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Child Care and Development Fund (CCDF) Plan

for

State/Territory Nebraska

FFY 2019-2021

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Pub. L. 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for state and territory grantees. In September 2016, the final rule was released. The final rule makes regulatory changes to the CCDF program based on the CCDBG Act of 2014. These changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable, child care for low-income children; and enhance the quality of child care and the early childhood workforce.

The Plan is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule. The Preprint provides a tool for states and territories to describe to ACF their progress on the following sections:

- 1. Define CCDF Leadership and Coordination With Relevant Systems
- 2. Promote Family Engagement Through Outreach and Consumer Education
- 3. Provide Stable Child Care Financial Assistance to Families
- 4. Ensure Equal Access to Child Care for Low-Income Families
- 5. Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings
- 6. Recruit and Retain a Qualified and Effective Child Care Workforce
- 7. Support Continuous Quality Improvement
- 8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements and deadlines.

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities. (See http://www.section508.gov/ for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.



1 Define CCDF Leadership and Coordination With Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Coordination with child care resource and referral (CCR&R) systems are explained, and Lead Agencies outline the work they have done on their disaster preparedness and response plans.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1)).

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Nebraska Department of Health and Human Services

Street Address: PO Box 95026, Lincoln, NE 68509

City: Lincoln

State: Nebraska

ZIP Code: 68509

Web Address for Lead Agency: http://dhhs.ne.gov

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Courtney

Lead Agency Official Last Name: Phillips

Title: Chief Executive Officer

Phone Number: 402-471-9433

Email Address: Courtney.Phillips@nebraska.gov

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than

one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a)	CCDF Administrator Contact Information:
	CCDF Administrator First Name: Nicole
	CCDF Administrator Last Name: Vint
	Title of the CCDF Administrator: CCDF Administrator
	Address for the CCDF Administrator (if different from the Lead Agency):
	Street Address: PO Box 95026
	City: Lincoln
	State: Nebraska
	ZIP Code: <u>68509</u>
	Phone Number: <u>402-471-9208</u>
	Email Address: Nicole.Vint@nebraska.gov
b)	CCDF Co-Administrator Contact Information (if applicable):
	CCDF Co-Administrator First Name: N/A
	CCDF Co-Administrator Last Name:
	Title of the CCDF Co-Administrator:
	Address of the CCDF Co-Administrator (if different from the Lead Agency):
	Street Address:
	City:
	State:
	ZIP Code:
	Phone Number:
	Email Address:
	Description of the role of the Co-Administrator:

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1	establi and po CCDF p	the following CCDF program rules and policies are administered (i.e., set or ed) at the state or territory level or local level? Identify whether CCDF program rules ries are established by the state or territory (even if operated locally) or whether the licies or rules are established by local entities, such as counties or workforce boards (3)). Check one.
		XAll program rules and policies are set or established at the state or territory level. Some or all program rules and policies are set or established by local entities. If checked indicate which entities establish the following policies. Check all that apply. Eligibility rules and policies (e.g., income limits) are set by the:
	2.	 XXState or territory Local entity (e.g., counties, workforce boards, early learning coalitions). If checked identify the entity and describe the type of eligibility policies the local entity(ies) can set. Other. Describe: Sliding-fee scale is set by the:
		 XX State or territory Local entity (e.g., counties, workforce boards, early learning coalitions). If checked identify the entity and describe the type of eligibility policies the local entity(ies) can set.
	3.	Other. Describe: Payment rates are set by the:
	5.	
		 XX State or territory Local entity (e.g., counties, workforce boards, early learning coalitions). If checked identify the entity and describe the type of eligibility policies the local entity(ies)
		can set.
		Other. Describe:
	4.	Other. List other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices): Nebraska's QRIS, Step Up to Quality, is a joint effort between the Nebraska Department of Education (NDE) and the Department of Health and Human Services (DHHS), per Nebraska Revised Statute 71-1964.
1.2.2		ne CCDF program operated? In other words, which entity(ies) implement or perform DF services? Check all that apply.
	a) Wh	conducts eligibility determinations?
		CXCCDF Lead Agency Temporary Assistance for Needy Families (TANF) agency Other state or territory agency

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Ш	Local government agencies, such as county welfare or social services departments
	Child care resource and referral agencies
	Community-based organizations
	Other.
b) Who	assists parents in locating child care (consumer education)?
	XXCCDF Lead Agency
	TANF agency
	Other state or territory agency
	Local government agencies, such as county welfare or social services departments
	XXChild care resource and referral agencies
	XXCommunity-based organizations
	Other.
c) Who	p issues payments?
	XXCCDF Lead Agency
	TANF agency.
	Other state or territory agency.
	Local government agencies, such as county welfare or social services departments.
	Child care resource and referral agencies.
	Community-based organizations.
	Other.
What p	rocesses will the Lead Agency use to monitor administrative and implementation

- 1.2.3 What processes will the Lead Agency use to monitor administrative and implementation responsibilities performed by agencies other than the Lead Agency as indicated above, such as through written agreements or monitoring and auditing processes (98.11(a)(3))? Describe those processes and any indicators or measures used to assess performance. The Lead Agency holds an annual subaward with the Nebraska Department of Education (NDE). NDE provides direct oversight of Nebraska's child care resources and referral agencies. Monthly meetings are held with the Lead Agency and NDE to monitor the subaward, review quarterly data, and current status of obligated and liquation of CCDF funds.
- 1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate. Requests can be made via email at: DHHS.PublicRecords@nebraska.gov
- 1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally-identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's

policies related to the use and disclosure of confidential and personally-identifiable information. The Lead Agency governs the use and disclosure of confidential and personal-identifiable information through regulations and state statutes. Applicable regulations include: 1.) Each applicant for, or client of any programs(s) administered by the Nebraska Department of Social Services has the right to have his/her information treated confidentially [465 NAC 2-0041]; 2.) Department staff shall treat the client's information confidentially [465 NAC 2-003]; 3.) Confidential information which identifies individuals who apply for or receive assistance, benefits, or services from the Department must be safeguarded [465 NAC 2-005]; 4.) Section 68-313, et seq. of the Nebraska Revised Statutes states that all records, files, papers, and communications must be limited to purposes directly connected with the administration of: Assistance to the Aged, Blind. Or Disabled; Aid to Dependent Children; Medical Assistance; Social Services; Medically Handicapped Children's Program, Food Stamp Program, Food Distribution Program; Energy Assistance Program; Matters concerned with proposed legislation or in relation to administration of state or county government, or rules and regulations of the Department [465 NAC 2-005.01B]; and 5.) Any person who knowingly misuses any public assistance information may be found guilty of a misdemeanor [465 NAC 2-005.01C].

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of units of general purpose local government—(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301 cspan govts def 3.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

- 1.3.1 Describe the Lead Agency's consultation in the development of the CCDF plan.
 - a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments. An email was initially sent to members on various Chamber of Commerce boards throughout Nebraska. The email introduced the CCDF program, the purpose of the CCDF State Plan, and offered to meet with members to further discuss the plan and child care needs, barriers, and ideas in the community. As of yet, there has been no response. The Lead Agency will continue to engage the general purpose local governments.

- b) Describe how the Lead Agency consulted with the State Advisory Council. The Early Childhood Interagency Coordinating Council (ECICC) consist of Governor appointed members who represent various career or parenting categories, meeting requirements of the Head Start Act and IDEA Part C. These members are state wide with an array of experience. Early childhood issues and training needs are part of the discussions within these meetings. The Child Care and Development Fund (CCDF) Administrator and CCDF Program Specialist are appointed to this council and attend quarterly meetings and planning. The development plan of the CCDF State Plan was presented at the February 2018 council meeting. Suggestions and ideas were asked for during this presentation. The ECICC also receive information about the draft CCDF State Plan and public hearing information at the May 2018 meeting. This will also be of topic at the August 2018 quarterly meeting, as well as an opportunity to discuss CCDF and any future quarterly meeting.
- c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. The Lead Agency reached out to all four Nebraska Tribes receiving Child Care and Development Funds, to establish and build a working relationship and support (Omaha Tribe of Nebraska, Ponca Tribe of Nebraska, Santee Sioux Nation, and Winnebago Tribe of Nebraska). All of the tribes responded to the Lead Agency's outreach, via email, however an in-person meeting have only taken place with one of the tribes specific to CCDF state regulations and the CCDF State Plan. The Lead Agency is open to working with all of the CCDF Tribes to establish a working relationship, provide support and travel for a site visit.
- d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan. The Lead Agency's consultation with other entities include: the program responsible for children with special needs, intervention, and IDEA; Public Health; the Nebraska Department of Education; Head Start/Early Head Start; and various initiatives with in Nebraska Children Foundation.
- 1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:
 - a) Date(s) of notice of a public hearing. May 25, 2018 Reminder: Must be at least 20 calendar days prior to the date of the public hearing.
 - b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include specific website links if used to provide notice. Contact information is provided with the Notice of Hearing, allowing anyone to request a written copy or to directly speak to someone. A Notice of Hearing advertisement was placed in the Lincoln Journal Star and Omaha World Herald newspapers. Scheduling of the hearing is located at the following websites:

http://dhhs.ne.gov/children_family_services/ChildCare/Pages/Community.aspx https://www.nebraska.gov/calendar/index.cgi

- c) Date(s) of the public hearing(s). <u>June 14, 2018</u> *Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.
- d) Hearing site(s) or method(s), including how geographic regions of the state or territory were addressed. The hearing site is at the Nebraska State Office Building, in Lincoln, NE. The hearing is held live. Auxiliary aids or reasonable accommodations are available upon request. Interested persons are also to able to submit written comments.
- e) How the content of the Plan was made available to the public in advance of the public hearing(s). Information is provided in the Notice of Hearing on how to request a paper copy of the State Plan for pick up or to be mailed is provided. The State Plan is also available for review and/or print at:
 - http://dhhs.ne.gov/children_family_services/ChildCare/Pages/Community.aspx https://www.nebraska.gov/calendar/index.cgi
- f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? <u>Public comment will be reviewed by the</u> <u>CCDF Administrator</u>, <u>CCDF Program Specialist</u>, <u>Policy Administrator</u>, <u>Deputy Director</u>, and other Lead Agency staff.
- 1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)).

(30	(12 1(o)))·
a)	Provide the website link to where the plan, any plan amendments, and/or waivers are available
b)	Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.
	 □ Working with advisory committees. Describe: □ Working with child care resource and referral agencies. Describe: □ Providing translation in other languages. Describe: □ Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe:
	□ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe

1.4 Coordination With Partners To Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(0); 98.12(a); 98.14(a)).

This list includes entities required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school; enhancing and aligning the quality of services; linking comprehensive services to children in child care settings; or developing the supply of quality care for vulnerable populations. Check who you will coordinate with and describe all that apply.

- XX (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination goals and process: The Early Childhood Interagency Coordinating Council (ECICC) consist of Governor appointed members who represent various career or parenting categories. The Child Care and Development Fund (CCDF) Administrator and CCDF Program Specialist are appointed to this council and attend quarterly meetings and planning. The council provides recommendations for the professional development system and is charged with advising the Governor and State Agencies with issues related to early childhood education and care. Coordination goals ensure the CCDF Administrator and Program Specialist has a presence at all scheduled ECICC meetings and planning opportunities. CCDF representation will bring forth CCDF issues to the council for discussion, recommendations, and change if needed. CCDF representation will look for opportunities to enhance partnerships, services, support, and provide on-going education about CCDF to this council and the array of members and agencies represented. Current priorities for the ECICC, information reported on the Governor's Biennial Report are, and goals CCDF representation support are: 1.) Recruit, train and retain enough highly skilled early childhood professionals to meet statewide needs; 2.) Focus on infant, toddlers and their families; 3.) Inform, engage and collaborate with Nebraska's families, public and private stakeholders; and 4.) Support continued development of Nebraska's Early Childhood Integrated Data System (ECIDS).

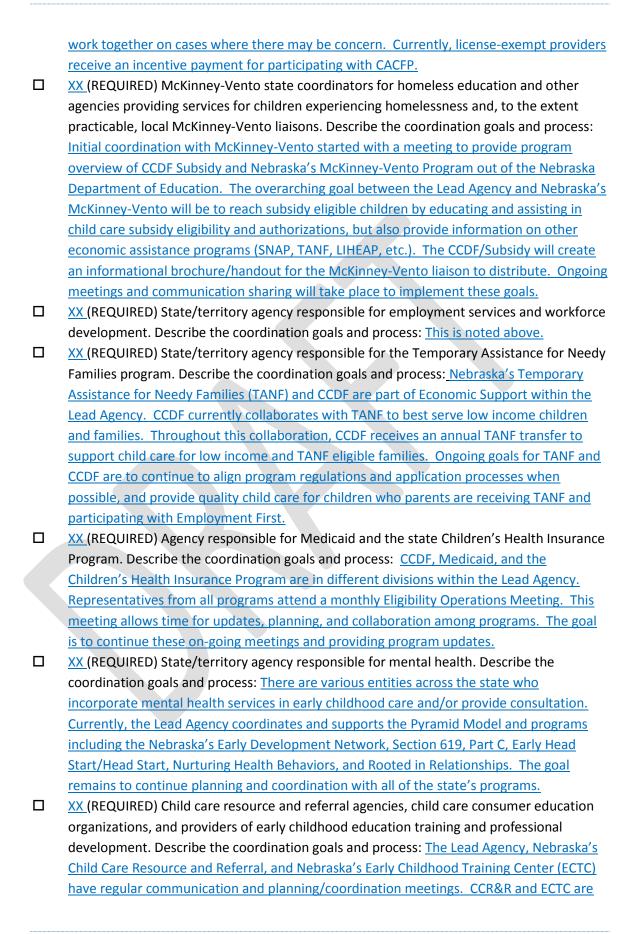
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Does the Lead Agency have official representation and a decision-making role in the
State Advisory Council (or similar coordinating body)?
□ No
□ <u>XX</u> Yes
XX (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual
tribes. Describe the coordination goals and process, including which tribe(s) was
consulted: The Lead Agency goal is to establish and build a working relationship with all
four Child Care and Development Fund (CCDF) Nebraska Tribes (Omaha Tribe of Nebraska
Ponca Tribe of Nebraska, Santee Sioux Nation, and Winnebago Tribe of Nebraska).
Coordination goals will be for the Lead Agency to continue outreach to the CCDF Nebraska
<u>Tribes</u> , attempting to establish a working relationship, provide support and travel for site
visits. The Lead Agency has meet with the Ponca Tribe of Nebraska specifically about the
Child Care and Development Block Grant (CCDBG) Act, state plan, and regulations. A goal
is to continue to assist with increasing the supply of child care providers for children
eligible for state CCDF. The Lead Agency worked with the Winnebago Tribe of Nebraska to
help increase license-exempt child care providers and educate on the licensing processes.
This provided an increase in child care options for Temporary Assistance for Needy
Families (TANF). The Lead Agency met with the Omaha Tribe of Nebraska TANF program,
providing education on subsidy and subsidy providers. The CCDF Administrator is a part of
a monthly call with Omaha Tribe of Nebraska TANF and CCDF staff.
☐ N/A—There are no Indian tribes and/or tribal organizations in the State.
XX (REQUIRED) State/territory agency(ies) responsible for programs for children with
special needs, including early intervention programs authorized under the Individuals with
Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool).
Describe the coordination goals and process: The Lead Agency works with the program
responsible for children with special needs which include intervention and Individuals with
Disabilities Education Act (IDEA) (Part C for infants and toddlers and Section 619 for
preschool). Coordination will continue to include the Lead Agency and this program
meeting on related topics for children with special needs, expulsions/suspensions, and
early screenings, with a goal to link comprehensive services to children in child care
settings. Planning for IDEA is facilitated through Nebraska's Early Childhood Interagency
Coordinating Council (ECICC). The Lead Agency will continue to be an active member of
the council and increasing supports, when available, to IDEA.
XX(REQUIRED) State/territory office/director for Head Start state collaboration. Describe
the coordination goals and process: The Lead Agency works with the director of
Nebraska's Head Start state collaboration. Goals are to work on serving low income
children in quality child care settings by reviewing Head Start standards and CCDF
requirements to align where possible. Coordination includes meetings and community
involvement.
XX (REQUIRED) State agency responsible for public health, including the agency
responsible for immunizations. Describe the coordination goals and process: Public
Health/Immunization and the Lead Agency are both administrated out of the Department

of Health and Human Services. The Lead Agency and Public Health/Immunization have set forth the following goals to increase immunization awareness, education, and access. Provide educational information on the Child Care Subsidy website; to include information on the Vaccines for Children Program (VFC), which is an entitlement program and would benefit low income children and families. Provide resources including possible Q&A for on the importance of immunization for children and child care providers (who care for children). Ongoing meetings and communication will take place to implement these goals.

XX (REQUIRED) State agency responsible for employment services/workforce

- XX (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process: The Lead Agency and the Child and Adult Care Food Program (CACFP) have ongoing communication. Goals are to continue communication, inform parents, providers, and the community of the CACFP program on the CCDF/Subsidy website, and



	supported by CCDF funds, operated out of the Nebraska Department of Education. The
	goal is to continue these meetings and work on strengthening CCDF reauthorization
	requirements in current work.
	XX(REQUIRED) Statewide afterschool network or other coordinating entity for out-of-
	school time care (if applicable). Describe the coordination goals and process: The Lead
	Agency currently has regular meetings with the Statewide Afterschool Network. More
	recent conversation has begun between the Lead Agency and 21st Century. Coordination
	goals continue to include finding ways to increase the number of low income children
	eligible for CCDF/Subsidy in quality afterschool programs. The Lead Agency also offers
	technical assistance for afterschool programs working through state licensing and
	CCDF/Subsidy requirements.
	(REQUIRED) Agency responsible for emergency management and response. Describe the
	coordination goals and process: Public Health, NEMA, Head Start, Licensing, and
	Department of Education. Lead Agency also administrators the division of Public Health
	which coordinates disaster and emergency planning and response throughout entities
	across the state. Nebraska's CCR&R also coordinates with several emergency
	management and response entities and remains in on-going communication with the Lead
	Agency.
Thot	following are everagles of entional partners a state might coordinate with to provide
_	following are examples of optional partners a state might coordinate with to provide ices. Check all that apply.
SEI VI	ices. Check all that apply.
	XX State/territory/local agencies with Early Head Start – Child Care Partnership grants.
	Describe: The Lead Agency provides CCDF/Subsidy technically assistance for the
	Nebraska's Early Head Start-Child Care Partnership grantees. The goal is to continue to
	this support and continue to seek areas of partnership.
	State/territory institutions for higher education, including community colleges. Describe:
	XX Other federal, state, local, and/or private agencies providing early childhood and
	school-age/youth-serving developmental services. Describe: The Lead Agency
	CCDF/Subsidy Program recently started conversation with Nebraska's 21st Century
	Learning Centers. The goal is to seek areas of partnership.
	State/territory agency responsible for implementing the Maternal and Child Home
	Visitation programs grant. Describe:
	XX Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.
	Describe:
	XX State/territory agency responsible for child welfare. Describe: The Lead Agency
	administrators both CCDF/Subsidy and child welfare. There is constant communication
	and planning taking place to best serve Nebraska children with CCDF Subsidy and other
	resources. CCDF/Subsidy and child welfare will continue to work together.
	State/territory liaison for military child care programs. Describe:
	,

Provider groups or a	ssociations. Describe:
Parent groups or org	anizations. Describe:
Other. Describe:	

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

Optional Use of Combined Funds: States and territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between the Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

1.5.1	Does the Lead Agency choose to combine funding for CCDF services for any required early
	childhood program (98.14(a)(3))?

┙	No.		

☐ XX Yes. If yes, describe at a minimum:

- a) How you define "combine" <u>Nebraska funds the Child Care Development Fund grant with a combination of federal (CCDF and TANF) funds and state general funds.</u>
- b) Which funds you will combine <u>CCDF</u>, <u>TANF</u>, and <u>State General Funds</u>
- c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations TANF funds are transferred annually to CCDF to support low income children who are eligible for child care subsidy. State general funds are used to support child care for low income families, currently allowing Nebraska to provide child care for all who apply and are determined eligible.

- d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level? Funds are combined at the state level.
- e) How are the funds tracked and method of oversight Funds are tracked within Nebraska's accounting system using various account numbers specific to the CCDF grant. Oversight is maintained through a quarterly reconciliation process that compares expenditures in the general ledger to expenditures reported. A comparison of expenditures reported to expenditures earned through cost allocation is also done quarterly. Discrepancies, if any, are resolved prior to the next quarter report submission.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the child care program (98.55(f)).

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

Note: The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

N/A—The territory is not required to meet CCDF matching and MOE requirements				
\square XX Public funds are used to meet the CCDF matching fund requirement. Public funds				
may incl	ude any general revenue funds, county or other local public funds,			
state/te	rritory-specific funds (tobacco tax, lottery), or any other public funds.			
0	If checked, identify the source of funds: State General Funds			
0	If known, identify the estimated amount of public funds that the Lead Agency			
	will receive: \$			
Private o	donated funds are used to meet the CCDF matching funds requirement. Only			
private f	funds received by the designated entities or by the Lead Agency may be counted			
for match purposes (98.53(f)).				
If checke	ed, are those funds:			
	donated directly to the State?			
	donated to a separate entity(ies) designated to receive private donated funds?			

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If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$
parents:
□ State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked, The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6). □ No □ Yes Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:
Estimated percentage of the MOE Fund requirement that will be met with prek expenditures (not to exceed 20 percent):
 If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care: If known, identify the estimated amount of preK funds that the Lead Agency will
receive for the MOF Fund requirement: \$

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

- 1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level—state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).
 - The Lead Agency with the Nebraska Department of Education (NDE) to provide an array of services for early childhood through school age, including: training development and implementation that meet licensing requirements as well as diversity learning/training opportunities for Nebraska child care providers, a professional records system for Nebraska, Early Learning Guidelines, CCR&R, accreditation projects, curriculum and curriculum support, and Step Up to Quality (Nebraska's QRIS).
 - The Lead Agency partners with Nebraska Children Family Foundation (NCFF) supporting statewide initiatives lead by NCFF. NCFF supports children, young adults and families at risk with the overall goal of giving our state's most vulnerable kids what they need to reach their full potential. This is done by building strong communities that support families so their children can grow up to be thriving, productive adults. Several divisions within the Lead Agency actively work with NCFF. Quality CCDF funds are given specifically to Sixpence and Beyond School Bells initiatives. Below are NCFF initiatives in which the Lead Agency (CCDF/Subsidy Program) is a partner:
 - Sixpence School-Child Care Partnerships: Schools can enter into early learning partnerships with a wider range of independent child care providers in their communities. The new partnerships enable more center and home based child care providers to benefit from Sixpence funding and resources, connects these providers to program improvement supports through Step Up to Quality, and increases the availability of development positive, year round child care opportunities for Nebraska families.
 - Beyond School Bells (Nebraska's Afterschool Network): The Lead Agency supports the promotion and development of broad-based before/afterschool and summer community learning centers statewide, the creation of technical assistance teams to support community development and capacity building, and

the support of the development of quality programs that are fully integrated across all domains.

- Rooted in Relationships: Partners with communities to implement evidence based practices that enhance the social-emotional development of children, birth through age 8. One part of this initiative supports communities as they implement the Pyramid Model. Communities develop and implement a long-range plan that influences the early childhood systems of care in the communities and supports the healthy social-emotional development of children.
- Refugee Microenterprise grant opportunity: This community planning initiative is being led by NCFF, focusing on the needs for families, especially low income, to access quality child care as an economic development and community vitality driver. Knowing barriers experienced by refugees in communities across Nebraska, NCFF reached out to partners at Midlands Latino Community Development Corporation (MLCDC) to prepare the grant application. MLCDC provides Latinos and low income individuals with opportunities to generate economic growth to develop a sustainable future in the Midlands. Educational and coaching services provided include: child care development, micro-business, micro-lending, and financial education.

If awarded the grant funding with the Refugee Family Child Care
Microenterprise Development (RFCCMED), through internal capacity and
partnerships, refugee participants will receive training and technical assistance
in professional child care, microenterprise development, and financial literacy;
assist refugee participants in navigating the child care licensing process; and
provide direct financial assistance as needed to enable participants to prepare
their homes for child care business operation. The three main objectives of
RFCCMED are: (1) help refugees to achieve economic self-sufficiency by
establishing licensed family child care (FCC) businesses, (2) help refugee families
gain access to licensed FCC businesses that will meet the early care and
developmental needs of refugee children, and (3) assist refugees in learning
how to navigate mainstream child care services.

Early Childhood Business Collaboratory Team: The team consists of representative from the Lead Agency CCDF/Subsidy program, local early childhood collaborative and professional development coordinator, a statewide shared services provider, a private philanthropist, two representatives from a statewide public-private organization providing technical assistance to child care providers utilizing CCDF and communities using private dollars to increase accessibility to leaders from our state's QRIS, Department of Education-Office of Early Childhood, Nebraska AEYC-TEACH, policy entities, and small business development support services providers.

The ECE Business Collaboratory is a unique opportunity to consider actions that are promising practices for achieving long term economic sustainability for child care providers and the families they serve. The team has developed a work plan

with the following strategies to support and strengthen child care business practices: 1) Conduct a landscape analysis and inventory existing resources and services; 2) Connect resources, including new CCDF regulations, with current and future early care and education providers; 3) Develop and implement Early Learning Scholarships; 4) Coordinate with other statewide groups supporting early care and education providers; i.e., NeAEYC, Step Up to Quality, Nebraska Early Childhood Workforce Commission.

• The Lead Agency also partners Early Head Start programs and other child serving programs to support with collaboration and CCDF funding other quality initiative across Nebraska. This partnership builds upon the experiences and knowledge gained through the various pilot projects, planning efforts, and research to offer an option to Nebraska families, children, and early care and education providers which assists in supporting healthy social, emotional, and behavioral development in the child's natural environment. These initiative are intended to build the capacity of both early childhood and mental health professionals, with enhanced ability to address the challenging behaviors and life circumstances of young children.

1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the
 families support and assistance to make an informed decision about which child care
 providers they will use to ensure that the families are enrolling their children in the most
 appropriate child care setting that suits their needs and one that is of high quality (as
 determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part
- C of the Individuals with Disabilities Education Act;
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;
- Work to establish partnerships with public agencies and private entities, including faithbased and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use section 7.6 to address how quality set-aside funds, if applicable, are used to support a statewide CCR&R system.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

☐ No. The state/territory does not fund a CCR&R system and has no plans to establish one.

☐ XX Yes. The state/territory funds a CCR&R system. If yes, describe the following:

and assist families in understanding what to ask prospective providers.

- a) What services are provided through the CCR&R system? The CCR&R provides information and resources to families looking for child care. The CCR&R operates a toll-free information line out of the Early Childhood Training Center (ECTC). The staff of the CCR&R toll free information line assists callers in finding licensed child care which meets
 - their needs. Additionally, the regional Early Learning Connection Partnerships (ELCs) operate on a local/regional level and provide parent focused training, family engagement training for early education professionals, and marketing training for child care providers to ensure that they can reach families with appropriate information about available child care openings. Both ECTC and ELC staff provide information regarding high quality care
 - b) How the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated. The system is led from the Early Childhood Training Center. The Early Childhood Training Center operates with a combination of Federal CCDF funds, Federal IDEA funds, and state funds. The CCR&R staff are paid with Federal CCDF funds. The 7 Early Learning Connection Partnerships are located in Educational Service Units across the state. The ELC's operate with federal CCDF funds supplemented by a variety of local funding sources. The CCDF funds are granted to the ESUs by through an interagency MOU between the Lead Agency and the Nebraska Department of Education. The Early Childhood Training Center staff and the

ELC coordinators have four face to face meetings annually. Additionally, the ECTC staff

and the ELC coordinators have virtual (zoom) meetings approximately monthly.

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(I)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

Coordination and planning started with a task-force which included: Health Departments, the Fire Marshal's Office, Environmental Public Health, Emergency Management Agency, Public Health, NEMA, Head Start, Licensing, CCR&R, and the Department of Education. The Lead Agency worked with Child Care Aware of America and participated in a peer-to-peer learning cohort.

