is pushed flush to one corner of the crib;

- 5.4.8.4 Cribs and playpens shall be free of corner post extensions and decorative headboard cutouts;
 - 5.4.8.5 Cribs and playpens for infants shall not contain any pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products. Quilts and other gas-trapping material shall not be used as bed covers;
 - 5.4.8.6 Once the child is able to pull up to a standing position, the crib mattress frame shall be placed in the lowest position available on the crib, with no strunged objects extending across the crib;
 - 5.4.8.7 Playpens constructed of nylon-type or mesh-sided material shall be assigned to a given child. The mesh must:
 - 5.4.8.7.1 Be less than one-quarter inch ($\frac{1}{4}$ ") in size,
 - 5.4.8.7.2 Not have any tears, holes, or loose threads,
 - 5.4.8.7.3 Be securely attached to the top rail and floor plate of the playpen;
 - 5.4.8.8 The top rail cover of the mesh nylon-type playpen must not have any tears or holes;
 - 5.4.8.9 If staples are used, they must not be missing, loose, accessible to the child, or exposed;
 - 5.4.8.10 Once surfaces are permanently stained or fail any of the criteria listed in **Sections 5.4.8.7 through 5.4.8.9**, the equipment shall be replaced;
 - 5.4.8.11 Prior to being used by a different child, all surfaces must be thoroughly cleaned and disinfected;
 - 5.4.8.12 A tightly fitting sheet shall cover the crib mattress or playpen pad. Coverings for the child shall be seasonally appropriate.
- 5.4.9 For a full day program, the child care provider shall furnish each toddler who does not use a crib or playpen and each preschool-age child with a waterproof floor mat, waterproof mattress, or waterproof cot for napping. The child care provider shall also provide napping equipment for older children who need a nap or rest period. The equipment shall conform to the following:
- 5.4.9.1 The floor mat or cot shall be at least as long as the child and be wide enough to provide comfort,
 - 5.4.9.2 Floor mats shall be maintained at all times in a clean and safe condition, free of exposed foam,
 - 5.4.9.3 When in use, floor mats shall be placed on a clean floor,
 - 5.4.9.4 Canvas or cloth cots are not permitted. Napping surfaces shall be nonabsorbent and waterproof,
 - 5.4.9.5 Napping surfaces shall be cleaned and disinfected immediately after each use, prior to use by another child,
 - 5.4.9.6 Assigned napping and sleeping equipment shall be thoroughly cleaned and disinfected a minimum of weekly, or sooner, if soiled,
 - 5.4.9.7 When linens are used, proper storage as indicated in **Section 5.4.11**, shall be practiced.
- 5.4.10 Night care sleeping equipment shall comply with the following criteria:
- 5.4.10.1 Infants and toddlers shall sleep in a crib meeting the requirements in **Section 5.4.8**, with a minimum two-inch (2") thick waterproof mattress,
 - 5.4.10.2 Toddlers meeting the criteria in **Section 5.4.6** and older children shall sleep on a bed meeting the requirements in **Sections 5.4.1 through 5.4.5** and **Section**

- 5.4.9** with a minimum two-inch (2") thick waterproof mattress, with bedding to include the following:
- 5.4.10.2.1** A tight fitting mattress cover,
 - 5.4.10.2.2** Seasonally appropriate coverings. The use of pads less than two inches (2") thick or blow-up beds for sleeping from the hours of 12:00 midnight to 6:00 a.m. is prohibited.
- 5.4.11** Linen cleaning, storage and handling:
- 5.4.11.1** Napping and sleeping linens shall be individually stored so that each child's bedding is identifiable and no child's bedding comes in contact with other bedding,
 - 5.4.11.2** Bedding shall be washed a minimum of weekly or more often if soiled or wet. Once permanently stained, linens shall be replaced,
 - 5.4.11.3** Bedding shall not be shared by different children without being laundered first,
 - 5.4.11.4** Each child care facility shall have a mechanical washing machine and dryer on site, shall contract with a laundry service, or utilize a laundromat meeting the following requirements:
 - 5.4.11.4.1** The water temperature for the laundry shall be maintained above 140°F; or
 - 5.4.11.4.2** A product labeled by the manufacturer as a laundry sanitizer is applied according to the manufacturer's instructions, in which case the water temperature for the laundry shall be as specified by the manufacturer of the product; or
 - 5.4.11.4.3** A dryer is used, which the manufacturer attests heats the clothes to 140°F or above.
- 5.4.12** Space for sleeping and napping shall be provided in a large enough area to allow at least two (2) feet of open space on all sides of occupied napping and sleeping equipment except where the equipment is adjacent to a wall or partition, or is a solid-ended crib.

Section 6

FACILITIES AND MAINTENANCE

6.1 General child care facility requirements

- 6.1.1** The street address numbers designating the child care facility address shall be affixed to the building or residence and be easily visible from the street.
- 6.1.2** The interior premises of the child care center or the residence used as a family care or group care home shall be maintained clean, in good repair, and free of hazards.
- 6.1.3** All areas of a residence used for a family care or group care home shall not have an accumulation of items that may cause, or mask, a potential health, sanitation, or safety problem.
- 6.1.4** During business hours, while children in care are present, fireplaces shall not be used to light fires. The contents of the fireplace and related surrounding articles such as the wood, artificial logs, ashes, grating, fireplace tools, lighting materials, gas valves, or any other such item shall be inaccessible to children. Any sharp corners or edges on the fireplace hearth shall be cushioned.
- 6.1.5** A facility which has undergone an extensive remodel (as defined in **Section 1.28**) will be required to meet current Regulations throughout the entire facility.
- 6.1.6** A facility which has undergone a minor remodel (as defined in **Section 1.45**) will be required to have all of the areas affected in the remodel's scope of the work be in compliance with current Regulations.

6.2 Floors

- 6.2.1** All floors found in food service areas, restrooms, toilet rooms, shower rooms, utility/mechanical rooms, laundry areas, or adjacent to or in diaper-changing areas shall be made of a smooth, durable, nonabsorbent, nonporous material that is light in color, easily cleanable, and can be maintained in a sanitary manner at all times.
- 6.2.2** Every concrete, tile, ceramic, and vinyl floor installed in areas where carpeting is prohibited must be coved at the junctures between the floor and the walls. All material used to cove the junctures must be fitted snugly to the floor and walls so there are no openings large enough to permit the entrance of vermin.
- 6.2.3** Carpet is prohibited in the areas shown above in **Section 6.2.1**. The Health Authority may prohibit the use of carpeting in any other area, which it deems would be made unsanitary by the use of carpeting. Upon approval by the Health Authority, carpeted areas may be covered with a nonabsorbent, nonporous material as described in **Section 6.2.1**.

- 6.2.4** In new or extensively remodeled child care centers or upon change of ownership, carpeting shall not be permanently affixed under water play tables, dining, wet-craft, sink, diapering, or drinking fountain areas. Area rugs, runners, or mats used in such areas shall be skid-proof and able to be easily removed for cleaning. Once any existing carpet in such areas is in poor condition, no longer cleanable, becomes a safety and health hazard, and requires replacement, then it shall be removed and replaced with flooring described in **Section 6.2.1**.
- 6.2.5** In a child care center, removable rugs, runners, or mats shall be cleaned as frequently as needed, but no less than every three (3) months, or removed for servicing by a professional company at least every three (3) months.
- 6.2.6** In family care or group care homes, any area rugs in restrooms must be shaken or vacuumed daily during a time when no children are present and laundered at least weekly.
- 6.2.7** Carpeted spaces and large area rugs shall be maintained clean and in good repair at all times. The following methods are required:
- 6.2.7.1** In a child care center, in rooms other than infant rooms, and in family care or group care homes, vacuum daily and clean quarterly, or more frequently as needed;
- 6.2.7.2** In a child care center, in infant rooms, vacuum daily and clean at least monthly, or more frequently if needed;
- 6.2.7.3** A carpet cleaning method approved by SNHD shall be used;
- 6.2.7.4** Vacuum or clean carpets when children are not present and will not be present until the carpet is dry.
- 6.2.8** Dated documentation of the last cleaning shall be maintained at the child care facility and be made available for Health Authority review.

6.3 Walls, ceilings, openings, and closures

- 6.3.1** All environmental surfaces, including walls, ceilings, closures, attached equipment less than eight (8) feet in height, and the hand contact and splash areas of doors and walls, and walls adjacent to diaper-changing areas shall be made of a smooth, durable, nonabsorbent and nonporous material that is easily cleanable and can be maintained in a sanitary manner, in good repair, and free of hazards at all times.
- 6.3.2** Each bathroom, toilet room, and shower room wall shall be impervious to water up to a height of five (5) feet.
- 6.3.3** All walls, ceilings, doors, windows, skylights, and other closures, fixtures and decorative materials that are not readily accessible must be kept clean and in good repair.
- 6.3.4** The materials used in constructing the walls and ceiling must be joined along the edges so there are no open spaces or cracks.

- 6.3.5 Studs, joists, rafters, and beams must not be left exposed in child care areas, food service areas, or restrooms. If left exposed in other areas, these structural members must be suitably finished and kept clean and in good repair.
- 6.3.6 Each exterior door and window shall be weather and water tight and prevent the entrance of insects and vermin. Doors and windows that will be opened for ventilation shall have screens with no less than sixteen (16) mesh to the inch.
- 6.3.7 Doors and windows that exit to a pool or spa shall have a lock or childproof latch and shall remain secured during business hours.
- 6.3.8 All stairs in child-accessible areas shall have safe, sturdy barriers. Safety gates shall have straight topped edges. Accordion-style, expandable gates shall not be used. Doors that access the exterior of the structure or garage and storage areas shall have a keyed lock or a latching device out of a child's reach.

6.4 Electrical hazards

- 6.4.1 Electrical outlets, including power strips, accessible to children shall be made child proof.
- 6.4.2 Electrical cords shall be positioned and secured, if possible, to reduce a potential hazard to children.

6.5 Smoke alarms

Each distinct area of the child care facility must be equipped with at least one working smoke alarm that is installed, maintained, and tested according to existing fire codes.

6.6 Heating and ventilation systems

- 6.6.1 Each system for heating, cooling, or ventilation must be properly maintained and operational at all times.
- 6.6.2 The child care facility shall have mechanical heating and cooling equipment sufficient to maintain interior air temperatures in child-occupied areas within a 65° to 82° F temperature range, as measured 30 inches (30") above floor level.
- 6.6.3 One (1) thermometer, accurate to plus or minus (\pm) 2° F, shall be available to measure the temperature in each child-occupied area.
 - 6.6.3.1 The thermometer shall have the ability to be calibrated,
 - 6.6.3.2 The thermometer shall be calibrated at least once every ninety (90) days,
 - 6.6.3.3 Thermostats are not acceptable in lieu of thermometers capable of being calibrated.
- 6.6.4 Ventilation equipment must be able to prevent moisture accumulation on environmental surfaces. In all new or extensively remodeled child care facilities or upon change of ownership, all restrooms, toilet rooms, or shower rooms shall be ventilated by either a functioning electric fan vented to the exterior of the building or an operable screened window.