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

<u>The Statewide Disaster Plan references the Lead Agency's Division of Children and Family Services (DCFS), 2015-2019 Child and Family Disaster Plan. The Lead Agency will assist in finding child care for families seeking help during disasters.</u>

DCFS Service Area Disaster teams are used to facilitate communication and collaboration among the Lead Agency and partner agencies at the Service Area level, as well as promote clear communication between Services Areas, Central Offices and other State Agencies. One function of the DCFS Team is an assessment of Child Care Providers' damages and needs. If children need to be relocated from child care facilities facing potential dangers, the DCFS Management Team will work with DCFS field staff, Emergency Management personnel, and/or providers to obtain information about the relocation and assist as needed in contacting parents. In the event the Governor declares a state disaster, the Governor has the authority to waive regulations. In this situation, child care licensing regulations and standards may be temporarily waived, so long as the environment still promotes health and safety for children.

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

DCFS will work with partners to make them aware of conditions under which temporary services may be allowed and encouraged. The plan includes working with the Lead Agency (Child Care Subsidy and Licensing), the Nebraska Emergency Management Agency (NEMA), and other partners.

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

All Licensed Child Care Providers (FCCH I/II and Centers) are required to have a written plan that address:

- 1. Evacuating and moving children to a safe location in the event of a fire, tornado, flood or other natural or man-made disaster;
- 2. Notification of parents of children in care of an emergency;
- 3. Reunification of parents with their children in the event of an emergency that requires evacuation; and
- 4. How children with special needs will be safe in the event of a disaster including evacuation and reunification with the parent.

The Lead Agency CCDF/Subsidy Program will be requiring all CCDF license-exempt and in-home child care providers to complete an Emergency Preparedness Plan Workbook. This workbook will help license-exempt and in-home child care providers create and document their emergency preparedness plan including: evacuation; relocation; shelter-in-place, lockdown; accommodation for infants/toddlers, children with disabilities, and children with chronic medical conditions.

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

Staff and volunteers of licensed child care facilities receive an orientation from the director which includes: evacuation plans in the event of fire; safety plans in the event of a tornado; and emergency preparedness in the event of a natural or man-made disaster. License-exempt and in-home providers do not have staff or volunteers.

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

The plan will be made available no later than 09/30/2018.

2 Promote Family Engagement Through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

- 2.1.1 Describe how the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language: The Lead Agency provides materials in other languages, including: applications, notices, and other informational materials. The Lead Agency also provides bilingual Social Service Workers to assist families with applying for services. Social Service Workers working with subsidy applications, interviews, and authorizations for families use the LanguageLinc Interpretation Services when communicating with families whom English is not their first language.
- 2.1.2 Describe how the Lead Agency or partners provide outreach and services to eligible families with a person(s) with a disability: <u>The Lead Agency makes accommodations by offering hearing and impaired services</u>, assistance with completing applications, and face-to-face meetings in local offices if requested.

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16; 98.32).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: <a href="The Lead Agency provides a hotline accessible 24 hours a day, 7 days a week for parents to report concerns related to child abuse or neglect at 1-800-652-1999. Parents are also able to contact Child Care Licensing with the division of Public Heath to report a complaint at 1-800-600-1289.
Complaints are able to be faxed to Child Care Licensing at 402-471-7763, or a parent can submit a complaint electronically at https://dhhs.ne.gov/publichealth/Pages/ChildCareComplaints.aspx.

- 2.2.2 Describe the Lead Agency's process for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring: Complaints reported to this hotline regarding child care providers are filtered to Child Care Licensing with the division of Public Health within 24 hours of the initial complaint. Child Care Licensing will then assign a child care licensing investigator to work collaboratively with Child and Family Services- Protection and Safety to investigate the complaint and determine if child abuse or neglect occurred with a child care provider. Complaints on all licensed child care programs are documented on a form called a Compliance Review Report, which are maintained for a minimum of seven years. The CCDF program partners with Public Health and Protection and Safety for all complaint for licensed CCDF providers and assists with the investigation as needed.
- 2.2.3 Describe the Lead Agency's process for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring: Complaints for non-CCDF providers are reported to the hotline and are filtered to Child Care Licensing with the division of Public Health within 24 hours of the initial complaint. Child Care Licensing will then assign a child care licensing investigator to work collaboratively with Child and Family Services-Protection and Safety to investigate the complaint and determine if child abuse or neglect occurred with a child care provider. Complaints on all licensed child care programs are documented on a form called a Compliance Review Report, which are maintained for a minimum of seven years.
- 2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints: Complaints are maintained in a central file located in the licensing office in Lincoln, Nebraska. All complaint information is maintained at a minimum of seven years. Complaints on all licensed child care programs licensed by the division of Public Health are documented on a form called a Compliance Review Report. Complaints on child care programs who are not licensed will be documented and maintained on the inspections report page on the Child Care Subsidy website.
- 2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: <u>Substantiated complaints for licensed child care programs can be found at https://www.nebraska.gov/LISSearch/search.cgi. Substantiated complaints for child care programs who are not licensed will be located no later than 9/30/18 at: http://dhhs.ne.gov/children_family_services/ChildCare/Pages/ComplianceMonitoring.aspx.</u>

2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide

access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved are considered substantial changes and CCDF Plan Amendments will be required.

- 2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible: The Lead Agency provides information on their website organized to meet the specific needs of parents, providers, and the community. The parent section of the website provides community resources and ways to access different types of assistance including: child care subsidy, information on how to find child care providers in their community, and state regulations describing child care subsidy and child care licensing. The provider section of the website provides information on how to become a child care subsidy provider and how to become licensed, how to apply for various grants, training and resources available for providers, and various forms needed for current child care subsidy providers. The community section of the website includes descriptions of the types of child care in Nebraska, how to file a complaint against a provider, the most current CCDF State Plan and Market Rate Survey, and the CCDF disaster plan for Nebraska. This website is directly linked to DHHS home page for easy accessibility to the community.
- 2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): All DHHS websites are able to be accessed with the following languages: Arabic, Chinese Simplified, Croatian, Czech, French, German, Italian, Japanese, Korean, Norwegian, Polish, Portuguese, Russian, and Spanish. This is completed by choosing the language on the main DHHS home page and all pages linked to the home page will be translated. LanguageLinc Interpretation Services are used for translation services when consumers need more explanation of the information located on the website. Some forms are also available in Spanish for current child care subsidy providers.
- 2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: The Lead Agency provides accommodations to persons with disabilities by offering hearing and impaired services, face-to-face meetings at local offices to provide resources and answer questions from the website, as well as providing a telephone number for individuals to call and speak directly to a staff member from the CCDF team.
- 2.3.4 Lead Agency processes related to child care. A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting

monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6: http://dhhs.ne.gov/children_family_services/ChildCare/Pages/Regulations.aspx
- b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2: http://dhhs.ne.gov/Pages/reg t391.aspx
- c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.6:
 - http://dhhs.ne.gov/children family services/ChildCare/Pages/BackgroundCheck.aspx

2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. Providers caring for children to whom they are related do not need to be included. The list of providers should be searchable by ZIP Code.

- a) Provide the website link to the searchable list of child care providers: http://dhhs.ne.gov/publichealth/Documents/ChildCareRoster.pdf
- b) Which providers are included in the searchable list of child care providers:

XX Licensed CCDF providers
XX Licensed non-CCDF providers
License-exempt center-based CCDF providers
License-exempt family child care (FCC) CCDF providers
License-exempt non-CCDF providers
Relative CCDF child care providers
Other. Describe:

- c) Describe what information is available in the search results. Specify if the information is different for different types of providers: The Roster of Licensed Child Care and Preschool Programs in Nebraska includes all licensed child care programs in the State of Nebraska and are organized by zip code. This list is updated on a weekly basis and contains the following information: name of the program and licensee; address of the program; license capacity; hours and days of operation; if the program accepts or is willing to accept Child Care Subsidy; if the program is accredited by the National Association for the Education of Young Children or National Association of Family Child Care; participation and rating with Step Up to Quality (QRIS), and the type of facility the program is.
- 2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-

based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a)	How does the Lead Agency determine quality ratings or other quality information to include on the website?				
		XX Quality rating and improvement system XX National accreditation Enhanced licensing system Meeting Head Start/Early Head Start requirements Meeting prekindergarten quality requirements Other. Describe:			
b)	For	what types of providers are quality ratings or other indicators of quality available?			
		XX Licensed CCDF providers. Describe the quality information: Step Up to Quality			
		(Nebraska's QRIS) quality ratings are available for licensed child care programs and are			
		rated based on quality indicators, and given a rating between Step 1 through Step 5.			
		These programs are rated based on: program curriculum, learning environments,			
		teacher-child interactions, child outcomes, professional development and training,			
	_	family engagement and partnerships, and program administration.			
		XX Licensed non-CCDF providers. Describe the quality information: Step Up to Quality			
		(Nebraska's QRIS) quality ratings are available for licensed child care programs and are			
		rated based on quality indicators, and given a rating between Step 1 through Step 5.			
		These programs are rated based on: program curriculum, learning environments,			
		teacher-child interactions, child outcomes, professional development and training,			
	_	family engagement and partnerships, and program administration.			
		License-exempt center-based CCDF providers. Describe the quality information:			
		License-exempt FCC CCDF providers. Describe the quality information:			
		License-exempt non-CCDF providers. Describe the quality information:			
		Relative child care providers. Describe the quality information:			
		Other. Describe:			
		gencies are required to post monitoring and inspection reports on the consumer			
		on website for each licensed provider and for each non-relative provider eligible to			
		CCDF services on the consumer education website. These reports must include results			
	•	ired annual monitoring visits and visits due to major substantiated complaints about a			
•		er's failure to comply with health and safety requirements and child care policies. The			
		must be in plain language and be timely to ensure that the results of the reports are			
available and easily understood by parents when they are deciding on a child care provider.					
Lead Agencies must post at least 3 years of reports when available.					
Certify by describing:					

2.3.7

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a) How monitoring and inspection reports are in plain language. Include a website link to a sample monitoring report, or if reports are not in plain language, describe how plain-language summaries are used to meet the regulatory requirements. Include a link to a

sample report and summary. Provider specific information, including copies of the negative action or discipline, is available on the website for programs who have signed a Licensing Agreement, have been placed on a Corrective Action Plan, or have had their license disciplined. The copies attached to the report cite regulation violations, but also describe in plain language what occurred in a narrative by the child care licensing inspector. Link: https://www.nebraska.gov/LISSearch/actions/755832.pdf.

- b) How monitoring and inspection reports and/or their plain-language summaries prominently display any health and safety violations, including any fatalities or serious injuries. On the consumer education website, there is a link labeled "Negative Actions Against Child Care Providers" that will direct a person to any violations by child care providers organized by month. The website also has a link labeled "serious injury and death report" which will direct a person to a report of any serious injuries and deaths in licensed and licensed exempt child care providers.
- c) The process for correcting inaccuracies in reports. Providers are given a copy of the checklist completed by a Child Care Inspection Specialist to review for inaccuracies. The provider is then able to inform child care licensing of the inaccuracy to get this corrected on the posted report.
- d) The process for providers to appeal the findings in the reports, including the time requirements. Licensees are allowed and encouraged to include written responses to all findings. There is no "appeal" process for report findings. If a license is disciplined, the licensee would have appeal rights in that case. Programs may request a hearing within 15 days of receipt of their appeal notification.
- e) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe. All Compliance Review Reports, including those completed as a result of a complaint, are available to the public upon request. Those interested in obtaining a copy would need to contact the Office of Children's Services Licensing by telephone or email and make the request. Policy directs staff to submit copies of completed investigation reports within one week of completion. The CCDF/Subsidy program is in the process of making inspection reports for license-exempt providers available on line. Completion date is expected to be no later than 9/30/2018.
- f) How many years of reports that the state/territory posts on its website, if any, beyond the required minimum of 3 years, where available (98.33(a)(4)(iv)). Reports for CCDF providers will begin from the time of implementation (no later than 9/30/2018) and will be continuous from this point forward. There is no plan to remove past reports from the website once posted.
- g) The policy for removing reports after a certain amount of time has passed (e.g., after 7 years). There is no current policy for removing reports, and reports will remain available on an ongoing basis.

h)	Any additional providers on which the Lead Agency chooses to include reports. Note -
	Licensed providers and CCDF providers must have monitoring and inspection reports posted
	on their consumer education website.
	☐ License-exempt non-CCDF providers
	☐ Relative child care providers

☐ XX Other. Describe: N/A

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. The information on serious injuries and deaths should be organized by category of care and licensing status, however, Lead Agencies are not required to breakdown the instances of substantiated child abuse by category of care and licensing status.

Certify by providing:

- a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity. Licensed provider must submit reports of any serious injuries or deaths of children occurring in child care to Child Care Licensing through Public Health within 24 hours of the incident. They are to call their assigned Child Care Licensing Specialist and this information is entered into the report shown on the website. CCDF providers who are not licensed must submit reports of any serious injuries or deaths of children occurring in child care to their assigned Resource Developer through the Child Care Subsidy Program. These reports must also be completed within 24 hours of the incident, and is documented on the report available on the website.
- b) The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

 Child abuse is substantiated by the Lead Agency when the preponderance of the evidence indicates that it is more likely than not that child abuse or neglect occurred.
- c) The definition of "serious injury" used by the Lead Agency for this requirement. A serious injury is defined as any accident or injury to a child which requires hospitalization or treatment at a medical facility.
- d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.
 http://dhhs.ne.gov/children_family_services/ChildCare/Pages/ProvidersSearch.aspx
- 2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: A link to Nebraska's Child Care Resource and Referral is located at http://dhhs.ne.gov/children_family_services/ChildCare/Pages/ParentResources.aspx which is on the consumer education website under parent resources.
- 2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information:
 Contact information is located on the Lead Agency's consumer education website for the Lead Agency as well as other resources.
 http://dhhs.ne.gov/children_family_services/ChildCare/Pages/Home.aspx
- 2.3.11 Provide the website link to the Lead Agency's consumer education website. http://dhhs.ne.gov/children_family_services/ChildCare/Pages/Home.aspx

2.4 National Website and Hotline

The CCDBG Act of 2014 required the U.S. Department of Health and Human Services to establish a national website at ChildCare.gov, which includes a ZIP Code-based search of available child care providers, provider-specific information about the quality of care and health and safety compliance, referrals to local CCR&R organizations, and information about child care subsidy programs and other financial supports available to families (658L(b)). Lead Agencies must also provide a description of how they will respond to complaints submitted through the national website and hotline (98.16(hh)).

- 2.4.1 Describe how the Lead Agency responds to complaints submitted through the national website and hotline regarding both licensed and license-exempt child care providers. When a complaint is submitted regarding a licensed child care provider, it is submitted to Child Care Licensing through Public Health. The assigned Child Care Inspection Specialist will interview involved parties, and observe the child care program to determine if the complaint is to be substantiated. When a complaint is submitted regarding a license-exempt provider, the assigned Resource Developer will work collaboratively with the Child and Family Services Specialist investigating the complaint, and observe the provider to determine if the complaint is to be substantiated. Complaints received by the national website and hotline will be addressed in the same manner.
- 2.4.2 Identify the designee responsible for receiving and responding to complaints submitted through the national website and hotline. A child care provider complaint is currently sent to Child Care Licensing through Public Health. If the provider is not a licensed child care provider, this information is sent to the Child Care Subsidy Program to be addressed.

2.5 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.5.1 through 2.5.4, certify by describing:

2.5.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state preK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. The consumer website offers information to eligible parents, general public, and other interested parties about the availability of child care accepting child care subsidy, as well as other child care programs. Eligible parents are also offered a printed copy of the child care roster if requested when they become eligible. Social

Service Workers assisting eligible parents are also able to identify providers in the family's area while completing the eligibility process via phone or in person. The general public and child care providers are able to learn more about Child Care Subsidy at 1-800-383-4278, or visit a local DHHS office to get more information.

- 2.5.2 The partnerships formed to make information about the availability of child care services available to families. Partnerships with Nebraska Department of Education, Headstart and Early Headstart, Nebraska's Children and Families Foundation, Public Health, and Child and Family Services-Protection and Safety provide the opportunity to get information regarding Child Care Subsidy to families in need or financial assistance to obtain child care services. These partners are familiar with the consumer education website, help ensure quality in child care provider programs, and are able to make suggestions to continuously improve access of information.
- 2.5.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description, include at a minimum what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

program information is located on the DHHS Economic and Family Support webpage,
where child care is also located. Eligible families are also referred to ACCESSNebraska by
Nebraska's CCR&R and other vested agencies and partners across the state. The child
care consumer education website also links to Nebraska's TANF website to receive more
information.
XX Head Start and Early Head Start programs: Nebraska has a state and local approach
for outreach efforts to share information about Head Start to families, providers, and
the general public. At each of the 23 Early Head Start/Headstart (EHS/HS) locations, the
grantee is required to conduct outreach and public awareness to recruit families and
seek referrals for enrollment. This is done through community activities and the
distribution of eligibility materials. The State Head Start Collaboration Office partners
with state and private agencies to increase awareness of EHS/HS and its services
statewide. Nebraska also has 28 regional Early Childhood Planning Region Teams (PRT)
that function as interagency coordinating councils. Part of their work is to identify and
address local gaps and barriers to services for children birth to five and their families.
This includes providing information on services for low-income families, such as EHS/HS
to the general public, local families and providers. EHS/HS website is
http://www.education.ne.gov/oec/hssco.html.
XX Low Income Home Energy Assistance Program (LIHEAP): LIHEAP is included on the
ACCESSNebraska application and program information is located on the DHHS Economic

☐ XX Temporary Assistance for Needy Families program: Aid to Dependent Children (ADC) which is Nebraska's TANF program, is included on the ACCESSNebraska application and

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and Family Support website, where child care is also located. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and

	partitiers across the state. The child care consumer education website also links to
	Nebraska's LIHEAP website to receive more information.
	XX Supplemental Nutrition Assistance Programs (SNAP) Program: SNAP is included on
	the ACCESSNebraska application and program information is located on the DHHS
	Economic and Family Support website, where child care is also located. Eligible families
	are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies
	and partners across the state. SNAP also sub-grants with Food Bank for the Heartland,
	which sub-grants with many community organizations across Nebraska to provide SNAP
	outreach. SNAP outreach is a service that identifies individuals who may be eligible for
	SNAP, then gives them information on how to apply for benefits. The child care
	consumer education website also links to Nebraska's SNAP website to receive more
	information.
	XX Women, Infants, and Children Program (WIC)program: The division of Public Health
	administers the WIC program and has subawards with 13 local agencies which provide
	services to over 100 clinics across Nebraska. These local agencies include local health
	departments, community action agencies, a hospital, and community-based non-profits.
	These local agencies make referrals to integrate services with local programs available
	to families with young children. ACCESSNebraska also serves as a resource used by WIC
	local agencies for informing families of TANF, SNAP, Medicaid and child care subsidy
	benefits and how to apply. There is a link to various WIC offices on the Nebraska's
	CCR&R as well on the child care consumer education website.
	XX Child and Adult Care Food Program (CACFP): Child care providers who are currently
	participating in the CACFP inform eligible families of this program. The child care
	consumer education website also links to the CACFP for families and providers to
	receive more information.
	XX Medicaid and Children's Health Insurance Program (CHIP): Information and
	application for the Medicaid program is located on the ACCESSNebraska website, as wel
	as linked from the child care consumer education website. Eligible families are referred
	to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners
	across the state.
	XX Programs carried out under Section 619 and Part C of the Individuals with Disabilities
	Education Act (IDEA): <u>Early intervention and special education referrals can be</u>
	completed by contacting Early Development Network of Nebraska. The child care
	website links to this website to ensure that the general public is aware of how to make a
	referral. A referral directory is provided to multiple agencies/providers through several
	website maintained by the Lead Agency and NDE.
Describ	be how the Lead Agency makes available to parents, providers, and the general public

information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is

2.5.4

tailored to a variety of audiences and include any partners in providing this information.

Nebraska Department of Education (NDE) office of Early Childhood and the Lead Agency provide resources to families through: the CCR&R Specialist who is located at the Early Childhood

Training Center, the Office of Early Childhood website, information is disseminated at public events, and through trainings held across the state and online. Written materials are provided through the NDE website, in person at community events, and by mail following a written or phone request. Information is also given to families through direct communication using the Child Care R&R line for parents and the child care information line for providers and the general public. Nebraska Education Television's 'Ready to Learn' project reaches families across the state and the Head Start State Collaboration Office provides resources to families of young children in poverty. Nebraska's Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) assists providers in providing education to support children's healthy eating and physical activities. Go NAP SACC offers in-service hours, nutrition and physical activity resources to use for their program and for parent education, one-on-one mentoring from trainers, and continuing education opportunities.

- 2.5.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information. Nebraska has implemented Circle of Security training for families throughout the state through Early Learning Connection (ELC) networks as well as Planning Region Teams funded through IDEA Part C. Providers are given general information about social and emotional development through Nebraska Early Learning Guidelines (ELG) and can be accessed through the NDE Office of Early Childhood website. Nebraska uses The Pyramid Model for Supporting Social Emotional Competence in Infant and Young Children with child care providers, school district early childhood programs, and Head Start classrooms. The Pyramid Model training for child care providers is offered through initiatives such as Rooted in Relationships and Nurturing Healthy Behaviors. The Pyramid Model implements coaching and mental consultation with involved programs as necessary. Rock Solid Foundations: Promoting Social Emotional Competence of Young Children trainings are offered by extension educators and sponsored by ELC Partnerships throughout Nebraska. These and other mental health trainings are embedded into Step Up to Quality, Nebraska's QRIS.
- 2.5.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public. All child care programs are required to have written policies regarding suspension and expulsion of children from their program. It is required that these policies describe the conditions for suspending and terminating care are written and available to parents and the Lead Agency. Providers are offered training through the Pyramid Model, Nebraska Early Learning Guidelines, and local Planning Regional Teams for social/emotional training. The Nebraska Department of

Education has a committee collecting data regarding how many children between the ages of 3-5 are being expelled or suspended from child care and school age programs to meet the federal reporting requirements for IDEA Part B. This committee is developing an infographic detailing the impact of expulsion and suspension on 3-5 year olds, which will be shared with child care providers once completed. There continue to be opportunities with various vested entities across Nebraska to continue to strengthen, educate, and create and implement trainings.

2.6 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA),, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.6.1 Certify by describing:

- a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)). The child care consumer education website provides a link to Nebraska's Early Development Network, along with an explanation of the services they provide. This link leads parents, providers, and the general public to a local contact number for their area. Nebraska's Early Development Network partners with physicians and the majority of referrals are made through medical professionals who see children 0-5 years old. Child care providers are given contact information from Nebraska's Early Development Network if they have concerns regarding a child's development who attends their program.
- b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). CCDF parents and child care providers may make a referral to their local early intervention program for children ages 0-2 or the local school district for children ages 3-5. Once this referral is completed, the local program will conduct a screening/evaluation procedure, with parental consent, to determine if the child has an established developmental delay as defined by state regulations. These assessments will determine if the child is in need of IDEA services. Upon referral to NDE, the local early intervention program must conduct the screening, evaluation and Individualized Family Services Plan (IFSP) meeting within 45 days of the referral date. Upon referral to the Part B/619 program, the local school district must conduct the screening, and/or evaluation within 45 school days. If the child is determined to be in need

- of special education services, then an IEP meeting must be completed within 30 calendar days of the eligibility determination.
- c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. CCDF parents receive a notice of their authorization once they are determined eligible for services; this notice will include information on the importance of developmental screenings, as well as a contact number to receive further information including a parent screening tool. This information will also be provided on the revised application for services through ACCESSNebraska. This is set to be released and available on notices in 8/2018.
- d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. Families receiving CCDF are given a contact number on their child care authorization with DHHS to receive further information on developmental screenings. When families call this number, they are given information on how to make a referral the Nebraska's Early Development Network in addition to a parental screening tool to use to initially determine if their child may have a delay. Child care providers are also able to make referrals to Nebraska's Early Development Network if they believe a child in their care may be at risk for cognitive or other developmental delays. The contact information is available through their website or linked through the child care consumer education website.
- e) How child care providers receive this information through training and professional development. Local Planning region teams provide training and information regarding of children suspected of having a disability. Additionally, information is available from the Early Development Network/Answers4families (http://edn.ne.gov/cms/what-is-early-intervention) regarding procedures for requesting a developmental screening.
- f) Provide the citation for this policy and procedure related to providing information on developmental screenings. 1.) Nebraska Department of Education Early Intervention Regulations (for children birth to 3): Rule 52-006.02A Except as provided in 92 NAC 52-006.02B, school districts and approved cooperatives shall complete any screening under 92 NAC 52-006.03 (if the parent consents); the initial evaluation and the initial assessments of the child and the family under 92 NAC 52-006.05; and shall participate in the initial Individualized Family Service Plan (IFSP) meeting under 92 NAC 52-007.03 within 45 calendar days from the date of referral; 2.) DHHS Early Intervention Service Coordination Regulations: 480 NAC 3-005.03 Post-Referral Timelines: The screening, evaluation, and assessment of the child, family assessment, and the IFSP meeting must take place within 45 calendar days of the referral to a Public Agency; 3.) Nebraska Department of Education IDEA Part B Regulations (for children ages 3-21): Rule 51-009.04A1 The initial multidisciplinary team evaluation shall be completed within 45 school days of receiving parental consent for the evaluation; and 4.) Rule 51-007.09A A meeting to develop an IEP for a child must be held within thirty (30) calendar days of determination that the child needs special education and related services.

2.7 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific

information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.7.1 Certify by describing:

- a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement. <u>Families will be provided with a consumer statement by providing a link to the Nebraska</u> Child Care Subsidy website that lists provider specific information.
- b) What is included in the statement, including when the consumer statement is provided to families. <u>Effective August 1, 2018</u>, a statement will be provided to families via an electronic link in their approval notices and will provide the consumer with access to obtain provider specific information.
- c) Provide a link to a sample consumer statement or a description if a link is not available. The follow statement will be on all child care authorizations: "Our website offers important information to help parents make informed decisions about their child's care and provider tools and resources for providers to help prepare and increase quality within their program."

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type pf policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

3.1 Eligible Children and Families

At the time when eligibility is determined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

3.1.1 Eligibility criteria based on a child's age

- a) The CCDF program serves children from 0 (weeks/months/years) to 12 years (through age 12). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?
 - □ No
 - - 1. Emotional impairment: including behavioral impairment, requiring special equipment or assistance;
 - 2. Developmental age level lower than chronological age and requires assistance via special supervision;
 - 3. Movement impairment: requires assistance or unable to move;
 - 4. Sensory impairment: requires special environmental modifications or assistance;
 - 5. Speech impairment: requires special equipment or assistance;
 - 6. Hygiene: requires assistance or special equipment;
 - 7. Feeding: requires special equipment or assistance;
 - 8. Toileting: requires assistance or special equipment;
 - 9. Medical conditions: requires respiratory aids or special procedures;
 - 10. Therapy required: physical, occupational, speech, or respiratory;
 - 11. Medications: requires assistance or special procedures.

<u>Childhood diseases such as measles, chicken pox, flu, etc., are not considered special needs.</u>

Pending CCDF/Subsidy regulations, once approved, will change the definition to: approved, physical or mental incapacity will be considered "Special Needs" and defined as: A child will be considered to be special needs if the child's independence, self-sufficiency and safety is dependent on others and requires extra supervision, care, or assistance in the child care setting due to the following behavioral, emotional, or physical conditions, including but not limited to:

(i) The child has been diagnosed by a physician, physician assistants and nurse practitioners, licensed or certified psychologist, or licensed mental health practitioner; to have a behavioral or emotional disorder which deviates substantially from behavior appropriate to the his or her child's age, or which significantly interferes with intellectual, social, or personal adjustment;

(ii) A physical handicap or health impairment that causes chronic or acute health problems, that has been diagnosed by a physician, physician assistants and nurse practitioners practicing within his or her scope of practice. These can include but are not limited to: recovery from surgery, heart condition, orthopedic impairment, tuberculosis, epilepsy, cerebral palsy, leukemia or inherited abnormality.

c)	Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision (658P(3); 658E(c)(3)(B))?
	□ No
	\square XX Yes, and the upper age is <u>18</u> (may not equal or exceed age 19).
d)	How does the Lead Agency define the following eligibility terms?
	"residing with": Household members who live with the child.
	"in loco parentis": An adult who is legally responsible for a child in the place of a parent.

3.1.2 Eligibility criteria based on reason for care

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working": Having and attending paid employment.

"Job training": Training that prepares an employee to do their job effectively.

"Education": Regularly attending vocational or educational training to attain a high school or equivalent diploma or an undergraduate degree or certificate (including ESL classes). Currently pending regulatory changes it is not allowed for pursuing a second undergraduate degree (2nd bachelors) or any post-graduate schooling.

"Attending job training or education" (e.g. number of hours, travel time): <u>Determined by the schedule provided by the client</u>. <u>Travel time includes one additional hour per day, unless</u> documentation is provided supporting more than one hour.

b)			ead Agency allow parents to qualify for CCDF assistance on the basis of education g participation alone (without additional minimum work requirements)?
		No. If r	no, describe the additional work requirements:
		XX Yes	. If yes, define the job-search time limit, keeping in mind a minimum of 3 months
		is requ	ired to be provided when a parent experiences a non-temporary loss or cessation
		of eligi	ble activity: Pending regulation changes, Child Care Subsidy will allow the client
		job sea	rch following the loss of employment, and the client may receive three
		consec	utive calendar months. Each time the client loses employment, they are entitled
		to thre	e months of child care to allow them to seek employment.
c)	act	ivity at i	ead Agency consider engaging in a job search or seeking employment an eligible nitial eligibility determination (at application) and at the 12-month eligibility nation (must provide a minimum of 3 months)?
		XX No.	
		Yes. If	yes, describe the policy or procedure.
d)	Do	es the Lo	ead Agency provide child care to children in protective services?
		No.	
		XX Yes.	·
		i.	Please provide the Lead Agency's definition of "protective services": Protective
			services is a government agency charged with the supervision and protection of
			children at risk from abuse and neglect, children who have been made state wards which includes out-of-home placement. Parents/foster parents of
			children involved in protective services must meet a need for service in order to
			receive Child Care Subsidy. For the purposes of eligibility, the Lead Agency
			defines protective services as children who are state wards residing in an out-of-
			home placement and/or children who are state wards residing in their own
			home who would not be eligible for Subsidy due to income, but have a case plan
			showing family preservation.
			<i>Note:</i> Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's
			definition of protective services for CCDF purposes. A Lead Agency may elect to
			provide CCDF-funded child care to children in foster care when foster care
			parents are <i>not</i> working or are <i>not</i> in education/training activities, but this
			provision should be included in the protective services definition above.
		ii.	Are children in foster care considered to be in protective services for the
			purposes of eligibility at determination?
			□ XX No □ Yes
		iii.	Does the Lead Agency waive the income eligibility requirements for cases in
			which children receive, or need to receive, protective services on a case-by-case
			basis (658E(c)(5))?
			□ No
			□ <u>XX</u> Yes
		iv.	Does the Lead Agency provide respite care to custodial parents of children in protective services?

XX	No
Yes	s

3.1.3 Eligibility criteria based on family income

- a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination? Money, either earned (i.e. employment) or unearned (i.e. child support), by the client.
- b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).
- c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)). N/A

	(a)	(b)	(c)	(d)
Family Size	85% of SMI (\$/Month) (\$/Month)		(IF APPLICABLE) (\$/Month) Maximum "Entry" Income Level if Lower Than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	N/A	<u>N/A</u>	N/A	<u>N/A</u>
2	<u>\$4,538</u>	<u>\$3,857</u>	<u>\$1,372</u>	<u>30%</u>
3	<u>\$5,606</u>	<u>\$4,765</u>	<u>\$1,732</u>	<u>31%</u>
4	<u>\$6,674</u>	<u>\$5,673</u>	<u>\$2,092</u>	<u>31%</u>
5	\$7,742	<u>\$6,580</u>	<u>\$2,452</u>	<u>32%</u>

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03.

- d) SMI source and year Year 2017: 2017 Federal Register
- e) What was the date that these eligibility limits in column (c) became effective? 07/01/2018
- f) Provide the citation or link, if available, for the income eligibility limits. Effective 07/01/2018 http://dhhs.ne.gov/Documents/392-000-200.pdf
- 3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). An applicant would indicate this on the CCDF application.

b)	Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as
	receiving, or in need of, protective services?
	□ XX No.
	☐ Yes. If yes, please identify the policy or procedure:

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)). <u>Elements of Eligibility: In order to receive</u>

Child Care Subsidy, the family must:

(i)Qualify as a family;

(ii) Meet citizenship or alien status requirements for the child(ren);

(iii)Qualify as residents;

(iv)Meet income limits;

(v) Have a child within the age limit;

(vi) Have at least one of the allowed needs for service;

(vii)Pay the fee (if required);

(viii)Use a regulated provider;

(ix)Agree to obtain immunizations for the child(ren); and

(x)Cooperate with the Child Support Enforcement Unit, if required.

- 3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Examples include partnering with Head Start, prekindergarten, or other high-quality programs to create a package of arrangements that accommodates parent's work schedules; providing more intensive case management for families with children with multiple risk factors; and including in the eligibility determination process a question about whether a child has an Individualized Education Program or Individual Family Service Plan. Describe the Lead Agency's policies and procedures that take into consideration children's development and learning and that promote continuity of care when authorizing child care services. The Lead Agency CCDF/Subsidy program partners with the states Head Start and Early Head Start Programs (HS/EHS) and EHS Child Care Partnerships. Licensed Head Start and Early Head Start programs can utilize CCDF/Subsidy as wrap around care, for before and after the core HS/EHS hours. The Lead Agency also partners with other Nebraska programs such as Sixpence and Rooted in Relationship, who prioritize working with communities that have high risk factors. CCDF/Subsidy may be reimbursed at a higher rate for a child who meet the Lead Agency's definition of Special Need.
- 3.1.7 Graduated phase-out of assistance.

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth,

allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- i. 85 percent of SMI for a family of the same size
- ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a low-income family
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)).

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

a)	eck and describe the option that best identifies the Lead Agency's policies and procedures arding the graduated phase-out of assistance.
	N/A—The Lead Agency sets its initial eligibility level at 85 percent of SMI and, therefore,
	is not required to provide a graduated phase-out period.
	The Lead Agency sets the second eligibility threshold at 85 percent of SMI.
	Describe the policies and procedures.
	Provide the citation for this policy or procedure.
	XXThe Lead Agency sets the second eligibility threshold at an amount lower than 85
	percent of SMI for a family of the same size but above the Lead Agency's initial eligibility
	threshold.
	• Provide the second eligibility level for a family of three. \$2,251.00 (130% FPL) to
	\$3,148.00 (185% FPL)

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Describe how the second eligibility threshold:

- i. Takes into account the typical household budget of a low-income family: <u>Ten</u> percent of a household's gross earned income shall be disregarded after the household has received Child Care Subsidy for a period for twelve continuous month and at each subsequent redeterminated.
- ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: Currently a family whose income upon redetermination exceeds 130 percent of the FPL become eligible for Transitional Child Care (TCC) for up to 24 consecutive months. Pending regulations will allow a family to receive up to 24 consecutive months or when the income exceeds 85 percent SMI, whichever occurs first. If the income of a family receiving TCC falls below 130 percent of the FPL, TCC ends and the Department will redetermine the family's eligibility under another category of care.
- iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption: Currently a family whose income exceed 130 percent of the FPL may receive TCC for up to 24 consecutive months. Pending regulations will also include 24 consecutive months (as 24 months is written in state statue) or until the family's income exceeds 85 percent of the SMI, whichever occurs first.
- iv. Provide the citation for this policy or procedure: 392 NAC 3-005.01D

b)	es the Le ase-out p	d Agency gradually adjust copays for families eligible under the graduated riod?
	No	
	XX Yes	
	i.	If yes, describe how the Lead Agency gradually adjusts copays for families
		under a graduated phase-out. Copays are adjusted based on the report of
		income changes, either increased or decreased.
	ii.	If yes, does the Lead Agency require additional reporting requirements during
		the graduated phase-out period? (Note: Additional reporting requirements
		are also discussed in section 3.3.3 of the plan.)
		□ No.
		☐ XXYes. Describe: Income is required to be reported during the graduated
		phase-out period

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)).

Describe the Lead Agency's policy related to the fluctuation in earnings requirement, including how temporary increases that result in a monthly income exceeding 85 percent of SMI

(calculated on a monthly basis) do not affect eligibility or family copayments. <u>Pending regulation changes.</u>

3.1.3	receivir	ng CCDF funds meet eligibility criteria at the time of eligibility determination and rmination (98.68(c)). Check the information that the Lead Agency documents and verifies
	and des	scribe, at a minimum, what information is required and how often. Check all that apply.
		XX Applicant identity. Describe: Client declaration at the time of initial application.
		XX Applicant's relationship to the child. Describe: Birth certificates and/or legal
		documents are required to verify the parent's relationship to the child. Verification
		for other applicant's (i.e. grandparents, aunt/uncles, etc.) can consist of birth
		certificates, legal documents, adoption/guardianship papers, or notarized
		statements would be accepted. The eligibility and case management system
		receives an interface from Vital Statistic for all children born in Nebraska.
		Documentation used to verify relationship is narrated and scanned in the applicant's
		case. If verification cannot be obtained, the case is referred to the policy unit for
		review and research of family relationships. The Lead Agency will help family
		members obtain out of state birth certificates at the time of initial application.
		XX Child's information for determining eligibility (e.g., identity, age, citizen/immigration
		status). Describe: Verified through birth certificates and/or legal
		documents/citizenship documents at the time of initial application.
		XX Work. Describe: Verified through paystubs, employer statement, or a collateral
		contact with the employer at the time of initial application, redetermination and at
		time of report. This information is narrated in the applicant's case file and the
		document is scanned into the file.
		XX Job training or educational program. Describe: For job training, verified by
		statement from employer/training coordinator. For educational program, verified
		through class schedule. This information is narrated in the applicant's case file and
		the document is scanned into it. This occurs at the time of initial application,
		redetermination and at time of report.
		XX Family income. Describe: Verified through paystubs, employer records, statement
		from employer, and collateral contact with employer. Declaration can be taken for
		unearned income at the time of initial application, redetermination and at time of
		report.
		XX Household composition. Describe: <u>Client declaration is accepted and narrated in</u>
		the case file at the time of initial application, redetermination and at time of report.
		XX Applicant residence. Describe: Client declaration is accepted and narrated in the
		case file at the time of initial application, redetermination and at time of report.
		Other. Describe:

3.1.10	Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?				
			XX Time limit for making eligibility determinations. Describe length of time 30 days XX Track and monitor the eligibility determination process Other. Describe None		
3.1.11	Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.				
	the who	indi o ha	gencies are required to inform parents who receive TANF benefits about the exception to vidual penalties associated with the work requirement for any single custodial parent is a demonstrated inability to obtain needed child care for a child younger than age 6 v); 98.33(f)).		
	chil	ldrer	gencies must coordinate with TANF programs to ensure that TANF families with young n will be informed of their right not to be sanctioned if they meet the criteria set forth by the self-territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.		
			ing this requirement, the following criteria or definitions are applied by the TANF agency rmine whether the parent has a demonstrated inability to obtain needed child care.		
	crit		he TANF agency, not the CCDF Lead Agency, is responsible for establishing the following or definitions. These criteria or definitions are offered in this Plan as a matter of public		
	a)		ntify the TANF agency that established these criteria or definitions: The Lead Agency IHS)		
	b)	Pro	vide the following definitions established by the TANF agency:		
		•	"Appropriate child care": <u>Care that is or can be licensed or approved by the CCDF/Subsidy program.</u>		
		•	"Reasonable distance": A round trip of two hours or less from home to the site of child care. If a normal round trip commuting time in the area is more than two hours, the round trip time shall not exceed the generally accepted community standard.		
		•	"Unsuitability of informal child care": <u>Unpaid care or personally arranged care by a friend or relative that would be unsafe or harmful to the child.</u>		
		•	"Affordable child care arrangements": Care at no cost to the client.		
	c)		w are parents who receive TANF benefits informed about the exception to the individual nalties associated with the TANF work requirements?		
			□ XX In writing		
			□ Verbally		
			☐ Other. Describe:		
	d)	Pro	vide the citation for the TANF policy or procedure: 468 NAC 2-020.02, #7 & 2-020.02A		

3.2 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note: CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

- 3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families.
 - a) How does the Lead Agency define "children with special needs" and include a description of how services are prioritized: There is not priority for children with special needs as Nebraska does not have a waiting list. Draft regulations, once passed, will define special needs to be if the child's independence, self-sufficiency and safety is dependent on others and requires extra supervision, care, or assistance in the child care setting due to the following behavioral, emotional, or physical conditions, including but not limited to:
 - (i) The child has been diagnosed by a physician, physician assistants and nurse practitioners, licensed or certified psychologist, or licensed mental health practitioner; to have a behavioral or emotional disorder which deviates substantially from behavior appropriate to the his or her child's age, or which significantly interferes with intellectual, social, or personal adjustment;
 - (ii) A physical handicap or health impairment that causes chronic or acute health problems, that has been diagnosed by a physician, physician assistants and nurse practitioners practicing within his or her scope of practice. These can include but is not limited to: recovery from surgery, heart condition, orthopedic impairment, tuberculosis, epilepsy, cerebral palsy, leukemia or inherited abnormality.

Per current regulations, 392 NAC 1-003, Special Needs is defined as: Requirement for extra care because of an acute or chronic physical or mental condition. Acute special needs include temporary conditions that require special medical attention and isolation from other children, e.g., recovery from surgery, etc. Chronic special needs include long-standing medical or behavioral problems that require medical, behavioral or other services at all times, e.g., medically fragile, attention deficit, etc. To be considered a child with a special need, the child must have one or more of the following conditions which are not related to chronological age:

- 1. Emotional impairment: including behavioral impairment, requiring special equipment or assistance;
- 2. Developmental age level lower than chronological age and requires assistance via special supervision;
- 3. Movement impairment: requires assistance or unable to move;
- 4. Sensory impairment: requires special environmental modifications or assistance;
- 5. Speech impairment: requires special equipment or assistance;
- 6. Hygiene: requires assistance or special equipment;
- 7. Feeding: requires special equipment or assistance;

- 8. Toileting: requires assistance or special equipment;
- 9. Medical conditions: requires respiratory aids or special procedures;
- 10. Therapy required: physical, occupational, speech, or respiratory;
- 11. Medications: requires assistance or special procedures.

Childhood diseases such as measles, chicken pox, flu, etc., are not considered special needs.

- b) How does the Lead Agency define of "families with very low incomes" and include a description of how services are prioritized: <u>A family unit whose income is under 100% of the Federal Poverty Level</u>. These individuals are eligible for child care without payment of a fee. <u>There is no prioritization for this population as Nebraska does not have a waiting list for Subsidy</u>.
- c) Describe how services are prioritized for children experiencing homelessness, as defined by the CCDF: There is no priority for children experiencing homelessness as Nebraska does not have a waiting list for children to receive Child Care Subsidy if eligibility is met.
- d) Describe how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)): All families receiving TANF who need child care receive it through Child Care Subsidy. Families who are transitioning off of TANF through work activities are eligible for up to 24 months of subsidized child care with income eligibility up to 185% of the FPL. Families that are at risk of becoming dependent of TANF are eligible with income up to 120% of the FPL. In addition, families that have been receiving Child Care Subsidy for 12 consecutive months will receive a 10% earned income disregard.
- 3.2.2 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).
 - a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. Pending Regulations will note that if the household meets the definition of homeless, child care may be authorized up to 40 hours per week for 3 calendar months to provide stability to the client's child(ren) and to allow the parent(s) or usual caretaker the opportunity to seek out community resources. If the client is not meeting another need by the end of the 3 month period, they will no longer be considered eligible.
 - b) Describe the procedures to conduct outreach for children experiencing homelessness (as defined by the CCDF) and their families. The CCDF Application allows the client to indicate if they are experiencing homelessness. There are several child care and child development advocates and agencies who assist with outreach across Nebraska. Outreach is through their work and mission along with referrals to ACCESSNebraska for economic assistance program eligibility. Partners include but are not limited to: First Five Nebraska, Nebraska Children Family Foundation, Nebraska Department of Education, Nebraska's resource and referral, home visitors with various agencies, medical professionals, public/private schools and universities, domestic violence shelters, homeless shelters, health departments, and DHHS staff.

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.2.3 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note: Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:		
		XX Children experiencing homelessness (as defined by CCDF). Within 30 days of a child's
		enrollment, the provider must obtain a copy of the child's immunization record.
		Providers may be exempt of this requirement if the child's parent objects to
		immunization on religious grounds or if the child's health would be harmed by
		immunization and this is certified by a physician, certified nurse practitioner, or a
		physician assistant. Provide the citation for this policy and procedure. 392 NAC 3-011
		XX Children who are in foster care. Within 30 days of a child's enrollment, the provider
		must obtain a copy of the child's immunization record. Providers may be exempt of this
		requirement if the child's parent objects to immunization on religious grounds or if the
		child's health would be harmed by immunization and this is certified by a physician,
		<u>certified nurse practitioner, or a physician assistant.</u> Provide the citation for this policy
		and procedure. 392 NAC 3-011
b)	ter chi and	scribe how the Lead Agency coordinates with licensing agencies and other relevant state, ritorial, tribal, and local agencies to provide referrals and support to help families with dren receiving services during a grace period comply with immunization and other health a safety requirements (98.41(a)(1)(i)(C)(4)). Currently all children have a 30 day grace riod from the child's enrollment to provide a copy of the child's immunization record.
c)		es the Lead Agency establish grace periods for other children who are not experiencing melessness or in foster care?
		No.
		XX Yes. Describe: All children have a 30 day grace period from the child's enrollment to

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal

provide a copy of the child's immunization record.

threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; any changes in age, including turning 13 years old during the 12-month eligibility period; and any changes in residency within the state, territory, or tribal service area.

- a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity. <u>Current policies are pending regulatory approval.</u>
- b) How does the Lead Agency define "temporary change?" Temporary change may include but are not limited to: temporary job loss, absence from employment due to extended medical leave or changes in seasonal work schedule, time between semesters for enrolled training or educational program, sick leave, parental leave, reduction in hours, and holiday or school breaks.
- c) Provide the citation for this policy and/or procedure. Current Procedures given to field staff include: TEMPORARY CHANGE: If a parent is employed or enrolled in and regularly attending vocational or educational training, including job training and a temporary change occurs, the child remains eligible for child care during these times. The temporary change cannot exceed three months. Examples of a temporary change include: 1.) Time limited absences from work or training; 2.) Sick leave; 3.) Parental leave; 4.) Reduction in hours; 5.) Holiday or school breaks; and 6.) Other pauses in work or training.

All authorizations for employment, vocational or educational training or job training must indicate the following in the description: "BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE AMOUNT OF HOURS APPROVED ABOVE. CARE MAY CONTINUE AS AUTHORIZED DURING A TEMPORARY CHANGE."

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

а)	Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?		
			tate/territory does not allow this option to discontinue assistance during the h eligibility period due to a parent's non-temporary loss of work or cessation of
			ice at a job training or educational program.
			ne Lead Agency discontinues assistance during the 12-month eligibility period
	_		parent's non-temporary loss of work or cessation of eligible activity and
			a minimum 3-month period of job search. If yes:
		iii.	Provide a summary describing the Lead Agency's policies and procedures for
			discontinuing assistance due to a parent's non-temporary change: If a parent
			would report a non-temporary change, the child care would close allowing a
			10 day notice.
		iv.	Describe what specific actions/changes trigger the job-search period. Report
			of loss of employment obtained from the client.
		٧.	How long is the job-search period (must be at least 3 months)? Pending
			regulations, once approved, will allow for 3 months of job search. Current
			regulations only allow for 2 months job search.
		vi.	Provide the citation for this policy or procedure. <u>Current regulations can be</u>
			found at 392 NAC 3-008.01, Pending regulation will be 392 NAC 3-12.01.
0)	the Lea	following	ency may discontinue assistance prior to the next 12-month redetermination in limited circumstances. Check and describe any circumstances in which the chooses to discontinue assistance prior to the next 12-month redetermination. t apply.
		Not appli	icable.
			sive unexplained absences despite multiple attempts by the Lead Agency or
		_	ed entity to contact the family and provider, including the prior notification of a
		•	discontinuation of assistance.
		i.	Define the number of unexplained absences identified as excessive: 15

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unexplained absences would be considered excessive.

	ii.	Provide the citation for this policy or procedure: <u>The procedure would require</u>
		the Social Service Worker to contact (by phone and verification request) the
		family after receiving information from the provider about the absences. The
		family would then be able to provide information in regards to the continued
		need for care.
	□ XX A cha	nge in residency outside of the state, territory, or tribal service area. Provide
	the citati	ion for this policy or procedure: Regulations at 392 NAC 3-004 requires the
	client to	be a resident of Nebraska to be eligible for services.
	☐ <u>XX</u> Subst	antiated fraud or intentional program violations that invalidate prior
	determir	nations of eligibility. Describe the violations that lead to discontinued assistance
	and prov	ride the citation for this policy or procedure. Intentional Program Violation (IPV):
	Any action	on by an individual to intentionally: A) Make a false statement, either verbally or
	in writing	g, to obtain benefits to which the individual is not entitled; B) Conceal
	informat	ion to obtain benefits to which the individual is not entitled; or C) Alter one or
	more do	cuments to obtain benefits to which the individual is not entitled. Policy
	citation i	s 392 NAC 3-013 current regs.
Cha	nge reporting	g during the 12-month eligibility period.
duri not	ng the 12-mo	must describe the requirements for parents to report changes in circumstances onth eligibility period and describe efforts to ensure that such requirements do ue burden on eligible families, which could impact the continuity of care for bility for families receiving CCDF services (98.16(h)(1)).
		should exclude reporting requirements for a graduated phase-out, which were stion 3.1.7(b).
eligi into opti fam	bility period account irre on to termin ilies to repor	uired to report a change to the Lead Agency at any time during the 12-month if the family's income exceeds 85 percent of the state median income, taking gular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the ate assistance, as described in section 3.3.2 of the plan, they may require t a non-temporary change (as described in section 3.3.3 of the plan) in work, ational activities (otherwise known as a parent's eligible activity).
•	Does the Lea	nd Agency require families to report a non-temporary change in a parent's ity?
	□ XX No	
	□ Yes	
·	limited to ite SMI or that in providers (e. provider).	al reporting requirements during the 12-month eligibility period must be ems that impact a family's eligibility (e.g., income changes over 85 percent of mpact the Lead Agency's ability to contact the family or pay the child care g., a family's change of address, a change in the parent's choice of child care
	Check and de	escribe any additional reporting requirements required by the Lead Agency

3.3.3

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during the 12-month eligibility period. Check all that apply.

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		Additional changes that may impact a family's eligibility during the 12-month period. Describe:
		XX Changes that impact the Lead Agency's ability to contact the family. Describe: If the
		family has changed residences and this impacts the agency to properly pay for subsidy
		authorization the family will need to contact the Lead Agency so appropriate changes
		can be made.
		XX Changes that impact the Lead Agency's ability to pay child care providers. Describe:
		The lead agency's ability to pay the provider impacts subsidy eligibility as the Lead
		Agency issues payments directly to the provider for authorized services.
	req In a	y additional reporting requirements that the Lead Agency chooses, as its option to uire from parents during the 12-month eligibility period, shall not require an office visit. addition, the Lead Agency must offer a range of notification options to accommodate nilies.
c)	req	w does the Lead Agency allow for families to report changes to ensure that reporting uirements are not burdensome and to avoid an impact on continued eligibility between eterminations? Check all that apply.
		<u>XX</u> Phone
		<u>XX</u> Email
		XX Online forms
		Extended submission hours
		Other. Describe:
d)		nilies must have the option to voluntarily report changes on an ongoing basis during the month eligibility period.
	fam act the cor	In diagrams of Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from ing on information reported by the family that would reduce the family's subsidy unless information reported indicates that the family's income exceeds 85 percent of SMI after a sidering irregular fluctuations in income or, at the option of the Lead Agency, the family is experienced a non-temporary change in eligible activity.
	i. ii.	Describe any other changes that the Lead Agency allows families to report. <u>Families are allowed to report any changes at any time.</u> Provide the citation for this policy or procedure. <u>392 NAC 1-004</u>
Pre	ven ⁻	t the disruption of employment, education, or job training activities.
Lea	d A	gencies are required to have procedures and policies in place to ensure that parents

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(especially parents in families receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for

3.3.4

assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and that information required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination.

a) Describe the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. List relevant policy citations. Nebraska has a process which allows TANF families to be considered as having an immediate need for child care as well as those applying due to employment. If the household appears eligible for child care at the time of application and has an immediate need for service (employment, TANF participation, and/or medical reasons) the case is processed and authorizations are created for no more than two months. A verification request is sent to the household, requesting all verifications needed to determine ongoing eligibility. If the requested verifications are returned, authorizations are extended, changed, or ended as appropriate. If the request verifications are not returned, then the case is closed.

For educational purposes, the case is processed once verification of the client's class schedule is received. Redetermination letters are sent 60 days prior to the end of the eligibility period.

During the redetermination process, authorizations are extended until the redetermination is complete. If the case is to close, the client is given a minimum of a 10 days' notice (392 NAC 4-002.03A). Clients may apply electronically and verifications can be submitted electronically via fax or email.

b)	How are families allowed to submit documentation for redetermination? Check all that			
	apply.			
	□ <u>XX</u> Mail			
		□ <u>XX</u> Email		
	☐ <u>XX</u> Online forms			
	□ <u>XX</u> Fax			
	□ <u>XX</u> In-person			
		☐ Extended submission hours		
		☐ XXOther. Describe: <u>Families can even take a picture on their smart phone of the</u>		
		required documentation and send it as an email.		

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies *only* to families in their initial/entry eligibility period. See section 3.1.4 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

- 3.4.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.
 - a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest "Entry" Income Level Where Family Is First Charged Co- Pay (Greater Than \$0)	What Is the Monthly Co- Payment for a Family of This Size Based on the Income Level in (a)?	The Co- Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest "Entry" Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co- Payment for a Family of This Size Based on the Income Level in (d)?	The Co- Payment in Column (e) is What Percentage of the Income in Column (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$1,372	<u>\$96</u>	<u>7%</u>	\$2,537.99	<u>\$173</u>	<u>7%</u>
3	\$1,732	<u>\$121</u>	<u>7%</u>	\$3,203.99	<u>\$218</u>	<u>7%</u>
4	\$2,092	<u>\$146</u>	<u>7%</u>	\$3,869.99	<u>\$264</u>	<u>7%</u>
5	\$2,452	<u>\$172</u>	<u>7%</u>	\$4,535.99	<u>\$309</u>	<u>7%</u>

- b) What is the effective date of the sliding-fee scale(s)? 07/01/2018
- c) Provide the link to the sliding-fee scale: http://dhhs.ne.gov/Documents/392-000-201.pdf
- d) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)). N/A
- 3.4.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

XX The fee is a dollar amount and:
The fee is per child, with the same fee for each child.
The fee is per child and is discounted for two or more children.
The fee is per child up to a maximum per family.
No additional fee is charged after certain number of children.

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		XX The fee is per family. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: Other. Describe:
		The fee is a percent of income and: The fee is per child, with the same percentage applied for each child. The fee is per child, and a discounted percentage is applied for two or more children. The fee is per child up to a maximum per family. No additional percentage is charged after certain number of children. The fee is per family. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: Other. Describe:
3.4.3	family'	ne Lead Agency use other factors in addition to income and family size to determine each s co-payment (658E(c)(3)(B))? Reminder – Lead Agencies may NOT use cost of care or t of subsidy payment in determining copayments (98.45(k)(2)).
		XX No. Yes, check and describe those additional factors below. Number of hours the child is in care. Describe: Lower co-payments for a higher quality of care, as defined by the state/territory. Describe: Other. Describe:
3.4.4	below to meet o	ad Agency may waive contributions/co-payments from families whose incomes are at or the poverty level for a family of the same size (98.45(k)) or for families who are receiving ding to receive protective services, as determined for purposes of CCDF eligibility, or who ther criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive contributions/co-payments for any of the following? Check all that apply.
		No, the Lead Agency does not waive family contributions/co-payments. Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$1,702
		XX Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation. Family who requires emergency Child Protective Services or requires Child Protective Family Services may be eligible without regard to income, which would mean they would not pay a fee. 392 3005.01E.
		XX Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation.