6.6.5 The use of portable space heaters is prohibited in areas accessible to children.

6.7 Lighting

6.7.1 Artificial light sources that are permanently affixed shall provide a light intensity maintained at or above the minimum foot-candle requirements in accordance with the following:

6.7.1.1 At least fifty (50) foot-candles of light shall be provided on the work surface where reading, painting, puzzles, or other close work is performed;

6.7.1.2 At least fifty (50) foot-candles of light shall be provided in food preparation areas on the work surface;

6.7.1.3 At least thirty (30) foot-candles of light shall be provided in areas where general play occurs, such as playing house or dress up, block building, or other such activities;

6.7.1.4 At least twenty (20) foot-candles of light shall be provided measured at thirty inches (30") from the floor in restrooms, storage areas, hallways, stairways, and general floor areas;

6.7.1.5 At least five (5) foot-candles of light shall be provided measured at thirty inches (30") from the floor in napping areas during nap period.

6.7.2 In all new child care center construction and in all family care or group care homes, natural light is required in any room located on the exterior wall of the building in which any child's attendance exceeds four (4) hours a day.

6.7.3 All light bulbs and fluorescent tubes in child-occupied and food service areas shall be shatterproof or protected by effective shields.

6.8 Restrooms

6.8.1 Restrooms shall be provided for toilet-trained children and child care providers during all operating hours when children are present. All restroom facilities and fixtures used by children in care and child care providers during business hours shall be maintained clean and in good repair.

6.8.2 In all newly constructed child care centers, toilet and hand washing facilities shall be available within forty (40) feet of the closest part of all indoor and outdoor areas that children use.

6.8.3 Full doors shall be installed on toilet rooms that open directly into a classroom or food service area.

6.8.4 Restrooms shall have doors capable of being securely closed when the restroom is not in use. Children under thirty (30) months of age shall not be permitted in the restrooms unless directly supervised by a child care provider.

6.8.5 In child care centers, based on the total licensed capacity, one (1) toilet shall be installed and maintained for every fifteen (15) toilet-trained children or fraction thereof. Urinals, if installed, shall not exceed thirty (30) percent of the total required toilet fixtures. Infant rooms are excluded from this requirement.

- 6.8.6 If potty chairs or modified toilet seats are used, they shall be monitored during use and thoroughly cleaned and disinfected immediately after each use. Potty chairs shall be located directly in a restroom, on the nonabsorbent flooring and stored in a manner that ensures they are inaccessible to children when not in use.
- 6.8.7 In all new or extensively remodeled child care centers or upon change of ownership, toilet fixtures intended for child use shall be of appropriate size and height for the children in care, as follows:

TOILET FIXTURES

Age Group	Maximum Height (inches) As measured from the front rim of the toilet
Toddler	11"
Preschool	11"
School Age	15"

- 6.8.8 Adult height, handicap-accessible toilets as required by the building department agency of jurisdiction shall not be included in the toilet-to-child ratios.
- 6.8.9 Each restroom shall have an adequate supply of toilet paper available in a wall hung dispenser within easy reach of a child when seated on the toilet.
- 6.9 **Diaper changing areas**
 - 6.9.1 A diaper-changing surface shall be readily accessible to each area within a child care facility where children are not fully potty trained.
 - 6.9.2 In a family care or group care home where children are not fully potty trained, a diaper changing area, as approved by the Health Authority, shall be provided.
 - 6.9.3 The diaper-changing surface and table or counter shall be smooth, nonporous nonabsorbent, and easy to clean and disinfect. Padding, if used for the diaper-changing surface, shall be free of any embossment, indentations, perforations, or cloth stitching.
 - 6.9.4 The diaper changing area shall be of an adequate length and width to accommodate a child safely while in the process of diapering.
 - 6.9.5 The diaper-changing table, structure, or counter shall be sturdy and a minimum of thirty inches (30") in height and have a railing, a raised side, or a contoured, waterproof pad. A lower diapering surface, that is located out of the child activity area, is acceptable for older children with special needs or when the child care providers have medical conditions as documented by a physician, and they are unable to lift a child to an elevated surface.
 - 6.9.6 The diaper-changing surface, table, or counter shall be used exclusively for diapering and shall be located on or adjacent to a floor which is of a smooth, nonabsorbent, nonporous material that is light in color and easily cleanable.

6.9.7 The diaper changing area in a family care or group care home shall be separate from food preparation and dining areas and in the vicinity of the established hand washing area.

6.10 Hand washing sinks and facilities

6.10.1 Hand washing sinks shall be located immediately adjacent to toileting and diaper changing areas, or within the restroom of family care or group care homes. In all newly constructed child care centers, a hand washing sink shall be accessible without barriers, allowing the child care provider to visually supervise the group of children during hand washing activities. In all new or extensively remodeled child care centers or upon change of ownership, children’s hand washing sinks shall be at an appropriate child height as follows:

HAND WASHING SINK FIXTURES

Age Group	Maximum Sink Heights (inches)	
	As measured from the front rim of the sink or counter	
	Wall hung	Counter drop in*
Toddler	22”	21”
Preschool	24”	22”
School Age	26”	24”

***Counter widths shall not be so great that children cannot easily reach the flow of water and faucet handles as appropriate for their age.**

6.10.2 In all new or extensively remodeled child care centers, there shall be a minimum of one (1) child-appropriate height hand washing sink for every fifteen (15) children or fraction thereof. Infant rooms are excluded from this requirement. Signs indicating the proper procedures specified in **Sections 4.2.2, 4.2.3 and 4.2.5** for hand washing must be posted at all hand sinks used by staff.

6.10.3 A child-height hand washing sink shall be in close proximity to any diaper changing area used for ambulatory toddlers. In all new or extensively remodeled child care centers or upon change of ownership, the toddlers shall be able to easily turn on and reach the flow of water from the faucet with their hands without the use of a step aid.

6.10.4 Each hand washing sink faucet shall deliver a minimum of 90° F warm water before hand washing is initiated. In all new construction, each hand washing sink shall deliver a minimum of 90° F warm water within twenty (20) seconds. The hot water temperature shall not exceed 120° F where the hand washing sink has separate hot and cold water through a mixing faucet or shall not exceed 100° F from a tempered-only water source. The faucet controls shall be accessible by the intended user.

6.10.5 If self-regulating faucets are used, they shall be of a metered type, capable of providing at least twenty (20) seconds of flow per actuation. The faucet shall be capable of being operated by the intended user. Toddler use of faucet handles may be assisted by supervising child care providers.

6.10.6 The following supplies shall be provided at each hand washing sink:

6.10.6.1 Single service hand towels from a wall hung dispenser,

6.10.6.2 Wall hung dispenser-held or pump bottles of soap. All bar-type soap shall be kept in a location that is inaccessible to children during operating hours,

6.10.6.3 An approved solid waste container in close proximity to the hand washing sink for towel disposal. The use of cloth towels in restrooms of family care or group care homes is prohibited during operating hours.

6.10.7 Hand sanitizers shall not be used as a replacement for proper hand washing under running water.

6.10.8 Hand washing sinks shall not be used for food preparation, utensil rinsing, as a drinking water source, or as a storage area.

6.10.9 Step aids used in existing child care centers, family care homes, or group care homes to access toilets and hand washing sinks shall be safely constructed, stable, and easily cleanable. Use of step aids shall be directly supervised by child care providers.

6.11 Laundry and custodial areas

6.11.1 Boiler rooms, laundry rooms, electrical panels, transformers, custodial closets, and other storage, supply, or equipment rooms shall be kept locked and inaccessible to children.

6.11.2 The aforementioned rooms shall be maintained in an orderly, clean, and safe condition.

6.11.3 Laundry areas shall not be accessed through a food service area while food is being prepared.

6.11.4 The child care operator shall provide adequate storage areas sufficient in size to keep soiled linen and laundry separate from clean linen storage.

6.12 Water supply

6.12.1 The potable water supply for each child care facility must be from either a public water system permitted by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water or a private source meeting the requirements of **Section 6.12.2**.

6.12.2 This **Section 6.12.2** applies only to child care facilities whose water source is private and does not meet the definition of a public water system as defined by NRS 445A.235:

6.12.2.1 Prior to commencement of operation, any child care facility meeting the criteria of **Section 6.12.2** shall sample the potable water supply proposed for use by the facility for a bacteriological and chemical analysis as required by the Health Authority. The chemicals to be included in the chemical analysis will be

specified by the Health Authority. The Health Authority will update the list of chemicals on an annual basis. The results of these analyses shall be in compliance with the appropriate standards, as set forth under the Safe Drinking Water Act (SDWA),

- 6.12.2.2** Annually thereafter, any child care facility meeting **Section 6.12.2** shall complete both a bacteriological and a nitrate analysis. Unsatisfactory results will require repeat analyses in accordance with the SDWA,
 - 6.12.2.3** Every three (3) years thereafter, any child care facility meeting **Section 6.12.2** shall complete a chemical analysis as indicated in **Section 6.12.2.1**. More frequent testing shall be specified by the Health Authority if any results from the chemical analyses are higher than standards set under the SDWA,
 - 6.12.2.4** All water testing shall be performed by a laboratory certified by the State of Nevada,
 - 6.12.2.5** Copies of the results of any water analyses shall be submitted to Health Authority within seven (7) days from the receipt of the results,
 - 6.12.2.6** Whenever the water analysis is positive for *Escherichia coli* (*E. coli*) or coliforms or a chemical analysis result is higher than the standards set under the SDWA, the child care facility shall use bottled drinking water for all cooking and drinking needs until necessary corrective actions are made and the water is retested and found to be in compliance.
- 6.12.3** Each child care facility must be supplied with or have available a hot and cold potable water supply that meets all sanitary purposes, including, but not limited to water for drinking, toileting, hand washing, bathing, culinary use, ware washing, cleaning and disinfection, and laundering.
- 6.12.4** Drinking water shall be readily available to children at all times in each outdoor play area and indoor activity area. Water shall be offered to children throughout their stay and must be served in a sanitary manner. Fixtures supplying drinking water shall be maintained in a clean and sanitary state. The following are approved methods of drinking water dispensing:
- 6.12.4.1** A drinking fountain with an angled jet and orifice guard,
 - 6.12.4.1.1** The water pressure shall be regulated so that the water stream does not come in contact with the orifice guard or splash on the floor,
 - 6.12.4.1.2** Drinking fountains shall be protected from contamination,
 - 6.12.4.1.3** A minimum eighteen inch (18") separation shall be maintained from any hand wash sink, towel dispenser, or other source of contamination,
 - 6.12.4.1.4** Separation distances of less than eighteen inches (18") may be approved by the Health Authority, if adequate and appropriate protection by another method is provided,
 - 6.12.4.2** Drinking fountains on hand washing sinks are prohibited. In new or extensively remodeled facilities or upon change of ownership, drinking fountains on designated art or science sinks shall not be approved,
 - 6.12.4.3** In all new or extensively remodeled child care centers or upon change of ownership, drinking fountains intended for use by children in care shall be installed at an appropriate height to be used without the assistance of a step aid. Facilities existing prior to the adoption of these Regulations, with drinking fountains installed out of the reach of the children, shall provide anchored steps or a broad-based platform, which is used by the children under direct supervision of the child care providers,

- 6.12.4.4 Outdoor drinking fountains shall be shaded or constructed to prevent metal surfaces from reaching a temperature that will burn a child if touched,
- 6.12.4.5 Potable water may be provided by other means as approved by the Health Authority. The containers shall be capable of being washed, rinsed and sanitized. The container shall be properly secured and protected to prevent tipping and contamination,
- 6.12.4.6 Single service cups shall be stored in a sanitary manner and dispensed by staff or provided through an approved cup dispenser.