Does the Lead Agency allow providers to charge families additional amounts above the required

3.4.5

Families who are eligible as Current Family (receiving TANF assistance) are automatically eligible for Child Care Subsidy with no copay. 392 NAC 3-005.01A.

	co-payı	ment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?
		XX No.
		Yes. If yes:
	a)	Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families?
	b)	Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.
	c)	Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.
3.4.6	How w	ill the Lead Agency ensure that the family contribution/co-payment, based on a sliding-
		le, is affordable and is not a barrier to families receiving CCDF funds? Check all that apply.
		XX Limit the maximum co-payment per family. Describe: There is a maximum amount of
		copayment based on the family's size and income.
		Limit the combined amount of co-payment for all children to a percentage of family
	_	income. List the percentage of the co-payment limit and describe.
		XX Minimize the abrupt termination of assistance before a family can afford the full cost
		of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in
		3.1.5. Describe: Nebraska offers Transitional Child Care (TCC) as part of the graduated
		phase-out of assistance process. A family whose income upon re-determination exceeds
		130 percent of the FPL becomes eligible for TCC. A family whose income exceed 130
		percent of the FPL may receive TCC for up to 24 consecutive months or until the family's
		income exceeds 185 percent of the FPL, whichever occurs first. If the income of a family
		receiving TCC falls to or below 130 percent of the FPL, TCC ends and the Lead Agency
		will redetermine the family's eligibility under another category of care. Also as part of
		the graduated phase-out, ten percent of a household's gross earned income shall be
		disregarded after the household has received Child Care Subsidy for a period of twelve
		continuous months and at each subsequent redetermination.
		XX Other. Describe: Family co-payments are no more than 7% of the households gross
		income, per recommendation of ACF.

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families

receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care.

4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

- 4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

 The Lead Agency issues a certificate of authorization when the parent has chosen an approved provider. The certificate includes the approval period, hours the parent is authorized for, the reason for care, the name of child(ren) approved for the care and the number of units the provider is allowed to provide care.
- 4.1.2 Describe how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

Certificate that provides information about the choice of providers
Certificate that provides information about the quality of providers
Certificate not linked to a specific provider, so parents can choose any provider
Consumer education materials on choosing child care
XXReferral to child care resource and referral agencies
Co-located resource and referral in eligibility offices
XXVerbal communication at the time of the application
Community outreach, workshops, or other in-person activities
XXOther. Describe: Lead Agency website:
http://dhhs.ne.gov/children_family_services/ChildCare/Pages/Home_asny

4.1.3 Child care services available through grants or contracts.

a)	In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? <i>Note:</i> Do not check "yes" if every						
	provider is simply required to sign an agreement to be paid in the certificate program.						
		No. If no, skip to 4.1.4. If yes, describe:					
	– 163.	i. How the Lead Agency ensures that parents who enroll with a provider who					
		has a grant or contract have choices when selecting a provider:					
		ii. The type(s) of child care services available through grants or contracts:					
	i	iii. The entities that receive contracts (e.g., shared services alliances, CCR&R					
		agencies, FCC networks, community-based agencies, child care providers):					
	i	iv. The process for accessing grants or contracts:					
		v. How rates for contracted slots are set through grants and contracts:					
	,	vi. How the Lead Agency determines which entities to contract with for					
		increasing supply and/or improving quality:					
	١	ii. If contracts are offered statewide and/or locally:					
b)	Will the	Lead Agency use grants or contracts for child care services to increase the supply					
	and/or o	quality of specific types of care? Check all that apply.					
	☐ Pro	grams to serve children with disabilities					
	☐ Pro	grams to serve infants and toddlers					
	☐ Programs to serve school-age children						
	☐ Programs to serve children needing non-traditional hour care						
	☐ Programs to serve homeless children						
	☐ Pro	grams to serve children in underserved areas					
	☐ Pro	grams that serve children with diverse linguistic or cultural backgrounds					
	☐ Pro	grams that serve specific geographic areas					
		Urban					
		Rural					
C	المياما بالكنية	considered the Lord Agency's presentings for energing that repeats being unlimited					

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). The Lead Agency has state regulations ensuring that parents have unlimited access to their child(ren) when the child is in care. Title 391 of Nebraska Administrative Code - Children's Services Licensing, states that the licensed child care provider must allow parents access to their children at all times that the children are in care; denial of immediate and unrestricted access to the licensed premises by parents may be basis for disciplinary action against the license. Title 392 of Nebraska Administrative Code – Child Care Subsidy Program, states that during the hours of operation, the home must be open to announce and unannounced visits by parents of all children for whom care is being provided. Parents must always have access to their children at all times their children are in care.

4.1.5	The Lea	ad Agency must allow for in-home care (i.e., care provided in the child's own home) but
	may lin	nit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?
		No.
		XX Yes. If checked, what limits will the Lead Agency set on the use of in-home care?
		Check all that apply.
		XX Restricted based on minimum the number of children in the care of the provider to
		meet the Fair Labor Standards Act (minimum wage) requirements. Describe: Providers
		are only allowed to care for children who live in the home in which care is being
		provided in. The limit would be set at the amount of children in the family composition.
		XX Restricted based on the provider meeting a minimum age requirement. (A relative
		provider must be at least 18 years of age based on the definition of eligible child care
		provider (98.2). Describe: All providers must be age 19 or older.
		XX Restricted based on the hours of care (i.e., certain number of hours, non-traditional
		work hours). Describe: <u>In-home care may be authorized if the client needs child care</u>
		during evening, overnight, weekend, or holiday hours. Evening is defined as after 6 pm.
		All providers are limited a maximum of 18 hours in a 24 hour period and a maximum of
		60 hours per week.
		Restricted to care by relatives. Describe:
		XX Restricted to care for children with special needs or a medical condition. Describe: In
		home care may be authorized if a child has a special need or a childhood illness. The in-
		home provider may be an individual who lives with the child only if the child has a
	_	special need or a childhood illness.
		Restricted to in-home providers that meet additional health and safety requirements
	_	beyond those required by CCDF. Describe:
		XX Other. Describe: Families are only eligible to have a provider come into their home if
		the meet one of the following criteria as stated in Title 392 of Nebraska Administrative
		Code – Child Care Subsidy Program: 1. The child has special needs; 2. The client needs
		child care during evening, overnights, weekends or holiday hours; or 3. There are three
		or more children in care.

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note – Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is <u>required</u> to submit a description of its proposed approach to its ACF Regional Child

Care Program Office for pre-approval in advance of the Plan submittal (see https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council
 or similar coordinating body, local child care program administrators, local child care
 resource and referral agencies, organizations representing child care caregivers, teachers
 and directors, and other appropriate entities prior to conducting the identified alternative
 methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation
 model or cost study/survey), describe how the alternative methodology will account for key
 factors that impact the cost of providing care—such as: staff salaries and benefits, training
 and professional development, curricula and supplies, group size and ratios, enrollment
 levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up-to-date data.
- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1	Please identify the methodology(ies) used below to assess child care prices and costs.
	□ <u>XX</u> MRS
	☐ Alternative methodology. Describe:
	☐ Both. Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or other state- or state-designated crossagency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors prior to developing and conducting the MRS or alternative methodology.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or other state-designated cross-agency body: <u>The Lead Agency along with the Nebraska Center for Research on Children, Youth, Families and Schools (CYFS) presented to the states Early Childhood Interagency Coordinating Council (ECICC) in the beginning of their research.</u>

- b) Local child care program administrators:
- c) Local child care resource and referral agencies:
- d) Organizations representing caregivers, teachers, and directors:
- e) Other. Describe: The draft of the survey was created in collaboration with the Lead Agency, CYFS research team, and a steering committee composed of experts who are experienced with the MRS and child care in Nebraska.
- 4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods. The survey was initiated with child care providers on November 28, 2016 and data collection remained active through February 13, 2017, for a total of 11 weeks. Participation in the survey was voluntary and providers could selectively choose to respond to each question.

The survey was web-based and conducted through Qualtrics. This allowed the design of customized questions for each child care provider type and the creation of surveys that dynamically adapted to each respondent's answers. The survey was tested internally prior to distributing to child care providers. Surveys were distributed in three phases using different methods to get a reprehensive sample. Methods were emails sent to providers with a link to the online survey and phone interviews. Providers were contacted on multiple occasions to maximize response rates for the survey.

The final survey sample included one-third of licensed child care providers (Family Child Care Home I, Family Child Care Home II, Child Care Centers, and accredited providers). License-exempt providers, which consist of the 'family, friend, neighbor' population, were not included in this survey. The sample size also include two geographic categories; urban and rural.

Statistical Package for Social Sciences (SPSS) and Tableau software was used to conducted descriptive data analyses. The data team conducted a series of data cleansing processes to prepare the data for analysis. To maximize sample size, conversion methodology of rates was utilized. Data analysis produced final rates by provider type, geographic location, age group of child, and percentiles (50th through 75th).

- 4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:
 - a) Geographic area (e.g., statewide or local markets). Describe: The market rate survey included two geographic categories, urban and rural. The urban group included four counties: Dakota, Douglas, Lancaster, and Sarpy. All remaining counties in Nebraska were included in the rural geographic group.

- b) Type of provider. Describe: The market rate survey (MRS) includes all licensed child care providers types; Child Care Centers, Family Child Care Home I, and Family Child Care Home II.
- c) Age of child. Describe: Age of the children were broken into the following four categories for analysis: infant, toddler, preschool, and school-age.
- d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level. <u>In addition, the market rate survey (MRS) looked at accredited child care providers.</u>
- 4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public.
- 4.2.6 Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). The results of the market rate survey (MRS) were first shared with state Senators and policy makers during the 2017 Legislative session. The results in the MRS were available in the final reported. The Nebraska Center for Research on Children, Youth, Families and Schools (CYFS), who conducted the MRS, also sent copies to survey participants who requested a copy during the survey as well as any other persons who inquired.
 - a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). Data for the market rate survey (MRS) was collected starting November 28, 2016 through February 13, 2017. The Nebraska Center for Research on Children, Youth, Families and Schools (CYFS), who conducted the MRS, provided the Lead Agency its final data analysis on June 20, 2017.
 - b) Date the report containing results was made widely available—no later than 30 days after the completion of the report. The market rate survey (MRS) report was approved by the Lead Agency on August 24, 2017 and made available on the Lead Agency's website on August 30, 2017.
 - c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. The market rate survey (MRS) was placed on the Lead Agency's website. The Nebraska Center for Research on Children, Youth, Families and Schools (CYFS), who conducted the MRS also sent copies out to survey participants who requested a copy during the survey as well as any other persons who inquired. Website: http://dhhs.ne.gov/children family services/ChildCare/Pages/MarketRateSurvey.aspx

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report. Throughout the development of the market rate survey (MRS) report and analysis of data, stakeholders, including senators and policy makers provided input and feedback to the Lead Agency and the Nebraska Center for Research on Children, Youth, Families and Schools (CYFS), who conducted the MRS. The Director of Children and Family Services, CCDF Program staff, and the leads of the MRS held a senators briefing, allowing senators to ask questions about the rates and methodology of the MRS and data analysis. The report does include provider reported barriers to the CCDF/Subsidy program. This was categorized and reported by Communication, Payments, and Rates.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates *at least* every 3 years.

- 4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. If the Lead Agency conducted an MRS (only or in combination with an alternative methodology), also report the percentiles based on the most recent MRS. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children).
 - a) Infant (6 months), full-time licensed center care in the most populous geographic region Rate \$4.50 per hour unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 70th

Rate \$43.00 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 60th

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region

Rate \$6.60 per hour unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: >75th

Rate \$30.00 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 60th

c) Toddler (18 months), full-time licensed center care in the most populous geographic region

Rate \$6.35 per hour unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 70th

Rate \$41.35 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 60th

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region

Rate \$4.00 per hour unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 70th

Rate \$30.00 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 60th

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$5.75 per hour unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 70th

Rate \$37.50 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 60th

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$4.00 per hour unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 75th

Rate \$29.00 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 60th

g) School-age child (6 years), full-time licensed center care in most populous geographic region

Rate \$5.30 per hour unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile of most recent MRS: 75th

Rate \$33.00 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile of most recent MRS: 70th

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$4.00 per hour unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 75th

Rate \$29.00 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 60th

- i) Describe how part-time and full-time care were defined and calculated. Part-time is considered under six hours in a day and hourly units are billed. Full time care is considered six or more hours and a daily unit is billed. If care is provided over nine hours in a day, one day rate plus hours are billed.
- j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). The rates cited above are effective for July 1, 2018.
- k) Provide the citation or link, if available, to the payment rates. http://dhhs.ne.gov/Pages/reg_appx_atc392.aspx
- I) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). N/A

4.3.2	base nee	Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their e rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special ds children as both an incentive for providers to serve children with special needs and as a to cover the higher costs to the provider to provide care for special needs children).
	Age min rate	ck and describe the types of tiered reimbursement or differential rates, if any, the Lead ncy has chosen to implement. In the description of any tiered rates or add-ons, at a imum, indicate the process and basis used for determining the tiered rates, including if the s were based on the MRS and/or an alternative methodology, and the amount of the rate. ck all that apply.
		Differential rate for <i>non-traditional hours</i> . Describe:
		Differential rate for school-age programs. Describe:
		XX Differential rate for higher quality, as defined by the state/territory. Describe: As part of
		Step Up to Quality, non-accredited programs will receive an increase of 5% in their subsidy rates at Step 3, Step 4, and Step 5. Accredited programs will receive an increase of 5% in their subsidy rates at Step 4 and Step 5.
		XX Other differential rates or tiered rates. Describe: In-home providers who provide child
		care during nontraditional hours (weekends, holidays, and evenings after 6 p.m.), for a
		child has a special need or childhood illness, and/or for families with three or more children
	_	are paid federal minimum wage.
	1	Tiered or differential rates are not implemented

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

- 4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):
 - a) Describe how a choice of the full range of providers pursuant to 98.30(e)(1) is made available; the extent to which child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices CCDF/Subsidy eligible families can choose a child care provider who is CCDF/Subsidy approved and has a current Child Care Subsidy Agreement with the Lead Agency. The eligible family can also make a referral to the Lead Agency, if they have a provider who is interested in becoming a CCDF/Subsidy provider but is current not.

There are approximately 3,000 child care providers (license-exempt, in-home, and license) who accept CCDF/Subsidy. Approximately half of these providers are licensed with the State of Nebraska.

- The 2017 MRS identified provider reported CCDF/Subsidy barriers categorized by communication, payments, and rates. Billing is completed via an electronic portal, and once claims are entered payment is dispersed to the provider within a few days. Providers also receive authorizations and changes made to authorizations electronically, within in 24 hours. Barriers identified around the payment and rates include: authorizations not updated timely when the child switches providers, parents not paying family-fees to the child care provider, rates lower than private rates, and no reimbursement for food.
- b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology The most recent MRS are based on the following factors: 1.) Geographic area (urban and rural counties); 2.) Provider type (Family Child Care Home I/II and Child Care Centers); and Age of child (infant, toddler, preschool, and school age). Legislation in 2017 required rates for 7/1/17 through 6/30/18 to be set at no less than the 50th percent percentile and increase to no less that the 60th percentile for 7/1/18 through 9/30/19 (when a new MRS will be completed and rates changed). The recent MRS indicated that most of the past rates set at the 60th percentile were indeed greater that 60th percentile. Rates were set at no less than the 50th percentile, however, most were greater than the 60th percentile. Rates that go into effect 7/1/18 will range from the 60th percentile to 75th and grater.
- c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF_Health, safety, quality, and staffing requirements per the recent reauthorization of CCDBG were not fully implemented when the 2017 MRS was being conducted and are not reflected in the current rate. Title 391 of Nebraska Administrative Code Children's Services Licensing, have established staff/child ratios and pre-service and annual training requirements for all licensed child care providers for years. Current CCDF/Subsidy rates reflect the existing requirements.
- d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality Providers receive a higher rate if they are accredited and/or participating in Step Up to Quality (Nebraska's QRIS). Programs participating in Step Up to Quality are able to receive an increase to their subsidy rates once they have reached each Step 3, 4, and 5, with a 5% increase at each step.
- e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable (response provided in 3.4.6) The sliding fee scale is no greater than 7% of the families' income, per recommendation from the Administration for Children and Families.
- f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers Child Care Providers submit child care claims and billings through an electronic portal. Once payments are submitted and processed, they are then directly deposited or placed on an electronic card within only a few days. Units are calculated in day rates or less than a day rate.
- g) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.
 - XX Geographic area. Describe: <u>The Lead Agency sets differentiates payment rates</u>
 <u>based on two geographic areas; urban and rural.</u> <u>Urban counties are: Dakota,</u>
 <u>Douglas, Lancaster, and Sarpy.</u> <u>The rest of the counties in Nebraska are considered</u>
 Rural.

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		XX Type of provider. Describe: The Lead Agency sets differentiates payment rates
		for the following types of providers: License-Exempt, In-Home Child Care Providers,
		License Family Child Care Home I and II, and Child Care Centers.
		XX Age of child. Describe: The Lead Agency sets differentiates payment rates for the
		following types of ages: infant, toddler, pre-school, and school-age.
		XX Quality level. Describe: The Lead Agency sets differentiates payment rates for
		providers who are accredited or participation with Step Up to Quality (Nebraska's
		Quality Rating Improvement System).
		Other.
h)	Describ	e any additional facts that the Lead Agency considered in determining its payment
	rates to	ensure equal access:
		Payment rates are set at the 75th percentile or higher of the most recent survey.
		Describe:
		Feedback from parents, including parent surveys or parental complaints. Describe:
		Other. Describe:

4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(I)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(I)(4) through (6); 658E(c)(2)(S)(ii); 98.45(I)(4); 98.45(I)(5); 98.45(I)(6)).

4.5.1	Certify by describing the payment practices that the Lead Agency has implemented for all CCDF child care providers,		
	a)	Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):	
			Paying prospectively prior to the delivery of services. If implemented describe the policy or procedure.
			XX Paying within no more than 21 calendar days of the receipt of a complete invoice for services. If implemented describe the policy or procedure. Generally, providers will receive payment within five days of billing for services. Providers typically bill on the 15th and last day of the month for services provided during that month.
	b)	To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by:	
			Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure.
			Providing full payment if a child attends at least 85 percent of the authorized time. If implemented describe the policy or procedure.
			XX Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure. Currently in pending approval of new regulations, child care provider would be allowed to bill the full authorized amount for times the child is absent on a scheduled day, up to 5 times per month.
			Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.
	c)	do Lea	lect generally accepted payment practices of child care providers who serve children who not receive CCDF subsidies, which must include the following two practices unless the d Agency provides evidence that such practices are not generally accepted in its state 8E(c)(2)(S); 98.45(I)(3)).
			Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure.
	d)	reg pro pro pay	Lead Agency ensures that providers are paid in accordance with a written payment eement or an authorization for services that includes, at a minimum, information arding provider payment policies, including rates, schedules, any fees charged to viders, and the dispute-resolution process. Describe: At the time of enrollment, viders sign an agreement with the Lead Agency that covers all provider policies, ments, and general standards required to be a provider. Current and Pending ulations can be found in 392 NAC Chapter 5.

- e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe: Providers receive updated authorizations overnight via our online system any time there is a change in the authorization (i.e. change in parent's work schedules or need for service, change in the family fee). Providers also receive a discontinuation of service if the case is closed and authorizations end. Online billing is required, however, exceptions are reviewed and granted for providers who do not have computer/internet access, which in that case, communication regarding authorizations are sent via mail.
- f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: The Lead Agency will send a letter to the provider informing them that there is an overpayment, giving the provider the opportunity to discuss the overpayment with a DHHS representative, and informing the provider of their right to appeal the existence or amount of the overpayment. The provider has 45 days to appeal the overpayment. If the provider is found to have been overpaid, the provider is given options on how the overpayment can be recouped such as being deducted from the provider's future billings, by paying a certain amount back each month, or paying the amount immediately in full.

1.5.2	Do payment practices vary across regions, counties, and/or geographic areas?
	XX No, the practices do not vary across areas.
	☐ Yes, the practices vary across areas. Describe:

4.6 Supply-Building Strategies To Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

- 4.6.1 For each of the following types of providers, identify any shortages in the supply of quality child care providers, the data sources used to identify shortages, and the method of tracking progress to support equal access and parental choice.
 - a) Children in underserved areas: The 2017 Kids Count in Nebraska Report provides data that shows counties with and without adequate licensed child care capacity. This report indicated there were 9 counties (out of 93 total counties), in 2016, that do not have any licensed child care facilities. Counties were also identified where there were not enough child care slots for the amount of children in those counties. Other vested entities in Nebraska continue to research and conduct community needs assessments. This information is shared with the Lead Agency, legislation, workgroups, and the community.
 - b) Infants and toddlers: The Lead Agency offers Start-Up and Expansion grants to new, not yet licensed and/or licensed/CCDF providers. Part of the application has the applicant conduct a needs assessment for their community. This allows for additional resources and child care to start in communities of need. Initiatives within Nebraska Children's Family Foundation also target communities where there is a shortage in quality child care for at risk children.

- c) Children with disabilities (include the Lead Agency definition in the description): Parents are allowed to choose and use a license-exempt provider or a license-exempt in-home provider for children with disabilities. The Lead Agency offers Start-Up and Expansion grants to new, not yet licensed and/or licensed/CCDF providers. Part of the application has the applicant conduct a needs assessment for their community. There have been applicants in the past awarded funds whose intent is to provide child care for children with disabilities.
- d) Children who received care during non-traditional hours: <u>Parents are allowed to choose and use a license-exempt provider or a license-exempt in-home provider for non-traditional work hours.</u>
- e) Other. Please describe any other shortages in the supply of high-quality providers. N/A
- 4.6.2 Based on the analysis in 4.6.1, describe what method(s) is used to increase supply and to improve quality for the following.

a)	Infa	ants and toddlers. Check all that apply.
		Grants and contracts (as discussed in 4.1.3) Family child care networks XX Start-up funding
		XX Technical assistance support
		Recruitment of providers
		Tiered payment rates (as discussed in 4.3.2)
		Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
		Other. Describe:
b)	Chi	ldren with disabilities. Check all that apply.
		Grants and contracts (as discussed in 4.1.3)
		Family child care networks
		XX Start-up funding
		XX Technical assistance support
		Recruitment of providers
		XX Tiered payment rates (as discussed in 4.3.2)
		Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
		XX Other. Describe: The Lead Agency will allow in-home child care for children with disabilities.
c)	Chi	ldren who receive care during non-traditional hours. Check all that apply.
		Grants and contracts (as discussed in 4.1.3)
		Family child care networks
		XX Start-up funding
		XX Technical assistance support
		Recruitment of providers
		Tiered payment rates (as discussed in 4.3.2)

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d)

	Support for improving business practices, such as management training, paid sick leave,
	shared services, and leveraging
	XX Other. Describe: The Lead Agency will allow in-home child care for children who
	receive care during non-traditional hours.
Oth	ner. Check and describe:
	Grants and contracts (as discussed in 4.1.3). Describe:
	Family child care networks. Describe:
	Start-up funding. Describe:
	Technical assistance support. Describe:
	Recruitment of providers. Describe:
	Tiered payment rates (as discussed in 4.3.2)
	Support for improving business practices, such as management training, paid sick leave,
	shared services, and leveraging. Describe:
	XX Other. Describe: The Lead Agency started collaboration with the Nebraska Children
	and Families Foundation Communities for Kids Initiative. The Communities for Kids
	<u>Initiative was created in response to community requests for assistance with shortages</u>
	of high-quality early child care and education programs. Communities for Kids aim to
	partner with communities' public and private entities to support and coordinate
	planning for access to high-quality early care and education for all children birth through
	age eight. Partnerships will be customized to address each community's unique assets
	and needs.

- 4.6.3 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.
 - a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment? The Lead Agency coordinates with other divisions to determine which counties of the State contain higher percentages of families receiving unemployment. The unemployment rate for Nebraska is readily available for the public. Areas with a higher concentration of families receiving TANF benefits are also identified communities of greater poverty.
 - b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs. Step Up to Quality (QRIS) require providers who receive \$250,000 or more in CCDF/Subsidy annually are required to participate in Step Up to Quality. This requirement will increase quality in centers who serve a greater population of low income children. The Lead Agency actively participates in various committees initiating research and supporting communities of poverty. The Lead Agency is also exploring new ways to serve these communities with the increase CCDF funds for FFY18

Step Up to Quality (QRIS) require providers who receive \$250,000 or more in CCDF/Subsidy annually are required to participate in Step Up to Quality. This requirement will increase quality in centers who serve a greater population of low income children. The Lead Agency

actively participates in various committees initiating research and supporting communities of poverty. The Lead Agency is also exploring new ways to serve these communities with the increase CCDF funds for FFY18.

5 Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to child care services in the state/territory. States and territories may allow licensing exemptions, but they must describe how such exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care. Lead Agencies also must certify that there are in effect health and safety requirements applicable to providers serving CCDF children. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures to ensure that providers are complying with the health and safety requirements.

This section covers licensing requirements, health and safety requirements and training, and monitoring and enforcement procedures to ensure that child care providers comply with licensing and health and safety requirements (98.16(n)) as well as exemptions (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)). Criminal background check requirements are included in this section (98.16(o)).

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of CCDF providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.409(a)(2)(iv)).

- 5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Nebraska has the following licenses for child care services:
 - Family Child Care Home I: Licensed to provide a child care program in the licensee's residence to at least four but not more than eight children, except that a licensee may

- be approved to serve up to two additional school-age children during non-school hours if no more than two of the other children in care are under 18 months of age.
- Family Child Care Home II: Licensed to provide a child care program for at least four, but not more than 12 children. These may be located in the licensee's residence or another location.
- Child Care Center: Licensed to provide a child care program for 13 or more children. A
 center may be located in the licensee's residence or another location.

The following are providers are exempt from licensing requirements:

- In-Home Child Care: Care provided to children in their own home. This service is only available to children who have a special need or childhood illness, families with three or more children needing child care, or families that require child care during nontraditional hours (overnights, weekends, holidays, or evening hours after 6pm). These providers are required to meet a set of standards, to ensure health and safety standards are met and children are not endangered while in care.
- License-Exempt Family Child Care Home: An individual who is providing care in his/her own home, serving a maximum of three children from different families or six children from one family. CCDF eligible families have the option of having a family, friend, or neighbor to provide care to their children by having them become a License-Exempt Family Child Care Home. These providers are required to meet a set of standards to ensure health and safety standards are met and children are not endangered while in care.

Which providers in your state/territory are subject to licensing under this CCDE category? Check

J.1.2	all that apply and provide a citation to the licensing rule.
	
5.1.3	Are any providers in your state/territory that fall under this CCDF category exempt from licensing (98.40(2)(i) through (iv))? If so, describe exemptions based on length of day, threshold on the number of children in care, or any other factors applicable to the exemption.
	☐ Center-based child care. If checked, describe the exemptions. ☐ XX Family child care. If checked, describe the exemptions. Can only provide care for a maximum of 3 children from different families or up to 6 from the same family; care car only occur in the provider's home; and meet license-exempt standards found in 392 NAC 5-003.
	☐ XX In-home care. If checked, describe the exemptions. Must only provide care in the child's home, and meet the standards found in 392 NAC 5-002.
5.1.4	Describe how any exemptions identified above do not endanger the health, safety, or

development of children in:

- a) Center-based child care if checked in 5.1.3.
- b) Family child care if checked in 5.1.3e. For license-exempt providers, background checks are required for all license-exempt child care providers, and any household member over the age of 13. They must also meet the requirements found in 392 5-003 which include: Be at least 19 years old; provide care for a maximum of 6 children (including any of their own children under 13); not conduct other employment during hours they provide care for children; ensure the children will always be supervised; arrange for another person to substitute for caregiver in an emergency; notify parent/guardian should a substitute caregiver be used; discuss care schedule and hours of care with parent; agree to announced and unannounced visits by parents; and have an operable telephone. The assigned Resource Developer meets the provider in their home to complete an inspection and check list to ensure the home is suitable to care for children. Monitorings occur annually, and more frequently if there are concerns reported regarding the care of children with the provider. The Resource Developer will also determine if the provider demonstrates the physical, mental, and emotional capacity to provide care for children, and requests medical documentation if there is reasonable cause to question the provider's ability. Child and Family Services- Protection and Safety will alert Resource Development and Child Care Subsidy if a complaint occurs, and Resource Developer will complete follow up monitoring and investigating with the Protection and Safety Investigator. Providers will also have (once approved) Health and Safety training requirements and ongoing training requirements.
- c) In-home care if checked in 5.1.3. Background checks are required for all in-home care providers. Providers must be 19 years of age; agree to provide continual supervision of children; agree to discuss with the parent on hours of care and how to care for the child (napping/toileting schedules, disciplinary practices, meal/snack schedule, how to care for ill child, etc); agree to get written instructions and approval prior to dispensing any medication, and agree to not smoke in the presence of children or anywhere in the home. The assigned Resource Developer meets with the provider and parent to ensure these occur prior to care, and will meet with the provider annually to monitor and review a check list for the provider and parent to complete. The Resource Developer will also determine if the provider demonstrates the physical, mental, and emotional capacity to provide care for children, and requests medical documentation if reasonable cause questions the provider's ability. Child and Family Services- will alert resource development and Child Care Subsidy if a complaint occurs, and Resource Developer will complete follow up monitoring and investigating with the Protection and Safety Investigator.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between

the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories.

a) Licensed CCDF center-based care

1. Infant

- How does the State/territory define infant (age range): A child six weeks up to 18
 months of age.
- Ratio:1 adult for 4 infants
- Group size: 12
- Teacher/caregiver qualifications: <u>Teacher: Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; have a CDA credential; or a high school diploma and 1500 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood.</u>

All support staff must be at least 16 years of age; all rooms providing care for children must always have a person who meets teacher qualifications.

2. Toddler

- How does the State/territory define toddler (age range): A child 18 months of age up to three years old.
- Ratio: 1 adult for 6 toddlers
- Group size:Group size is currently only required for infants.
- Teacher/caregiver qualifications: Teacher: Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; have a CDA credential; or a high school diploma and 1500 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood.

All support staff must be at least 16 years of age; all rooms providing care for children must always have a person who meets teacher qualifications.

3. Preschool

- How does the State/territory define preschool (age range): A child age 3 years or older who has not attended kindergarten.
- Ratio: 1 staff for 10 for children age 3; 1 staff for 12 for children age 4 and up who have not attended kindergarten
- Group size: Group size is currently only required for infants.
- Teacher/caregiver qualifications: Teacher: Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; have a CDA credential; or high school diploma and 1500 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood.

All support staff must be at least 16 years of age; all rooms providing care for children must always have a person who meets teacher qualifications.

4. School-age

- How does the State/territory define school-age (age range): A child who attends school.
- Ratio: 1 staff for 15 children
- Group size: Group size is currently only required for infants.
- Teacher/caregiver qualifications: Teacher: Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; have a CDA credential; or high school diploma and 1500 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood.
 - All support staff must be at least 16 years of age; all rooms providing care for children must always have a person who meets teacher qualifications.
- 5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers. Nebraska does not exempt child care centers.
- 6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups. Nebraska does not have adjusted regulations for mixed age groups in child care centers.
- 7. Describe the director qualifications for licensed CCDF center-based care. <u>Directors must be at least 19 years of age and meet one of the following: Bachelor's or Associate's degree in an early childhood field or Bachelor's degree in any area with at least 6 credit hours in early childhood; CDA credential; or a high school diploma and 3000 clock hours of verifiable experience AND have successful completed six credit hours or 36 clock hours in the field of early childhood or a written DHHS approved plan to acquire at least 6 credit hours or 36 clock hours. These trainings must be done within 12 months.</u>
- b) Licensed CCDF family child care provider

1. Infant

- How does the State/territory define infant (age range): A child six weeks up to 18
 months of age
- Ratio: 1:4
- Group size: No more than 3 infants in care if caring for mixed ages of children; 12 if only caring for infants
- Teacher/caregiver qualifications: <u>Teacher: Must be 19 years of age and be able to understand and become familiar with licensing regulations; support staff must be at least 16 years of age.</u>

2. Toddler

- How does the State/territory define toddler (age range): A child 18 months of age up to 3 years old.
- Ratio: 1:10
- Group size: 12

Teacher/caregiver qualifications: <u>Teacher: Must be 19 years of age and be able to understand and become familiar with licensing regulations; support staff must be at least 16 years of age.</u>

3. Preschool

- How does the State/territory define preschool (age range): A child 3 years or older who has not attended kindergarten.
- Ratio: 1:10
- Group size: 12
- Teacher/caregiver qualifications: <u>Teacher: Must be 19 years of age and be able to understand and become familiar with licensing regulations; support staff must be at least 16 years of age.</u>

4. School-age

- How does the State/territory define school-age (age range): A child who attends school
- Ratio: With mixed ages: 1:10; if only providing care for school-age children: 1:12
- Group size: 12
- Teacher/caregiver qualifications: <u>Teacher: Must be 19 years of age and be able to understand and become familiar with licensing regulations; support staff must be at least 16 years of age.</u>
- 5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes. <u>License-exempt family child care homes are required to have a maximum of 6 children, including any children in the provider's household under 13; and a maximum of 3 children from different families.</u>

c) In-home CCDF providers:

- 1. Describe the ratios. Only provide care for children from one household and family in that family's home.
- 2. Describe the group size. No more than one family of children.
- 3. Describe the threshold for when licensing is required. Nebraska does not license inhome CCDF providers.
- 4. Describe the maximum number of children that are allowed in the home at any one time. Provider is only allowed to watch the children authorized for care in the family home; and are only authorized for one family to care for.
- Describe if the state/territory requires related children to be included in the child-toprovider ratio or group size. <u>Provider is not able to watch their own children while</u> <u>providing in-home care.</u>

- Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day. <u>Nebraska does not have any limits on age groups within the</u> family.
- 5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(I)). Note – This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

- 1. Prevention and control of infectious diseases (including immunization)
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Proper disposal of garbage is required to minimize transmission of infectious, hand washing, notification to parents of any reportable communicable disease, diapering and toileting procedures, and documentation of age appropriate immunization.
 - List the citation for these requirements. <u>Title 391 Children's Services Licensing</u>. <u>Title 392 Child Care Subsidy Program regulations are currently in draft form</u>.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). <u>CCDF/Subsidy regulations for</u> <u>license-exempt are in pending status and will not be as comprehensive as</u> <u>Children's Services Licensing.</u>
 - Describe any variations based on the age of the children in care. N/A
 - Describe if relatives are exempt from this requirement. Yes.
- 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) There are staffing requirements for nap/sleep times to ensure safety of the children. Infants must sleep on their back unless there is a medical reason and written note from physician. Providers must have appropriate sleeping surfaces for children under 12 months and children over 12 months.
 - List the citation for these requirements. <u>Title 391 Children's Services Licensing.</u>
 Title 392 Child Care Subsidy Program regulations are currently in draft form.

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). <u>CCDF/Subsidy regulations for</u> <u>license-exempt are in pending status and will not be as comprehensive as</u> <u>Children's Services Licensing.</u>
- Describe any variations based on the age of the children in care. <u>Sleep</u> requirements vary for children under 12 months and over 12 months.
- Describe if relatives are exempt from this requirement. <u>Yes.</u>
- 3. Administration of medication, consistent with standards for parental consent
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Providers are required to follow the "Five Rights" when giving medication which include: 1. The right drug; 2. The right recipient; 3. In the right dose; 4. By the right route; and 5. At the right time. Parent/Caretaker must give written permission and instructions to the provider allowing administration of medication to child. Providers must maintain confidentiality of children receiving medication. Providers must follow proper hand washing before and after giving or applying medication. Medication must be properly stored and appropriate record-keeping must be maintained.
 - List the citation for these requirements. <u>Title 391 Children's Services Licensing</u>. <u>Title 392 Child Care Subsidy Program regulations are currently in draft form</u>.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). <u>CCDF/Subsidy regulations for</u> <u>license-exempt are in pending status and will not be as comprehensive as</u> <u>Children's Services Licensing.</u>
 - Describe any variations based on the age of the children in care. N/A
 - Describe if relatives are exempt from this requirement. Yes
- 4. Prevention of and response to emergencies due to food and allergic reactions
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A child's record must include a list of the child's allergies and intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.
 - List the citation for these requirements. <u>Title 391 Children's Services Licensing.</u> <u>Title 392 Child Care Subsidy Program regulations are currently in draft form.</u>
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
 - Describe any variations based on the age of the children in care. N/A
 - Describe if relatives are exempt from this requirement. Yes
- Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Physical environment standards include

- water and sewer requirements, appropriate square footage, safe, clean and functional space for child care, fencing, and outdoor space.
 List the citation for these requirements. <u>Title 391 Children's Services Licensing</u>. Title 392 Child Care Subsidy Program regulations are currently in draft form.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). <u>CCDF/Subsidy regulations for</u> <u>license-exempt are in pending status and will not be as comprehensive as</u> <u>Children's Services Licensing.</u>
- Describe any variations based on the age of the children in care. N/A
- Describe if relatives are exempt from this requirement. <u>Yes</u>
- 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) <u>Providers must be trained in recognizing and immediately reporting any signs of child abuse or neglect. Providers must also understand and use appropriate discipline (if needed) in provider setting.
 </u>
 - List the citation for these requirements. <u>Title 391 Children's Services Licensing</u>. <u>Title</u> 392 Child Care Subsidy Program regulations are currently in draft form.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). <u>CCDF/Subsidy regulations for</u> <u>license-exempt are in pending status and will not be as comprehensive as</u> <u>Children's Services Licensing.</u>
 - Describe any variations based on the age of the children in care. N/A
 - Describe if relatives are exempt from this requirement. Yes
- 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) <u>Providers must practice and document fire and tornado drills, safety diagrams, emergency contacts, and a written disaster preparedness plan.</u>
 - List the citation for these requirements. <u>Title 391 Children's Services Licensing.</u> <u>Title 392 Child Care Subsidy Program regulations are currently in draft form.</u>
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). <u>CCDF/Subsidy regulations for</u> <u>license-exempt are in pending status and will not be as comprehensive as</u> <u>Children's Services Licensing.</u>
 - Describe any variations based on the age of the children in care. N/A
 - Describe if relatives are exempt from this requirement. Yes

- 8. Handling and storage of hazardous materials and the appropriate disposal of biocontaminants
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Poisonous materials and medications must be stored in a safe and locked area to prevent access to children. Waterproof storage must be used for soiled or wet clothing. Providers must follow sewer requirements to maintain sanitation and must properly dispose of garbage and rubbish.
 - List the citation for these requirements. <u>Title 391 Children's Services Licensing. Title</u> 392 Child Care Subsidy Program regulations are currently in draft form.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). <u>CCDF/Subsidy regulations for</u> <u>license-exempt are in pending status and will not be as comprehensive as</u> <u>Children's Services Licensing.</u>
 - Describe any variations based on the age of the children in care. N/A
 - Describe if relatives are exempt from this requirement. <u>Yes</u>
- 9. Precautions in transporting children (if applicable)
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) <u>Transportation policies include: no child left alone in a vehicle; proper vehicle insurance and registration; appropriate car seats; written permission from parent; transporter must be first-CPR certified; and first aid kit in vehicle.
 </u>
 - List the citation for these requirements. <u>Title 391 Children's Services Licensing</u>. <u>Title 392 Child Care Subsidy Program regulations are currently in draft form</u>.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). <u>CCDF/Subsidy regulations for</u> <u>license-exempt are in pending status and will not be as comprehensive as</u> <u>Children's Services Licensing.</u>
 - Describe any variations based on the age of the children in care. N/A
 - Describe if relatives are exempt from this requirement. Yes
- 10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) <u>Cardiopulmonary Resuscitation (CPR)</u> training and First Aid training.
 - List the citation for these requirements. <u>Title 391 Children's Services Licensing</u>. <u>Title 392 Child Care Subsidy Program regulations are currently in draft form</u>.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). Per Title 391, FCCH I/II are required to have First Aid/CPR prior to their license. In a center setting, at least one staff member with First Aid/CPR training must be on the premises at all times during operation. Anyone providing transportation must have a current certificate First Aid/CPR. Pending regulations will require all CCDF/Subsidy providers and staff both licensed and license-exempt to complete and maintain First Aid/CPR training.
 - Describe any variations based on the age of the children in care. N/A

- Describe if relatives are exempt from this requirement. Yes
- 11. Recognition and reporting of child abuse and neglect
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) <u>Recognizing and immediately reporting</u> <u>any signs of child abuse or neglect.</u>
 - List the citation for these requirements. <u>Title 391 Children's Services Licensing and</u> Title 392 Child Care Subsidy Program.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
 - Describe any variations based on the age of the children in care. N/A
 - Describe if relatives are exempt from this requirement. No
- a) The Lead Agency may also include optional standards related to the following:

1. Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) All staff in a licensed center setting, who are responsible for menu planning, food preparation, and food safety must be provided at least four clock hours of training in nutrition and food safety within 30 days of employment and annually thereafter. All licensed providers must meet USDA requirements regarding food groups and serving sizes, meals and snacks must be appropriate to the needs of children in care, and weekly menus must be given to parents upon request. License-exempt providers are require to serve nutritious meals/snacks, keep cooking and eating areas and equipment clean and in good repair, and store perishable foods served to children covered in containers,
- List the citation for these requirements. <u>391 NAC 3-006.10B</u>; <u>391 NAC 2-006.21</u>; <u>391 NAC 1-006.21</u>; and <u>392 NAC 5-003</u>
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licesed, license-exempt). <u>Regulations related to nutrition are</u> <u>currently different for Licensed Centers, Licensed Family Child Care Homes I/II and</u> <u>licensed exempt providers.</u>
- Describe if relatives are exempt from this requirement. N/A

2. Access to physical activity

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) <u>Programs must include indoor and</u> <u>outdoor play areas.</u>
- List the citation for these requirements. 391 NAC 3-006.22; 391 NAC 2-006.15; 391
 NAC 1-006.15
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). <u>All licensed child care programs are</u> required to meet these standards.
- Describe if relatives are exempt from this requirement. <u>Nebraska does not have physical activity standards for exempt providers.</u>
- 3. Caring for children with special needs

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) <u>Providers are required to assess their own ability and the ability of all staff to provide care for children with special needs while meeting the needs of other children enrolled. Providers must have a written plan on how the evacuation of children with special needs will be conducted in the event of a disaster, fire, or tornado. Providers must have toilet and sinks designed to accommodate children with special needs.
 </u>
- List the citation for these requirements. 391 NAC 1-006.01; 391 NAC 1-006.23C, D;
 391 NAC 1-007.06; 391 NAC 2-006.01; 391 NAC 2-006.23C, D; 391 NAC 2-007.06;
 391 NAC 3-006.02; 391 NAC 3-00620C, D; 391 NAC 3-007.04
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). <u>All licensed child care programs are</u> required to meet these standards.
- Describe if relatives are exempt from this requirement. <u>Nebraska does not have special need standards for exempt providers.</u>
- 4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe: No additional standards
 - Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.)
 List the citation for these requirements.
 Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
 Describe if relatives are exempt from this requirement.
- 5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum <u>pre-service or orientation</u> training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have <u>ongoing</u> training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for preservice or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

- a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:
 - Licensed child care centers: <u>Currently, Title 391 Children's Services Licensing, allow</u>
 directors to receive an orientation training by the Child Care Licensing Specialist.
 <u>Directors are required to provide an orientation training to their staff. There is not a minimum number of pre-service orientation training hours set. Cardiopulmonary Resuscitation (CPR) training and First Aid training is required for at minimum one staff
 </u>

- on the premise to be current in certification of training. Any staff who provide transportation is required to be current in CPR certification. Pending CCDF/Subsidy regulations, under Title 392 Child Care Subsidy Program, will require a pre-service orientation training for all CCDF/Subsidy center staff, who provide unsupervised care for children, which will include all federal health and safety topics. Implementation will start 7/1/18.
- 2. Licensed FCC homes: Two-hour orientation training provided by the Lead Agency covering required health and safety topics; CPR training; and First Aid training. Pending CCDF/Subsidy under Title 392 Child Care Subsidy Program, will require all CCDF/Subsidy FCCH II staff, who provide unsupervised care for children, to also attend the two-hour orientation and receive CPR and First Aid training. Implementation will start 7/1/18.
- 3. In-home care: Pending CCDF/Subsidy regulations, under Title 392 Child Care Subsidy Program, will require a pre-service orientation training for all CCDF/Subsidy in-home child care providers, as well as CPR and First Aid training. Child Care Subsidy Agreements will be modified to reflect this requirement for all CCDF/Subsidy Providers. There is not a minimum number of pre-service orientation training hours set. Implementation will start 7/1/18.
- 4. Variations for exempt provider settings: Pending CCDF/Subsidy regulations, under Title 392 Child Care Subsidy Program, will require a pre-service orientation training for all CCDF/Subsidy license-exempt child care providers, as well as CPR and First Aid training. Child Care Subsidy Agreements will be modified to reflect this requirement for all CCDF/Subsidy Providers. There is not a minimum number of pre-service orientation training hours set. Implementation will start 7/1/18. Relative providers will be exempt from this requirement.
- b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer) When new staff or volunteers are employed, those individuals must be provided with orientation prior to having direct responsibility for the care of children. The orientation must include: job duties/responsibilities; infection control practices; abuse, neglect, and sexual abuse of children and the state's reporting requirements; child care regulations; evacuation plans; safety plans, emergency preparedness, the center's methods of interacting with children and discipline policies. Pending CCDF/Subsidy regulations, under Title 392 Child Care Subsidy Program, will require a pre-service orientation training for all CCDF/Subsidy center staff, who will provide unsupervised care for children, 90 days from the date of hire to complete pre-service orientation and CPR and First Aid training.
- c) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).
 - 1. Prevention and control of infectious diseases (including immunizations)

Provide the citation for this training requirement. 391 NAC 1-006.04A; 391 NAC 2-006.04A; and 391 NAC 3-006.10A (Part of the 2 hour pre-service training for FCCH I/II and staff/volunteer orientation in center setting). Title 392 Child Care Subsidy Program regulations are currently in draft form.

 Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes

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	☐ XX No License-exempt and in-home child care providers are currently not
	required. This will become required with pending CCDF/Subsidy regulations.
2.	Prevention of sudden infant death syndrome and the use of safe-sleep practices
	Provide the citation for this training requirement. 391 NAC 1-006.04B; 391 NAC 2-006.04B; and 391 NAC 3-006.08A. Title 392 Child Care Subsidy Program regulations are currently in draft form. ■ Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised? □ Yes
	☐ XX No This is not inclusively required for all child care staff in a center setting.
	There is no current requirement for license-exempt and in-home child care providers. This will become required with pending CCDF/Subsidy regulations.
3.	Administration of medication, consistent with standards for parental consent
	 Provide the citation for this training requirement. 391 NAC 1-006.20; 391; 391 NAC 2-006.20; and 391 NAC 3-006.27 (Part of the 2 hour pre-service training). Title 329 Child Care Subsidy Program regulations are currently in draft form. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised? Yes XX No This is not inclusively required for all child care staff in a center setting.
	There is no current requirement for license-exempt and in-home child care providers. This will become required with pending CCDF/Subsidy regulations.
	providers. This will become required with perialing CCDP/3absidy regulations.
4.	Prevention and response to emergencies due to food and allergic reactions
	 Provide the citation for this training requirement. 391 NAC 1-006.21; 391 NAC 2-006.21; and 391 NAC 3-006.28 (Part of the 2 hour pre-service training). Title 392 Child Care Subsidy Program regulations are currently in draft form. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised? Yes
	☐ XXNoThis is not inclusively required for all child care staff in a center setting.
	There is no current requirement for license-exempt and in-home child care
	providers. This will become required with pending CCDF/Subsidy regulations.
5.	Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic
	Provide the citation for this training requirement 391 NAC 1-006 24: 391 NAC 2-

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Child Care Subsidy Program regulations are currently in draft form.

006.24; and 391 NAC 3-006.31 (Part of the 2 hour pre-service training). Title 392

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	•	Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised? ☐ Yes
		☐ XXNoThis is not inclusively required for all child care staff in a center setting.
		There is no current requirement for license-exempt and in-home child care
		providers. This will become required with pending CCDF/Subsidy regulations.
6.	Prev	vention of shaken baby syndrome, abusive head trauma, and child maltreatment
	•	Provide the citation for this training requirement. <u>391 NAC 1-006.04B</u> ; <u>391 NAC 2-006.04B</u> ; and <u>391 NAC 3-006.08A</u> (Part of the <u>2 hour pre-service training</u>). Title <u>392</u>
		Child Care Subsidy Program regulations are currently in draft form.
	•	Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised? ☐ Yes
		☐ XX No This is not inclusively required for all child care staff in a center setting.
		There is no current requirement for license-exempt and in-home child care
		providers. This will become required with pending CCDF/Subsidy regulations.
7.		ergency preparedness and response planning for emergencies resulting from a ural disaster or a human-caused event
	•	Provide the citation for this training requirement. 391 NAC 1-006.23D; 391 NAC 2-006.23D; and 391 NAC 3-006.30D (Part of the 2 hour pre-service training). Title 392 Child Care Subsidy Program regulations are currently in draft form.
	•	Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised? ☐ Yes
		☐ XX No There is no current requirement for license-exempt and in-home child
		care providers to receive pre-service orientation training over Emergency
		preparedness. This will become required with pending CCDF/Subsidy regulations.
8.		dling and storage of hazardous materials and the appropriate disposal of bio taminants
	•	Provide the citation for this training requirement. 391 NAC 1-006.25E; 391 NAC 2-006.25E; and 391 NAC 3-006.32E (Part of the 2 hour pre-service training). Title 392
		Child Care Subsidy Program regulations are currently in draft form.
	•	Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised? ☐ Yes
		☐ XX No This is not inclusively required for all child care staff in a center setting.
		There is no current requirement for license-exempt and in-home child care
		providers. This will become required with pending CCDF/Subsidy regulations.

9.	Арр	ropriate precautions in transporting children (if applicable)
	•	Provide the citation for this training requirement. 391 NAC 1-006.19; 391 NAC 2-006.19; and 391 NAC 3-006.10C. Title 392 Child Care Subsidy Program regulations
	•	are currently in draft form. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised? ☐ Yes
		☐ XXNo This is required for all licensed CCDF/Subsidy providers, but not licensed
		exempt CCDF/Subsidy providers.
10.	Ped	iatric first aid and CPR certification
	•	Provide the citation for this training requirement. 391 NAC 1-006.04A; 391 NAC 2-006.04A; and 391 NAC 3-006.10. Title 392 Child Care Subsidy Program regulations are currently in draft form.
	•	Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised? ☐ Yes
		☐ XXNo This is not inclusively required for all child care staff in a center setting.
		There is no current requirement for license-exempt and in-home child care
		providers. This will become required with pending CCDF/Subsidy regulations.
11.	Reco	ognition and reporting of child abuse and neglect
	•	Provide the citation for this training requirement. 391 NAC 1-006.04B; 391 NAC 2-006.04B; and 391 NAC 3-006.08A. Title 392 Child Care Subsidy Program regulations are currently in draft form.
	•	Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised? ☐ Yes
		☐ XXNo This is required for all licensed CCDF/Subsidy providers, but not licensed exempt CCDF/Subsidy providers.
12.	Chile	d development (98.44(b)(1)(iii))
	•	Provide the citation for this training requirement. 391 NAC 1-006.04E; 391 NAC 2-006.04E; and 391 NAC 3-006.10D Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

13. Describe other requirements

☐ Yes☐ XXNo

- Provide the citation for other training requirements. <u>Business Management</u>
 <u>Training required for licensed Family Child Care Home I&II: 391 NAC 1-006.04C; 391</u>

 NAC 2-006.04C
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes
 XXNo

Ongoing Training Requirements

- 5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.
 - a) Licensed child care centers: <u>Staff members who provide direct care to children must obtain</u> 12 clock hours of training annually; staff who work 20 hours or less each week must obtain six clock hours of training annually.
 - b) Licensed FCC homes: Primary provider and each staff member, not including substitutes or volunteers, must obtain 12 clock hours of training annually. Staff who work 20 hours or less each week must complete six hours of training annually.
 - c) In-home care: Pending regulations, once approved, will require in-home providers to complete 4 hours of training annually.
 - d) Variations for exempt provider settings: <u>Pending regulations</u>, once approved, will require inhome providers to complete 4 hours of training annually.
- 5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
 - 1. Prevention and control of infectious diseases (including immunizations)
 - Provide the citation for this training requirement. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; and 391 NAC 3-006.10D
 - How often does the state/territory require that this training topic be completed?

Annually.
XXOther. Describe As seen fit. Licensed child care providers (not including
substitutes or volunteers) must obtain 12 clock hours of annual training. Staff
who work 20 hours or less each week must complete six hours of annual
training. Training must include but is not limited to the following topics: safe
environments; healthy environments; learning environments; physical
development; cognitive learning; communication; creative learning; self-
esteem; social development; guidance; family relationships; program
management; and professionalism. Pending CCDF/Subsidy regulations will
require license-exempt and in-home child care providers to complete four clock
hours of annual training.

2.	Prevention of sudden infant death syndrome and the use of safe-sleep practices
	 Provide the citation for this training requirement. 391 NAC 1-006.04B; 391 NAC 2- 006.04E; and 391 NAC 3-006.08A
	• How often does the state/territory require that this training topic be completed?
	☐ Annually.
	☐ XXOther. Describe (License) Training on sudden infant death syndrome and the
	use of safe-sleep practices must be completed by child care center teachers, with 50% of teachers having this completed within three years from the
	operative date. Family Child Care Homes must complete this training within
	three years of their operative date, and every five years afterwards.
3.	Administration of medication, consistent with standards for parental consent
	 Provide the citation for this training requirement. 391 NAC 1-006.04EB; 391 NAC 2 006.04E; and 391 NAC 3-006.10D
	• How often does the state/territory require that this training topic be completed?
	☐ Annually.
	☐ XX Other. Describe As seen fit. Licensed child care providers (not including
	substitutes or volunteers) must obtain 12 clock hours of annual training. Staff
	who work 20 hours or less each week must complete six hours of annual
	training. Training must include but is not limited to the following topics: safe
	environments; healthy environments; learning environments; physical
	development; cognitive learning; communication; creative learning; self-
	esteem; social development; guidance; family relationships; program
	management; and professionalism. Pending CCDF/Subsidy regulations will
	require license-exempt and in-home child care providers to complete four clock
	hours of annual training.
4.	Prevention and response to emergencies due to food and allergic reactions
	 Provide the citation for this training requirement. 391 NAC 1-006.04EB; 391 NAC 2
	006.04E; and 391 NAC 3-006.10D
	 How often does the state/territory require that this training topic be completed?
	☐ Annually.

☐ XXOther. Describe As seen fit. Licensed child care providers (not including

environments; healthy environments; learning environments; physical development; cognitive learning; communication; creative learning; self-

substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete six hours of annual training. Training must include but is not limited to the following topics: safe

esteem; social development; guidance; family relationships; program management; and professionalism. Pending CCDF/Subsidy regulations will require license-exempt and in-home child care providers to complete four clock hours of annual training.

- 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic
 - Provide the citation for this training requirement. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; and 391 NAC 3-006.10D
 - How often does the state/territory require that this training topic be completed?

Ш	Annually.
	XXOther. Describe As seen fit. Licensed child care providers (not including
	substitutes or volunteers) must obtain 12 clock hours of annual training. Staff
	who work 20 hours or less each week must complete six hours of annual
	training. Training must include but is not limited to the following topics: safe
	environments; healthy environments; learning environments; physical
	development; cognitive learning; communication; creative learning; self-
	esteem; social development; guidance; family relationships; program
	management; and professionalism. Pending CCDF/Subsidy regulations will
	require license-exempt and in-home child care providers to complete four clock
	hours of annual training.

- 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
 - Provide the citation for this training requirement. 391 NAC 1-006.04B; 391 NAC 2-006.04E; and 391 NAC 3-006.08A
 - How often does the state/territory require that this training topic be completed?
 - ☐ Annually.
 ☐ XXOther. Describe (License) Training on shaken baby syndrome, abusive head trauma, and child maltreatment must be completed by child care center teachers, with 50% of teachers having this completed within three years from the operative date. Family Child Care Homes must complete this training within three years of their operative date, and every five years afterwards.
- 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event
 - Provide the citation for this training requirement. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; and 391 NAC 3-006.10D
 - How often does the state/territory require that this training topic be completed?