6.13 Plumbing

- 6.13.1 Plumbing fixtures shall be maintained in good working order and in a clean, sanitary condition.
- 6.13.2 Anti-siphon, backflow prevention, vacuum breakers, or other appropriate devices shall be installed on all water outlets to which a hose may be attached.
- 6.13.3 The potable water system must be installed and maintained in such a manner that there is no cross connection between it and any other system.
- 6.13.4 Outdoor drinking fountains and permanently affixed water play structures shall drain to an approved sewage system.
- 6.13.5 Each article of food service equipment, washing machine, dishwasher, or sink used for washing laundry, tableware or utensils, and all ice machines, must drain through an approved air gap to a floor sink. Food service sinks located directly in infant/toddler nursery rooms are exempt from this requirement.
- 6.13.6 Floor sinks shall be installed flush with the finished floor and accessible for cleaning.
- 6.13.7 If a device used to prevent backflow or back siphonage is necessary, it must be installed on a potable water system in compliance with the standards for construction, installation, maintenance, inspection, and testing outlined in the most current Plumbing Code adopted by the agency of jurisdiction.
- 6.13.8 The written results of annual backflow prevention device testing must be made available at the child care facility for Health Authority review.

6.14 Water damage evaluation

- 6.14.1 Whenever evidence of significant water/moisture intrusion from any source is found within or on the walls, ceilings, attic spaces, crawl spaces, floors, carpeted surfaces, ventilation ducts, insulation, or other materials or areas which may promote the growth of mold, the source of the water or moisture must be identified and stopped to prevent or reduce mold growth.
- 6.14.2 Whenever a need arises to conduct a mold remediation affecting more than ten (10) square feet of affected area within a child care facility, the Health Authority must be notified in writing of actions taken.

For guidance see Appendix B: EPA Publication 402-K-01-001 “Mold Remediation in Schools and Commercial Buildings.”

6.15 Sewage

- 6.15.1** All sewage carried by water must be disposed of by means of public sewerage or by a system for disposal such as an individual sewage disposal system (ISDS), which is approved by the Health Authority.
- 6.15.2** If a newly constructed child care facility intends to discharge its sewage to an ISDS because they are not at a location where a public sewerage system connection is available, the facility must submit plans for review and approval and obtain a permit for the ISDS from the Health Authority for that purpose.
- 6.15.3** Any sewage discharge, sewer pipe leaks, spills, or backflow onto the ground must be stopped and/or contained within four (4) hours or the facility may be subject to closure by the Health Authority.
- 6.15.4** All sewage spills must be remediated in a manner that eliminates potential disease transmission, offensive odors, sewage solids, and sewage litter.

6.16 Solid waste disposal

- 6.16.1** Each child care facility must have solid waste containers of sufficient number and size to store all the solid waste in a manner that does not exceed the waste containers' capacities for sanitary and safe storage until the solid waste is removed for disposal from the solid waste storage area or premises.
- 6.16.2** Indoor solid waste containers shall be emptied as soon as they are full and at least once daily into the solid waste storage area and shall be cleaned, if needed.
- 6.16.3** The solid waste containers must be:
 - 6.16.3.1** Kept at locations approved by the Health Authority,
 - 6.16.3.1.1** Outdoor solid waste storage areas shall be maintained clean and separate from the child outdoor play area,
 - 6.16.3.1.2** Outdoor solid waste equipment that is specifically designed to be operated as an open dumpster or trash compactor shall be operated as intended;
 - 6.16.3.2** Emptied at least twice weekly from the solid waste storage area. The frequency of solid waste removal must be at an interval that prevents putrescible waste from becoming a nuisance or sanitation problem, even if such frequency is more often than twice weekly;
 - 6.16.3.3** Kept covered and closed with a tight-fitting lid at all times except when being filled, emptied, cleaned, or in continuous use;
 - 6.16.3.4** Properly constructed of approved materials. Solid waste containers used for food waste, whether used indoors or in the solid waste storage area, shall be constructed of durable material that does not leak or absorb liquids; and

6.16.3.5 Kept clean. All solid waste containers and lids must be cleaned at least weekly. When emptied, solid waste containers shall be cleaned in a manner that does not contaminate food preparation, food service, or child-occupied areas.

6.16.4 Within the child care facility, dispose of all contaminated materials into a lined, hands-free receptacle with a tightly fitting lid that is used for disposing of diapering materials only. The receptacle shall be nonabsorbent and be thoroughly cleaned and disinfected as needed.

6.17 Chemical storage

6.17.1 All chemicals, including but not limited to, cleaning compounds, disinfectants, degreasers, floor waxes, dishwasher and laundry detergents, cosmetics, aerosol cans, pesticides, medications, and any other potentially toxic material shall be properly labeled. Such items and any other material labeled “keep out of reach of children” shall be maintained inaccessible to children at all times.

6.17.2 Clearly legible label instructions and/or MSDSs for all chemicals must be available for review by providers.

6.17.3 Chemicals shall be stored separately from food, food contact surfaces, appliances, children’s items, and medications in a manner that prevents contamination of those surfaces, foods, and items.

6.17.4 Chemical storage areas within a child’s reach shall be equipped with childproof safety latches or locks.

6.18 Other hazards

6.18.1 Physical hazards, including but not limited to, sharp tools or utensils, custodial tools, laminators, disposable gloves, disposable diapers, and plastic bags shall be maintained inaccessible to children.

6.18.2 Hazardous materials not essential to the operation of the child care facility shall not be stored on the premises.

6.18.3 Weapons, firearms, and explosives shall be maintained in a locked area, inaccessible to children. Firearms shall be unloaded, even while in storage. Ammunition and arrows shall be stored in locked containers separate from the weapons.

Section 7

ANIMALS

7.1 General requirements for animals

- 7.1.1** Any animal on the premises of a child care facility, regardless of whether the animal is kept inside or outside of the child care facility, shall be clean, in good health, show no evidence of carrying disease, and pose no threat to the safety or health of the children in care. When the health of the animal is in question, the Health Authority shall require a veterinary examination and report.
- 7.1.2** Visiting animals that are not confined inside enclosures shall be hand held or under leash control by the adult owner or handler, and shall not pose a safety risk to any child.
- 7.1.3** Animals that are not fully house- or litter-box trained shall remain on nonabsorbent flooring while indoors.
- 7.1.4** The following areas involving animals shall be inaccessible to children in care:
 - 7.1.4.1** Areas where animals eat, drink, or defecate,
 - 7.1.4.2** Areas where pet food and water bowls are kept,
 - 7.1.4.3** Areas where litter boxes are placed. In addition, litter boxes shall not be located in the kitchen or dining area.
- 7.1.5** When outdoors in a designated animal toileting area, animal feces and other bodily excretions or secretions shall be removed at a frequency that prevents a nuisance condition or a health hazard. When indoors, such occurrences must be cleaned up and the area disinfected immediately, while the children are excluded from the area, according to the facility's *Biohazardous Event Response Plan*.

An example Biohazardous Event Response Plan is located in Appendix C.

7.2 Animal-related disease and injury—control and prevention

- 7.2.1** If any species of animal present in a child care facility requires immunizations against vaccine-preventable diseases, written documentation demonstrating current vaccinations for each animal shall be maintained on site, and be made readily available for inspection as long as the animal is at the child care facility.
- 7.2.2** Animal species known to carry disease communicable to humans, or animals that are aggressive, dangerous, poisonous, venomous, toxigenic, wild, or exotic shall not be allowed on the premises of a child care center without prior written approval from the Health Authority.

7.2.3 If such animals as listed in **Section 7.2.2** are quartered in a family care or group care home child care facility, in an area which is not used for child care, the child care operator shall inform the Health Authority that the animal is on the premises. The Health Authority will determine if the barrier is adequate to prevent any child access. If the residence is not zoned to have that particular type of animal, the animal shall be immediately removed.

7.2.4 For the purposes of this Section, wild is meant to include all animals that have not been fully domesticated including, but not limited to, dogs with wolf pedigree and ferrets. Animals known to carry communicable disease include, but are not limited to, turtles, iguanas, lizards or other reptiles and amphibians and psittacine birds.

7.3 Small domestic animals

Small domestic animals present in classrooms or in areas of residences used to provide child care shall be housed in an enclosure (i.e., cage, terrarium, or other habitat) meeting the following criteria and be taken care of in the following manner:

7.3.1 The bottom third of the enclosure shall have solid sides such as Plexiglas® or similar material to contain and prevent debris from getting out of the enclosure in between cleanings.

7.3.2 Child care providers shall clean and disinfect enclosures at least weekly and more often as needed. Children in care shall not be permitted to assist in this activity. Ensure that all cleaning and disinfecting solutions used are safe for the animal being housed in that enclosure.

7.3.3 Animal enclosures shall not be cleaned in food preparation, food storage, dining areas or in a sink routinely used by children in care or in the presence of children.

7.3.4 Enclosures shall not be located in or near food preparation, food storage, or dining areas.

7.3.5 Child care providers shall wash their hands before and after attending to the animal or cleaning the enclosure.

7.3.6 Unless the child care operator or child care center director assumes responsibility for attentively supervising the children, small animals shall be maintained solely for observation by the children in care. If the child care operator or child care center director permits children to touch or handle an animal, it shall be under direct, constant adult supervision. Children shall wash their hands before and after contact with the animal.