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		☐ Annually.
		☐ XXOther. Describe As seen fit. Licensed child care providers (not including
		substitutes or volunteers) must obtain 12 clock hours of annual training. Staff
		who work 20 hours or less each week must complete six hours of annual
		training. Training must include but is not limited to the following topics: safe
		environments; healthy environments; learning environments; physical
		development; cognitive learning; communication; creative learning; self-
		esteem; social development; guidance; family relationships; program
		management; and professionalism. Pending CCDF/Subsidy regulations will
		require license-exempt and in-home child care providers to complete four clock
		hours of annual training.
8.		dling and storage of hazardous materials and the appropriate disposal of bio- caminants
	•	Provide the citation for this training requirement. 391 NAC 1-006.04EB; 391 NAC 2-
		006.04E; and 391 NAC 3-006.10D
	•	How often does the state/territory require that this training topic be completed?
		☐ Annually.
		☐ XXOther. Describe As seen fit. Licensed child care providers (not including
		substitutes or volunteers) must obtain 12 clock hours of annual training. Staff

XXOther. Describe As seen fit. Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete six hours of annual training. Training must include but is not limited to the following topics: safe environments; healthy environments; learning environments; physical development; cognitive learning; communication; creative learning; self-esteem; social development; guidance; family relationships; program management; and professionalism. Pending CCDF/Subsidy regulations will require license-exempt and in-home child care providers to complete four clock hours of annual training.

- 9. Appropriate precautions in transporting children (if applicable)
 - Provide the citation for this training requirement. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; 391 NAC 3-006.10D
 - How often does the state/territory require that this training topic be completed?

☐ Annually.
 ☐ XXOther. Describe Child care providers are required to ensure all conditions are met required by regulations on a continuous basis, and follow state laws. Child care center staff are required to complete "Safe Kids Buckle Up" within 90 days of employment, and every five years thereafter. Child care center staff who

transport children are also required to be CPR/First Aide certified within one year of employment.

10. Pediatric first aid and CPR certification

 Provide the citation for this training requirement. 391 NAC 1-006.04B; 391 NAC 2-006.04E; and 391 NAC 3-006.08A

•	How often does the state/territory require that this training topic be completed?
	☐ Annually.
	☐ XXOther. Describe First Aid and CPR certificates are good for two years. To
	remain certified, providers must complete the training every two years.

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. 391 NAC 1-006.04B; 391 NAC 2-006.04E; and 391 NAC 3-006.08A
- How often does the state/territory require that this training topic be completed?

☐ Annually.
☐ XXOther. Describe (License) Training on recognition and reporting of child abuse
and neglect must be completed by child care center teachers, with 50% of
teachers having this completed within three years from the operative date.
Family Child Care Homes must complete this training within three years of their
operative date, and every five years afterwards.

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; 391 NAC 3-006.10D
- How often does the state/territory require that this training topic be completed?

[☐ Annually.
[XXOther. Describe (License) Nebraska's Early Learning Guidelines Training. The
	primary provider must complete training in the seven domains of Nebraska's
	Early Childhood Learning Guidelines developed by the ECTC. Any proposed
	equivalent training must be approved by the Department. The domains are:
	Approaches to Learning, Creative Arts, Health and Physical Development,
	Language and Literacy Development, Mathematics, Science, and Social and

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Emotional Development. Atleaset, one domain every year.

13. Describe other requirements.

- Provide the citation for other training requirements. <u>391 NAC 1-006.04C</u>; and <u>391 NAC 2-006.04C</u>
 - How often does the state/territory require that this training topic be completed?

 ☐ Annually.
 ☐ XXOther. Describe Business Management Training is required for Family Child
 Care Homes I/II. The primary provider must complete a business training
 module for family child care homes developed by the Early Childhood Training
 Center (ECTC). Any proposed equivalent training must be approved by the
 Department.

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note – Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements. All CCDF providers are required to have one annual inspection per year. Licensed CCDF providers must have at least one unannounced inspection annually for less than 30 children, and at least two unannounced inspections annually if they are licensed for 30 or more children. Staff records and training is reviewed during these inspections. License-exempt providers have an annual inspection, are required to ensure compliance by completing a standards checklist with their Resource Developer, and once implemented, the Resource Developer will review pre-service and annual trainings requirements.

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing

standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

- a) Licensed CCDF center-based child care
 - 1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards. <u>All licensed child care programs must have pre-licensure inspections that include health, safety, and fire standard requirements. These requirements must be in full compliance before a license will be issued.</u>
 - Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers. <u>Nebraska law requires at least one</u> <u>unannounced annual inspection to programs with capacities of less than 30. For those</u> <u>programs with capacities of 30 or more, the law requires at least 2 unannounced</u> <u>inspections. This does not include any inspections made as a result of complaints or</u> <u>discipline monitoring.</u>
 - Identify the frequency of unannounced inspections:
 XXOnce a year
 XXMore than once a year. Describe For programs with capacities of 30 or more, two unannounced inspections are required.
 - 4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.: When programs are initially licensed and at every other inspection, a full complete review of all regulations occurs. In those other years, a "shortened" checklist is used which includes all key regulations that address health, safety, and fire standards are evaluated. Those key regulations include capacity, ratio, sanitation, fire safety requirements, training, background checks, and records.
 - 5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers 391 NAC 3-005
- b) Licensed CCDF family child care home
 - Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards. <u>All licensed child care programs must have pre-licensure inspections that include health, safety, and fire standard requirements. These requirements must be in full compliance before a license will be issued.</u>
 - Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF family child care providers. <u>Nebraska law requires at least</u> one unannounced annual inspection to programs with capacities of less than 30. This does not include any inspections made as a result of complaints or discipline monitoring.

3.	Identify the	frequency	of unannounced	inspections:
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XXOnce a year	
More than once a year. Describe	

- 4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards. When programs are initially licensed and at every other inspection, a full complete review of all regulations occurs. In those other years, a "shortened" checklist is used which includes all key regulations that address health, safety, and fire standards are evaluated. Those key regulations include capacity, ratio, sanitation, fire safety requirements, training, background checks, and records.
- 5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers391 NAC 1-005; 391 NAC 2-005

c) Licensed in-home CCDF child care		ensed in-home CCDF child care
		XX N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to
	1.	Describe your state/territory's requirements for pre-licensure inspections of licensed in-
		home child care providers for compliance with health, safety, and fire standards.
	2.	Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers.
	3.	Identify the frequency of unannounced inspections:
		□ Once a year
		☐ More than once a year. Describe
	4.	Describe the monitoring procedures (including differential monitoring, if applicable) and

- 4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.
- List the citation(s) for your state/territory's policies regarding inspections for licensed inhome CCDF providers
- d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. Nebraska Department of Health and Human Services-Division of Public Health-Licensure Unit-Children's Services Licensing program.
- 5.3.3 Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:
 - a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. N/A; Nebraska does not have license-exempt center-based CCDF providers.
 - Provide the citation(s) for this policy or procedure. N/A
 - b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is

used. License-exempt family child care CCDF providers are assigned a Resource Developer, who does a pre-inspection and annually inspects the provider's home to ensure health, safety, and fire standards are met. Once implemented, Resource Developer will collect the verification of completed pre-service training. These monitorings are announced, but monitoring can occur unannounced if there was a complaint or concern received regarding the provider. Monitoring is completed by a physical walk-through of the home, completing a health and safety checklist to ensure standards are met, and once implemented, a review of required training verifications.

Provide the citation(s) for this policy or procedure. 392 NAC 5-003

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. <u>License-exempt in-home CCDF providers</u> are assigned a Resource Developer, who completes a checklist with the provider to confirm understanding of the standards of the type of care. Once implemented, Resource Developer will collect the verification of completed pre-service training. The Resource Developer meets with the provider and client prior to services being provided to ensure that the client's home and the safety practices of the provider are reflective of the required health and safety standards.

Provide the citation(s) for this policy or procedure. 392 NAC 5-002

- 5.3.4 The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). The state/territory may determine if exempt relative providers (as described in section (658P(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (98.41(a)). To certify, describe the policies and practices for the annual monitoring of:
 - a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. N/A; Nebraska does not have license-exempt center-based CCDF providers.
 - Provide the citation(s) for this policy or procedure. N/A
 - b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. License-exempt family child care CCDF providers are assigned a Resource Developer, who does a pre-inspection, and annually inspects the provider's home to ensure health, safety, and fire standards are met. Nebraska has chosen to exempt relative license-exempt family child care CCDF providers from completing pre-service training. These monitorings are announced, but monitoring can occur unannounced if there was a complaint or concern received regarding the provider. Monitoring is completed by a physical walk-through of the home, completing a health and safety checklist to ensure standards are met, and once implemented, a review of required training verifications.

Provide the citation(s) for this policy or procedure. 392 NAC 5-003

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. <u>License-exempt in-home CCDF providers</u> are assigned a Resource Developer, who completes a checklist with the provider to confirm understanding of the standards of the type of care. Nebraska has chosen to exempt relative license-exempt in-home CCDF providers from completing pre-service training. The Resource Developer meets with the provider and client prior to services being provided to ensure that the client's home and the safety practices of the provider are reflective of the required health and safety standards.
- d) Provide the citation(s) for this policy or procedure. 392 NAC 5-002
- 5.3.5 Licensing inspectors.
 - Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1)).
 - a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1)). State of Nebraska Class Specification for a Child Care Inspection Specialist states that graduation from an accredited 4 year college or university with a specialization in elementary/early childhood education field, human development, child development, nursing, sociology, psychology or social work.
 - b) Provide the citation(s) for this policy or procedure. <u>Class code is X6710</u>. <u>This job specification may be found on the Nebraska Department of Administrative Services-State Personnel website</u>.
- 5.3.6 The States and Territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).
 - a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e., number of providers per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. The Lead Agency does not have policy/procedure regarding the ratio of licensing inspector to child care programs. Caseload is evaluated annually and adjusted if necessary in order to determine equitable and manageable workloads across the state. Ratios in urban communities take into consideration travel as several counites may be covered. All required inspection have been completed in 2016 and 2017.
 - b) Provide the policy citation and state/territory ratio of licensing inspectors.

5.3.7	grandp (98.42(<i>only</i> fo	and territories have the option to exempt relatives (defined in CCDF regulations as arents, great-grandparents, siblings if living in a separate residence, aunts, and uncles c)) from inspection requirements. <i>Note:</i> This exception only applies if the individual cares relative children. Does the state/territory exempt relatives from the inspection ements listed in 5.3.3?
		Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.
		Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.
		XX No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

5.4.1 In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care providers that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);

- 2. Sex offender registry or repository check in the current state of residency (in-state);
- 3. Child abuse and neglect registry and database check in the current state of residency (instate);
- 4. FBI fingerprint check (national);
- 5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);
- 6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional (inter-state);
- 7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and
- 8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).

Milestone Prerequisites for Time-Limited Waivers

By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):

- The national FBI fingerprint check; and,
- The three in-state background check provisions for the current state of residency:
 - o state criminal registry or repository using fingerprints;
 - o state sex offender registry or repository check;
 - o state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

	Background Check Components	If milestone is met, time-limited waiver allowed for:
1)	In-state criminal w/fingerprints	
2)	In-state sex offender registry	Conducting background checks on backlog of current
3)	In-state state-based child	(existing) staff only
	abuse and neglect registry	(6.1.61.1.6) 5161.1
4)	FBI fingerprint check	
5)	NCIC National Sex Offender	Establishing requirements and procedures
	Registry (NSOR)	

6)	Inter-state state criminal	AND/OR
	registry	Conducting background checks on all new (prospective)
7)	Inter-state state sex offender	child care staff
	registry	AND/OR
8)	Inter-state child abuse and neglect registry	Conducting background checks on backlog of current (existing) staff

States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States and Territories will have the option to <u>renew</u> these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017
 Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018
 One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019
 Waiver renewal deadline (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.

- a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides. Nebraska currently does not have statutatory authority to require fingerprints as part of child care background checks.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). In-state criminal registry or repository (not using fingerprints) with Nebraska State Patrol Criminal History Reports and Nebraska Data Exchange Network are completed on the applicant/licensee, if an individual or an individual in a partnership, each staff member and volunteer age 19 or older, and on each household member age 19 or older if the center is located in a private residence.

The check must be conducted through the Nebraska State Patrol or through one or more local law enforcement agencies, as appropriate to the individual's residence(s). If an individual has lived in Nebraska less than 12 months, the applicant/licensee must obtain documentation of a criminal history record check from the previous state(s) of residence.

Checks are completed at the time of a license application and/or new staff hiring.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).
In-state criminal registry or repository (not using fingerprints) with Nebraska Data Exchange Network are completed on the CCDF/Subsidy provider (license and license-exempt), each staff member and volunteer age 19 or older, and on each household member age 19 or older if the center is located in a private residence.
Checks are only completed on directors at child care centers. Licensing regulations apply for center staff.

If an individual has lived in Nebraska less than 5 years, the individual must obtain documentation of a criminal history record check from the previous state(s) of residence.

Checks are completed at the time of a new CCDF/Subsidy Agreement and each year at renewal. Checks for center staff are initiated and conducted by the program.

Programs must have documentation of these checks in their staff files and Child Care Licensing Specialist check staff files at the time of inspection.

Has the search of the state criminal registry or repository, with the use of

fingerp	rints, been conducted for all current (existing) child care staff?
	Yes.
	XX No. Check here to indicate request for time-limited waiver for this
	requirement $\;\square$ and enter the expected date of full implementation of this
	requirement Describe the status of conducting the search of the
	state criminal registry or repository, with the use of fingerprints for current
	(existing) child care staff. At a minimum, the description should briefly
	summarize: 1) efforts to date to implement the requirement for all licensed
	regulated and registered providers; and all other providers eligible to delive
	CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities
	planned toward implementation of this requirement; 3) key challenges to
	implementing this requirement; and 4) strategies used to address
	challenges: A legislative proposal was submitted in 2017 to make a change
	in current state statute, but did not advance out of committee. A state
	statute is required in order to implement this

iv. List the citation: N/A

iii.

- b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides. <u>In-state sex offender registry or repository: Nebraska Sex Offender Registry.</u>
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

In-state sex offender registry or repository: Nebraska Sex Offender Registry are completed on the applicant/licensee, if an individual or an individual in a partnership, each staff member and volunteer age 19 or older, and on each household member age 19 or older if the center is located in a private residence. All registry checks must be completed before the individual assumes responsibility for the care and supervision of children.

Checks are completed at the time of a license application and/or new staff hiring. Checks for center staff are initiated and conducted by the program. Programs must have documentation of these checks in their staff files and Child Care Licensing Specialist check staff files at the time of inspection.

Describe how these requirements, policies and procedures apply to all other ii. providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). In-state sex offender registry or repository: Nebraska Sex Offender Registry are completed on the CCDF/Subsidy provider (license and license-exempt), each staff member and volunteer age 19 or older, and on each household member age 19 or older if the center is located in a private residence. Checks are only completed on directors at child care centers. Licensing regulations apply for center staff.

Checks are completed at the time of a new CCDF/Subsidy Agreement and each year at renewal.

Has the search of the state sex offender registry or repository been conducted for

iii.

iv.

all current (existing) child care staff?		
	<u>XX</u> Yes	
	No. Check here to indicate request for time-limited waiver for this	
	requirement $\ \square$ and enter the expected date of full implementation of this	
	requirement. Describe the status of conducting the search of the	
	state sex offender registry or repository for current (existing) child care	
	staff. At a minimum, the description should briefly summarize: 1) efforts to	
	date to implement the requirement for all licensed, regulated and	
	registered providers; and all other providers eligible to deliver CCDF services	
	(e.g., license-exempt CCDF eligible providers); 2) key activities planned	
	toward implementation of this requirement; 3) key challenges to	
	implementing this requirement; and 4) strategies used to address	
	challenges:	
List the	citation: <u>Title 392 of Nebraska Administrative Code – Child Care Subsidy</u>	

Licensing: 1-006.02B, 2-006.02B, 3-006.03B, and 4-006.03B. c) Briefly summarize the requirements, policies and procedures for the search of the state-

Program: 5-003. Title 391 of Nebraska Administrative Code - Children's Services

based child abuse and neglect registry and database in the state where the staff member

resides. In-state child abuse and neglect registry and database: Nebraska Central Registry of Child Abuse and Neglect and Nebraska Central Registry of Adult Abuse and Neglect.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). The applicant/licensee, if an individual or an individual in a partnership, staff, volunteers, and household members if the center is located in a private residence, must not be listed as a perpetrator of abuse or neglect on the Nebraska Central Registry of Child Abuse and Neglect and Nebraska Central Registry of Adult Abuse and Neglect.
- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

The Lead Agency will conduct background checks on the provider and household members with the in-state Child Abuse and Neglect Central Register and the Adult Protective Services Central Registry on the CCDF/Subsidy provider (license and license-exempt), each staff member and volunteer age 19 or older, and on each household member age 19 or older if the center is located in a private residence. Checks are only completed on directors at child care centers. Licensing regulations apply for center staff. All registry checks must be completed before the individual assumes responsibility for the care and supervision of children.

The Lead Agency will conduct background checks on the provider and household members with the Child Abuse and Neglect Central Register and the Adult Protective Services Central Registry.

Has the search of the state-based child abuse and neglect registry and database

iii.

been co	been conducted for all current (existing) child care staff?		
	XX Yes		
	No. Check here to indicate request for time-limited waiver for this		
	requirement \square and enter the expected date of full implementation of this		
	requirement Describe the status of conducting the search of the		
	state-based child abuse and neglect registry and database for current		
	(existing) child care staff. At a minimum, the description should briefly		
	summarize: 1) efforts to date to implement the requirement for all licensed,		
	regulated and registered providers; and all other providers eligible to deliver		
	CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities		
	planned toward implementation of this requirement; 3) key challenges to		
	implementing this requirement; and 4) strategies used to address		
	challenges:		
List the	citation: Title 392 of Nebraska Administrative Code – Child Care Subsidy		

iv. List the citation: <u>Title 392 of Nebraska Administrative Code – Child Care Subsidy</u>
Program: 5-003. <u>Title 391 of Nebraska Administrative Code - Children's Services</u>
<u>Licensing: 1-006.02B, 2-006.02B, 3-006.03B, and 4-006.03B.</u>

- d) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification. FBI fingerprint check using Next Generation Identification checks are not implemented currently.
 - Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
 N/A

Has the search of the FBI fingerprint check using Next Generation Identification

ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). N/A

been o	conducted for all current (existing) child care staff?
	Yes
	XX No. Check here to indicate request for time-limited waiver for this
	requirement $\ \square$ and enter the expected date of full implementation of this
	requirement Describe the status of conducting the FBI fingerprint
	check using Next Generation Identification for current (existing) child care
	staff. At a minimum, the description should briefly summarize: 1) efforts to
	date to implement the requirement for all licensed, regulated and
	registered providers; and all other providers eligible to deliver CCDF services
	(e.g., license-exempt CCDF eligible providers); 2) key activities planned
	toward implementation of this requirement; 3) key challenges to
	implementing this requirement; and 4) strategies used to address
	challenges: A legislative proposal was submitted in 2017 to make a change
	in current state statute, but did not advance out of committee. A state

iv. List the citation: N/A

iii.

e) Describe the status of the requirements, policies and procedures for the search of the NCIC's National Sex Offender Registry.

statute is required in order to implement this.

- Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the search of the NCIC's NSOR check on all new and existing child care staff.
 - Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

iii. List the citation:

XX In progress. Check here to indicate request for time-limited waiver for this
requirement $\ \square$ and enter the expected date of full implementation of this
requirement. Describe the status of implementation of requirements,
policies and procedures for the NCIC's National Sex Offender Registry. At a
minimum, the description should briefly summarize: 1) efforts to date to implement
the requirement for all prospective and existing licensed, regulated and registered
providers; and all other providers eligible to deliver CCDF services (e.g., license-
exempt CCDF eligible providers); 2) key activities planned toward implementation of
this requirement; 3) key challenges to implementing this requirement; and 4)
strategies used to address challenges: Not eligible for offered time-limited waiver.

- f) Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.
 - - Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
 - If an individual has lived in Nebraska less than 12 months, the applicant/licensee must obtain documentation of a criminal history record check from the previous state(s) of residence.

The applicant/licensee must complete a Report of Law Enforcement Contact for him/herself, if an individual or an individual in a partnership, and must obtain a completed report for each staff member and volunteer age 19 or older and each household member age 19 or older if the center is located in a private residence. The report must:

- 1. Be updated, signed, and dated annually;
- 2. Be updated any time one of these individuals is arrested, issued a citation other than a minor traffic violation, or charged with or convicted of any felony, misdemeanor, or infraction;
- 3. List all previous and pending criminal charges and arrests, both felony and misdemeanor, regardless of prosecution;
- 4. List any record of felony and/or misdemeanor charges and arrests related to crimes against children;
- 5. List any record of felony and/or misdemeanor convictions;
- <u>6. List any current or past parole or probation status, including diversion or court supervision; and</u>

7. List details, dates, county and state of the contact, arrest, charge, conviction, and disposition, if any.

As soon as the licensee/director becomes aware of the occurrence, s/he must notify the Department of any arrest, misdemeanor ticket other than a traffic violation, pending criminal charges, and any felony or misdemeanor convictions of him/herself, staff, volunteers, or household members if the center is located in a private residence. The licensee/director must request a criminal history record check on the individual within five working days. Failure to notify the Department of law enforcement contacts as described may result in disciplinary action.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o) The following verbiage is from the Child Care Subsidy Provider Agreement (form CC-9B):

 The Provider understands that by signing this agreement, the Provider is giving the Department permission to conduct the following background checks:
 - 1. A name search with the State of Nebraska Central Registry for Adult Abuse and Neglect and Child Abuse and Neglect;
 - 2. A name search with the State Patrol Sex Offenders Registry;
 - 3. A name search with the State of Nebraska for Department of Motor Vehicles; and
 - 4. A name search with local or State law enforcement agencies as deemed necessary.

If the Provider has resided outside of the State of Nebraska in the last 5 years, the provider understands they will be responsible to obtain the information above from the previous State(s) at which they resided. The Provider further understands and agrees that any negative findings from the above background checks may result in the immediate termination of this Agreement.

iii. List the citation: Child Care Subsidy Provider Agreement (form CC-9B). Title 391 of Nebraska Administrative Code - Children's Services Licensing: 1-006.02A, 2-006.02A, 3-006.03A, and 4-006.03A.

In progress. Check here to indicate request for time-limited waiver for this
requirement $\ \square$ and enter the expected date of full implementation of this
requirement. Describe the status of implementation of requirements, policies
and procedures for the search of the criminal registries or repositories in other
states where the child care staff member resided during the preceding 5 years, with
the use of fingerprints being optional in those other states. At a minimum, the
description should briefly summarize: 1) efforts to date to implement the

requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

g)	Describ	e the st	atus of the requirements, policies and procedures for the search of the state
	sex off	ender re	gistry or repository in each state where the staff member resided during the
	previou	us 5 year	rs.
		Fully in	nplemented for all required child care providers (all licensed, regulated or
		registe	red; and all (prospective and existing) child care providers eligible to provide
		care fo	r children receiving CCDF assistance). This means that the State/Territory has
		require	ements and procedures in effect, and has conducted the inter-state state sex
		offende	er registry check on all new and existing child care staff.
		i.	Describe how these requirements, policies and procedures apply to all
			licensed, regulated, or registered child care providers, in accordance with
			98.43 and 98.16(o).
		ii.	Describe how these requirements, policies and procedures apply to all
			providers eligible to care for children receiving CCDF, in accordance with
			98.43 and 98.16(o).
		iii.	List the citation:
			In progress. Check here to indicate request for time-limited waiver for this
			requirement $\ \square$ and enter the expected date of full implementation of this
			requirement Describe the status of implementation of requirements,
			policies and procedures for the search of the state sex offender registry or
			repository in each state where the staff member resided during the
			previous 5 years. At a minimum, the description should briefly summarize:
			1) efforts to date to implement the requirement for all (prospective and
			existing) licensed, regulated and registered providers; and all providers
			eligible to provide care for children receiving CCDF; 2) key activities planned
			toward implementation of this requirement; 3) key challenges to
			implementing this requirement; and 4) strategies used to address
			challenges:

<u>Child Care Licensing: Currently, Child Care Licensing conducts checks of the Nebraska Sex Offender Registry.</u>

<u>Child Care Subsidy</u>: The following verbiage is from the Child Care Subsidy Provider Agreement (form CC-9B):

The Provider understands that by signing this agreement, the Provider is giving the Department permission to conduct the following background checks:

- a) A name search with the State of Nebraska Central Registry for Adult Abuse and Neglect and Child Abuse and Neglect;
- b) A name search with the State Patrol Sex Offenders Registry;
- c) A name search with the State of Nebraska for Department of Motor Vehicles; and
- d) A name search with local or State law enforcement agencies as deemed necessary.

If the Provider has resided outside of the State of Nebraska in the last 5 years, the provider understands they will be responsible to obtain the information above from the previous State(s) at which they resided. The Provider further understands and agrees that any negative findings from the above background checks may result in the immediate termination of this Agreement.

<u>Child Care Subsidy Provider Agreement (form CC-9B). Title 391 of Nebraska Administrative Code - Children's Services Licensing: 1-006.02A, 2-006.02A, 3-006.03A, and 4-006.03A.</u>

- h) Describe the status of the requirements, policies and procedures for the search of the statebased child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.
 - XX Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). If an individual has lived in Nebraska less than 12 months, the applicant/licensee must obtain documentation of a criminal history record check from the previous state(s) of residence.

The applicant/licensee must complete a Report of Law Enforcement Contact for him/herself, if an individual or an individual in a partnership, and must obtain a completed report for each staff member and volunteer age 19 or older and each household member age 19 or older if the center is located in a private residence. The report must:

- 1. Be updated, signed, and dated annually;
- 2. Be updated any time one of these individuals is arrested, issued a citation other than a minor traffic violation, or charged with or convicted of any felony, misdemeanor, or infraction;

- 3. List all previous and pending criminal charges and arrests, both felony and misdemeanor, regardless of prosecution;
- 4. List any record of felony and/or misdemeanor charges and arrests related to crimes against children;
- 5. List any record of felony and/or misdemeanor convictions;
- <u>6. List any current or past parole or probation status, including diversion or court supervision; and</u>
- 7. List details, dates, county and state of the contact, arrest, charge, conviction, and disposition, if any.

As soon as the licensee/director becomes aware of the occurrence, s/he must notify the Department of any arrest, misdemeanor ticket other than a traffic violation, pending criminal charges, and any felony or misdemeanor convictions of him/herself, staff, volunteers, or household members if the center is located in a private residence. The licensee/director must request a criminal history record check on the individual within five working days. Failure to notify the Department of law enforcement contacts as described may result in disciplinary action.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). The following verbiage is from the Child Care Subsidy Provider Agreement (form CC-9B):

 The Provider understands that by signing this agreement, the Provider is giving the Department permission to conduct the following background checks:
 - a) A name search with the State of Nebraska Central Registry for Adult Abuse and Neglect and Child Abuse and Neglect;
 - b) A name search with the State Patrol Sex Offenders Registry;
 - c) A name search with the State of Nebraska for Department of Motor Vehicles; and
 - d) A name search with local or State law enforcement agencies as deemed necessary.

If the Provider has resided outside of the State of Nebraska in the last 5 years, the provider understands they will be responsible to obtain the information above from the previous State(s) at which they resided. The Provider further understands and agrees that any negative findings from the above background checks may result in the immediate termination of this Agreement.

iii. List the citation: Child Care Subsidy Provider Agreement (form CC-9B). Title 391 of Nebraska Administrative Code - Children's Services Licensing: 1-006.02A, 2-006.02A, 3-006.03A, and 4-006.03A.

In progress. Check here to indicate request for time-limited waiver for this
requirement $\ \square$ and enter the expected date of full implementation of this
requirement. Describe the status of implementation of requirements, policies
and procedures for the search of the state-based child abuse and neglect registry
and database in each State where the staff member resided during the previous 5
years. At a minimum, the description should briefly summarize: 1) efforts to date to
implement the requirement for all (prospective and existing) licensed, regulated and
registered providers; and all other providers eligible to deliver CCDF services (e.g.,
license-exempt CCDF eligible providers); 2) key activities planned toward
implementation of this requirement; 3) key challenges to implementing this
requirement; and 4) strategies used to address challenges:

- 5.4.2 A child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective child care staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care staff member may begin to work on a provisional basis for a child care provider after completing either a Federal Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However, the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).
- 5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?