7.4 Aquariums and fish bowls

7.4.1 Fish aquariums and fish bowls shall be of sturdy construction and provided with a cover (if so designed).

7.4.2 Aquariums and fish bowls shall be maintained clean. Cleaning and location restrictions are as noted in **Section 7.3.3 and 7.3.4.**

7.4.3 Aquariums and fish bowls shall not be located on food preparation or dining surfaces or in areas where they are at risk of being overturned or of children reaching into them.

7.4.4 Child care providers shall wash their hands before and after cleaning or otherwise maintaining the aquarium or fish bowl.

7.5 Service animals

7.5.1 Service animals are permitted in a child care facility; however, no service animal may be allowed to create a nuisance.

7.5.2 Animal wastes must be cleaned up immediately.

7.5.3 The owner of the service animal is responsible for the service animal's needs and behavior while in the child care facility.

Section 8

CONTROL OF VERMIN

8.1 General provisions and preventive measures

- 8.1.1** Insects, rodents, and other vermin must be controlled. Building modifications providing adequate barriers to vermin access may be required by the Health Authority whenever a pest control problem is identified.
- 8.1.2** All openings to the exterior of a child care facility must be protected to prevent rodents, flies and other vermin from accessing the facility. Such protection may include tight-fitting, self-closing, exit doors and screened or closed windows.
- 8.1.3** Large doors such as those used for garage access must be kept closed when not in use unless a control measure such as an air curtain or bird netting is being used to prevent vermin entry.
- 8.1.4** The interior and exterior of a child care facility must be maintained in a condition, which will prevent the harborage or feeding of vermin.
- 8.1.5** Child care areas, classrooms, or other areas within a child care facility found to have live rodents, cockroaches, bed bugs, or other vermin in type and number to cause a public health nuisance must be closed immediately and until the presence or infestation is eliminated.
- 8.1.6** The solid waste storage area must be checked for evidence of vermin activity. Corrective actions must be taken whenever evidence of vermin activity is found.
- 8.1.7** The feeding of feral birds and animals may cause a public nuisance and is prohibited.

8.2 Pest control application

- 8.2.1** Only pesticides approved by the State of Nevada Department of Agriculture for use in child care and food service areas may be used. All pesticides must be used in accordance with the manufacturer's recommended directions and labeling instructions and stored in a safe manner.
- 8.2.2** In child care centers, any pesticide application shall be provided by a licensed pest control operator, and in family and group care homes, any extensive pesticide application shall be provided by a licensed pest control operator. Pesticides shall be applied only after integrated pest management methods (as defined in **1.39**) have been exhausted. Records of all applications, treatments, and other control measures used shall be maintained on premises at the child care facility as per **Section 8.4**.
- 8.2.3** In family or group care homes, if pesticides are stored on-site, they shall be stored inaccessible to children, in a non-food service area.

- 8.2.4** Child care centers must provide all parents and guardians of children in care with a written advisory and information regarding any notification plan of the use of pesticides on the premises. All parents or guardians must sign a written acknowledgment of the use of pesticides at least once per calendar year. A parent or guardian notification plan may include e-mail, individual flyers, newsletters or other methods of routine communication distributed in advance of the pesticide application.
- 8.2.5** Pesticide application shall be done in unoccupied rooms during a time period when children are not present in the child care facility. Movable child use equipment, food and food contact surfaces must be removed or otherwise protected from contamination during pesticide application. Child use furnishings and equipment shall be cleaned as needed following the application, and before subsequent child use.
- 8.2.6** Any activities involving fumigation must be performed in compliance with NRS and Nevada Administrative Code (NAC) 555.

Excerpts from NRS and NAC 555 are located in Appendix D.

8.3 Rodent waste clean-up

- 8.3.1** All rodent waste clean-up must be completed in a manner which reduces the disturbance of rodent feces, urine, and saliva particles and associated mists.
- 8.3.2** Appropriate respiratory protection must be provided for any employee involved in rodent waste clean-up consistent with the U.S. Centers for Disease Control and Prevention recommendations which can be found on the worldwide web.

See Appendix E for information regarding hantavirus and rodent waste clean-up, including applicable website addresses.

8.4 Record keeping

The child care operator, child care center director, or other responsible person must ensure that a copy of all records which document the receipt of pest control services from licensed commercial applicators, for the past two (2) year timeframe, are maintained on-site for review by the Health Authority.

Appendix D provides an example of a Pesticide Application Log that may be used to document pest control efforts.

8.5 Required reporting

Any uncontrolled infestation of vermin must be reported verbally to the Health Authority as per requirements outlined in **Section 2.1.10**.

Section 9

GROUNDS AND OUTDOOR PLAY AREA

9.1 General maintenance

9.1.1 The child care facility grounds and outdoor areas, including, but not limited to, parking areas, walkways, landscaped areas, storage areas, and undeveloped grounds shall be maintained in a safe and sanitary condition, well drained and free of refuse, litter, animal droppings, insect and rodent harborages, poisonous plants, weed overgrowth, and unused equipment.

See Appendix F for poisonous plant information.

9.1.2 Sharp tools, lawn mowers, power saws, other potentially dangerous tools or equipment, pesticides, and other toxic substances shall be maintained inaccessible to children. Storage sheds shall be locked at all times.

9.1.3 All mechanical equipment including, but not limited to heating, ventilation, air conditioning systems (HVAC), gas, electrical, or water meters, and barbeque/grill units shall be made inaccessible to children.

9.2 Child care center-related swimming pools, wading pools, permanent water features, and water play

9.2.1 In a child care center setting, swimming pools and permanent wading pools shall meet all applicable requirements of the NAC 444, "Public Bathing Places and Spas."

9.2.2 Properly developed plans shall be submitted to SNHD, Environmental Health Division, Pool Plan Review Section, prior to the construction of a swimming pool, permanent wading pool, or water feature.

9.2.3 Portable wading pools are prohibited.

9.2.4 A Health Permit to operate a public pool as issued by the Health Authority shall be maintained for any child care center swimming pool or permanent wading pool.

9.2.5 All bodies of water shall have a barrier to access that conforms to NAC 444.136 with the following exceptions:

9.2.5.1 Any vertical members in the barrier must not be more than three and one-half inches (3.5") apart.

9.2.5.2 Any opening at the bottom of the barrier must not be more than three and one-half inches (3.5") in height.

9.2.5.3 Pools used exclusively for child care centers must be kept locked when not being used by children.

- 9.2.6** Any permanently affixed water table or sprayer shall positively drain to an approved sewer. Slip-resistant surfaces shall be provided as required in NAC 444.134, NAC 444.135, and NAC 444.194.
- 9.2.7** Water tables shall be emptied and sanitized after use by each group or classroom of children, at the end of the day, and more often, if necessary.
- 9.3** **Family care or group care home-related swimming pools, spas, wading pools, permanent water features, and water play**
- 9.3.1** Use of residential swimming pools, spas, and portable wading pools is prohibited during business hours.
- 9.3.2** All bodies of water shall have barriers to access separating the water from child-accessible areas.
- 9.3.2.1** The barrier shall be a wall or non-climbable, permanent fence that is not less than five feet (5'0") in height.
- 9.3.2.2** Spacing between vertical components and under fence shall not exceed three and one-half inches (3.5").
- 9.3.2.3** Any vertical members in the barrier must not be more than three and one-half inches (3.5") apart.
- 9.3.2.4** Any gates or doors on these barriers shall be equipped with permanent locking devices, as well as self-closing, positive self-latching mechanisms, that are located forty-two to forty-eight inches (42-48") above the ground on the side facing the body of water.
- 9.3.2.5** Any door leading from the exterior of the residence and into the enclosure must be kept locked and have a childproof latch installed and engaged above the reach of children.
- 9.3.2.6** During business hours, the gate on the barrier must have a permanent locking device installed on the latch, which is in the locked position, or must be chained and padlocked in such a manner that it cannot be opened more than three and one-half inches (3.5").
- 9.3.2.7** The key or combination code for the gate lock must be located adjacent to the exterior door of the residence in a clearly visible location and be easily accessible to any responsible person or volunteer. The key or combination code must be clearly marked as to its purpose.
- 9.3.2.8** The key must be out of reach of children and there must not be any step stools, chairs, or other means for the child to climb to obtain the key.
- 9.3.2.9** All pet doors leading from the interior of the residence to the pool enclosure must be secured in such a manner that prohibits children from accessing the pool area.
- 9.3.3** Above ground hot tubs must be made inaccessible by a tight fitting locked cover when no barriers as described in **Section 9.3.2** are present.
- 9.3.4** An elevated, portable water table may be used for water play as long as it is emptied, cleaned, and sanitized immediately following each use.
- 9.3.5** Sprinkler play within the outdoor play area is permitted as long as the area remains free of pooling water.

9.4 Outdoor play area enclosures and shade requirements

When an outdoor play area is required by the Licensing Authority, the criteria given below shall be met:

- 9.4.1 All outdoor play areas shall be enclosed.
- 9.4.2 All perimeter enclosures and associated gates shall be no less than 48 inches (48") in height.
- 9.4.3 The enclosure and all of its components, such as gates, shall be of a sturdy, rigid, and non-deforming construction.
- 9.4.4 The enclosure shall be constructed so that it is not climbable.
- 9.4.5 Spacing between vertical components and under the enclosure shall not exceed three and one-half inches (3.5").
- 9.4.6 Gates, latches, and panic bars (if present in a child care center) shall be secured in a manner that prevents unauthorized entry or exit. Panic bars must function for their intended purpose as an emergency exit point and must never be permanently locked or disabled.
- 9.4.7 Roof top playgrounds, as long as they are not in conflict with current building and fire department requirements for applicable agencies of jurisdiction, shall be completely surrounded by a non-climbable fence or wall at least eight feet (8'0") in height, which has no openings to perimeter outdoor areas.
- 9.4.8 The outdoor play area shall be arranged so that all areas in a given enclosed play yard are visible to child care providers at all times.
- 9.4.9 Potable drinking water shall be readily accessible to children during outdoor play. The means of drinking water delivery shall meet the requirements of **Section 6.12** of these Regulations. Children shall not be permitted to drink from a garden hose or any similar article.
- 9.4.10 Shade shall be provided in each separately fenced outdoor play area in addition to the shade offered by the exterior walls of the building or residence.
 - 9.4.10.1 For a child care center, the total amount of shade offered on the entire outdoor play area, exclusive of shade offered by building walls, shall be no less than five square feet (5 ft²) per child, with each separately fenced area providing an amount of shade proportional to the maximum number of children that occupy that area. The number of children used to determine the minimum requirements of this Section shall be the maximum facility occupancy limits as determined by the Licensing Authority.
 - 9.4.10.2 For a family care home, the minimum amount of shade within the enclosed outdoor play area shall be at least fifty square feet (50 ft²).
 - 9.4.10.3 For a group care home, the minimum amount of shade within the enclosed outdoor play area shall be at least one hundred square feet (100 ft²).