XX No.	
Yes. Describe:	

- 5.4.4 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.
- 5.4.5 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)). In-state Nebraska Central Registry of Child Abuse and Neglect and Nebraska Central Registry of Adult Abuse is requested electronically on-line at: http://dhhs.ne.gov/children_family_services/CentralRegistry/Pages/Home.aspx.Results are received well under 45 days. Nebraska Sex Offender Registry is a public website at: https://sor.nebraska.gov/. Results are received upon review. In-state Nebraska Criminal History reports are requested electronically at: https://www.nebraska.gov/clickBackground/. Results are received well under 45 day

5.4.6 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory's option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

5.4.7	Does the state/territory disqualify child care staff members based on their conviction for othe
	crimes not specifically listed in 98.43(h)?

	N	_
	ıvı	()

- Adult abuse;
- <u>Driving under the influence: two or more DUI charges are pending, or convictions have occurred within the last five years, or two of any combinations of DUI charges pending or convictions occurred within the last five years;</u>
- Shoplifting after age 19 and within the last three years;
- Felony fraud within the last ten years;
- Misdemeanor fraud within the last five years;
- Termination of provider status for cause from any DHHS program within the last ten years;
- Possession of a controlled substance with intent to deliver within the last ten years;
- Prostitution or solicitation of prostitution within the last five years; or
- Felony or misdemeanor robbery or burglary within the last ten years.

<u>Draft regulations will include Arson as a disqualification for current CCDF/Subsidy providers and staff.</u>

General Criminal History: Department staff must not have a Child Care Provider Agreement with a potential individual provider if a history of convictions for misdemeanor or felony actions that endanger the health and safety of any client is indicated. This includes crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, or crimes involving moral turpitude on the part of the potential provider.

<u>Title 391 of Nebraska Administrative Code - Children's Services Licensing: In addition to the crimes listed at 98.43(h), the Lead Agency denies or terminates CCDF/Subsidy providers with conviction has also occurred in the following areas:</u>

- Permanent Child Care Disqualification:
 - Aggravated or armed robbery;
 - Assault, first or second degree;
 - Child abandonment;
 - Exploitation of a minor involving drug offenses or conviction of drug offenses that involved a minor;
 - Felony controlled substances offenses, other than possession;
 - Felony violation of custody; or
 - o Incest.
- Twenty-Year Disqualification:
 - Criminal non-support;
 - Felony possession of controlled substance offenses;
 - Felony theft; or
 - o Robbery.
- Five-Year Disqualification:
 - Burglary;
 - Driving under the influence: two or more convictions;
 - Felony bad check writing;
 - Misdemeanor controlled substances offenses;
 - o Misdemeanor contributing to the delinquency of a child; or
 - Misdemeanor theft.

<u>Draft regulations will include Arson as a disqualification for current License Child Care providers and staff.</u>

An individual is permanently disqualified from holding a child care license or working as a staff member or volunteer in a child care center if s/he has a criminal history that includes conviction of any unlawful act endangering the health or safety of another individual. Such convictions include crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the sale, distribution or procurement of a controlled substance, or crimes involving moral turpitude on the part of the individual.

5.4.8 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2–4)). Child Care Subsidy Program: An appeal process, allowing individuals to challenge the accuracy or completeness of their criminal background check, is in draft form, pending regulatory process. Anticipated completion date is September 30, 2018.

Child Care Subsidy Licensing: The Administrative Procedure Act in §71-1916 #5, allows for an appeal process for licensed individuals to challenge the accuracy of completeness of their criminal background check.

- 5.4.9 The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)). Currently there are no fees associated with criminal background checks.
- 5.4.10 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from background checks?

Ju	onground encode.
	XX No, relatives are not exempt from background check requirements.
	Yes, relatives are exempt from all background check requirements.
	Yes, relatives are exempt from some background check requirements. If the state/territory
	exempts relatives from some background check requirements, describe which background
	check requirements do not apply to relative providers

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Describe how the state/territory developed its training and professional development Each State or Territory must describe their professional development framework for training,

professional development, and post-secondary education, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework. Describe how the state/territory's framework for training and professional development addresses the following required elements:

- State/territory professional standards and competencies. Describe: Nebraska has created a set of Core Competencies for Early Childhood Professionals. This document outlines the knowledge and skills needed to effectively work with children ages birth to five years. This document contains nine Core Competency areas:
 - Child Growth and Development;
 - Health, Safety and Nutrition;
 - Learning Environments;
 - o <u>Planning Learning Experiences/Curriculum;</u>
 - Interacting with Children and Providing Guidance to Children;
 - Observation, Documentation, and Assessment;
 - Partnerships with Families and Communities;
 - o Professionalism and Leadership; and
 - Administration, Program Planning, and Development.

The current Competencies are divided into 6 levels. The levels range from Level 1: skills and knowledge that anyone entering the field should have, to level 6: skills and knowledge one would expect to see in someone having an advanced degree in an early childhood area. The competencies can be found here:

https://2x9dwr1yq1he1dw6623gg411wpengine.netdnassl.com/wpcontent/uploads/201 7/07/professional corecomp.pdf The Core Competencies are currently being revised. The revised Competencies should be completed in late 2018. After revision, training will be created and provided across the state to assist professionals and supervisors in the use of the revised Core Competencies for professional growth.

Nebraska also has a set of School-age and Youth Development Core Competencies that was completed in 2010. *The School-Age and Youth Development Core Competencies* include six areas of competency. These are:

- o Growth and development;
- Health;
- Relationships;
- Learning;
- o Professionalism; and
- Administration.

- The Core Competency areas are divided into three levels: entry, intermediate, and advanced. This document can be found at the following web address: https://2x9dwr1yq1he1dw6623gg411wpengine.netdnassl.com/wpcontent/uploads/2017/07/school_age_core_comp_2010.pdf
- Career pathways. Describe: Nebraska's Career Pathway is described in the Early Childhood Education Career Advising Guide. The pathway begins with a high school diploma and progresses through individual training/workshops, the Child Development Associate, certificate/diploma programs, Associate Degrees, Bachelor's degrees, Post Bachelor's Degree specializations and endorsements, Master's Degrees and Graduate Level teaching endorsements, and ends at Doctoral degrees. Lifelong learning is stressed at all levels and all start with a strong foundation in early childhood education in which research informed practices are embedded. Information about career development in early childhood education can be found on the Nebraska Department of Education website at this address: https://2x9dwr1yq1he1dw6623gg411-wpengine.netdnassl.com/wpcontent/uploads/2017/07/NE Career Advising Guide 121 1.pdf. The Career Advising Guide will be updated to reference the new Core Competencies as soon as they are completed.
- Advisory structure. Describe: The Nebraska Early Childhood Interagency Coordinating
 Council (ECICC) provides recommendations for the professional development system.
 The ECICC is charged with advising the Governor and state agencies with issues related
 to early childhood education and care. It is the designated State Advisory Council (SAC)
 for Nebraska, as well as the state Interagency Coordinating Council (ICC) for IDEA part C.
 ECICC prepares a biennial report with recommendations for the Governor and the state
 agencies. The ECICC also advises state agencies on strategic plans, reports to federal
 agencies, and state regulations and policies. ECICC meets four times per year and its
 members are appointed by the Governor from applicants meeting criteria for
 membership.
- Articulation. Describe: The Nebraska Early Childhood Career Development Coordinator,
 housed at the Early Childhood Training Center (ECTC) facilitates a group of early
 childhood educators representing Nebraska two-year colleges. This group coordinates
 and aligns early childhood course offerings across the campuses of the Nebraska
 Community College system. Additionally, the Career Development Coordinator works
 with the Buffett Early Childhood Institute in an attempt to bring two-and four-year
 institutions together to ease articulation issues.
- Workforce information. Describe: Nebraska has created a professional registry for early childhood education and care providers. Several phases of the Nebraska Early Childhood Professional Record System (NECPRS) have been built. The system is available for early childhood education and care providers to create and maintain their personal education and training record. As of March 29, 2018, 6,693 early childhood professionals had records in NECPRS. The system also contains a statewide, searchable, training calendar in which early childhood training approved by the Early Childhood

Training Center is posted. NECPRS is tied to Step Up to Quality, Nebraska's Quality
Rating and Improvement System and tracks progress of programs participating in Step
Up to Quality. NECPRS is able to track salaries and benefits for early childhood education
and care providers. This information is voluntary and is self-reported by programs. At
this time, there is no way for the Nebraska Department of Education (NDE) or
Department of Health and Human Services to verify the self-reported financial data.
The system will eventually be able to link to the Nebraska Teacher Education
certification system and the Nebraska ADVISOR –NDE's Student and Staff Record
System.

Financing. Describe: <u>The Lead Agency provides CCDF funding to support T.E.A.C.H Early Childhood Scholarship</u>. There are other private and public funding sources who support TEACH Scholarships.

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

\square Continuing education unit trainings and credit-bearing professional development to the
extent practicable. Describe:
☐ XX Engagement of training and professional development providers, including higher
education, in aligning training and educational opportunities with the state/territory's
framework. Describe: Nebraska's seven regional Early Learning Connection Partnership
(ELCs) cover the entire state and are comprised of a coordinator, employed by an
Educational Service Unit (and paid for by CCDF subgrant funds) and partners who are
stakeholders in the early childhood education and care system of Nebraska. The
partners include representatives from 2 and 4 year institutions of higher education,
school district early childhood/primary/and out of school time programs, Head start
grantees, community child care providers (both center-based and family child care),
health care providers, trainers, and other related service providers. All training that is
advertised in ELC partnership newsletters or on the statewide training calendar, lists the
area of core competency that the training relates to as well as the level of complexity of
the training.
Other. Describe:

6.1.2 Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff. As reported previously, ECICC is the statewide advisory body identified by the Governor as the SAC. ECICC provides recommendations for the professional development system. The 2018 Report to the Governor, including ECICC's recommendations for 2018 has not been completed. However, the 2016 recommendations include the following professional development related items.

Recommendation #1: Recruit, Train and Retain Enough Highly Skilled Early Childhood Professionals to Meet Statewide Needs

Nebraska does this in the following ways:

- Coaching Initiatives: Coaching through the Step Up to Quality program. Early Childhood programs, both family child care homes and center-based programs who have completed the training requirements for Step 2, are eligible to receive a trained coach at no cost to the program. As of 3-29-18 there were 88 programs actively receiving coaching. As of that date 114 programs have received coaching through Nebraska's young quality rating and improvement system.
- The Early Childhood Education Endowment, commonly known as Sixpence, is a public-private program providing grants to school districts for high quality infant and toddler center and home-visiting programs. Recent legislation has expanded the Sixpence program to use CCDF infant/toddler funds for school district child care partnerships (CCP). These CCP programs require school districts to partner with center-based or family child care programs to improve the quality of care for infants and toddlers. All programs participate in Step Up to Quality and the school district employed coach participates in coach training and reflective practice with the state Step Up to Quality Coach Coordinator. Currently, the Sixpence CCP program provides coaching to 17 centers or family child care homes.
- The Nebraska Nurturing Healthy Behaviors grant combines state general fund dollars with private foundation money to improve the quality of early childhood education and care programs within the context of social-emotional health. The Nurturing Healthy Behaviors grant works with local communities to support social emotional health through parent engagement (via Circle of Security Parenting) mapping of community resources and coaching through the Pyramid Model for social and emotional competence in child care centers and family child care homes. Coaches for this initiative have received the same Nebraska Coach training that Step Up to Quality and Sixpence coaches have received. By the end of 2017, child care providers in 55 programs have received coaching for quality improvement.
- Nebraska Early Childhood Pyramid Model for Supporting Social/Emotional Competence (EC-PBIS). The Pyramid model training is done program-wide through an Implementation Academy, followed by implementation training and coaching through a train-coach-train model. School districts and Head Start programs have participated in this process.
- Nebraska has a coach coordination team that meets regularly to plan training and ensure that programs are aligned and resources are being used wisely.
- <u>Licensing required training- State Legislation requires licensed child care providers to</u>
 take the following training series which have been developed by state staff from NDE
 and DHHS as well as outside experts in the respective fields.
 - Safe with You

- Getting Down to Business for family child care, or Management Training for directors of centers
- <u>Early Learning Guidelines</u>
- Early Childhood Training Center/(NDE/DHHS) created training
 - Curriculum 101: a face to face training designed to help child care providers understand active learning, ways to identify an appropriate curriculum, and how to implement curriculum in their program.
 - <u>First Connections</u>: an online multifaceted comprehensive training offering education about infants and toddlers and is available to teachers, caregivers, parents and others.
 - Nebraska Home Visiting Core Practices and Principles: and online training consisting of seven core modules for working with families in the home
 - <u>Project PARA:</u> a web-based training program for paraeducators to assist them in developing core knowledge and skills needed for effectively assisting a teacher with early childhood classroom instruction.
 - Read for Joy: Early Language and literacy training for parents and early childhood professionals.
 - <u>School-Age Connections</u>: online training designed to assist providers in the development and implementation of school-age programming for out-of-school time.
 - Supervision of Children: training that will assist child care providers understand
 the importance of appropriate supervision of young children and assist early
 childhood staff in improving the safety and security of children in their care.
 Two versions are available. One version is for child care centers and home
 providers who want to improve their skills. The other version is for child care
 centers or home providers who have had a verified lapse in supervision and are
 being required to take the training to ensure that children are safe in the care of
 the program.
 - Working with Children and Families Experiencing Homelessness: training that will assist child care providers to understand the nature of homelessness and needs of homeless and near homeless children and their families.
- Early Childhood Training Center Approved training:
 - By statute, the ECTC must approve training that is used to satisfy child care
 licensing criteria for required training, annual in-service, and training needed for
 participation or advancement in Step Up to Quality. Trainers wishing to provide
 training for licensing credit, submit their training plans to ECTC. Staff review the
 training outline for alignment with the Nebraska Early Learning Guidelines and
 Core Competencies, accuracy of information and length.
- Automatically Accepted training:
 - The Early Childhood Training Center maintains a list of education and training providers that provide training which will be automatically accepted by ECTC. These entities include institutions of higher education including Nebraska Extension Services Learning Child team, branches of state government (Nutrition services, DHHS trainings etc) and training sponsored by the Early Learning Connection Partnerships, Planning Region Teams, and Head Start and others.
- Independent study:

 Child Care providers may watch a curated set of training videos, or read professional materials to gain credit. After watching or reading the materials, an in-depth set of questions is answered to promote retention and use of the information accessed. Responses are carefully evaluated for accuracy and clarity.

Recommendation #2 Focus on Infants and Toddlers and Their Families:

- Support professional development that builds the unique skill set and knowledge base necessary to work with infants and toddlers.
 - See -First Connections, Independent Study, Safe With You, automatically Accepted training, and training approval above.

6.1.3		ntify how the framework improves the quality, diversity, stability, and retention of
	care	egivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.
		$\underline{\textbf{XX}} \textbf{Financial assistance to attain credentials and post-secondary degrees. Describe:} \underline{\textbf{Nebraska}}$
		provides several sources of funding to support T.E.A.C.H.Early Childhood ®scholarships.
		Federal CCDF funds support approximately 90 to 100 TEACH scholars quarterly. State funding supports 25 to 35 TEACH scholars who work in programs participating in Step Up to
		Quality. Finally, a private funder supports approximately 50 scholars working in initiatives
		supported by the Buffet Early Childhood Institute programs.
		XX Financial incentives linked to educational attainment and retention. Describe: Individuals
		working in programs participating in Step Up to Quality may be eligible to receive a
		refundable tax credit based on the provider's level of education, number of clock hours of
		training received annually, and length of time employed in a Step Up to Quality program. A level 1 tax credit is eligible for \$500, a level 4 tax credit is eligible for \$1,500 per year.
	_	
		XX Financial incentives and compensation improvements. Describe: TEACH Early Childhood scholarships are available to infant and toddler providers. TEACH contracts stipulate that at
		the successful end of every contract, the TEACH Scholar receives either a raise or a bonus.
		Registered apprenticeship programs. Describe:
		Outreach to high school (including career and technical) students. Describe:
		Policies for paid sick leave. Describe:
		Policies for paid annual leave. Describe:
		Policies for health care benefits. Describe:
		Policies for retirement benefits. Describe:
		XX Support for providers' mental health, such as training in reflective practices and stress-
		reduction techniques and health and mental health consultation services. Describe: Child
		Care Programs participating in Nurturing Healthy Behaviors and Step Up to Quality have
	_	access to coaches trained in reflective practice.
	Ш	Other. Describe:
6.2	Trainir	ng and Professional Development Requirements

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing requirements designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

- 6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development requirements (98.44(b)(2)(ii)). Nebraska statute, and licensing standards require providers to take training on the Early Learning Guidelines and Safe with You. Over time providers are to get training on each of the 7 domains of the ELGs, those domains are Language and Literacy Development, Health and Physical Development, Approaches to Learning, Social and Emotional development, Creative Arts, Science, and Mathematics. Safe with you is Nebraska's health and safety training. It covers general health and safety topics, detecting child abuse and neglect, ways to ensure that the providers does not engage in abusive behavior. Behavior intervention is not a required topic for Licensing. However, it is a highly sought after training. Nebraska has invested heavily (with multiple sources of funding) in the Pyramid Model. Many Schools and Head Start Programs implement Pyramid program wide. A state funded initiative provides Pyramid model (plus other social, emotional initiatives) to community child care programs, and the University of Nebraska Extension, Learning Child team provides an introduction to Pyramid through a training called Solid Rock which is available across the state.
- 6.2.2 Describe how the state/territory's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). Tribal lands are located within one ELC. The Northern ELC partners with the following tribal entities: Oman'hon' Nation Head Start, Santee Sioux Head Start, Educare in Winnebago. The following Tribal Health Departments are also part of the Northern ELC partner network: Winnebago, Oman'hon', Santee Sioux, and Ponca. Finally, the ELC partners with the Nebraska Indian Community College. Through these partnerships, training is scheduled to meet the needs of tribal child care providers, schools serving children of Native American heritage, and the tribal communities of Nebraska.
- 6.2.3 Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)). The Early Childhood

 Training Center works with several community centers in Omaha metro area (the largest metropolitan area) to ensure training is accessible to providers for whom English is not their primary language. Two of the community centers predominately work with the Spanish speaking

population. A third, Heartland Family Service serves a clientele of families and child care providers either from Myanmar and speak Burmese or Karen, or Southeast Asia and speak Hmong. The ECTC approves training for these entities, and provides as many translated resources as possible. The NDE has identified several qualified translators who are being contracted to translate materials into Spanish. NDE is working with the centers and others to find qualified translators for Karen, Hmong, and Arabic. The Midlands Latino Community Development Corporation works with the ECTC to provide training and resources for non-English speakers wanting to work in child care to get licensed and trained. This work will continue.

Additionally, NDE works with schools across the state with large ELL populations to try to identify persons who are multi lingual, preferably from non-English speaking cultures who interested in becoming trainers.

The Nebraska Professional Records System has modified processes for persons with disabilities to ensure their successful participation. Web materials are created to be ADA compliant. Interpreters for providers who are deaf or hard of hearing are available to sign for required trainings.

- 6.2.4 If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages. Lead Agency provides some materials in Spanish. NDE/ECTC translates training materials for child care providers. Spanish is the most requested language, others are Arabic, and Hmong.
- 6.2.5 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii–iv)).
 - Materials and concepts taught in licensed required training are inclusive in nature.
 Materials are created to support inclusivity, with regard to socioeconomic level, culture, language, and ability.
 - Nebraska has an Early Childhood inclusive teaching certificate. This credential prepares
 teachers to meet the needs of children birth through grade 3 who are either typically
 developing or who have a range of abilities. IHE's can offer concentrations of either
 birth to age 5 or age 3 through grade three for students choosing this endorsement.
 - Specific resources such as CARA's Kit are available to child care providers through training across the state.
 - The ELC's partner with local Early Childhood Planning Region Teams to coordinate training for providers serving children with disabilities and their families.

- Training for providers who serve or may serve children who are homeless or living inhome with insecure housing is available across the state.
- Training for providers on working with families in poverty (Bridges out of Poverty) continues to be brought to Nebraska by state and regional human service providers.
- 6.2.6 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c)(3)(B)(i)).
 - a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2). The ECTC has created a training entitled Working with Children and Families Experiencing Homelessness. It has been offered in several places across the state. ECTC staff are working with the Early Learning Connection Coordinators across the state to offer it in each region. A train-the trainer model will be implemented to ensure that the training is available.
 - b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2). Lead Agency staff who may work with homeless children and their families receive extensive training on all Economic Assistance Programs offered from ACCESSNebraska. This allows staff to provide all resources for all programs to homeless families. The Lead Agency also offers an array of trainings to staff to help them understand diversity in the population they are working with. Questions specific to homelessness are asked by Lead Agency staff when interviewing and working with families applying for services.
- 6.2.7 The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

Issue policy change notices
XX Issue new policy manual
XX Staff training
Orientations
XX Onsite training
Online training
Regular check-ins to monitor the implementation of CCDF policies
The type of check-ins, including the frequency. Describe:
XX Other. Describe: Random monthly reviews are completed. If issues are found, the
Resource Developer will schedule a meeting with the provider to discuss concerns and
provide additional training.

6.2.8 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a) Identify the strategies that the state/territory is developing and implementing for training and TA. The Management Training Program – for directors of child care centers, and the Getting Down to Business training series for family child care providers are business trainings. Required for child care licensing, and embedded into Step 2 of Step Up to Quality. The training series' are offered in each region of the state multiple times each year. Leadership Academy Project – to increase knowledge skills and abilities of child care program directors within Nebraska by building upon their strengths, presenting new research, resources and by cultivating new leaders for early childhood care through the quality improvement of the Nebraska Association for the Education of Young Children Inc. (NeAEYC) Leadership Academy.

b)	Check the topics addressed in the state/territory's strategies. Check all that apply.
	☐ XX Fiscal management
	□ XX Budgeting
	□ XX Recordkeeping
	☐ XX Hiring, developing, and retaining qualified staff
	□ XX Risk management
	☐ XX Community relationships
	☐ XX Marketing and public relations
	☐ XX Parent-provider communications, including who delivers the training, education,
	and/or technical assistance
	Other. Describe:

6.3 Early Learning and Developmental Guidelines

- 6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. *Note:* States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.
 - a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry. The Nebraska Early Learning Guidelines for Children Birth to age 3 and The Nebraska Early Learning Guidelines for Children 3 to 5 have been revised and updated into a single document. Early Learning Guidelines for Children Birth to age 5 is aligned with the Head Start Child Development and Early Learning Framework, Nebraska's Kindergarten Standards in English Language Arts, Mathematics, and Science. The revision

was led by Dr. Michelle Rupiper, retired Associate Professor and assistant Chair of the Child, Youth and Family Studies Department at the University of Nebraska- Lincoln. The revisions were then reviewed by early childhood/early childhood special education specialists; K-12 English language arts and Mathematics specialists; and infant/toddler specialists. Additionally, research-based information was added to assist adults working with children who are dual language learners, and/ or children with special needs to ensure that all children are included and served appropriately.

- b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry. See above
- c) Check the domain areas included in the state/territory's early learning and developmental guidelines. Check all that apply.

XX Cognition, including language arts and mathematics
XX Social development
XX Emotional development
XX Physical development
XX Approaches toward learning
XX Other, Describe: Creative Arts, Science

- d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC. The ECTC is part of the Nebraska Department of Education. The ECTC has managed the revision process for Nebraska's Early Learning Guidelines. The ECTC is also spearheading the development of a new training curricula for providing professional development on the Guidelines. Applicants from each of the Early Learning Connection Regions applied to train the new material. Invitations were extended to successful applicants and a Train the Trainer Model was used to ensure that trainers are fully prepared to train early childhood providers in the new content. Updates were provided to the ECICC periodically about the revision process for the new Guidelines. ECICC members were also asked to provide comment regarding the new content.
- e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates. The Nebraska Early Learning Guidelines for Children Ages 3 to 5 was first published in 2003 and The Nebraska Early Learning Guidelines for Children Birth to Age 3 was first published in January of 2005. Several minor revisions were made in the next dozen years. The ELGs were combined into one document during the most recent revision in 2018.
- f) Provide the Web link to the state/territory's early learning and developmental guidelines. https://www.education.ne.gov/oec/early-learning-guidelines/
- 6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:
 - Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
 - Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used. <u>The Nebraska Early Learning Guidelines</u> (ELGs) are considered a foundational child development resource for early childhood education and care providers.

- Nebraska Department of Health and Human Services requires early education and care staff who work in licensed programs receive training on the ELCs.
- <u>Early Childhood Education and Care programs</u> (for children from birth to Kindergarten entrance age) operated by schools or ESUs are required to use curricula that is aligned to the ELGs.
- Training on the ELGs is written into Step 2 (out of 5) of Step Up to Quality.
- 6.3.3 If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)). By FFY 2021, 15% of the licensed child care programs will be rated at a Step 2 or above in Step Up to Quality. By FFY 2021, at least 95% of child care licensing inspections will have no violations related to staff ELG requirements.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

- 1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
- 2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
- 3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

Supporting the training and professional development of the child care workforce

- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child wellbeing, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)).

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). The Statewide Early Learning Connection Partnerships engage in an annual needs assessment. The ELCs use information from training evaluations, as well as surveys of partners, and annual partnership engagement to determine the saturation level of state required trainings, as well as training needed in local areas to increase provider competency and program improvement.
- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. Several common themes were identified through the Early Learning Connection Partnerships' assessments. All regions identified that focusing on licensing required training is still a priority for those who are still working to meet deadlines and due to ongoing staff turnover. Other commonly requested topics noted in the assessments included next level trainings of license required topics, social emotional development, trauma informed care, training on common classroom assessment tools, training that is specific to the program type (home visiting, infant/toddler, school age, etc.), and CDA series. Overarching goals throughout

the state involved seeking more collaboration between agencies/quality initiatives, series training that emphasizes higher level learning, and embedding topics like mental health, inclusion, and diversity/cultural awareness into all early childhood training.

7.2 Use of Quality Funds

7.2.1	Check	the qu	uality improvement activities in which the state/territory is investing.
	□ If		supporting the training and professional development of the child care workforce ed, respond to section 7.3 and indicate which funds will be used for this activity.
	Cl	heck al	ll that apply.
			XX CCDF funds
			XX Other funds
			Developing, maintaining, or implementing early learning and developmental
		_	elines. If checked, respond to section 6.3 and indicate which funds will be used for
			activity. Check all that apply.
			XX CCDF funds
	_		XX Other funds
			Developing, implementing, or enhancing a tiered quality rating and improvement
		-	em. If checked, respond to 7.4 and indicate which funds will be used for this activity.
			ck all that apply.
			XX CCDF funds XX Other funds
			mproving the supply and quality of child care services for infants and toddlers. If
			cked, respond to 7.5 and indicate which funds will be used for this activity. Check all
			apply.
			XX CCDF funds
			XX Other funds
			blishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If
			cked, respond to 7.6 and indicate which funds will be used for this activity. Check all
			apply.
			CCDF funds
			Other funds
		1 <u>XX</u> F	acilitating compliance with state/territory requirements for inspection, monitoring,
		trair	ning, and health and safety standards (as described in section 5). If checked, respond
		to 7	.7 and indicate which funds will be used for this activity. Check all that apply.
			XX CCDF funds
			XX Other funds
		l Eval	uating and assessing the quality and effectiveness of child care services within the
			e/territory. If checked, respond to 7.8 and indicate which funds will be used for this
		activ	vity. Check all that apply.
			CCDF funds
			Other funds

		Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply. CCDF funds Other funds
		 XX Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply. XX CCDF funds XX Other funds
		Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply. CCDF funds Other funds
	upportin uality Fu	g Training and Professional Development of the Child Care Workforce With CCDF nds
	educat	gencies can invest in the training, professional development, and post-secondary on of the child care workforce as part of a progression of professional development es, such as those included at 98.44 in addition to the following (98.53(a)(1)).
7.3.1		e how the state/territory funds the training and professional development of the child orkforce.
	•	eck and describe which content is included in training and professional development ivities and describe who or how an entity is funded to address this topic. Check all that ply.
		XX Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe:
		o Training that is approved for child care providers is aligned with the <i>Nebraska</i>
		 Early Learning guidelines. The training approval system is funded through CCDF Go NapSaCC nutrition training is embedded into Step Up to Quality. It is offered
		across the state when requested and is also offered online. This is funded through Nebraska Department of Education, Office of Nutrition Services and the University of Nebraska-Lincoln.
		 Rock Solid, a training created by Nebraska Extension, using research-based information from the former Center on Social Emotional Foundations for Early Learning-Pyramid is available to child care providers. Funded through the University of Nebraska Extension.