- 9.4.10.4 The ground area of the canopy of mature, shade-producing living trees can be used to satisfy the requirements of this Section.
- 9.4.10.5 Lacking the requisite tree cover, artificial shade shall be provided.
- 9.4.10.6 Artificial shade structures shall be securely anchored at or below ground level.

9.5 Child care center playground equipment

- 9.5.1 Only commercial-grade equipment, in compliance with American Society for Testing and Materials (ASTM) publications F1487 and F2373, shall be installed in child care center outdoor play areas. Items not manufactured for specific use as playground equipment including, but not limited to, concrete sewer pipes, truck tires and antique fire engines shall not be installed on child care center outdoor play areas.
- 9.5.2 Access to play equipment shall be limited to proper age groups for which the equipment is developmentally appropriate according to the manufacturer instructions. When manufacturer instructions are unavailable, equipment type, size and dimension considerations will be determined by the most current edition of the ASTM publication F1487 and F2373. Limited access shall be ensured by:
 - 9.5.2.1 Separately fenced yards for each infant/toddler, preschool age, and school age play areas, or
 - 9.5.2.2 Close supervision by knowledgeable child care providers.
- 9.5.3 Playground equipment shall have associated signage that defines the age range of children for which the equipment is intended. When a fenced area is intended for a particular age range and all the enclosed equipment is age appropriate for that age, the signage may be affixed at the entrance to the area or in other areas where the signage is visible on the playground.
- 9.5.4 In addition to meeting all applicable ASTM standards, the equipment shall also be of a safe design and maintained in good repair. The equipment shall be free of:
 - 9.5.4.1 Sharp points, corners, or edges; splinters; protruding nails or bolts; and loose or rusty parts;
 - 9.5.4.2 Pinch, crush, and shear points and strangulation or impalement hazards;
 - 9.5.4.3 Finger or body part entrapment hazards.
- 9.5.5 Permanent equipment shall be anchored for stability in accordance with manufacturer instructions. Anchors shall be buried below ground level and remain so at all times. Commercial equipment that is not anchored shall be contained exclusively in an area unmistakably separated from permanently anchored equipment.
- 9.5.6 Moving equipment such as swings and merry-go-rounds shall be located toward the outside edge or corner of a given play area or shall be designed in such a way as to discourage children from running into the path of the moving equipment.

- 9.5.7** Metal slides shall not be used. Other metal surfaces shall have a coating and/or cover reviewed and approved by the Health Authority that will prevent the surface from reaching a temperature that will burn a child.
- 9.5.8** Swings, if used, shall have seats of rubber or impact-absorbing material and be designed to flex under impact. Wood or metal seats are prohibited.
- 9.5.9** The highest designated play surface on equipment shall not exceed 8 feet (8'0") for school-aged children and 6 feet (6'0") for preschool-aged children.
- 9.5.10** Trampolines or other spring-loaded jumping surfaces shall not be permitted in a child care center.
- 9.5.11** A protective surface, such as, but not limited to, wood chips, sand, pea gravel, or resilient matting of a depth and space as specified in this Regulation shall be provided in areas where climbing, sliding, swinging, or other equipment from which a child might fall is located.
- 9.5.12** The protective surface used under and around a particular piece of equipment shall be installed to a depth determined by the most current edition of the U.S. Consumer Product Safety Commission "Handbook for Public Playground Safety," publication No. 325 and ASTM publications F1292 and F2223.
- 9.5.13** The Use Zone is an area where a protective surface is required under and around a given piece of equipment. Other than the equipment itself, the Use Zone shall be free of obstacles that children could run into or fall upon. Unless otherwise specified by the manufacturer, the protective surface shall extend at least six feet (6'0") beyond the perimeter of the equipment, except for equipment requiring larger use zones as determined by the most current edition ASTM publications F1487 and F2373.
- 9.5.14** Protective surfaces shall be maintained on a regular basis.
- 9.5.14.1** The surface material shall be properly drained at all times to prevent standing water.
- 9.5.14.2** When loose fill or resilient material becomes compacted, it shall be raked and/or turned over to restore resilience to a depth of at least nine inches (9") or at a depth determined by **Section 9.5.12**.
- 9.5.15** Outdoor playgrounds and areas shall be maintained and supervised at all times.
- 9.5.15.1** Areas for sand play such as sandboxes shall be easily distinguishable from the landing areas surrounding slides and other equipment which use sand as an impact attenuation material.
- 9.5.15.2** Sand boxes smaller than one hundred square feet (100 ft²) shall be covered when not in use.
- 9.5.15.3** Larger sand play areas left uncovered shall be inspected a minimum of daily, prior to the children entering the area, to monitor for and remove animal fecal matter or other foreign debris. The area shall be cleaned daily, or more often if needed.

- 9.5.15.4 The child care center director or designated responsible person shall inspect the outdoor play area daily before children go out to play to ensure there are no hazards present.
- 9.5.15.5 The inspection shall include, but not be limited to, evaluating for:
 - 9.5.15.5.1 Adequate resilient surfacing,
 - 9.5.15.5.2 Broken or worn equipment,
 - 9.5.15.5.3 Natural debris,
 - 9.5.15.5.4 Litter,
 - 9.5.15.5.5 Animal feces,
 - 9.5.15.5.6 Biohazards, and
 - 9.5.15.5.7 Vermin infestation.
- 9.5.15.6 Corrections that can be made immediately shall be made prior to children entering the area.
- 9.5.15.7 Areas containing hazards that require time for correction shall be maintained inaccessible to children until correction is made in a timely manner.

9.6 Family care and group care home outdoor play equipment

- 9.6.1 Access to play equipment shall be limited to proper age groups for which the equipment is developmentally appropriate according to the manufacturer instructions. Equipment shall comply with the requirements of the most current edition of the ASTM publication F1148.
- 9.6.2 The equipment shall be of a safe design and maintained in good repair. The equipment shall be free of:
 - 9.6.2.1 Sharp points, corners, or edges; splinters; protruding nails or bolts; and loose or rusty parts.
 - 9.6.2.2 Pinch, crush, and shear points and strangulation or impalement hazards.
 - 9.6.2.3 Finger or body part entrapment hazards.
- 9.6.3 Climb-on equipment and swings shall be positioned at least 6 feet (6'0") away from any unyielding surface, such as but not limited to, pavement, fences, trees, buildings, or other play equipment.
- 9.6.4 Climb-on equipment, swing sets, slides and other equipment capable of tipping, shall be anchored for stability. Anchors shall be buried below ground level.
- 9.6.5 Metal slides shall not be used at any time. Other metal surfaces shall not be used if the surfaces pose an imminent burn hazard.
- 9.6.6 Sand boxes shall be maintained free of foreign debris and covered when not in use. Sand boxes must be examined for animal waste prior to allowing children access.
- 9.6.7 Trampolines or other spring loaded jumping surfaces shall not be used by children in care in family care or group care homes. Outdoor trampolines shall be made inaccessible to children in care, by the use of a fence meeting the requirements of **Section 9.4**, or other approved means of enclosure.

Section 10

FOOD SERVICE

10.1 Child care center food service general administrative requirements

A child care center conducting food preparation for service to children shall conform to all applicable food service rules and regulations regarding food protection and sanitation practices as set forth in the current *SNHD Regulations Governing the Sanitation of Food Establishments* (Hereinafter referred to as the "*Food Regulations*"). A copy of said *Food Regulations* shall be maintained and made available at any child care center where food is prepared or served.

10.1.1 Facilities that limit food service to:

10.1.1.1 Food that does not constitute a potential or actual hazard to the public health;
and

10.1.1.2 Potentially hazardous food (TCS) that has been:

10.1.1.2.1 Commercially prepared and precooked; or

10.1.1.2.2 Pasteurized

need not meet standards for construction or equipment as set forth in the current *Food Regulations* (NRS 446.941).

10.1.2 All other sections of the *Food Regulations* require compliance.

10.1.3 The Health Authority shall approve the extent of food service offered by the child care center. Any change in the approved method or extent of food service shall be reported to the Health Authority for review and approval prior to the change.

10.1.3.1 Meal and snack menus shall be planned a week in advance, written, dated, and kept on file for at least ninety (90) days after the corresponding food is served.

10.1.3.2 The child care facility shall limit the extent of food service to that which has been approved by the Health Authority.

10.1.3.3 The facility shall post the current menu, including substitutions, in the kitchen and in a public place within the facility for parental review.

10.1.4 Applications for a change of ownership on an existing child care center, remodeling of an existing child care center kitchen, or for a proposed child care center shall include a food service letter of intent and a sample menu. The child care center shall be in compliance with the Food Service Construction and Equipment Requirements as outlined in the most current *Food Regulations* unless food service is limited as stated in NRS 446.941 and **Section 10.1.1**.

10.2 Meals provided from central kitchens or outside vendors

10.2.1 Any central kitchen providing and transporting meals to a child care center kitchen shall have a current food service Health Permit as issued by the Health Authority.

- 10.2.2 An outside vendor providing food to a child care center shall have a Health Permit as issued by the Health Authority.
- 10.2.3 Copies of these Health Permits shall be maintained at the child care center for review.
- 10.2.4 Food shall be transported to the child care center in a manner that maintains proper food temperatures and protects it from contamination.
- 10.2.5 If a child care center chooses to contract with a permitted caterer to provide food service, the caterer shall be responsible for the safety and sanitation of the food until served directly to the children. A hand washing area must be available for the caterer's use and all food must be properly held until service.
- 10.2.6 Food that is dropped off will be considered a delivery, and the child care center shall accept responsibility for the food upon receipt. This includes ensuring proper food temperatures: cold food received at forty-one (41° F) or less and hot food received at one hundred thirty-five (135° F) or above. Food that does not meet these delivery requirements shall be refused by the child care center operator or designated responsible person.
- 10.2.7 All potentially hazardous food (TCS) temperatures shall be monitored and documented upon arrival at the child care center by the child care operator or designated responsible person with a thermometer accurate to plus or minus two ($\pm 2^\circ$ F).
- 10.2.8 Hot holding and refrigeration equipment that meets National Sanitation Foundation International (NSF) standards or equivalent shall be onsite to properly hold all potentially hazardous foods (TCS).
- 10.2.9 All potentially hazardous food (TCS) temperatures must be monitored and documented prior to initiating food service to the children. If adequate hot and cold holding equipment is not available, delivered food must be consumed immediately.
- 10.2.10 If reusable tableware or utensils are used to serve catered or delivered food, they must be washed and sanitized as specified in **Section 10.3.8** and stored protected from contamination prior to reuse.
- 10.2.11 Disposable tableware shall not be reused.

10.3 Child care facility food service areas and equipment

10.3.1 In a child care center:

- 10.3.1.1 Food preparation, dining, and utensil washing and rinsing areas shall be labeled as such and kept separate from diapering areas and hand washing sinks.

- 10.3.1.2** In the case of nursery areas, if food service is anticipated within a given room, a separate food service counter with a sink for rinsing and food preparation shall be provided within the room. This area shall be physically separated from diapering and hand washing areas by a minimum of eighteen inches (18") of open air space or a splashguard as required by the Health Authority.
- 10.3.1.3** Children are not allowed in the kitchen of a child care center. A barrier to kitchen access must be provided.
- 10.3.2** In a family care or group care home:
 - 10.3.2.1** Kitchen facilities shall be separated from child activity areas.
 - 10.3.2.2** Children shall not be allowed access to the kitchen unless directly supervised by a child care provider.
 - 10.3.2.3** If there is no physical barrier to kitchen access, then the stove burner knobs, oven door, and refrigerator shall be equipped with childproof safety devices. All kitchen utensils shall be inaccessible to children.
 - 10.3.2.4** Chemical and physical hazards shall be maintained inaccessible to children by means of location, childproof latches or locks, or other method approved by the Health Authority.
- 10.3.3** Kitchen areas and equipment shall be maintained clean, orderly and in good repair.
- 10.3.4** Floors and walls shall be easily cleanable, maintained clean, in good repair and free of debris.
- 10.3.5** Refrigeration:
 - 10.3.5.1** In the food service or kitchen area, refrigeration shall be provided that is capable of maintaining food temperatures of forty-one (41° F) or below.
 - 10.3.5.2** Refrigeration may be provided in other locations, such as classrooms, within the child care facility. Such refrigeration used to store children's food brought from home must also be capable of maintaining food temperatures of forty-one (41° F) or below.
 - 10.3.5.3** A thermometer designed to measure refrigeration temperatures, accurate to plus or minus two ($\pm 2^\circ$ F), shall be provided and be conspicuously located in the warmest section of all refrigerators used to hold food to be consumed by the children in care.
 - 10.3.5.4** The refrigerator thermometer(s) shall be monitored and the temperature recorded daily in a temperature log.
 - 10.3.5.5** Temperature logs for all refrigerators used in the child care facility for food service or to hold children's food brought from home shall be maintained on site for a minimum of two (2) months and be made available for review upon request.
- 10.3.6** A sink for hand washing, serviced with hot and cold or tempered water, dispenser-held soap, and single-use towels shall be available to perform hand washing before food service.

- 10.3.7** In a child care center, if manual warewashing is performed, a three (3)-compartment sink as required by the most current *Food Regulations* must be used and must be separate from the hand sink.
- 10.3.8** Tableware, utensils, and toys that are placed in children's mouths shall be washed and sanitized by either:
- 10.3.8.1** A dishwashing machine capable of sanitizing per the manufacturer specifications, or by
 - 10.3.8.2** Washing items manually using the following procedures:
 - 10.3.8.2.1** Wash in hot, soapy water (minimum 110° F),
 - 10.3.8.2.2** Rinse in clear water,
 - 10.3.8.2.3** Sanitize with an approved sanitizing agent by:
 - 10.3.8.2.3.1** Immersing for at least one (1) minute in water containing no less than fifty (50) ppm and no greater than one hundred (100) ppm of available chlorine [approximately one-half to one tablespoon (½–1 tbsp) of bleach per one (1) gallon of water] or;
 - 10.3.8.2.3.2** Immersing for at least one (1) minute in water containing quaternary ammonium compound as indicated by the manufacturer's instructions.
 - 10.3.8.2.3.3** The child care operator or designated responsible person shall maintain a supply of the appropriate sanitizer test strips and use the test strips to ensure proper sanitizer concentration.
 - 10.3.8.2.3.4** Air dry.

10.4 Additional requirements for group care homes

- 10.4.1** Group care homes shall have either an NSF or equivalently certified or listed dishwashing machine or a three (3) compartment sink and follow the dishwashing procedure as outlined in **Section 10.3.8.2**. All three (3) compartments shall be large enough to submerge half of the largest utensil in use.
- 10.4.2** Group care home applicants shall submit to the Health Authority, for review and approval, a floor plan of the kitchen indicating the location of planned or existing sinks that will meet the requirements of **Section 10.3.8.2**.
- 10.4.3** A sink to be used exclusively for hand washing shall be located in the food service area. A minimum of an 18-inch (18") separation shall be maintained from this sink and any other sink located in the food service area. If splash guards are used, the hand washing sink may be placed closer.
- 10.4.4** If a group care home has installed an NSF or equivalently certified or listed dishwashing machine, then the group care home shall be allowed to use the existing kitchen sink for hand washing during hours of operation, provided it is cleaned and sanitized prior to using the same sink for any food preparation.

10.5 Limited hour programs

Those child care facilities that care for children less than three and one-half (3.5) hours per day are not required to have a kitchen and shall not provide food service to the children if they do not have an approved kitchen. If the facility chooses to provide food service, they shall meet all sections of the current *Food Regulations* requiring compliance.

10.6 Food brought from home for a child's individual use

- 10.6.1** Food brought to the child care facility for an individual child's use shall be labeled with the child's first and last name and shall not be shared with other children.
- 10.6.2** Perishable items must be stored or packed in a manner that maintains the temperature of the contents. Unused food or beverage items shall be disposed of or returned to the parent or guardian at the end of the day.

10.7 Transported food

Food that is transported offsite, e.g., for field trips, shall be maintained at proper temperatures and protected from contamination.

10.8 Child care facility-safe food practices

- 10.8.1** Child care providers responsible for food service at the facility shall be knowledgeable in and be able to implement all safe food practices as applicable to the extent of food service approved by the Health Authority for the given location.
- 10.8.2** Food shall be wholesome, free from spoilage, filth, or other contamination and shall be obtained from an approved source. Home canned food is prohibited for service to children in care.
- 10.8.3** All food and food contact surfaces shall be maintained in a manner that protects them from contamination before, during, and after food preparation and service.
 - 10.8.3.1** Chemicals shall be stored separate from food and food contact surfaces.
 - 10.8.3.2** Food and food containers shall be stored in appropriate locations, a minimum of six inches (6") off the floor. No food shall be stored in restrooms.
 - 10.8.3.3** In family care and group care homes, and in child care center facilities possessing a Food Establishment Health Permit:
 - 10.8.3.3.1** All raw meat, fish, poultry, and eggs shall be stored in such a manner to prevent contamination of other foods.
 - 10.8.3.3.2** Potentially hazardous foods (TCS) shall be maintained at forty-one (41° F) or below or at one hundred thirty-five (135° F) or above. A thermometer accurate to plus or minus two ($\pm 2^\circ$ F) shall be provided and used to ensure the attainment and maintenance of proper temperatures in the cooking, holding, and cooling of all potentially hazardous foods (TCS).

- 10.8.3.3.3** Potentially hazardous foods (TCS) shall not be thawed at room temperature. Thawing shall be done in a refrigerator, under cool seventy (70° F) or less running water, in a microwave if food is to be cooked immediately, or as part of the prescribed cooking process.
- 10.8.4** Whenever possible, food shall be prepared immediately before consumption with minimal use of leftovers.
- 10.8.5** Open food that has been placed on the dining surface, returned from individual plates, family-style serving bowls, or that otherwise has been in contact with children shall be discarded if not consumed at that meal or snack service. Such food shall not be retained to be served again.
- 10.8.6** Even if protected from contamination, potentially hazardous food (TCS) that has been maintained outside of safe food temperatures for two (2) hours or more shall be discarded.
- 10.8.7** For food prepared in advance, the following cooling and reheating procedures shall be used:
- 10.8.7.1** Cooling Foods—Hot foods shall be cooled first before they are fully covered in the refrigerator.
- 10.8.7.2** Unserved food shall be covered promptly for protection from contamination, shall be refrigerated immediately, and shall be used within twenty-four (24) hours.
- 10.8.7.3** Reheating Foods—Foods shall be rapidly reheated to an internal temperature of one hundred sixty-five (165° F) and held at that temperature for at least five (5) minutes prior to serving. Food shall be stirred during heating to ensure even heating.
- 10.8.8** Bare-hand contact with foods that do not require further cooking shall be minimized by use of proper utensils.
- 10.8.9** Counter tops and equipment shall be cleaned with an all-purpose cleaner and sanitized before and after food preparation. A 50-100 ppm chlorine and water or 200 ppm quaternary ammonia product approved for food contact surfaces shall be used to sanitize surfaces. Other sanitizers that have been approved by the Health Authority may be used.
- 10.8.9.1** The sanitizer shall be in a properly labeled spray bottle and used with disposable single-use towels or
- 10.8.9.2** A clean, reusable wiping cloth shall be immersed in the approved sanitizer between uses.
- 10.8.9.3** Other sanitizers that have been approved by the Health Authority must be used according to the label instructions.
- 10.8.10** Cutting boards and utensils used to prepare raw meat, fish, or poultry shall be immediately washed, rinsed, and sanitized after use. Hands shall be washed immediately after handling any raw meat, fish, or poultry.

- 10.8.11 In a child care center, food provided on an occasional basis to be served to a group of children shall be non-potentially hazardous foods (TCS) only.
- 10.8.12 A separate area, shelf, or bin shall be designated for medications in dry storage and/or under refrigeration. All medication and applicators must be labeled with the child's first and last name.

10.9 Child care facility-dining area

- 10.9.1 All dining areas and equipment shall be kept clean and sanitary.
- 10.9.2 Immediately before and immediately after a meal or snack is served, the countertops and dining surfaces shall be cleaned with an all-purpose cleaner, then sanitized in the manner described in **Section 10.8.9**.
- 10.9.3 Children shall wash their hands prior to dining or assisting with setting the table. Children exhibiting signs and symptoms of the beginning of or recovery from mild illness such as sneezes, coughs, or runny noses shall not serve food or assist in setting the table.
- 10.9.4 Child care providers shall directly supervise all "family-style" food service.

10.10 Child care facility-nursery food service

- 10.10.1 The child care provider shall be responsible for proper hand washing of infants and toddlers, as well as their own hands, prior to all feedings.
- 10.10.2 Dining equipment shall be appropriate for the age of the child being fed.
 - 10.10.2.1 Dining equipment shall be thoroughly cleaned and sanitized after each use.
 - 10.10.2.2 Prior to each use, the high chair tray or tabletop shall be cleaned and sanitized.
- 10.10.3 Containers of prepared formula, breast milk, and baby food opened or prepared at the child care facility shall be labeled with the child's name and placed into refrigeration that is capable of maintaining food at temperatures of forty-one (41° F) or below. Deviations from refrigeration of breast milk can only be made by written request of the parent.
- 10.10.4 All formula, breast milk, and containers of food shall be appropriately covered or closed when not being prepared or served. Formula supplied by the child care provider shall come in a factory-sealed container. The formula shall be either ready-to-feed strength or prepared according to the manufacturer's instructions using cleaned and sanitized bottles and nipples.
- 10.10.5 Prepared formula and breast milk shall be discarded within one (1) hour after preparation or per manufacturer's label requirements for formula.

- 10.10.6** Containers of prepared formula and breast milk shall be warmed under warm running potable tap water or by placing them in a container of water that is no warmer than one hundred twenty (120° F). Containers of prepared formula and breast milk shall be gently shaken and temperature tested before feeding. Bottles shall not be left in a container of water to warm for more than five (5) minutes. If a bottle warmer or crock pot is used for warming, this device shall be kept out of children's reach; shall contain water at a temperature that does not exceed one hundred twenty (120° F); and shall be emptied, disinfected, and refilled with fresh water daily.
- 10.10.7** Containers of formula or breast milk shall not be warmed in a microwave oven.
- 10.10.8** Frozen breast milk shall be thawed under cold running water or in the refrigerator prior to warming.
- 10.10.9** Commercially packaged baby food shall be served from a bowl or cup, with the remaining contents in the jar refrigerated. Uneaten food in dishes shall be discarded. If the baby food is fed directly from the commercial container, the child care provider shall discard the contents remaining in the container after the feeding.
- 10.10.10** No previously opened baby food jars shall be accepted by the child care facility.
- 10.10.11** Only cleaned and sanitized bottles, nipples, and tableware shall be used. If the child care facility lacks the ability to properly wash, rinse, and sanitize such articles, all bottles needed for that day shall come from the given child's home and shall not be refilled at the child care facility. Other needed tableware shall be disposable and used only once.
- 10.10.12** When used for a beverage other than water, reusable toddler sippy cups shall be labeled with the first and last name of the child in indelible ink and shall be properly washed, rinsed, and sanitized before refilling.
- 10.10.13** If used for drinking water only, the cup shall be labeled with the child's first and last name in indelible ink; kept physically separate from other cups in use; and be washed, rinsed, and sanitized at least daily.
- 10.10.14** Partially consumed bottles, sippy cups, and food shall not be stored in the refrigerator.
- 10.10.15** Food preparation and bottle rinsing shall take place at a sink that is not used for hand washing.
- 10.10.16** All unused, prepared formula, breast milk, and open jars of baby food shall be sent home with the child each day.
- 10.10.17** Infants shall be held or fed sitting up for bottle-feeding. Infant bottle propping and carrying of bottles or sippy cups by ambulatory young children is prohibited.

Section 11

HEALTH PERMITS

11.1 Child care facility Health Permit required

All child care facilities must have a current and valid child care facility Health Permit issued by the Health Authority in order to operate.

11.2 Child care facility Health Permit prohibitions

Any person operating a child care facility as defined in these Regulations without a current and valid child care facility Health Permit is in violation of these Regulations and will be ordered to cease and desist providing child care until they apply for and receive a valid Health Permit to operate a child care facility.

11.3 Applications for and issuance of child care facility Health Permits to operate

11.3.1 Prior to commencing the operation of any child care facility, the applicant, such as the child care operator, child care center director, responsible person or persons, business entity, or other authorized agent representing the child care operator must make written application for a child care facility Health Permit on forms provided by the Health Authority, pay all applicable fees, and receive written approval from the Health Authority to operate.

Application forms may be found in Appendix G or online at www.southernnevadahealthdistrict.org.

11.3.2 When making application for any type child care facility Health Permit, the following information and items must be brought to the Health Authority for review and/or approval:

11.3.2.1 The name, location address, and mailing address of the child care facility;

11.3.2.2 A statement indicating whether the applicant is a natural person, firm, or corporation, and;

11.3.2.3 The applicant's full name, mailing address, and signature or that of a representative designated by them, if the applicant is a firm or corporation;

11.3.2.4 The name of the responsible person for the child care facility and contact information such as addresses and phone numbers and signature, if different from the applicant or applicant's representative;

11.3.2.5 Proof of ownership or lease agreement for the property and buildings on which the child care facility is or will be built or located;

11.3.2.6 Proof of application to the appropriate licensing agency.

For family care or group care homes, a home care checklist may be found in Appendix H.

11.3.3 When making application for a child care center, the following additional requirements must be submitted during the application process:

11.3.3.1 A floor plan and specification of the child care facility as it is proposed to be operated. If under new construction or major remodel, any construction plans, schedules, schematics, or drawings, may be provided by the applicant for consideration prior to formal plan review;

11.3.3.2 The proposed hours of operation;

11.3.3.3 A complete description of all child care services to be provided;

11.3.3.4 An inventory of all kitchen or playground equipment to be utilized, including names of manufacturers and model numbers, if commercial equipment is required.

11.3.3.5 A sample menu of foods and beverages which the child care center plans on providing.

11.3.3.6 The requirements found in **Section 11.3.3** do not apply to family care or group care home facilities.

11.4 Child care facility Health Permit issuance

11.4.1 If the Health Authority determines, after plan review, investigation, and inspection, that the proposed child care facility or facilities can be operated in accordance with the provisions of these Regulations, a Health Permit may be issued to the child care operator for each licensed child care center found to be in compliance with these Regulations.

11.4.2 All persons charged with the duty of maintenance and operation of a child care facility shall operate the facility in conformity with these Regulations.

11.4.3 All Health Permits for child care centers and family care and group care homes shall be renewed annually. Their issuance is conditional upon strict compliance with these Regulations.

11.4.4 Health Permits may be revoked or suspended for violation of these Regulations in accordance with the procedures set forth in **Sections 13 and 14**.

11.4.5 Any Health Permit issued under the provisions of these Regulations shall not be transferable by the Health Permit holder to any other person or entity and shall be valid only for the particular premises described on the Health Permit and the type of facility and number of children for which it was issued.

11.5 Child care facility Health Permit fee schedule

Pursuant to NRS 439.360(5), and under the authority of NRS 439.410(3), the District Board of Health adopts by reference, the current Health Permit Fee Schedule as it applies to child care facilities.

11.6 Child care facility Health Permit posted

11.6.1 The current child care facility Health Permit must be posted in plain view of the general public and shall not be altered or defaced in any manner.

11.6.2 The child care facility operator or other responsible person shall maintain a copy of these Regulations on file at the facility readily available for parental review.

11.7 Failure to comply with Health Permit requirements

Failure to comply with the provisions of these Regulations may result in individual Foodhandler/Child Care Health Card suspension, child care facility Health Permit suspension, and/or an administrative hearing.

Section 12

PLAN REVIEW SUBMISSION AND APPROVAL

12.1 Regulation of new construction and renovation or conversion of use for a child care center

The construction of new child care centers and remodeling, expansion, renovation, or conversion, including the change of any proposed use of existing facilities shall be in accordance with all applicable State of Nevada laws and regulations, these Regulations, all other applicable Health Authority Regulations, and local building ordinances and codes. Child care centers placed into operation after the adoption date of these Regulations shall comply with these Regulations in their entirety. In the event that there are any conflicts between these requirements, the more stringent requirement must be met.

12.2 Plans for construction and remodeling

12.2.1 At least thirty (30) days prior to beginning construction or remodeling of a child care center, the child care center operator or designated responsible person must complete the Instructions for Submission of Plans for Review and the Plan Review Application Form. Both forms are available on the SNHD web site. Plans shall include any outdoor play areas.

12.2.2 Read the Instructions for Submission of Plans for Review carefully and submit plans to the Health Authority for review and approval. The plans submitted must include all the information applicable to facility design and construction discussed in **Section 6-FACILITIES AND MAINTENANCE** and all developed plans for construction, expansion, renovation, or conversion of the grounds and outdoor play areas and equipment discussed in **Section 9-GROUNDS AND OUTDOOR PLAY AREA**. In addition, information as outlined in **Section 10-FOOD SERVICE** that is relevant to food facilities, equipment, and menus shall be included in the Submission of Plans for Review.

12.2.3 In addition, forms and information that are available to child care center operators online include Establishment Plan Review Requirements for Equipment & Structure of Commercial, Government, and Non-Profit Child Care Facilities. For child care facilities which choose to operate in a manner that requires a commercial kitchen, the Food Establishment Plan Review Questionnaire Worksheet may also be secured in preparation for the plan review appointment.

12.2.4 If construction has not begun within one (1) year of the date of submittal of the plans, the plan review shall be deleted. Extensions in excess of the one (1) year limit shall be requested, in writing, within the one (1) year interval. The extension cannot extend for more than a six (6) month period.

12.3 Application fees

Application fees shall be in accordance with the Health Authority's approved fee schedule in effect at the time of application. Plan Review fees must be assessed based upon the extent of construction or remodeling planned. Additional fees are required if construction or remodeling takes place before the plans are submitted and approved.

12.4 Change of ownership

- 12.4.1** Upon request for change of ownership, the newly proposed child care center operator or responsible person must submit plans to the Health Authority for review.
- 12.4.2** A child care center undergoing a change of ownership shall be in compliance with these Regulations in their entirety, unless the Health Authority issues a compliance schedule for correcting structural violations.
- 12.4.3** Failure to complete specified corrections identified in the compliance schedule, issued pursuant to **Section 12.4.2**, within the timeframe stipulated by the Health Authority will result in suspension of the Health Permit.
- 12.4.4** The child care center shall also be in compliance with any applicable codes and regulations from other agencies of jurisdiction prior to the approval of the new child care facility Health Permit.

Section 13 INSPECTIONS

13.1 Agent of the Health Authority identification

- 13.1.1** Agents of the Health Authority shall wear on their persons and show to the child care operator, child care center director, or designated responsible person their Health Authority-issued official identification upon entering a child care facility to make an inspection or other official visit pursuant to these Regulations.
- 13.1.2** Such an inspection or official visit may be made as often as the Health Authority determines is necessary to ensure compliance with these Regulations.

13.2 Responsible person must provide immediate access to Health Authority

- 13.2.1** Upon providing the required Health Authority-issued official identification to the child care operator, child care center director, or designated responsible person, the agent of the Health Authority shall be provided immediate access to the child care facility to perform an inspection or other official work.
- 13.2.2** Any unreasonable denial of access by a child care operator, child care center director, child care provider, or other responsible person to all areas of the child care facility requiring sanitation and safety inspections, after the agent of the Health Authority has provided proper, valid official identification, may result in an immediate suspension of the child care facility Health Permit.
- 13.2.3** Should the Health Permit become suspended, the child care facility Closure Order may state that the child care facility Health Permit is suspended and all procedures and business activities must be discontinued immediately. Any responsible person to whom such an order is issued shall comply with it immediately.

13.3 Unlawful to interfere with Health Authority

It is unlawful for any person to interfere with agents of the Health Authority in the performance of their duties, pursuant to NRS 199.300.

13.4 Health Authority must provide written report, including corrective actions

Upon completion of the visit to the child care facility, the Health Authority representative shall prepare a report describing any findings.

- 13.4.1** The report must set forth any deficiencies discovered during the inspection.
- 13.4.2** A copy of the completed report must be furnished to the child care operator, child care center director, or designated responsible person upon completion of the inspection.
- 13.4.3** A copy of the completed report must also be retained by the Health Authority for the records of the child care facility.

13.4.4 The child care operator, child care center director, or other responsible person shall maintain a copy of the last health inspection report, as well as a copy of these Regulations on file at the facility, readily available for parental review.

13.5 Corrective actions for inspection deficiencies

13.5.1 The child care operator shall be responsible for assuring that health, safety, and sanitation violations are corrected as soon as reasonably possible.

13.5.2 The health and safety of children in care shall not be compromised while corrective actions are made. Depending upon the extent and severity of the violations, the Health Authority shall determine if the services the child care facility normally provides will be required to be limited until corrections are completed.

13.5.3 Deficiencies may be present that do not constitute a substantial threat to public health and safety. Corrective actions for these types of deficiencies shall be noted on the inspection report and be assigned a specified period of time within which the indicated corrections must be completed.

13.6 Failure to correct a deficiency

13.6.1 Failure of the child care operator, child care center director, or other responsible person to correct a deficiency within the period specified is a violation of these Regulations and will result in assessment of appropriate fees and issuance of a Notice and Order to correct the deficiencies. A copy of the Notice will be submitted to the Licensing Authority.

13.6.2 Failure to correct the deficiencies by the date noted in the Notice and Order issued pursuant to **Section 13.6.1** will result in suspension of the Health Permit.

13.6.3 Violations that constitute a substantial threat to public health and safety and their remedies are addressed in **Section 2** of these Regulations.

13.7 Frequency of inspection

All child care facilities, including child care centers, family care and group care homes, shall be inspected at least once per year for permitting purposes. Special Event child care facilities shall be inspected prior to providing child care, with follow-up on any required corrections to be completed within a time frame determined by the Health Authority.

Section 14 ENFORCEMENT

14.1 Correction of violations

- 14.1.1** When a reinspection date has been indicated on the inspection report, the child care operator, child care center director or designated responsible person of the child care facility shall correct the conditions which resulted in the violation(s) by the date indicated.
- 14.1.2** If corrective actions cannot be completed by the indicated date, the child care operator or designated responsible person shall contact the Health Authority prior to the reinspection date. A fee shall be assessed when the same violations are observed on the subsequent reinspection.
- 14.1.3** Unless otherwise noted on the inspection report, all items of violation shall be corrected within thirty (30) days.

14.2 Request for appeal of inspection violation findings

- 14.2.1** An opportunity for appeal from inspection findings will be provided if a written request for a hearing is filed with the Health Authority within the period established in the notice for correction.
- 14.2.2** The Health Authority shall notify the child care operator of said hearing date ten (10) days from receipt of written request.

14.3 Repeated non-compliance

Non-compliance with these Regulations, or a history of repeat violations, may result in one (1) or more of the following:

- 14.3.1** A letter of warning to the child care facility operator, outlining the health, safety or sanitation concerns, with a copy of the letter sent to the Child Care Licensing Authority.
- 14.3.2** A required supervisory conference to review violations and remedial actions.
- 14.3.3** A required decrease in services offered as appropriate with the violation(s) in question.
- 14.3.4** Non-renewal of the Health Permit with notification of the Child Care Licensing Authority.
- 14.3.5** Suspension or revocation of Health Permit; reinstatement of suspended Health Permit; hearing.
- 14.3.5.1** Child care facility Health Permits issued under the provisions of these Regulations may be suspended temporarily by the Health Authority for failure of the holder to comply with the requirements of these Regulations.

- 14.3.5.2** Whenever a child care operator has failed to comply with any notice issued under the provisions of these Regulations, the child care operator must be notified, in writing, that the permit is, upon service of the notice, immediately suspended. The notice must also contain a statement informing the child care operator that an opportunity for a hearing will be provided if a written request for a hearing is filed by the child care operator with the Health Authority.
- 14.3.5.3** Whenever the Health Authority finds an unsanitary or other condition in the operation of a child care facility which, in the judgment of the Health Authority, constitutes a substantial health hazard to the public health, there may without warning, notice or hearing, be issued a written order to the child care operator citing the condition, specifying the corrective action to be taken, and specifying the time within which the action must be taken. The order may state that the Health Permit is immediately suspended and all child care operations must cease and desist immediately. Any child care operator, child care center director, or other responsible person to whom such an order is issued shall comply with it immediately. Upon written petition to the Health Authority, the child care operator must be afforded a hearing as soon as possible.
- 14.3.5.4** Any child care operator whose Health Permit has been suspended may, at any time, make application for a reinspection for reinstatement of the Health Permit.
- 14.3.5.4.1** A child care facility which has any area ordered to cease and desist operation or has been entirely closed due to a substantial health hazard must pay appropriate fees prior to requesting a reopening inspection of the area(s) in question (see the current edition of the Southern Nevada Health District Fee Schedule).
- 14.3.5.4.2** Within ten (10) days following receipt of a written request, including a statement signed by the applicant that, in the opinion of the child care operator, the conditions causing suspension of the Health Permit have been corrected, the Health Authority shall make a reinspection.
- 14.3.5.4.3** If the applicant is in compliance with the requirements of these Regulations, the Health Permit must be reinstated.

14.4 Child care facility Health Permit revocation

- 14.4.1** The Health Authority may permanently revoke a child care facility's Health Permit under certain conditions. For serious or repeated violations of any of the requirements of these Regulations or for interference with the agents of the Health Authority in the performance of their duties, the child care facility Health Permit or Food Handler/Child Care Health Card may be permanently revoked after an opportunity for a hearing has been provided by the Health Authority, as outlined in these Regulations.
- 14.4.2** Child care operators or other responsible persons may be subject to fines and penalties as determined by the Administrative Hearing Officer upon each notice of violation upheld for each offense taken before administrative hearing. If a child care facility Health Permit holder (child care operator) or other responsible person violates any of the provisions of these Regulations after three (3) consecutive inspections, then their privileges to operate may be revoked. Before taking such action, the Health Authority shall notify the child care operator or responsible person, in writing, stating the reasons why the child care facility Health Permit or Food Handler/Child Care Health Card is subject to

revocation and advising the affected parties of the requirements for filing a request for an administrative hearing. A child care facility Health Permit or Food Handler/Child Care Health Card may be suspended for cause pending its revocation or an administrative hearing.

- 14.4.3** Upon receipt of the revocation Order (Notice of Revocation), the child care facility must cease immediately all provision of any child care services. The child care facility must close all facilities operated under the child care facility Health Permit pending a hearing pursuant to an exercised right of appeal. Revocations are intended to result in permanent closure of the child care facility. The child care facility may seek relief through the appeal process outlined in these Regulations.

14.5 Appeal rights

Upon written petition submitted to the Health Authority within five (5) business days after receipt of a Notice of Suspension or Revocation of a child care facility Health Permit, the recipient of the written Notice may exercise his right of appeal and must then be afforded a hearing as soon as possible, and in any event in not more than ten (10) business days from the receipt of the petition by the Health Authority. Hearings shall be conducted by a Health Authority Administrative Hearing Officer and in accordance with the following:

- 14.5.1** Any party may be represented by counsel.
- 14.5.2** Opportunity shall be afforded all parties to respond and present evidence and argument on all issues involved.
- 14.5.3** Each party may call and examine witnesses, introduce exhibits, cross-examine opposing witnesses on any matter relevant to the issues whether or not the matter was covered in the direct examination, impeach any witness, regardless of which party first called him to testify, and rebut the evidence against the party itself.
- 14.5.4** Every witness shall declare, by oath or affirmation, that he will testify truthfully. Unless limited by a specific statute, the Administrative Hearing Officer may administer oaths or affirmations to witnesses appearing before him in the hearing.
- 14.5.5** Irrelevant, immaterial or unduly repetitious evidence must be excluded. Evidence may be admitted, except where precluded by statute, if it is of a type commonly relied upon by reasonable and prudent persons in the conduct of their affairs. Effect shall be given to the rules of privilege recognized by law. Objections to evidentiary offers may be made and shall be noted in the record. Subject to these requirements, when a hearing will be expedited and the interest of the parties will not be prejudiced substantially, any part of the evidence may be received in written form.
- 14.5.6** The Administrative Hearing Officer may issue subpoenas to compel attendance of any person at the hearing, and require the production of books, records, and other documents material to a hearing.

- 14.5.7** The Administrative Hearing Officer may make inquiries of any witness following any segment of testimony.
- 14.5.8** Members of the public may testify in cases before the Administrative Hearing Officer.
- 14.5.9** All testimony shall be recorded verbatim, by human or electronic means. Any party requesting a transcript of any oral proceeding, or any part thereof, shall pay the cost thereof.
- 14.5.10** The decision of the Administrative Hearing Officer must be reduced to writing and shall be final ten (10) days after mailing to by certified mail, return receipt requested or personal service upon each party.
- 14.5.11** Any party aggrieved by a decision of the Administrative Hearing Officer may seek judicial review of the decision of the Administrative Hearing Officer, in accordance with the provisions of NRS 233B.130(2), and NRS 233B.131 through 233B.150, inclusive.

14.6 Health Authority additional legal remedy

- 14.6.1** Whenever the child care operator or responsible person fails to comply with the provisions of these Regulations in a timely manner, relief may also be sought through a court of competent jurisdiction.
- 14.6.2** Whenever the child care operator, responsible person, or child care providers are operating without legal authority to do so or in a prohibited manner, such as from their unpermitted, unlicensed private residences, the Health Authority, under its authority granted by NRS 439, may conduct an investigation into the matter. The terms, conditions, and policies of other applicable statutes and ordinances are intended to be applied in conjunction with the enforcement of all other ordinances of the state, county, and its municipalities designed for the protection of the public health, safety, morals, and welfare. The fact that such statutes or ordinances are not specifically referred to in these Regulations in no manner precludes their application to child care facility permittees and child care providers.
- 14.6.3** Child Care Licensing Authorities which are the agencies of jurisdiction for a given area shall be notified by the Health Authority of the revocation of any child care facility Health Permit.

Section 15

MISCELLANEOUS

15.1 Severability clause

Should any section, paragraph, sentence, phrase, or provision of these Regulations be held invalid for any reason, the remainder of these Regulations shall not be affected.

15.2 Effective date

15.2.1 These Regulations were adopted at a duly noticed public hearing November 19, 2009.

15.2.2 These Regulations became effective upon approval by the Nevada State Board of Health.