	0	<u>Early Learning Guidelines Health and Physical Development domain training is</u>	
		held across the state and will be funded from CCDF and private sources.	
	XX_Imp	lementing behavior management strategies, including positive behavior	
	interve	ntions and support models that promote positive social-emotional development	
	and ea	rly childhood mental health and that reduce challenging behaviors, including a	
	reducti	on in expulsions of preschool-age children from birth to age 5 for such behaviors.	
	(See als	so section 2.5.) Describe:	
	0	PTR-YC training is funded through IDEA Part B.	
	0	Rock Solid training is provided (see above).	
	0	Pyramid Model implementation training is held for School District, Head Start,	
		and child care programs across the state and is funded from IDEA Part B funds,	
		Federal Head Start funds, state general funds, and private sources.	
	XX_Eng	aging parents and families in culturally and linguistically appropriate ways to	
	expand	I their knowledge, skills, and capacity to become meaningful partners in	
	suppor	ting their children's positive development. Describe:	
	0	Circle of Security is provided to parents across the state through private funding.	
	0	Family learning activities are held in communities across the state through	
		Nebraska Educational Television funds, CCDF funds, Federal Title I, and Local	
		School District funds, Head Start/Early Head Start, and Sixpence (Nebraska Early	
		Childhood Education Endowment public and private funds)	
		tion, and evidence-based curricula and designing learning environments that are	
	aligned	with state/territory early learning and developmental standards. Describe:	
	0	Curriculum training for implementation of Creative Curriculum is offered across	
		the state through state general funds and CCDF.	
	0	Curriculum 101 - Training about identifying developmentally appropriate,	
		aligned curriculum and using appropriate curriculum is provided through CCDF	
		funds and state general funds.	
П		ng onsite or accessible comprehensive services for children and developing	
		unity partnerships that promote families' access to services that support their	
_		n's learning and development. Describe:	
		ng data to guide program evaluation to ensure continuous improvement.	
	Describ		
	0	Individual program level: Nebraska promotes the use of program quality	
		measures (ERS and CLASS program quality tools). A significant infrastructure	
		has been created to support several levels of trained observers. Staff from child	
		care can attend specific training designed for the participant to learn about one	
		or more of the ERS tools. A second level of training allows participants to learn	
		about the chosen scale in greater depth. Finally, participants have the	
		opportunity to train and then achieve reliability with an anchor. For the CLASS	
		tools, introductory training is offered and then participants can take the CLASS	

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reliability assessment. A state infrastructure is in place to ensure reliability for

the CLASS tools as well. Observers using CLASS for step ratings in Step up to Quality or in school districts reach a higher level of reliability. Nebraska requires the use of anchors for CLASS tools. These anchors have reached reliability in a double coding system created by the authors of the CLASS tools. Step Up to Quality has embedded the use of program quality tools into the criteria of the steps. The infant/Toddler Quality initiative uses the ERS tools to measure program quality and as a baseline for program improvement.

- The implementation of Step Up to Quality is being evaluated by a private contractor. The evaluation is using data collected from child care providers across the state. This information is being used to alter policies, improve clarity of documents, and help the Step Up to Quality team determine areas of strength and areas for improvement.
- Child care training is evaluated by participants at each training session. The evaluations are collected electronically and the data are used to provide feedback to the trainer and to the ECTC. Additionally, the ECTC contracts with individuals to attend training across the state and evaluate the training curriculum, and provide input on the strengths and areas for improvement of the trainer.
- Early Learning Connect Partnerships conduct annual needs assessments which inform the training offerings for the next year.
- □ XX Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: State level partners, including DHHS and NDE work with the Nebraska Children and Families foundation, Buffett Early Childhood Institute, the Nebraska early Childhood Collaborative, and school districts and Head Start programs to support programs and services in areas with concentrations of poverty.
 - Omaha Area Superintendent's plan- state legislation allowed public funding in the Omaha metropolitan area to be used for a plan to be created by the school superintendents in the Omaha metropolitan area. This area is home to the largest concentration of children in poverty. The plan is specifically meet the needs of children birth through 3rd grade and their families.
 - Educare- Nebraska is home to 4 nationally recognized Educare early childhood schools serving children from birth to kindergarten. They are full day, full year programs. They specifically serve children in poverty. Two Educare schools are located in Omaha, a third is in a low income part of Lincoln, and the fourth is located on tribal lands.
 - Nebraska Early Childhood Collaborative This is a privately funded effort to provide direct early childhood services, as well as coaching and other supports to providers working in high poverty areas of the Omaha area.
 Legislation by the Nebraska Unicameral has enabled CCDF quality set aside money to be used to fund new grants from the Nebraska Early Childhood Education Grant Program for children birth to age 3 (commonly known as

Sixpence. This legislation will require local school districts to partner with community child care homes or child care centers to improve the quality of child care for infants and toddlers. The grants are competitive and awarded to the best proposals serving children who are most at risk. Sixpence programs are also required to participate in Step Up to Quality.

- Step up to Quality is mandatory for programs receiving more than \$250,000 per year in child care subsidy. This ensures that programs serving large concentrations of children of low income will participate in quality improving initiatives.
- ☐ XX Caring for and supporting the development of children with disabilities and developmental delays. Describe:
 - SpecialCare, a curriculum for child care providers that focuses on reducing the barriers to full inclusion of children with disabilities, is being revised. It will be available to child care providers across the state. This training curriculum is funded through CCDF and IDEA Part C.
 - Planning Region Teams from across the state periodically provide training on including children with disabilities - funded through Federal IDEA Part C funds.
 - Nebraska also supports the dissemination of Cara's Kits and the TAM
 Technology fan (produced by the technology and Media division of the Council for Exceptional Children). These resources assist early education and care providers in working through decisions regarding supports for children with disabilities to enable them to participate fully in early childhood programs.
 - The NDE Offices of Early Childhood Education and Special education work in collaboration with DHHS and Educational Service Units (ESUs) to provide coaching supports for teachers of young children. These are funded through Federal IDEA funds and state general funds.
- ☐ XX Supporting the positive development of school-age children. Describe:
 - Beyond School Bells, a network for out of school time providers offers training for staff serving school age children – funded through private grants, and CCDF funds.
 - NDE provides 21st Century Learning Community grants to local school districts to provide programs and services for out-of-school time. NDE provides training for 21st Century Learning staff. – Funded through Federal 21st Century (Title) funds.
 - School-age Connections, an online proctored training for out of school time providers is available across the state. Funded through CCDF.

	providers is available across the state. Funded through CCDF.
	□ Other. Describe:
၁)	Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply.
	\square Coaches, mentors, consultants, or other specialists available to support access to post-
	secondary training, including financial aid and academic counseling

		Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
	Г	1 XX Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
		Other. Describe:
7.3.2	Descr	ibe the measureable indicators of progress relevant to this use of funds that the
	state	territory will use to evaluate its progress in improving the quality of child care programs
	and s	ervices within the state/territory and the data on the extent to which the state or territory
	has m	net these measures. Number of TEACH Early Childhood scholarships will be tracked.
	Numl	per of individuals accessing training will be tracked through training participation logs.
7.4 C	uality l	Rating and Improvement System
	Lead	Agencies may respond in this section based on other systems of quality improvement, even
		called a QRIS, as long as the other quality improvement system contains the elements of a
	QRIS.	
7.4.1	Does	your state/territory have a quality rating and improvement system?
		XX Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available. Step Up to Quality is jointly administered through the Nebraska Departments of Health and Human Services and Department of Education, Office of Early Childhood Education. A leadership team of individuals, key to the operation of the initiative meet regularly. They include staff from NDE, Step Up to
		Quality team, DHHS child care subsidy, and child care licensing.
		http://www.education.ne.gov/StepUptoQuality/
		Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.
		If Yes, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Nebraska will increase the number of programs rated at a level 3, 4, or 5 by 25% by 2021.
		No, but the state/territory is in the QRIS development phase.
		No, the state/territory has no plans for QRIS development.
7.4.2	QRIS	participation.
	a) A	re providers required to participate in the QRIS?
		Participation is voluntary.

			XX Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). Participation is voluntary except for a few categories. Child care programs receiving \$250,000 in child care subsidy annually must participate. Center-Based Nebraska Early Childhood Education Endowment (Sixpence) programs for children birth to age 3 must participate. Also, Sixpence School District/Child Care Partnership programs must participate. Participation is required for all providers.
	b)		ich types of settings or distinctive approaches to early childhood education and care ticipate in the state/territory's QRIS? Check all that apply.
			XX_Licensed child care centers XX_Licensed family child care homes License-exempt providers XX_Early Head Start programs XX_Head Start programs XX_State prekindergarten or preschool programs XX_Local district-supported prekindergarten programs XX_Programs serving infants and toddlers Programs serving school-age children XX_Faith-based settings XX_Tribally operated programs Other. Describe:
7.4.3	Sup	por	t and assess the quality of child care providers.
	The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. <i>Note:</i> If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assis in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.		
			state/territory's quality improvement standards align with or have reciprocity with any of owing standards?
			No. XX Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply. Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system).

		Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
		Programs that meet national accreditation standards are able to meet all or part of
		the quality improvement standards (e.g., content of the standards is the same, an
		alternative pathway exists to meeting the standards).
		XX Other. Describe: Head Start/Early Head Start, Nationally Accredited, and School
		District programs may enter at a Step 3. These programs create a portfolio to
		identify which points the entity is pursuing if the programs choose to become a Step
		4 or Step 5 rated provider. There are recriprocal program quality observation
		agreements in some areas to reduce duplicative observations.
		None.
7.4.4		re/territory's quality standards build on its licensing requirements and other
	regulatory	requirements?
	□ No	
		Yes. If yes, check any links between the state/territory's quality standards and
	lice	ensing requirements.
		XX Requires that a provider meet basic licensing requirements to qualify for the
	_	base level of the QRIS.
		Embeds licensing into the QRIS.
		State/territory license is a "rated" license.
		XX Other. Describe: Training requirements for licensing are with an accelerated
		timeline are embedded in Step 2.
		Not linked.
7.4.5	full diversit	tate/territory provide financial incentives and other supports designed to expand the cry of child care options and help child care providers improve the quality of services ovided through the QRIS.
	□ No.	
		s. If yes, check all that apply.
		XX One time grants, awards, or bonuses
		Ongoing or periodic quality stipends
		XX Higher subsidy payments
		XX Training or technical assistance related to QRIS
		XX Coaching/mentoring
		Scholarships, bonuses, or increased compensation for degrees/certificates
		XX Materials and supplies
		Priority access for other grants or programs
		XX Tax credits (providers or parents)
		Payment of fees (e.g., licensing, accreditation)

Other:	
None	

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Nebraska will track the number of programs in Step Up to Quality as well as the percentage of licensed child care programs at Steps 3, 4 and 5. See earlier goal at 6.3.3.

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care.

- 7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.
 - ☐ XX Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe: CCDF monies are used to fund resources to improve to the quality of child care providers for infants and toddlers through the Sixpence Child Care Partnership Grants. Seven school district grant recipients are partnering with the local child care providers to provide coaching, professional development, and funding for equipment, materials and minor facilities modifications, and parent engagement/education. The grantee school districts connect local child care providers to district resources and the child care providers are statutorily required to achieve a Step 3 in our state's 5 Step QRIS by the end of the three year grant term. These child care providers must also serve infants/toddlers who qualify under at least one categories of at-risk; low income being one of those indicators. The child care providers have an agreement with the state to accept child care subsidy. In addition to the Sixpence Child Care Partnership Grants, Sixpence funds, which are comprised of public and private monies are used for grants to school districts in partnership with local community providers to operate high quality early care and education programs. These programs are statutorily required to meet the Nebraska Department of Education's early childhood program rules. These quality

indicators allow these early childhood programs to be rated at a Step 3 in our state's 5 Step QRIS. Intensive parent engagement and education are a required component of these grants. In addition to the Sixpence grants, the privately funded Communities for Kids Initiative supports individual communities in assessing and establishing a plan to address their early childhood needs as an economic development and community vitality effort. A component of this technical assistance package is paid subscriptions to the Nebraska Early Childhood Exchange, a shared services model provided by the Nebraska Early Childhood Collaborative.

- XX Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: CCDF monies are used to fund Sixpence Child Care Partnership Grants which create a network of providers interested in improving the quality of care specific to infants and toddlers. Grant funds are used to host professional development for all as well as professional learning communities of providers seeking to earn higher education and/or CDA credentials. In addition to Sixpence Child Care Partnership Grants, the privately funded Communities for Kids Initiative supports convening of community stakeholders, including child care providers, to assess and plan for the early childhood needs as an economic development and community vitality effort. In many communities, this is the only time that child care providers have met each other. Informal networking is a byproduct of the Communities for Kids Initiative.
- ☐ XX Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

 Describe:
 - First Connections Online college-level professional development regarding development and strategies for teaching and caring for children birth to age 3.
 - Sixpence early childhood education endowment grants for center-based services and for child care partnerships provide professional development to early childhood professionals providing education and care for infants and toddlers.
 - <u>Early Learning Connection Partnerships in every part of the state provide training for infant and toddler professionals.</u>
- □ XX Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: Nebraska is a "birth mandate" state, meaning that appropriate services to meet the needs of a child with a disability from birth or age of diagnosis is a right of families. The Early Development Network is designed to ensure that young children with disabilities are referred for appropriate evaluation and verification of if a disability exists. Local Planning Region teams, funded through IDEA

Part C, are tasked with outreach to families through direct contact with families, and

through partnering with community child care providers including providers accepting CCDF Child Care Subsidy. Additionally, the Planning Region Teams and the Regional Early Learning Connection Partnerships are required to work together to ensure that child care providers receive information related to serving infants and toddlers with disabilities. ☐ XX Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: Nebraska uses the ITERS 3, the Infant CLASS and the Toddler CLASS, as program quality measurement tools in classrooms participating in Step Up to Quality and in school based infant-toddler classes. Training in the use of these tools is also provided across the state to child care providers and is written into criteria for Step Up to Quality. ☐ Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: _____ ☐ XX Developing infant and toddler components within the early learning and developmental guidelines. Describe: Nebraska's ELGs outline of what children from birth to age 5 should know and be able to do. ☐ XX Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: Nebraska has created a set of informational materials for parents of infants and toddlers entitled First Connections. Step Up to Quality has created initial materials to help families choose a quality program. Step Up to Quality is continuing to create additional messages, informational materials, and resources. ☐ XX Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Describe: In addition to early Learning Guidelines training in each of the 7 domains which includes specific information for caregivers of infants and toddlers, Nebraska also requires a training entitled Safe with You which provides specific information for child care providers working with infants and toddlers regarding safe sleep, among other topics. Legislating by the Nebraska Unicameral has enabled CCDF quality set aside funds to be used for grants from the Sixpence grant program for children from birth to age 3. This grant requires local schools to partners with community child care homes or child care centers to improve the quality of child care for infants and toddlers. The grants are competitive and awarded to districts and their partners having the best proposals for serving children who are most at risk. ☐ Other. Describe: _____

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures. Nebraska tracks the number of infant and toddler caregivers who have taken training through the Early Learning Connections each quarter. That information is reported on quarterly reports. Step Up to Quality tracks the number of programs participating in Step Up to Quality and the step rating of each. Sixpence has an outside evaluation completed each year by the University of Nebraska Medical Center's Munroe-Meyer institute.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The percentage of Step Up to Quality programs rated will increase 25% and track the number of training events and report quarterly.

7.7 Facilitating Compliance With State Standards

- 7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe: CCDF quality funds are used to support Child Care Licensing Specialist. Child Care Licensing Specialist conduct inspections with all licensed child care providers. Unannounced inspections are completed annually for providers who are licensed to care for 29 or fewer children and twice a year to centers who are licensed to care for 30 or more children. Inspections review the provider's compliance with licensing standards, training requirements, monitoring, etc. CCDF quality funds support the Early Childhood Training Center, which provides required training resources to child care providers to ensure compliance with training requirements. CCDF quality funds also support Early Learning Coordinators, who operate on a local/regional level and assist providers with available trainings to meeting requirements and/or to broaden their education and skills.
- 7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

Ш		N	0
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	☐ Yes. ☐ ☐ ☐	If yes, which types of providers can access this financial assistance? Licensed CCDF providers Licensed non-CCDF providers XX_License-exempt CCDF providers XX_Other. Describe: Supporting Licensed CCDF providers who comply with minimum health and safety requirements is currently being explored and discussed within the Lead Agency.
7.7.3	state/territo and services has met thes Department approved tra	e measureable indicators of progress relevant to this use of funds that the cry will use to evaluate its progress in improving the quality of child care programs within the state/territory and the data on the extent to which the state or territory se measures. The Lead Agency receives quarterly reports from the Nebraska of Education – Early Childhood Training Center. This reports includes the state mainings offered and number of participants.
7.8 Ev	valuating and	Assessing the Quality and Effectiveness of Child Care Programs and Services
7.8.1	and services classroom, o positively im <u>embedded in</u>	w the state/territory measures the quality and effectiveness of child care programs currently being offered, including any tools used to measure child, family, teacher, or provider improvements, and how the state/territory evaluates how those tools upact children. Observations of program quality and teacher interactions are into the Step Up to Quality point structure. More points are awarded for higher the program quality and/or teacher interaction scales.
7.8.2	State/Territor and services has met thes 25%. Program	e measureable indicators of progress relevant to this use of funds that the cry will use to evaluate its progress in improving the quality of child care programs within the state/territory and the data on the extent to which the state or territory se measures. The percentage of Step Up to Quality programs rated will increase m's increase in Step Up to Quality's steps during their path of quality continuation cate progress.
7.9 A	ccreditation S	upport
7.9.1		te/territory support child care providers in the voluntary pursuit of accreditation by ccrediting body with demonstrated, valid, and reliable program standards of high
	supp care	the state/territory has supports operating statewide or territory-wide. Describe the port efforts for all types of accreditation that the state/territory provides to child centers and family child care homes to achieve accreditation the state/territory has supports operating as a pilot-test or in a few localities but

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not statewide or territory-wide. Describe: _____

□ No, but the state/territory is in the accreditation development phase.

	No, the state/territory has no plans for accreditation development.
7.9.2	Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. N/A
7.10 Pr	ogram Standards

7.10.1 How does the state/territory support state/territory or local efforts to develop or adopt highquality program standards relating to: ☐ Health. Describe the supports: ☐ Mental health. Describe the supports: ☐ XX Nutrition. Describe the supports: Go NAP SACC has developed an assessment tool to help providers compare their nutrition practices to best practice standards. The assessment employs the most up-to-date research on how early care and education programs can help children develop healthy eating habits. Providers are then given an action planning tool to set goals to improve in areas of best practices. Go NAP SACC provides training and a library of tips and technical assistance to assist providers in reaching their goals to improve their nutrition practices within their programs. ☐ XX Physical activity. Describe the supports: Go NAP SACC has developed an assessment tool to help providers compare their physical activity practices to best practice standards. The assessment employs the most up-to-date research on how early care and education programs can help children develop healthy activity habits. Providers are then given an action planning tool to set goals to improve in areas of best practices. Go NAP SACC provides training and a library of tips and technical assistance to assist providers in reaching their goals to improve their physical activity practices within their programs. □ XX Physical development. Describe the supports: Physical Development is one of the Domains in the Nebraska Early Learning Guidelines. Training on the Physical

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Nebraska will increase the number of programs rated at a level 3, 4, or 5 by 25% by 2021.

Development Domain is offered across the state numerous times each year.

7.11 Other Quality Improvement Activities

7.11.1 List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. N/A

Ensure Grantee Program Integrity and Accountability 8

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud.

nternai C	ontrois and Accountability Measures To Help Ensure Program Integrity		
Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.			
	XX Issue policy manual		
	XXIssue policy change notices		
	XXStaff training. Describe: The Lead Agency will be conducting state wide training. This		
	will consistent of the CCDF Administrator and Program Specialist staff conducting group		
	trainings that will allow questions to be answered in informal/formal setting. Trainings		
	will be conducted after the release of policy notices and manuals.		
	XXOngoing monitoring and assessment of policy implementation. Describe: <u>Program</u>		
	Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review		
	several child care cases monthly. PAS and CCDF staff have monthly meetings discussing		
	trends in errors, policies and procedures. The CCDF policy unit also reviews trends in		
	policy questions, which helps identify if additional training or policy/process tips are		
	needed.		
	XXOther. Describe: Regular communication and meetings are held with the CCDF		
	Program Manager, the Licensing Program Manager and the Administrator of Early		
	Childhood. These managers and administrator hold regular meetings with their staff to		
	review and evaluate current policies/procedures.		
Lead Ag	gencies must ensure the integrity of the use of funds through sound fiscal management		
and mu	ist ensure that financial practices follow generally accepted accounting principles (98.68		
(a)(1)).	Describe the processes in place for the Lead Agency to ensure sound fiscal management		
practic	es for all expenditures of CCDF funds, including the following:		
	XXVerifying and processing billing records to ensure timely payments to providers.		
	Describe: Providers are set up to use an online billing portal that creates records to		
	show when payments have been issued. Those who do not use online billing use paper		
	billing and these can be tracked to see when payments have been processed via the		
	Nebraska Eligibility System.		
	Describe agencies requires agencies requires agencies requires agencies requires agencies age		

		XXFiscal oversight of grants and contracts. Describe: Subawards and contracts are
		reviewed at the time of startup or renewal by the CCDF Lead Agency Grant Manager and
		CCDF Program Manager, Legal Services, Support Services and Financial Services.
		Ongoing monitoring is with the CCDF Grant Manager and CCDF Program Manager.
		Monthly CCDF Grant meetings are held with CCDF staff, Administration, and Finance
		staff. The Internal Audit Unit also conducts internal audits on a selection of the
		Subrecipients.
		Tracking systems to ensure reasonable and allowable costs. Describe: All subawards and
		contracts are approved with language stating the Department agrees to pay the
		Subrecipient for actual, allowable, and reasonable costs of the activities described in the
		agreed upon budget. Reimbursements (payment) requests from the Subrecipient are
		reviewed and tracked on an Excel spread sheet. The CCDF Grant Manger also works
		closely with the Lead Agency's finance and grant departments when reviewing and
		making payments.
		Other. Describe:
8.1.3	Check a	and describe the processes that the Lead Agency will use to identify risk in their CCDF
0.1.5		m. Activities can include, but are not limited to, the following:
	_	
		XXConduct a risk assessment of policies and procedures. Describe: Program Accuracy
		Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child
		care cases monthly. PAS and CCDF staff have monthly meetings discussing trends in
		errors, policies and procedures. The CCDF policy unit also reviews trends in policy
	_	questions, which helps identify if additional training or policy/process tips are needed.
		XXEstablish checks and balances to ensure program integrity. Describe: Program
		Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review
		several child care cases monthly. PAS and CCDF staff have monthly meetings discussing
		trends in errors, policies and procedures. The CCDF policy unit also reviews trends in
		policy questions, which helps identify if additional training or policy/process tips are
		needed.
		XXUse supervisory reviews to ensure accuracy in eligibility determination. Describe:
		Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists
		review several child care cases monthly. PAS and CCDF staff have monthly meetings
		discussing trends in errors, policies and procedures. The CCDF policy unit also reviews
		trends in policy questions, which helps identify if additional training or policy/process
		tips are needed.
		XXOther. Describe: Submit overpayment referrals to Issuance and Collections and fraud
		referrals to Special Investigation Unit for a thorough review.
8.1.4	Lead A	gencies are required to have processes in place to identify fraud and other program
	violatio	ons to ensure program integrity. Program violations can include intentional and

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unintentional client and/or provider violations, as defined by the Lead Agency. Administrative

errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

	a)	Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.		
			XXShare/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Run system reports that flag errors (include types). Describe: XXReview enrollment documents and attendance or billing records. XXConduct supervisory staff reviews or quality assurance reviews. XXAudit provider records. Train staff on policy and/or audits. Other. Describe:	
	b)		eck which activities the Lead Agency has chosen to conduct to identify administrative ors.	
			XXShare/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).	
			Run system reports that flag errors (include types). Describe:	
			XXReview enrollment documents and attendance or billing records.	
			XXConduct supervisory staff reviews or quality assurance reviews.	
			XXAudit provider records.	
			XXTrain staff on policy and/or audits.	
			Other. Describe:	
8.1.5	The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.			
	a)	due	eck activities that the Lead Agency uses to investigate and recover improper payments to intentional program violations or fraud. Activities can include, but are not limited to, a following:	
			Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe:	
			Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).	
			XXRecover through repayment plans.	
			XXReduce payments in subsequent months.	
			Recover through state/territory tax intercepts.	
			Recover through other means.	

		XXEstablish a unit to investigate and collect improper payments and describe the composition of the unit below. Other. Describe:
b)	fracto to to to the term	scribe the results of the Lead Agency activities regarding the investigation and recovery of ad or intentional program violations. Once a case has been identified to have committed ad or an intentional program violation overpayments are determined and a notice is sent the child care provider. The Lead Agency attempts to collect all overpayments from oviders by reducing payments in subsequent months. Pending the findings, severity of eviolation, and dollar amount; the Child Care Subsidy Provider agreement may be minated. If they are terminated, they are responsible for setting up a payment plan with a Lead Agency.
c)	pay	eck any activities that the Lead Agency will use to investigate and recover improper ments due to unintentional program violations. Activities can include, but are not limited the following:
		Require recovery after a minimum dollar amount of an improper payment and identify
		the minimum dollar amount. Describe:
		Coordinate with and refer to the other state/territory agencies (e.g., state/territory
		collection agency, law enforcement agency).
		XXRecover through repayment plans.
		XXReduce payments in subsequent months.
		Recover through state/territory tax intercepts.
		Recover through other means.
		XXEstablish a unit to investigate and collect improper payments. Describe: The Special
		Investigation Unit is made up of fraud investigators who will investigate the IPV or fraud,
		make a determination, and attempt to collect an overpayment. They will also be key
		witnesses in any criminal hearings relating to the IPV or fraud.
		Other. Describe:
		eck any activities that the Lead Agency will use to investigate and recover improper ments due to administrative errors.
		Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe:
		Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency).
		XXRecover through repayment plans.
		XXReduce payments in subsequent months.
		Recover through state/territory tax intercepts.
		Recover through other means.
		XXEstablish a unit to investigate and collect improper payments and describe the
		composition of the unit below.
		Other. Describe:

- 8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?
 - XXDisqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. 392 NAC 3-012 Client Overpayments:

 The Department will attempt to recoup overpayments caused by the client's error (failure to provide information, using child care for unauthorized purpose, etc.). When the overpayment appears to be the result of fraud, the case will be referred to the Special Investigation Unit, Central Office, or the Omaha Special Investigation Unit for Omaha cases. 392 NAC 3-013 Intentional Program Violation (IPV): Effective January 1, 2004, an individual who is found to have committed IPV is disqualified according to the following regulations. 392 NAC 3-013.01 Disqualification Hearing: A disqualification hearing will be initiated by the Central Office whenever sufficient documentary evidence has been established to substantiate that a household member has committed one or more acts of intentional program violation. An intentional program violation consists of any action by an individual to purposely:
 - 1. Make a false statement to the local office, either verbally or in writing, to obtain benefits to which the household is not entitled;
 - 2. Conceal information to obtain benefits to which the household is not entitled; or
 - 3. Alter one or more documents to obtain benefits to which the household is not entitled.

The worker must inform the household in writing of the disqualification penalties for committing IPV each time the household applies for benefits. The penalties are listed in clear and prominent lettering on the application form or attachment. XXDisqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. If Child Care providers breech their Subsidy agreement, they may lose the ability to be a Subsidy provider for 10 years. Child care providers do not have the right to appeal Department decisions, except when an overpayment has been assessed.

Prosecute criminally.
Other, Describe: