



Child Care and Development Fund (CCDF) Plan

for

State/Territory Nebraska

FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. 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 them regardless of these modifications.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub. L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

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 High Quality Child Care for Low-Income Children
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 high quality 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 need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

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 State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

- Current overall status for this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines

<https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-cdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

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 in the ACF-118 site may 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). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law.

In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or 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 CCDBG compliance monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency 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 inter-agency office designated by the State/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))

Name of Lead Agency [Nebraska Department of Health and Human Services](#)

Address of Lead Agency [PO Box 95026, Lincoln, NE 68509](#)

Name and Title of the Lead Agency Official [Courtney N. Phillips, CEO](#)

Phone Number [402-471-9433](#)

E-Mail Address Courtney.Phillips@nebraska.gov

Web Address for Lead Agency (if any) <http://dhhs.ne.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/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 entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator [Nicole Vint](#)

Title of CCDF Administrator [CCDF Program Manager](#)

Address of CCDF Administrator [PO Box 95026, Lincoln, NE 68509](#)

Phone Number [402-471-9208](#)

E-Mail Address Nicole.Vint@nebraska.gov

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator _____

Title of CCDF Co-Administrator _____

Phone Number _____

E-Mail Address _____

Description of the role of the Co-Administrator _____

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) [1-800-430-3244](tel:1-800-430-3244)

Web Address for CCDF program (for the public) (if any)

http://dhhs.ne.gov/children_family_services/Pages/children_families.aspx

Web Address for CCDF program policy manual (if any)

http://dhhs.ne.gov/children_family_services/Pages/children_families.aspx

Web Address for CCDF program administrative rules (if any) [N/A](#)

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan. [The Nebraska Department of Health and Human Services \(DHHS\) is identified to be the CCDF Lead Agency. CCDF funding is provided to the Nebraska Department of Education \(NDE\) to for primary responsibility of some of the activities below.](#)

- Outreach and Consumer Education (section 2):
 - Agency/Department/Entity [Nebraska Department of Education/Office of Early Childhood and Nebraska Department of Health and Human Services/Children and Family Services](#)
 - Name of Lead Contact [Melody Hobson and Nicole Vint](#)
- Subsidy/Financial Assistance (section 3 and section 4)
 - Agency/Department/Entity [Nebraska Department of Health and Human Services/Children and Family Services](#)
 - Name of Lead Contact [Nicole Vint](#)
- Licensing/Monitoring (section 5):
 - Agency/Department/Entity [Nebraska Department of Health and Human Services/Public Health and Children and Family Services](#)
 - Name of Lead Contact [Diane Kvasnicka and Nicole Vint](#)
- Child Care Workforce (section 6):
 - Agency/Department/Entity [Nebraska Department of Education/Office of Early Childhood and Nebraska Department of Health and Human Services/Children and Family Services](#)
 - Name of Lead Contact [Melody Hobson and Nicole Vint](#)
- Quality Improvement (section 7):
 - Agency/Department/Entity [Nebraska Department of Education/Office of Early Childhood and Nebraska Department of Health and Human Services/Children and Family Services](#)
 - Name of Lead Contact [Melody Hobson and Nicole Vint](#)
- Grantee Accountability/Program Integrity (section 8):
 - Agency/Department/Entity [Nebraska Department of Health and Human Services/Children and Family Services](#)
 - Name of Lead Contact [Nicole Vint](#)

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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

All program rules and policies are set or established at the State/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:

State/Territory

County. If checked, describe the type of eligibility policies the county can set _____

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____

Other. Describe _____

Sliding fee scale is set by the:

State/Territory

County. If checked, describe the type of sliding fee scale policies the county can set _____

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____

Other. Describe _____

Payment rates are set by the:

State/Territory

County. If checked, describe the type of payment rate policies the county can set _____

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set _____

Other. Describe _____

Other. List and describe (e.g., quality improvement systems, payment practices) [Nebraska's QRIS, Step Up to Quality, is a joint effort between NDE and DHHS, per Nebraska Revised Statute 71-1964. Payment practices are determined by DHHS.](#)

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

CCDF Lead Agency

TANF agency. Describe. _____

Other State/Territory agency. Describe. _____

Local government agencies such as county welfare or social services departments. Describe. _____

Child care resource and referral agencies. Describe. _____

Community-based organizations. Describe. _____

Other. Describe. _____

b) Who assists parents in locating child care (consumer education)?

CCDF Lead Agency

TANF agency. Describe. _____

Other State/Territory agency. Describe.

Local government agencies such as county welfare or social services departments. Describe. [Social Service Workers, who determine child care eligibility, assist families in locating child care across Nebraska.](#)

Child care resource and referral agencies. Describe. [Nebraska has one child care resource and referral site, located in Omaha, NE, over seen by NDE. This location and staff serve all of Nebraska's child care inquiries. There is a toll-free phone number, website, and resources can be mailed across the state.](#)

Community-based organizations. Describe. _____

Other. Describe. _____

c) Who issues payments?

CCDF Lead Agency

TANF agency. Describe. _____

Other State/Territory agency. Describe. _____

Local government agencies such as county welfare or social services departments. Describe. _____

Child care resource and referral agencies. Describe. _____

Community-based organizations. Describe. _____

Other. Describe. _____

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 three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government.

(658D(b)(2)) General purpose local governments is defined by the U.S. Census at

https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

X[REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe [Notification of the State Plan Public Hearing and the actual state plan was available via internet for government and non-government impute.](#)

X[REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe [Anticipated CCDF policy changes have been shared ongoing with the NDE Early Childhood Interagency](#)

[Coordinating Council \(ECICC\). An email was shared with the council providing information about the CCDF State Plan and public hearing.](#)

- If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
 - [Yes](#)
 - No.
- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy _____
- X[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with [An email was sent to the Tribal representatives, providing information about the CCDF State Plan and public hearing.](#) Check N/A if no Indian Tribes and/or Tribal organizations in the State
- XState/Territory agency responsible for public education. Describe [NDE participates with the development of the CCDF State Plan.](#)
- XState/Territory agency/agencies 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 program responsible for children with special needs, intervention and IDEA participates with the development of the CCDF State Plan.](#)
- State/Territory institutions for higher education, including community colleges. Describe _____
- XState/Territory agency responsible for child care licensing. Describe [Lead Agency. The CCDF program worked with the child care licensing program manager and administrator on background checks, health, safety, and monitoring of licensed providers. Both program are striving to align licensing requirements and subsidy requirements where ever possible.](#)
- XState/Territory office/director for Head Start State collaboration. Describe [This program participates with the development of the CCDF State Plan.](#)
- XState/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe [This program participates with the development of the CCDF State Plan.](#)
- State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe _____
- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe _____
- Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____
- State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe _____

- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- McKinney-Vento State coordinators for Homeless Education. Describe _____
- XState/Territory agency responsible for public health. Describe [This division is part of the Lead Agency.](#)
- State/Territory agency responsible for mental health. Describe _____
- XState/Territory agency responsible for child welfare. Describe [This division is part of the Lead Agency.](#)
- State/Territory liaison for military child care programs. Describe _____
- State/Territory agency responsible for employment services/workforce development. Describe _____
- XState/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe [Consulted with TANF program staff regarding the TANF program, population of the program, and reauthorization requirements of CCDF Subsidy.](#)
- State/community agencies serving refugee or immigrant families. Describe _____
- XChild care resource and referral agencies. Describe [The administrator who oversees the child care resource and referral participates with the development of the CCDF Plan.](#)
- Provider groups or associations. Describe _____
- Worker organizations. Describe _____
- Parent groups or organizations. Describe _____
- Other. Describe _____

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity 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 public hearing [January 22, 2016](#) **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 website links if utilized to provide notice. [A Notice of Hearing add was placed in the Lincoln Journal Star and Omaha World Herald newspaper. Scheduling of the hearing is also located at
http://dhhs.ne.gov/Pages/reg_hearings.aspx
https://www.nebraska.gov/calendar/index.cig and
http://dhhs.ne.gov/publichealth/Pages/chs_chc_chcindex.aspx](#)
- c) Date(s) of public hearing(s) [February 12, 2016](#) **Reminder** - Must be no earlier than [September 1, 2015](#) which is 9 months prior to the [June 1, 2016](#) effective date of the Plan.

- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed [The hearing site is at the State Office Building, in Lincoln, NE. The hearing is held live. Auxiliary aids or reasonable accommodations are available upon request. Interested persons are also able to submit written comments, due no later than 5:00 p.m. CT on 2/12/2016.](#)
- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) [CCDF State Plan was is available at the following web sites:](#)
[Lead Agency's website:](#)
http://dhhs.ne.gov/children_family_services/Pages/children_families.aspx
[In the Public Hearing Notice, information on how to request a paper copy of the State Plan for pick up or to be mailed was provided.](#)
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? [Public comment will be reviewed by the CCDF Program Manager, Economic Assistance Policy Chief, and other Lead Agency staff.](#)

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

- Working with advisory committees. Describe _____
- Working with child care resource and referral agencies. Describe _____
- Providing translation in other languages. Describe _____
- Making available on the Lead Agency website. List the website [Lead Agency website:](#)
http://dhhs.ne.gov/children_family_services/Pages/children_families.aspx
- Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe _____
- Providing notification to stakeholders (e.g., provider groups, parent groups). Describe _____
- Other. Describe _____

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/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.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe 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 quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

- X[REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe [The CCDF Lead Agency \(DHHS\) and NDE currently participates with several entities vested in pre-school programs for children. NDE is the agency responsible for early childhood special education services for children 3 to 5. Along with DHHS, NDE is also responsible for early intervention services for children birth to age 3. Sixpence \(in state statute as the Nebraska Early Childhood Education Grant program\) is a public/private entity who provides grants to school districts and their child care partners for early childhood education for children birth to age 3.](#)
- X[REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with [Communication and coordination between the CCDF Lead Agency and Tribal early childhood programs have been minimal over the years. The CCDF Program Manager will reach out to the Ponca Tribe, Omaha Tribe, and Winnebago Tribe in 2016. Currently, these Tribes each administer their own CCDF program with individualized policies and procedures for their Tribes. The goals of the CCDF Program Manager reaching out to these Tribes are to start regularly and ongoing communications and identify ways we of coordination.](#)
 - Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.
- X[REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe [NDE is the agency responsible for early childhood special education services for children 3 to 5 and both the CCDF Lead Agency and NDE are responsible for early intervention services for children birth to age 3. The Lead Agency and NDE will continue to use the ECICC to coordinate child care services serving infants and toddlers with disabilities. The ECICC is composed of several representatives across the state, focusing on state and federal statutes pertaining to early childhood care, education initiatives, and Part C of the Individuals with Disabilities Education Act \(IDEA\).](#)
- X[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe [NDE Federal Program Team](#)
- X[REQUIRED] Early childhood programs serving children in foster care. Describe [The Lead Agency is responsible for Children and Family Services which serves children in foster care. Policies and processes affecting children in foster care are always being reviewed to ensure](#)

children are being served and there are no gaps. Income is automatically disregarded when determining child care for foster children.

- XState/Territory agency responsible for child care licensing. Describe The Lead Agency is responsible for child care licensing across the state of Nebraska.
- XState/Territory agency with Head Start State collaboration grant. Describe The Head Start State Collaboration Grant is housed within the NDE, Office of Early Childhood.
- XState Advisory Council authorized by the Head Start Act. Describe The ECICC serves as the State Advisory Council. Members of the council are governor appointed, representing various categories which met the requirements of the Head Start Act and IDEA Part C. The CCDF Program Manager holds an appointed position, representing the Lead Agency and child care. This council provides recommendations for the professional development system. ECICC is charged with advising the Governor and State Agencies with issues related to early childhood education and care.
- XState/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe The Lead Agency is actively working on forming a collaborative partnership with the Head Start State Collaboration Office and Early Head Start-Child Care Partnership grantees across Nebraska. CCDF made the decision to allow CCDF Subsidy funds to be part of the layering funds for the grants.
- McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe _____
- XChild care resource and referral agencies. Describe NDE Office of Early Childhood – Early Childhood Training Center and Early Learning Connections (ELC).
- XState/Territory agency responsible for public education. Describe NDE is responsible for public education and collaborates extensively with the Lead Agency.
- State/Territory institutions for higher education, including community colleges. Describe _____
- XState/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe NDE
- XState/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe The Lead Agency is responsible for Nebraska WIC, nutrition which includes breast-feeding support, and Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC).
- Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____
- XState/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe The Lead Agency is responsible for Nebraska Maternal, Infant, and Early Childhood Home Visiting Program (N-MIECHV).
- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- XState/Territory agency responsible for public health. Describe The Lead Agency is responsible for public health.
- State/Territory agency responsible for mental health. Describe _____

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- XState/Territory agency responsible for child welfare. Describe [The Lead Agency is responsible for child welfare.](#)
 - State/Territory liaison for military child care programs. Describe _____
 - State/Territory agency responsible for employment services/workforce development. Describe _____
 - XState/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe [The Lead Agency is responsible for TANF.](#)
 - State/Territory community agencies serving refugee or immigrant families. Describe _____
 - Provider groups or associations. Describe _____
 - Worker organizations. Describe _____
 - Parent groups or organizations. Describe _____
 - Other. Describe _____

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that 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 include programs 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 in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high 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 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 pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes. If yes, describe at a minimum:

- How do you define “combine” _____
- Which funds will you combine
- Goal(s) of combining funds (why?) and expected outcomes, 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 _____
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) _____
- How are the funds tracked and method of oversight _____

XNo [We do use State and TANF funds for Child Care Subsidy payments.](#)

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (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 reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. [The Lead Agency and NDE partners with Nebraska Children and Families Foundation \(NCFE\). NCFE supports children, young adults and families at risk, with the overall goal of giving Nebraska’s most vulnerable children what they need to reach their full potential. NCFE is a private entity, collecting private and public resources across the state and nation. CCDF support various early and middle childhood activities, through advisory and subawards/contracts.](#)

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

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) 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 (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

- XYes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs. [This agreement includes 1\). A subcontract from the Lead Agency to NDE Office of Early Childhood for the services of a toll free resource and referral phone line to provide direct technical assistance to families and further subawards to regional entities; and 2\). A set of grants from NDE to selected Educational Service Units to operate an Early Childhood Connection system of early childhood training entities and coordinators who lead the regional efforts to](#)

[increase the number and improve the quality of center-based and family child care options throughout the state.](#)

- No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan _____
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)
 - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented.](#)

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- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable [Licensed child care providers are required to do the following:](#)

[The licensee must have a written plan that addresses:](#)

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. [Notifying 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.](#)

[Providers must also have a working telephone available on the premises at all times. Emergency telephone numbers, including fire, rescue, police \(or 9-1-1\), and poison Control, must be prominently posted.](#)

[Fire and Tornado Drills must be practiced with the children and staff. Written documentation of drills, including dates conducted, must be kept and available for review by the Lead Agency.](#)

1. [Fire drills must be completed a minimum of once per month.](#)
2. [Tornado drills must be completed a minimum of four times per year during the months of March through September.](#)

[Fire and Tornado Safety Diagrams must:](#)

1. [Show the layout of the licensed child care area\(s\);](#)
2. [Be prominently posted and visible;](#)
3. [Include how the evacuation of children with special needs will be conducted;](#)
4. [Include fire evacuation routes; and](#)
5. [Include tornado safety locations.](#)

- Unmet requirement - Identify the requirement(s) to be implemented
 - [Provide policy and direction for continuing child care services after a disaster.](#)
 - [Require the same requirements \(as above\) of Licensed Provider for Licensed Exempt providers.](#)
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Policy changes. CCDF plans to incorporate the CCDF Statewide Child Care Disaster Plan into the existing DHHS Division of Children and Family Services Disaster Plan.](#)

- Projected start date for each activity [03/01/2016](#)
- Projected end date for each activity [09/30/2016](#)
- Agency – Who is responsible for complete implementation of this activity [Lead Agency, which includes CCDF and Public Health](#)
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention

and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.

2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
 - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) [Eligible families are identified through ACCESSNebraska, resource and referral, outreach through Community Support Workers and other agencies who refer families to ACCESSNebraska.](#)
- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations. [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 \(i.e. Child Care Subsidy, TANF, SNAP, etc.\). Partners include but is 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 violent shelters, homeless shelters, health departments, and DHHS staff.](#)
- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?) [Information regarding Child Care Subsidy and other](#)

services that assist families are disseminated through ACCESSNebraska via media and website. Staff also attend various workshops and conferences to represent CCDF and available services.

2.1.2 How can parents apply for services? Check all that apply.

- XElectronically via online application, mobile app or email. Provide link <https://dhhs-access-neb-menu.ne.gov/start/?tl=en>
- XIn-person interview or orientation. Describe agencies where these may occur [There are 41 local offices across Nebraska, where applicants can apply, submit, and/or interview on the spot with a social service worker.](#)
- Phone
- XMail [Applications can be printed off via the internet or mailed out upon request and then the application can be mail, emailed, and/or fax back to ACCESSNebraska.](#)
- At the child care site
- At a child care resource and referral agency
- XThrough kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe [Thirty-five of DHHS offices have Kiosks \(computers for public use\) to apply for child care and other economic assistance services. In addition to the DHHS offices, ACCESSNebraska provides an extensive list of community partners on the website, who provide internet access to individuals applying for public assistance benefits \(including child care\).](#)
- XThrough a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe [Nebraska's application includes the following programs: Supplemental Nutrition Assistance Program \(SNAP\), Aid to Dependent Children \(ADC\), Assistance to the Aged, Blind, or Disabled Payments \(AABD/PMT\), Low Income Home Energy Assistance Program \(LIHEAP\), Child Care \(CC\), Services for the Developmentally Disabled \(DD\), Social Services for Aged and Disabled Adults \(SSAD\), and Social Services for Families, Children, and Youth \(SSCF\).](#)
- XOther strategies. Describe [Nebraska has Community Support workers who provide outreach services to communities across Nebraska. They provide assistance to individuals and families with applications and eligibility interviews. Outreach includes but is not limited to homeless shelters, domestic violence shelters, schools, local events, and more.](#)

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

XYes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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- Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, including accessible to persons with disabilities.

- a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public [Both the CCDF website with the Division of Children and Families and the Child Care Licensing website with the Division of Public Health, both part of the Lead Agency, has information on their website for parents, providers and general public. Nebraska’s Resource and Referral also has a website usable for parents, providers and general public. Between the Licensed Child Care Provider Roster and the list of providers on the resource and referral site, a consumer would be able to identify: providers who accept Subsidy, accept children with disabilities, providers who are accredited, child care type \(center or family child care home I/II\), capacity, and operation days/hours. In addition to that, consumers can search by zip code, city and/or name.](#)
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) [The Lead Agency provides materials on their website and or verbally through ACCESSNebraska. Nebraska’s Resource and Referral and the Early Childhood Training Center direct consumers to the website as well as providing written materials regarding child care, finding the right child care provider, interviewing child care providers, child development, etc. The LanguageLinc Interpretation Services are used if translation is needed, to provide greater service, and some materials are available in Spanish.](#)
- c) Describe who you partner with to make information about the full diversity of child care choices available [NDE which includes Early Childhood Training Center and Nebraska’s Resource and Referral.](#)

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public [Nebraska’s Step Up to Quality launched 7/1/2014. Prior to the launch, the Director of Step Up to Quality traveled](#)

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- the state holding informational sessions for the general public, which included law makers, child care providers and professionals, schools, parents, and agencies vested in quality care for Nebraska. The Director and other Step Up to Quality continue to hold informational sessions at various child care/development related meetings across the state. All outreach targets parents, providers and the general public. Step Up to Quality also has a Facebook page to engage parents, providers, and general public. Required providers receive letters via mail regarding their required participation along with a general brochure for the program.
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) An overview brochure (available in English and Spanish) of Step Up to Quality has been disseminated through mailings, informational sessions, and various child care/development related meetings across the state. The Step Up to Quality’s website <http://www.education.ne.gov/StepUpToQuality/> provides program information for parents, providers, and the general public. This information includes the Program Guide, Rating Readiness Tools, Professional Development and Training opportunities, and more. The Facebook page provide child/family friend tips and educational posts. Step Up to Quality’s provider ratings will be made available for public posting in 2017. Step Up to Quality also has promotional items (signs, magnets, pens, etc.) to help spread the word
- c) Describe who you partner with to make information about child care quality available Nebraska’s Step Up to Quality is a joint effort between NDE and the Lead Agency. In addition to that partnership, Step Up to Quality partners with Nebraska’s Resource and Referral, Early Childhood Training Center, First Five Nebraska, Nebraska Children and Families Foundation, Early Learning Coordinators, and the University of Nebraska, Lincoln – Extension program.
- 2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.
- a) Temporary Assistance for Needy Families (TANF) Aid to Dependent Children (ADC) (Nebraska’s TANF program) is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, 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.
- b) 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. Locally each of the 23 Early Head Start/Head Start (EHS/HS) grantees 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>

- c) **Low Income Home Energy Assistance Program (LIHEAP)** LIHEAP is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, 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.
- d) **Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)** SNAP is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, 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, who in return 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 and gives them information on how to apply for benefits.
- e) **Women, Infants, and Children Program (WIC)** The Division of Public Health administers the WIC program and has subawards with 13 local agencies which provide services in 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 and integrate services with local programs available to families with young children. Access Nebraska 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. The Nebraska WIC program has a detailed web page on the DHHS Website. There is also links to various WIC offices on the Nebraska Resource and Referral System website.
- f) **Child and Adult Care Food Program (CACFP)** Providers participating with CACFP inform eligible families of this program.
- g) **Medicaid** Information and application for the Medicaid program is located on the ACCESSNebraska website. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state.
- h) **Children's Health Insurance Program (CHIP)** Information and application for the CHIP program is located on the ACCESSNebraska website. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R.
- i) **Individuals with Disabilities Education Act (IDEA)** Nebraska is required per IDEA to ensure the general public, including parents and health providers, are aware of how to make a referral to early intervention and special education. Nebraska has a referral directory that

is provided to multiple agencies/providers and the general public for early intervention referrals. There are also several websites utilized for these purposes in early intervention and special education.

- j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) The Division of Public Health administers the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) which is both federally and state supported evidence based home visiting. Each service provider agrees to provide evidence-based home visiting as part of a comprehensive community-based system of early childhood services, and as such, maintain up-to-date directories and resource guides on available services, including those provided by the DHHS. Resources shared with families include Access Nebraska as a means for learning about and applying for TANF, SNAP, Medicaid, CHIP and child care subsidy benefits. DHHS staff provides ongoing training and technical assistance to these providers, including updates on available resources, through regular conference calls.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

- a) Temporary Assistance for Needy Families (TANF) Aid to Dependent Children (ADC) (Nebraska's TANF program) is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, where child care is also located. This information is available to providers and general public.
- b) 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. Locally each of the 23 Early Head Start/Head Start (EHS/HS) grantees 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>
- c) Low Income Home Energy Assistance Program (LIHEAP) LIHEAP is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, where child care is also located. This information is available to providers and general public.

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- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) [SNAP is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, where child care is also located. This information is available to providers and general public.](#)
- e) Women, Infants, and Children Program (WIC) [The Division of Public Health administers the WIC program and has subawards with 13 local agencies which provide services in 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 and integrate services with local programs available to families with young children. A formal written policy outlines this requirement \[http://dhhs.ne.gov/publichealth/Documents/section_M_Page_1_Referrals_To_and_From_other_Programs_and_Services.pdf\]\(http://dhhs.ne.gov/publichealth/Documents/section_M_Page_1_Referrals_To_and_From_other_Programs_and_Services.pdf\) Access Nebraska 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. Routine training and technical assistance is provided to WIC local agencies by DHHS staff, including updates on available resources and outreach materials. This training and TA is provided through periodic webinars and conference calls, as well as an annual meeting. The Nebraska WIC program has a detailed web page on the DHHS Website. There is also links to various WIC offices on the Nebraska Resource and Referral System website. The Nebraska WIC program has a detailed web page on the DHHS Website. There is also links to various WIC offices on the Nebraska Resource and Referral System website. This information is available to providers and general public.](#)
- f) Child and Adult Care Food Program (CACFP) [DHHS – Child Care Licensing providers receive CACFP information in their licensing packet.](#)
- l) Medicaid [Information and application for the Medicaid program is located on the ACCESSNebraska website. This information is available to providers and general public.](#)
- g) Children's Health Insurance Program (CHIP) [Information and application for the CHIP program is located on the ACCESSNebraska website. This information is available to providers and general public.](#)
- h) Individuals with Disabilities Education Act (IDEA) [Nebraska is required per IDEA to ensure the general public, including parents and health providers, are aware of how to make a referral to early intervention and special education. Nebraska has a referral directory that is provided to multiple agencies/providers and the general public for early intervention referrals. There are also several websites utilized for these purposes in early intervention and special education.](#)
- i) Other State/Federally Funded Child Care Programs (example-State Pre-K) [REDACTED]
- j) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) [The Division of Public Health administers the MIECHV which is both federally and state supported evidence based home visiting. Both sources of funding target services in counties identified as at-risk through a 2010 needs assessment. Three federally supported](#)

[programs collectively provide services in Box Butte, Morrill, Scotts Bluff, Lancaster and Douglas Counties. Four state supported programs collectively provide services in Lancaster, Douglas, Gage, Jefferson, Knox, Cedar, Dixon, Dakota, Thurston, Madison, Antelope, Pierce, Wayne, Stanton, Cuming, Burt, Dodge, and Washington Counties. Service providers include local health departments, a community action agency, and a non-profit association. Each service provider agrees to provide evidence-based home visiting as part of a comprehensive community-based system of early childhood services, and as such, maintain up-to-date directories and resource guides on available services, including those provided by the DHHS. Resources shared with families include Access Nebraska as a means for learning about and applying for TANF, SNAP, Medicaid, CHIP and child care subsidy benefits. DHHS staff provides ongoing training and technical assistance to these providers, including updates on available resources, through regular conference calls.](#)

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

- a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public [The NDE Office of Early Childhood and DHHS 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 disseminated at public events, and through trainings held across the state and online.](#)
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) [1\). Written materials are provided through the NDE website, in person at community events, and by mail following up on written or phone requests. 2\). Information is given to families and providers through direct communication using either the child care resource and referral line \(for parents\), or the child care information line \(for early childhood providers and the general public\). 3\). Trainings are held throughout the state through the network of Early Learning Connection partnerships.](#)
- c) Describe who you partner with to make information about research and best practices in child development available [The Lead Agency partners with the NDE, Office of Early Childhood. NDE also partners with 1\). Nebraska Educational Television \(NETV\) for their 'Ready to Learn' project reaching families in communities across the state. 2\). Early Learning Connection \(ELC\) Partnerships to provide training resources and training. 3\). The Head Start State Collaboration Office to provide resources to Head Start and Early Head Start Grantees for dissemination to families of young children in poverty. 4\). NDE Office of Special Education to provide training and resources to schools and families. 5\). School districts to provide training for school district staff and resources for staff and families.](#)

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-

aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:
- i. **Parents** [Nebraska has begun implementation of Circle of Security training with families in areas throughout the state. This is done through trainings offered through ELC networks as well as provided through a combination of public/private partnerships and Local Planning Region Teams funded through IDEA Part C.](#)
 - ii. **Providers** [General information about children’s social and emotional development is available through the Nebraska Early Learning Guidelines \(ELG\) and can be accessed through the NDE Office of Early Childhood website. Also, Nebraska has been a consortium state in The Pyramid Model Consortium. Significant emphasis on using The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children \(The Pyramid Model\) exists in the state for child care providers, school district early childhood programs and Head Start classrooms. Program-wide Pyramid Model training for child care providers is offered through initiatives such as Rooted in Relationships and Nurturing Healthy Behaviors. Program-wide Pyramid Model implementation includes coaching and mental health consultation when necessary. Additionally, the University of Nebraska-Lincoln \(UNL\) Extension has partnered with the USDA and Penn State Cooperative Extension to create a training protocol for child care providers entitled Rock Solid Foundations: Promoting Social Emotional Competence of Young Children which are based on The Pyramid Model. These trainings are offered by extension educators and sponsored by ELC Partnerships throughout Nebraska. Finally, the statewide collaborative working to implement The Pyramid Model and other mental health training is working to embed The Pyramid Model into Step Up to Quality, Nebraska’s Quality Rating and Improvement System \(QRIS\).](#)
 - iii. **General public** [General information about children’s social and emotional development is available through the Nebraska ELGs and can be accessed at the NDE Office of Early Childhood website](#)
- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available
1. [NDE Office of Early Childhood is a statewide partner leading the development and revision of the Nebraska ELGs.](#)
 2. [NDE also is a statewide partner in the training and promotion of the Pyramid Model, and provides guidance to the ELC partnerships.](#)
 3. [The UNL Extension, has created training and partnered with ELC partnerships to disseminate Rock Solid training to child care providers.](#)

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4. [NDE Office of Special Education Part C has provided funding to local Planning Region Teams, the Nebraska Children and Families Foundation \(NCFE\) have both sponsored Circle of Security training.](#)
 5. [NCFE has used public funding granted by NDE and private funding to make program-wide implementation of The Pyramid Model a reality in child care centers and family childcare homes. NCFE has also used private funding to implement Circle of Security training in different regions of the state.](#)

C) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?
 - Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link [All programs are required to have written center policies. It is required that policies describes conditions for suspending and terminating care are written and available to parents and the Department. Policy can be found at NAC 391-3-006.14B.](#)
 - No.
- School-age children from programs receiving child care assistance?
 - Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link [All programs are required to have written center policies. It is required that policies describes conditions for suspending and terminating care are written and available to parents and the Department. Policy can be found at NAC 391-3-006.14B](#)
 - No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) 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.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

- XFully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) [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 Services 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 a determination that the child needs special education and related services.](#)

- and:

- a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened 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.

- b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays CCDF families and child care providers may make a referral to the local NDE (early intervention) program (for children ages 0-2) and/or the local school district (for children ages 3-5) in Nebraska. Upon referral, the local NDE program/school district will conduct screening/evaluation

[procedures, upon written parental consent, in order to determine if the child has an established developmental delay as defined per state regulations and is in need of IDEA services.](#)

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint [For child care programs licensed in the State of Nebraska, a substantiated complaint is defined as an allegation that has been received by the DHHS– Division of Public Health, and through the course of investigation has been determined to be true. This definition is true for all complaints received by the DHHS. The source of the complaint, whether it be from a parent or another person, does not change how a substantiated complaint is determined. In Nebraska, parent complaints are not tracked in any different format than complaints received from another entity.](#)

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- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) [Complaints on all licensed child care programs licensed by the DHHS – Division of Public Health are documented on a form called a Compliance Review Report. Compliance Review Reports are maintained in a central file located in the mail licensing office in Lincoln, NE. All complaint information is maintained at a minimum of seven years.](#)
- c) How does the State/Territory make substantiated parental complaints available to the public on request [All Compliance Review Reports, including those reports completed as a result of a complaint, are available to the public upon request. Those interested in obtaining a copy of a report would need to contact the Office of Children’s Services Licensing by telephone or email and request the information.](#)
- d) Describe how the State/Territory defines and maintains complaints from others about providers [Complaints on licensed child care programs from others individuals that are not parents are handled in the same manner as all complaints received by the DHHS - Division of Public Health. Complaints that alleged possible abuse/neglect issues must have the investigation initiated within 24 hours of receipt. All other complaints that allege a violation that does not involve abuse/neglect allegations, must be initiated within 5 days.](#)

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other: [Social Services workers at the Customer Service Center, working with Subsidy applications, interviews, and authorizations for eligible families use the LanguageLinc Interpretation Services when communicating with families whom English is not their first language.](#)
- None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages [The Lead Agency has workers who are fluent in Spanish and French. Interpreters are used for most all other languages through the LanguageLinc.](#)

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities [The Lead Agency makes accommodations by offering hearing and impaired services, assistance with completing applications, and face-to-face meetings in local offices if requested.](#)

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website [redacted] and describe how the consumer education website meets the requirements to:
 - a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe [redacted]
 - b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe [redacted]
 - c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe [redacted]
 - d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe [redacted]

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe _____

- XNot implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) [09/30/2016 for website enhancement and 11/19/2017 \(at the latest\) for posting monitoring results.](#)
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, in progress, partially completed, substantially completed, other) [Substantially completed.](#)
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
 - [Provider specific information is available on the website for those programs that have had their license placed on Corrective Action Status, signed a Licensing Agreement, or have had their license disciplined. This information includes actual copies of the negative action or discipline. Provider specific information is available on the website for those programs that have had their license placed on Corrective Action Status, signed a Licensing Agreement, or have had their license disciplined. This information includes actual copies of the negative action or discipline.](#)
 - [All health and safety requirements and licensing requirements for licensed child care providers are available in Title 391 – Child Care Licensing in the Lead Agencies Rules and Regulations. These are available on the DHHS website.](#)
 - [A list of offenses preventing individuals from being a child care provider is available in Title 391 – Child Care Licensing, available on the DHHS website.](#)
 - [Currently, all licensed programs are required to report any injury that occurs in their child care that requires any form of](#)

[medical attention and deaths. Data specifically regarding the cases of substantiated cases of abuse/neglect in child care will start to be tracked in 2016.](#)

- [Currently, the provider specific information that is available on the Child Care Licensing website includes relevant license information \(i.e. Address, capacity, days and hours of operation\), an indication if the program accepts child care subsidy or if the program is accredited. The website has parent information available that explains the Nebraska law for licensing child care programs, the types of programs licensed in the state and what issues to look for or ask when looking for child care. The parent information also includes contact information for submitting a complaint or reporting suspected cases of child abuse/neglect.](#)

- Unmet Requirement(s) – Identify the requirement(s) to be implemented
 - [Providing last date of inspection and inspection report on the website \(however, they are available upon request via website or phone\).](#)
 - [Provide information about the number of deaths, serious injuries, and incidences of substantiated child abuse in child care settings.](#)
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
[updating our website](#)
 - Projected start date for each activity [02/01/2016](#)
 - Projected end date for each activity [09/30/2016 and 11/19/2017](#)
 - Agency – Who is responsible for complete implementation of this activity [Lead Agency which includes CCDF and Public Health](#)
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting

relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have 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 job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family’s assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children and children in foster care if served pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 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 such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child’s Age

a) The CCDF program serves children from 0 (weeks/months/years) to 12 years (through age 12).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B)), 658P(3))

Yes, and the upper age is 19 (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity [Special Needs: 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 \(i.e. recovery from surgery, etc.\). Chronic special needs include long-standing medical or behavioral problems that require medical, behavioral or other services at all times \(i.e. medically fragile, attention deficit, etc.\). 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.

No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

Yes, and the upper age is 19 (may not equal or exceed age 19)

No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) Residing with – Members who live with the child.

b) In loco parentis – An adult who is legally responsible for a child in the place of a parent.

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define “working, attending job training and education” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- Working Having and attending paid employment.
- Attending job training Training that prepares an employee to do their job effectively.
- Attending education Regularly attending vocational or educational training to attain a high school or equivalent diploma or an undergraduate degree or certificate (including ESL classes). Not allowed for any activity if pursuing a second undergraduate degree (2nd bachelors) or any post-graduate schooling.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Yes.

No. If no, describe additional requirements _____

c) Does the Lead Agency provide child care to children in protective services?

Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services – [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.](#)

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

No

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination?

- Definition of income – [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 upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here . Describe how many jurisdictions set their own income eligibility limits _____. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$4921	\$4183	\$1328	27%	\$1726	35.1%
3	\$5660	\$4811	\$1674	29.6%	\$2176	38.4%
4	\$6861	\$5832	\$2021	29.5%	\$2627	38.3%
5	\$6240	\$5304	\$2368	38%	\$3078	49.3%

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm> .

c) SMI Source and year <http://www.census.gov/hhes/www/income/data/statemedian/>, 2014

d) These eligibility limits in column (c) became or will become effective on [07/01/15](#)

e) Provide the link to the income eligibility limits <http://dhhs.ne.gov/Documents/392-000-200.pdf>

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out [Any family whose income exceeds 130% of the FPL at the time of redetermination shall receive Transitional Child Care \(TCC\) assistance for up to 24 consecutive months or until the family income exceeds 185% of the FPL, at which point they would no longer be eligible for Child Care Subsidy.](#)
- Not implemented. The State must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities,

necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory’s (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory’s policy related to the fluctuation in earnings requirement.

- X Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement [Irregular Income: Irregular](#)

income is income, earned or unearned, which varies in amount from month to month or which is received at irregular intervals. This may be due to irregular employment, but even when an individual works regularly, the income may be irregular because of factors such as seasonal increases or decreases in employment and earnings (i.e. day labor or sales work on commission basis).

Also, any 30 consecutive days of income no older than 90 days prior to the date of application may be used in the budget. If the 30 days is not reflective due to a change in circumstance or inconsistent instant pay, more than 30 days or a new pay schedule can be used. Ninety days of income can be used per client request, if reflective.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 1. Projected start date for each activity _____
 2. Projected end date for each activity _____
 3. Agency – Who is responsible for complete implementation of this activity _____
 4. Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents and include in the description what information is required and how often. There are no federal requirements for specific documentation or verification procedures.

- XApplicant identity. Describe [Client declaration](#).

- XApplicant's relationship to the child. Describe [Verified through birth certificates and/or legal documents showing applicant's legal custody of child. This information is narrated in the applicant's case file and the document is scanned into it.](#)
- XChild's information for determining eligibility (e.g., identity, age, etc.). Describe [Verified through birth certificates and/or legal documents/citizenship documents.](#)
- XWork. Describe [Verified through paystubs, employer statement, or a collateral contact with the employer. This information is narrated in the applicant's case file and the document is scanned into it.](#)
- XJob training or Educational program. Describe [For job training, verified by statement from employer/training coordinator. For educational program, verified through class scheduled. This information is narrated in the applicant's case file and the document is scanned into it.](#)
- XFamily income. Describe [Paystubs, employer records, statement from employer, and collateral contact with employer. Declaration can be taken for unearned income.](#)
- XHousehold composition. Describe [Client declaration is accepted and narrated in the case file.](#)
- XApplicant residence. Describe [Client declaration is accepted and narrated in the case file.](#)
- Other. Describe _____

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- Time limit for making eligibility determinations. Describe length of time [30 days.](#)
- Track and monitor the eligibility determination process
- Other. Describe _____
- None

3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency [The Lead Agency \(DHHS\)](#)

b) Provide the following definitions established by the TANF agency.

- "Appropriate child care" [Care that is or can be licensed or approved by DHHS.](#)
- "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, which is considered as the generally accepted community standard.](#)
- "Unsuitability of informal child care" [Unpaid care or personally arranged care by a friend or relative that would be unsafe or harmful to the child.](#)
- "Affordable child care arrangements" [Care at no cost to the child.](#)

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

In writing

Verbally

Other. Describe _____

List the citation to this TANF policy [468 NAC 2-020.02, #7 & 2-020.02A](#)

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

- X The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016. [Yes](#)

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

- a. Provide definition of “Children with special needs” and describe how services are prioritized Requirements 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 (i.e. recovery from surgery). Chronic special needs include long-standing medical or behavioral problems that require medical, behavioral or other services at all times (i.e. medically fragile, attention deficit disorder, 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. Medical conditions: requires respiratory aids or special procedures;

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

There is no prioritization for this population.

- b. Provide definition of “Families with very low incomes” and describe how services are prioritized A family unit whose income is within the maximum allowable income guidelines is eligible as Low Income Family. These individuals are eligible without payment of a fee. There is no prioritization for this population.

-
- c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) All families receiving TANF who need child care receive it through Child Care Subsidy. Families who are transitioning off 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 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children’s learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(I)(i)(II)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory’s procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements _____

- b. Procedures to conduct outreach to homeless families to improve access to child care services _____
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services _____

XNot implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented [Policy has been drafted purposing the following: Allow families to be eligible for up to 90 days of full time child care for their child\(ren\) while housing and employment is secured. Policy will need to go through all proper channels for review and approval before this can be implemented.](#)
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) [Rule change.](#)
 - Projected start date for each activity [10/01/2015](#)
 - Projected end date for each activity [09/30/2016](#)
 - Agency – Who is responsible for complete implementation of this activity [DHHS](#)
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity [n/a](#)

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as

income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory 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% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination _____
- X**Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) [07/31/2016](#)
 - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented.](#)
 - Implemented requirement(s) – Identify any requirement(s) implemented to date [Nebraska currently authorize child care for 12 months at a time.](#)
 - Unmet requirement - Identify the requirement(s) to be implemented [Nebraska terminate child care if the household is not meeting a need for service. For example, if the client goes on maternity leave or has a break in between their school schedule, child care is closed. Nebraska is currently working on updating state regulations to include that child care may remain open during the 12 month redetermination period as long as the household stays within 85% SMI.](#)
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) [Rule changes.](#)
 - Projected start date for each activity [05/01/2016](#)

- Projected end date for each activity [07/31/2016](#)
- Agency – Who is responsible for complete implementation of this activity [Lead Agency](#)
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent’s non-temporary loss of work or cessation of attendance at a job training or education program?

- XYes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs [Child care for two consecutive calendar months per program year \(July 1st through June 30th\) to enable the client to seek employment. Following the loss of employment, the client may receive two consecutive calendar months. Each time the client loses employment, s/he is eligible for up to two months of child care to allow him/her to seek employment. Child care may resume for attendance in training or education programs once those programs begin again. Nebraska is currently reviewing job search policies and will be making changes to allow up to two months of job search at the time of employment lost.](#)
- No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment [Nebraska has a process which allows TANF families to be considered 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. 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 \(392 NAC 4-002.03A\).](#)
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here and describe how many jurisdictions set their own sliding fee scale _____. Fill in the chart based on the most populous area of the State.

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest “Entry” Income Level Where Copayment First Applied	What is the monthly copayment for a family of this size upon initial entry into CCDF?	What is the percent of income for (b) ?	Highest “Entry” Income Level Before No Longer Eligible	What is the monthly copayment for a family of this size upon initial entry into CCDF?	What is the percent of income for (e)?
1	\$1328	\$100	7.5%	\$1725.99	\$181	10.5%
2	\$1674	\$126	7.5%	\$2175.99	\$228	10.5%
3	\$2021	\$153	7.6%	\$2626.99	\$276	10.5%
4	\$2368	\$180	7.6%	\$3077.99	\$324	10.5%
5	\$2714	\$205	7.6%	\$3527.99	\$370	10.5%

a) What is the effective date of the sliding fee scale(s)? [07/01/2015](#)

b) Provide the link to the sliding fee scale <http://dhhs.ne.gov/Doucments/392-000-201.pdf>

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

Fee is a dollar amount and

- Fee is per child with the same fee for each child
- Fee is per child and discounted fee for two or more children
- Fee is per child up to a maximum per family
- No additional fee charged after certain number of children
- Fee is per family

Fee is a percent of income and

- Fee is per child with the same percentage applied for each child
- Fee is per child and discounted percentage applied for two or more children
- Fee is per child up to a maximum per family
- No additional percentage applied charged after certain number of children
- Fee is per family
- Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____
- Other. Describe _____

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

Yes, and describe those additional factors using the checkboxes below.

- Number of hours the child is in care
- Lower copayments for higher quality of care as defined by the State/Territory
- Other. Describe other factors _____

No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

Yes, the Lead Agency waives family contributions/co-payments for families with 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 [\\$1,673.99](#).

No, the Lead Agency does not waive family contributions/co-payments.

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

Limits the maximum co-payment per family. Describe [There is a maximum amount of copayment based on the family's size and income.](#)

Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe _____

Minimizes 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 Department 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.](#)

Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe [Except for foster children and children receiving guardianship or adoption subsidy, the provider is not allowed to charge the parent or caretaker the difference between the Department's reimbursement and the provider's private pay rate. A foster parent or subsidized adoptive parent or guardian may make arrangements with a provider to supplement the Department's reimbursement.](#)

Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe _____

Other. Describe [The Department will cover fees charged by a child care program for enrolling a child. The enrollment fee must not exceed enrollment fees charged to private pay families or the Department's maximum and are only paid to licensed programs. The Department may also pay activity fees to licensed programs only. The activity fee must not](#)

[exceed what is charges to private pay families or the Department's maximum. Activity fees are intended primarily for school age children during the summer months. The Department may also cover transportation to and from the client's household and daycare should the client qualify for transportation services.](#)

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

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 enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)) [Parents are generally informed of this when they complete their interview for the Child Care Subsidy Program with a Social Service Worker through the Department. The information is also found in the policy manual at 392 NAC 3-010.](#)

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories – such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers. (658E(c)(2)(A)(i), 658P(2), 658Q)) Check all that apply.

- Certificate form provides information about the choice of providers, including high quality providers
- XCertificate is not linked to a specific provider so parents can choose provider of choice
- XConsumer education materials on choosing child care
- XReferral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- XVerbal communication at the time of application
- Community outreach, workshops or other in-person activities
- XOther. Describe [A listing of child care providers who are licensed in Nebraska and accept Child Care Subsidy is located to the public online at:
http://dhhs.ne.gov/publichealth/Documents/ChildCareRoster.pdf](#)

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))) **Note:** Do not check “yes” if every provider is simply required to sign an agreement in order to be paid in the certificate program.

- Yes. If yes, **describe:**
 - the type(s) of child care services available through grants or contracts _____
 - the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) _____
 - the process for accessing grants or contracts _____
 - the range of providers available through grants or contracts _____
 - how rates for contracted slots are set through grants and contracts _____
 - how the State/Territory determines which entities to contract with for increasing supply and/or improving quality _____
 - if contracts are offered statewide and/or locally _____
- No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

- Increase the supply of specific types of care with grants or contracts for:
 - Programs to serve children with disabilities
 - Programs 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
 - Programs to serve children in underserved areas
 - Programs that serve children with diverse linguistic or cultural backgrounds
 - Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other. Describe _____
- Improve the quality of child care programs with grants or contracts for:
 - Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
 - Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
 - Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
 - Programs to serve children with disabilities or special needs
 - Programs 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
 - Programs to serve children in underserved areas
 - Programs that serve children with diverse linguistic or cultural backgrounds
 - Programs that serve specific geographic areas
 - Urban

Rural

Other. Describe _____

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access [Parents must have access to their children at all times. Supporting policy can be found in 391 NAC and 392 NAC.](#)

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe [Three or more children needing care.](#)

Restricted based on provider meeting a minimum age requirement. Describe _____

Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe [A client who has non-traditional work hours may use an in-home provider \(i.e. weekends, holidays, and evenings after p.m.\).](#)

Restricted to care by relatives. Describe _____

Restricted to care for children with special needs or medical condition. Describe [Children with verified special needs may use an in-home provider.](#)

Restricted to in-home providers that meet some basic health and safety requirements. Describe _____

Other. Describe [To be eligible for in-home care, the client must meet one of the following criteria: 1. Have three or more children needing care; 2. Work non-traditional hours; and/or 3. Have a child\(ren\) with special needs.](#)

No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to

the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State 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 Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- X MRS
- Alternative Methodology. Describe _____
- Both. Describe _____
- Other. Describe _____

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology. [Data for the 2015 MRS was collected from 11/2014 to 01/2015. It was unknown by the CCDF Program Manager that there should have been consultation with the State Advisory Council, therefore, unfortunately it did not occur. The DHHS CCDF program worked with a Program Analyst and Administrator from the DHHS Financial Services Department to review and analyze the MRS data.](#)

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, 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 models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. [The public health child care licensing information system provided a comprehensive list of all child care providers \(3,210\) in the state of Nebraska. From this list, providers identified as Head Start \(27\), After-School only \(4\), School-Age Only \(15\) and accredited providers \(35\) in the information system were removed to reduce the sample size to 3,129. From these, the following subsets were determined based on geographic location \(Urban or trade center/urban, based on county in which the provider is located\) and facility type \(Family Child Care Home or Child Care Center\) as shown in the table below:](#)

Geographic Area	Facility Type		Grand Total
	FCCH-I/II	CCC	
Urban	1,152	412	1,564
TdCtr/Rural	1,327	238	1,565
Grand Total	2,479	650	3,129

[For each of the four subsets above, sample sizes were determined that would provide a 95% confidence level with an acceptable error of 5%. The number of providers sampled in each subset is shown in the table below.](#)

Geographic Area	Facility Type		Grand Total
	FCCH-I/II	CCC	
Urban	196	303	499
TdCtr/Rural	198	238	436
Grand Total	394	541	935

[Providers were selected randomly from each subset and contacted to complete a standard survey. All providers were given the same survey which requested “private pay” rates \(hourly,](#)

daily, weekly, and monthly) for Infant, Toddler, Pre-K, and School-Age care. The results were compiled and the 60th percentile (inclusive) in each stratified category (e.g. Rural – FCCH – Toddler – Hourly) were determined. For strata with a very low response rate, one-way ANOVA tests were performed to determine if the rate increases observed were comparable to similar strata with higher response rates.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

- a) Geographic area (e.g., statewide or local markets) Nebraska categorizes geographic areas by Urban counties, Trade Center counties, and rural counties. Urban is defined by having a population of 100,000 or greater and includes Douglas, Lancaster and Sarpy counties. Trade Center is defined by having a population greater than 20,000 but less than 100,000 and includes Adams, Buffalo, Cass, Dakota, Dawson, Dodge, Gage, Hall, Lincoln, Madison, Platte, Saunders, Scotts Bluff, and Washington counties. Rural is defined by population less than or equal to 20,000 and include all other counties in Nebraska.
- b) Type of provider Child Care Centers, Family Child Care Home I, and Family Child Care Home II.
- c) Age of child Infants (0 to 18 months), Toddlers (18 months to 36 months), Preschool (36 months to kindergarten), and School Age (kindergarten to age 13).
- d) Describe any other key variations examined by the market rate survey, such as quality level_____

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) Nebraska’s MRS results were finalized in spring of 2015 and implemented for 07/01/2015.
- b) Date report containing results was made widely available, no later than 30 days after the completion of the report The new child care rates were updated in the appendix of Title 392 – Child Care Subsidy Program. These regulations are available to the general public on the DHHS web page. It was unknown to the CCDF Program Manager that it is required to produce and share a ‘data report’. A report of the 2015 MRS results and data will be posted no later than 03/01/2016.
- c) How the report containing results was made widely available and provide the link where the report is posted if available The 2015 MRS report will be posted on the Lead Agency web page.

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to

provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here . Describe how many jurisdictions set their own payment rates_____.

- a) Infant (6 months), full-time licensed center care in most populous geographic region
 - Rate \$42.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 60%
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
 - Rate \$30 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 60%
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
 - Rate \$39.40 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 60%
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
 - Rate \$28.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 60%
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
 - Rate \$36 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 60%
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
 - Rate \$28.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 60%
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
 - Rate \$33 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 60%
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
 - Rate \$28.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 60%
- i) Describe the calculation/definition of full-time care [Care for six or more hours must be billed by the day.](#)
- j) Provide the effective date of the payment rates [07/01/2015](#)
- k) Provide the link to the payment rates <http://dhhs.ne.gov/Documents/392-000-203.pdf>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- Tiered rate/rate add-on for non-traditional hours. Describe _____
- XTiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe [A higher rate may be negotiated for children with special needs once proper documentation has been provided. The rate is based on what is needed outside the realm of typical child care rather than based on the child's actual diagnosis.](#)
- Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe _____
- XTiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe [As part of Step Up to Quality, non-accredited programs who achieve a Step 3 or higher will receive an increase of 5% in their Subsidy rates at Steps 3, 4, and 5 for a 15% total increase. Accredited programs who achieve a Step 4 or higher, will receive an increase of 5% in their Subsidy rates at Step 4 and 5 for a 10% total increase.](#)
- Tiered rate/rate add-on for programs serving homeless children. Describe _____
- Other tiered rate/rate add-on beyond the base rate. Describe _____
- None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology [According to Nebraska's Revised State Statute \(43-536\), "In determining the rate of reimbursement for child care, the Department of Health and Human Services shall conduct a market rate survey of the child care providers in the state. The department shall adjust the reimbursement rate for child care every odd-numbered year at a rate not less than the sixtieth percentile and not to exceed the seventy-fifth percentile of the current market rate survey, except that \(1\) nationally](#)

accredited child care providers may be reimbursed at higher rates and (2) an applicable child care or early childhood education program, as defined in section 71-1954, that is participating in the quality rating and improvement system and has received a rating of step three or higher.”

Nebraska set their rates for the 2015 MRS at the 60th percentile. Thus, Family Child Care Homes I and II and Child Care Centers, urban, trade-center, and rural areas received a rate increase. Accredited providers will continue to receive a higher rate as they previously did. The rate was set at the 75th percentile. The rate to pay accredited providers is the same throughout the state. This adjustment is to maintain an incentive to attain a higher quality of achievement and care.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. Most rate categories (all based on age of child/location/provider type) received an increase with the recent 2015 MRS. The Lead Agency has sets higher rates for providers who are Accredited and/or participating in Step Up to Quality and rated a step three or higher. Accreditation rates do vary, pending the child’s age and if the provider is a Child Care Center versus a Family Child Care Home I or II. A tiered payment method is used for Step Up to Quality participants, for levels three, four, and five. Providers can also receive a higher rate when caring for children with special needs.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe _____
- XUsing tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.

- Rates based on data on the cost to the provider of providing care meeting certain standards. Describe _____
- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe _____
- Data on the proportion of children receiving subsidy being served by high-quality providers. Describe _____
- Data on where children are being served showing access to the full range of providers. Describe _____
- Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF. Describe _____
- Feedback from parents, including parent survey or parent complaints. Describe _____
- Other. Describe _____

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- XThe State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access [Nebraska set their rates for the 2015 MRS at the 60th percentile for Family Child Care Home I and II and Child Care Centers and at the 75th percentile for accredited providers to be in compliance of Nebraska's State Statute referenced in 4.3.3.](#)
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____

-
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

-
- Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory’s payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.
- X**Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially Implemented](#)
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

- Unmet requirement - Identify the requirement(s) to be implemented [Policy has been drafted purposing providers be able to bill for a set amount of holidays and absences due to illness per month. Policy will need to go through all proper channels for review and approval before this can be implemented.](#)
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) [Rule changes](#)
 - Projected start date for each activity [09/1/2015](#)
 - Projected end date for each activity [09/30/2016](#)
 - Agency – Who is responsible for complete implementation of this activity [Lead Agency](#)
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency ...

- Pays prospectively prior to the delivery of services. Describe _____
- XPays within no more than 21 days of billing for services. Describe [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.](#)
- XSupports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory’s definition of occasional absences [When a child quits without notice, DHHS will pay for up to three days of care if the provider charges private pay families on the basis of enrollment only and the child is not in attendance for three consecutive days and the provider has not notified the provider that services are terminated. This is only the case for when the child is no longer attending, not for absences during ongoing care.](#)

[For foster children or children receiving adoption or guardianship subsidy, payment may be made based on enrollment within the following guidelines: the provider is licensed, the provider has written policies specifying that they charge private-paying families by enrollment, and the child attends the program for a minimum of 30 hours per week. The provider may charge a maximum of one daily unit for a day when the child is not in care or is in care for less than six hours.](#)

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe _____
- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe _____
- Pays on a full-time or part-time basis (rather than smaller increments such as hourly) _____
- XPays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) DHHS will cover fees charged by a child care program for enrolling a child. The enrollment fee must not exceed enrollment fees charged to private pay families or the Department's maximum. Enrollment fees are only paid to licensed programs. DHHS may also pay activity fees to licensed programs only. The activity fee must not exceed what is charges to private pay families or the Department's maximum. Activity fees are intended primarily for school age children during the summer months. DHHS may also cover transportation to and from the client's household and daycare should the client qualify for transportation services.
- XProvides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment 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.
- XHas a timely appeal and resolution process for payment inaccuracies and disputes. Describe DHHS will send a letter to the provider informing the provider 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.
- Other. Describe _____
- For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory _____

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- Policy on length of time for making payments. Describe length of time _____

-
- Track and monitor the payment process _____
 - Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe [All billing can be done online and payment is issued via direct deposit or through a state issued debit card.](#)
 - Other. Describe _____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

- Yes. Describe data sources [Entities in Nebraska vested in early childhood development, at-risk children, quality child care \(i.e. First Five Nebraska, NCFE, Buffet Early Childhood Institute\) conduct data analysis and produce reports identifying populations of at-risk children, existing and growing needs. This information is presented to legislation, stakeholders, and DHHS.](#)
- No. If no, how does the State/Territory determine most critical supply needs?

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

- a) Infants and toddlers (check all that apply)
 - Grants and contracts (as discussed in 4.1.3)
 - Family child care networks
 - Start-up funding
 - Technical assistance support
 - Recruitment of providers
 - Tiered payment rates (as discussed in 4.4.1)
 - Other. Describe _____
- b) Children with disabilities (check all that apply)
 - Grants and contracts (as discussed in 4.1.3)
 - Family child care networks
 - Start-up funding
 - Technical assistance support
 - Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other. Describe _____

c) Children who receive care during non-traditional hours (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other. Describe _____

d) Homeless children (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other. Describe _____

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe [Nebraska has several entities, across the state, vested in early childhood development, at-risk children, quality child care \(i.e. Step Up to Quality, NCFE which includes Sixpence and Rooted in Relationships, and Head Start/Early Head Start\). The Lead Agency has partnerships with several of them and fund a portion of the work/outreach they do.](#)

[Step Up to Quality is still building up the program and providers participating. Step Up to Quality promotes quality child care for centers and providers. Educating](#)

[providers, families and general public the importance of quality care and child development.](#)

[The other programs focus on enhancing the quality of early childhood services in communities by building communities partnership between local school districts, providers and other area agencies and stakeholders. Outreach and participation is targeted for families, children, and communities identified to be at-risk. Sixpence offers high-quality early learning environments for infants and toddlers and helps families understand the benefits of healthy interactions with their children.](#)

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-

service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care [Nebraska has the following Licenses:](#)

- [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.](#)

-
- [School-Age Only Child Care Centers: Licensed to provide a child care program for 13 or more children who attend kindergarten or above. A school-age center may be located in the licensee’s residence or another location.](#)

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

- XYes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers [These types of providers must follow a set of regulations to ensure the clients safety and must also sign a Provider Agreement indicating they will adhere to the regulations.](#)
- No

5.1.3 Describe the status of the State/Territory’s development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 5.1.4 and 5.1.5 below.
- XNot implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented.](#)
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable [Nebraska currently regulates group sizes in rooms where infants receive care.](#)
 - Implementation progress to date – Identify any requirements(s) partially or substantially implemented. [Nebraska currently regulates group sizes in rooms where infants receive care.](#)
 - Unmet requirement - Identify the requirement(s) to be implemented [Currently, Nebraska does not regulate group size for all ages of children in care in licensed programs. The Division of Public Health will be](#)

[submitting a request to seek legislative support to regulate group sizes for all ages.](#)

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
[Legislative and rule change.](#)
 - Projected start date for each activity [07/01/2016](#)
 - Projected end date for each activity [04/2016](#)
 - Agency – Who is responsible for complete implementation of this activity [Lead Agency which includes Public Health](#)
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
 - State/Territory age definition [A child six weeks up to 18 months of age.](#)
 - Ratio [1:4](#)
 - Group size [12](#)
2. Toddler
 - State/Territory age definition [A child 18 months of age up to age three.](#)
 - Ratio [1:6](#)
 - Group size [Currently, group size is not regulated for this age.](#)
3. Preschool
 - State/Territory age definition [A child age 3 or older who has not attended kindergarten.](#)
 - Ratio [1:10 for children age 3 and 1:12 for children age 4 and up who have not attended kindergarten.](#)
 - Group size [Currently, group size is not regulated for this age.](#)
4. School-Age
 - State/Territory age definition [A child who attends school.](#)
 - Ratio [1:15](#)
 - Group size [Currently, group size is not regulated for this age.](#)
5. If any of the responses above are different for exempt child care centers, describe [All Child Care Home Centers must be licensed and follow the ratios outlined above.](#)

-
6. Describe, if applicable, ratios and group sizes for centers with mixed age groups if infants are being cared for in rooms where other ages of children are in care, the class size is limited to 12 children.

b) Licensed Group Child Care Homes:

1. Infant
 - State/Territory age definition A child six weeks up to 18 months of age.
 - Ratio 1:4
 - Group size Cannot have more than three infants in care if caring for mixed ages of children.
 2. Toddler
 - State/Territory age definition A child 18 months of age up to age three.
 - Ratio N/A
 - Group size N/A
 3. Preschool
 - State/Territory age definition A child age 3 or older who has not attended kindergarten.
 - Ratio N/A
 - Group size N/A
 4. School-Age
 - State/Territory age definition A child who attends school.
 - Ratio N/A
 - Group size N/A
 5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day Nebraska refers to “group child care homes” as a Family Child Care Home II. This license type can provide care to infants only. If the program provides care to infants only, they must have 3 staff if they have 9-12 children in care. If they care for mixed ages of children, they can care for up to 12 mixed ages of children with 2 caregivers, however, they are limited to 3 infants and at least 1 of the 3 infants must be over 12 months of age.
 6. If any of the responses above are different for exempt group child care homes, describe All Family Child Care Home II’s must be licensed and follow the ratios outlined above.
- N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios Nebraska refers to “family child care” as a Family Child Care Home I. This license type can provide care to infants only. If they provide this type of care only, the ratio is 1:4. If they provide this type of care only, the ratio is 1:4. If they care

for mixed ages of children, they can care for up to 10 children alone, however, they are limited to 3 infants and at least 1 of the 3 infants must be over 12 months of age, group size 4:1 if infant care or 10:1 for mixed ages, the threshold for when licensing is required Nebraska law states that anyone caring for more than 3 children from different families for compensation must be licensed, maximum number of children that are allowed in the home at any one time 10, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size In licensed programs, the providers own children under the age of 8 count in ratio and capacity, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day A program may provide care for up to two additional school age children during non-school hours if no more than two of the total number of children are under 18 months of age.

2. If any of the responses above are different for exempt family child care home providers, describe All Family Child Care Home l's must be licensed and follow the ratios outlined above.

d) Any other eligible CCDF provider categories:

Describe the ratios 3 children from different families or 6 children from the same family, group size , the threshold for when licensing is required , maximum number of children that are allowed in the home at any one time , if the State/Territory requires related children to be included in the child-to-provider ratio or group size , or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead 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 clocks hours of training in early childhood and assistant teacher qualifications Nebraska regulations do not address qualifications for assistant teachers. All support staff must be at least 16 years of age. All rooms must always have a room with a person who meets teacher qualifications.
2. Toddler lead 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 clocks hours of training in early childhood and assistant teacher qualifications Nebraska regulations do not address qualifications

for assistant teachers. All support staff must be at least 16 years of age. All rooms must always have a room with a person who meets teacher qualifications.

3. Preschool lead 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 clocks hours of training in early childhood and assistant teacher qualifications Nebraska regulations do not address qualifications for assistant teachers. All support staff must be at least 16 years of age. All rooms must always have a room with a person who meets teacher qualifications.
4. School-Age lead 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 clocks hours of training in early childhood and assistant teacher qualifications Nebraska regulations do not address qualifications for assistant teachers. All support staff must be at least 16 years of age. All rooms must always have a room with a person who meets teacher qualifications.
5. Director qualifications 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 HS diploma and 3000 clocks hours of verifiable experience AND have successful completed six credit hours or 36 clock hours in the field of early childhood or a written Department approved plan to acquire at least 6 credit hours or 36 clock hours. The training must be done in 12 months.

b) Licensed Group Child Care Homes:

1. Infant lead teacher Must be at least 19 years of age and be able to read, understand, and be familiar with regulations and assistant qualifications Must be at least 16 years of age.
 2. Toddler lead teacher Must be at least 19 years of age and be able to read, understand, and be familiar with regulations and assistant qualifications Must be at least 16 years of age.
 3. Preschool lead teacher Must be at least 19 years of age and be able to read, understand, and be familiar with regulations and assistant qualifications Must be at least 16 years of age.
 4. School-Age lead teacher Must be at least 19 years of age and be able to read, understand, and be familiar with regulations and assistant qualifications Must be at least 16 years of age.
- N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications [Must be at least 19 years of age and be able to read, understand and be familiar with regulations.](#)

d) Other eligible CCDF provider qualifications

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

XYes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016. Provide a citation and a link if available [Current child care regulations address all topics.](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and

descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____
- b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.
- XYes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet

these health and safety requirements [Current requirements for all licensed programs in Nebraska require a pre-service training. This training focuses on the licensing process, description of the regulations; including those that are specific to health and safety requirements that are listed above. All licensed programs are required to obtain a minimum of 12 clock hours of training each year.](#)

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

- XNutrition (including age appropriate feeding). Describe [All meals and snacks are required to meet USDA guidelines. Food must be appropriate to the age and development of the child and address any allergies and food intolerance.](#)
- XAccess to physical activity. Describe [The program must have an outdoor play area available and include an opportunity for outdoor play.](#)
- Screen time. Describe
- XCaring for children with special needs. Describe [Regulations requirement. Equipment and materials must be sufficient for the children’s developmental needs. Dietary regulations specifically address the need for children’s food allergies. Medication requirements address the needs of children who may have high medical needs. Disaster/emergency planning must address how programs will endure the needs of children who may have special needs will be met.](#)
- XRecognition and reporting of child abuse and neglect. Describe [Both child care licensing regulations and Nebraska State Statutes require that all child care providers must complete Safety Training. This safety training includes recognizing signs of child abuse and neglect, how to report abuse and neglect. The training also addresses how providers can begin to recognize the warning signs they may experience themselves regarding losing patience with children and potentially abuse a child.](#)
- XOther subject areas determined by the State/Territory to be necessary to promote child development or to protect children’s health and safety. Describe [All programs are required to take a management training class. In addition, all programs must complete training in the seven domains of Nebraska’s Early Childhood Learning Guidelines; where providers will receive training on several topics, including Health and Physical Development and Social/Emotional Development.](#)

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

- Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. _____
- Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____

-
- XNo, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

- XYes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation [Licensed programs are inspected at least once a year. Verification of any required training and regulations is conducted during these inspections. This inspection requirement can be found in the Nebraska Revised Statutes: 71-1901 to 1923.](#)
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

XYes. The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting: [In Nebraska, individuals who are hired as licensing inspectors must have graduated from an accredited four year college or university with specialization in elementary or early childhood education, human development, sociology/psychology, child development, social work, nursing or a related field. In addition, they must have experience as in inspector or investigator in a related field and/or experience as a licensee of an early childhood program. These requirements can be found on the State of Nebraska Class Specification Sheet \(Est: 1/92-REV 7/07\). All new inspectors go through an extensive training process that involve a full and complete review and interpretation of all regulations. New staff spend a significant amount of time observing other inspectors during their visits and conducting inspections while more senior staff observe. Supervisors review inspection documentation of new staff carefully to verify their understanding of the regulation as well as accompany new staff on visits. The job requires inspectors to be able to establish and maintain working relationships with all licensees including those from diverse backgrounds.](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here.

Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

- X**Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits [All licensed programs in Nebraska must have at least one unannounced inspection annually if they are licensed for less than 30 children and at least two unannounced inspections annually if they are licensed for 30 or more children. Current regulations for all license types address health, safety, and fire standards.](#)

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- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

- Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements: _____
- XNo. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief

text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) [11/19/2016](#)
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially Implemented](#)
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable [01/01/2016, Resource Development \(RD\) workers, who hold the Subsidy agreements with providers, became specialized. This means that a team of RD workers \(statewide\) will work with only child care providers, where previously, RD workers held agreements for several programs with providers. This was the first step in working towards annual inspections. This organizational change will allow better training and monitoring of RD staff.](#)
 - Unmet requirement - Identify the requirement(s) to be implemented [Regulations need to be updated to reflect that inspections need to be completed annually, rather than every 36 months.](#)
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) [Rule change](#)
 - Projected start date for each activity [11/01/15](#)
 - Projected end date for each activity [11/19/16](#)
 - Agency – Who is responsible for complete implementation of this activity [Lead Agency](#)
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____
- d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))
- Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding the ratio of licensing inspectors to such child care providers

and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors: _____

- XNo. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) [06/01/2016](#)
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented.](#)
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented [Currently, there are 23 full time employees \(FTE\) to conduct all required inspections with an approximate caseload of 170 inspections/160 facility caseload each year/inspector. That number does not include any complaint investigations, monitoring, initial licensing inspections or consultations. Due to the number of complaints this year, not all yearly required inspections according to Nebraska law were completed. Caseloads will be evaluated to determine how workload can be more evenly distributed given the challenges of geography in a very rural state such as Nebraska.](#)
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) [Review of caseloads, reassignments of caseloads and review of work processes.](#)
 - Projected start date for each activity [01/2016](#)
 - Projected end date for each activity [06/01/2016](#)
 - Agency – Who is responsible for complete implementation of this activity [Lead Agency – DHHS - Division of Public Health](#)
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

- XYes. Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) [State law reporting requirements and regulations require all individuals who suspect a child is being abused or neglected must report to Child Protective Services or Law Enforcement.](#)
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than November 19, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual

cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

- Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. _____
- Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____
- No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and 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 at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense

committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - 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.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory’s consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory’s requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the policy citation within the Lead Agency’s rules _____ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.
- XNot implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2017) [09/30/2017](#)
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented.](#)

-
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable [Nebraska currently restricts individuals who have committed certain crimes from being licensed or hired as a staff person in child care. Statewide child and adult abuse/neglect checks are conducted as well as a statewide sex offender’s registry check.](#)
 - Unmet requirement - Identify the requirement(s) to be implemented
 - [Current regulations require the licensee to submit their own criminal history check. This information is verified by DHHS through a state wide listing of all law enforcement records. National criminal history checks are currently not being conducted. Nebraska must start conducting comprehensive criminal background checks every five years.](#)
 - [National Crime Information Center \(NCIC\), FBI fingerprinting, and National Sex Offender Registry \(NSOPW\).](#)
 - [45 day time frame to complete background checks.](#)
 - [Background check appeal process.](#)
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) [Legislation will be needed in order for all required background checks to be conducted. Regulations will need to be revised once legislation is passed.](#)
 - Projected start date for each activity [01/01/2016](#)
 - Projected end date for each activity [09/30/2017](#)
 - Agency – Who is responsible for complete implementation of this activity [Lead Agency](#)
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks. [Nebraska does not use a 3rd party for conducting background checks. Background completions policies and processes are different for licensed providers versus Child Care Subsidy](#)

providers. Licensed providers are required to provide their own back ground check. There is no time frame for new, unlicensed providers to comply with their background checks requirement. They cannot be licensed until they provide their checks. For licensed providers who need to submit background checks (i.e. a new member living in a Family Child Care Home), they have 30 days to submit checks to DHHS. A licensed provider can appeal if DHHS takes an action (deny an application, revoke, and/or discipline of some sort).

For Child Care Subsidy Providers, currently there is not an appeal process for the provider who has had their Subsidy denied or terminated due to background checks or any other reason. Resource Development workers complete background checks for Family Child Care Home I/II and their household members, and Child Care Center providers. Checks are completed within 45 days, unless it is out of state, in which the provider is responsible for obtaining.

5.3.3 Describe how the State/Territory is assisting other States process background checks, including any agencies/entities responsible for responding to requests from other states N/A

5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

- XYes. Describe Regulations regarding drug offense disqualifications are different for licensed providers (Family Child Care Home I/II and Child Care Centers) verses a Child Care Subsidy provider. The following is policy for licensed providers:

An individual is permanently disqualified from holding a child care license or working as a staff member or volunteer in a Family Child Care Home I/II or 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. These crimes include, but are not limited to: Felony controlled substances offences, other than possession;

An individual is disqualified from holding a child care license or working as a staff member or a volunteer in a Family Child Care Home I/II or Child Care Center if s/he has a criminal history that includes conviction in the last 20 years of: Felony possession of controlled substance offences.

Below are drug offense disqualifications policies/procedures for providers who have a Subsidy agreement:

Department staff must deny or terminate service provider approval when conviction has occurred in the following areas: Possession of any controlled substance within the last five years; and Possession of a controlled substance with intent to deliver within the last ten years.

If the appropriate amount of time has passed since the above convictions, the individual is thoroughly reviewed. Any individuals with a chronic history with law enforcement or CPS/APS will be denied provider status.

No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

XYes. Describe Regulations regarding disqualifications are different for licensed providers (Family Child Care Home I/II and Child Care Centers) versus a Child Care Subsidy provider. The following is policy for licensed providers:

An individual is permanently disqualified from holding a child care license or working as a staff member or volunteer in a Family Child Care Home I/II or Child Care Centers 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. These crimes include, but are not limited to: Aggravated or armed robbery; assault, first or second degree; child abandonment; child abuse; child molestation or debauching a minor; child neglect; commercial sexual exploitation of a minor; domestic violence; 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 of custody; incest; kidnapping; murder, first or second degree; sexual abuse of a minor, sexual assault; sexual exploitation of a minor, including child pornography; or voluntary manslaughter.

Twenty-Year Disqualification: An individual is disqualified from holding a child care license or working as a staff member or a volunteer in a Family Child Care Home I/II or Child Care Centers if s/he has a criminal history that includes conviction in the last 20 years of: Arson; criminal non-support; felony possession of controlled substance offences; felony theft; or robbery. The 20-year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility is not included in the calculation of the 20-year period of disqualification. If the individual has more than one conviction, the 20-year disqualification begins the date the most recent conviction became final.

Five-Year Disqualification: An individual is disqualified from holding a child care license or working as a staff member or a volunteer in a Family Child Care Home I/II or Child Care Centers if s/he has a criminal history that includes conviction in the last five years of: burglary; driving under the influence: two or more convictions; felony bad check writing; misdemeanor controlled substances offenses; misdemeanor

contributing to the delinquency of a child; or misdemeanor theft. The five-year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility is not included in the calculation of the five-year period of disqualification. If the individual has more than one conviction, the five-year disqualification begins the date the most recent conviction became final.

Below are disqualifications policies/procedures for providers who have a Subsidy agreement:

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.

Special Criminal History: Department staff must deny or terminate service provider approval when conviction has occurred in the following areas: child pornography; child or adult abuse; 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; domestic assault; 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 any controlled substance within the last five years; possession of a controlled substance with intent to deliver within the last ten years; felony or misdemeanor assault without a weapon in the last ten years; felony or misdemeanor assault with a weapon in the last 15 years; prostitution or solicitation of prostitution within the last five years; felony or misdemeanor robbery or burglary within the last ten years; rape or sexual assault; or Homicide.

No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

- Yes, all relatives are exempt from all background check requirements.
- Yes, some relatives are exempt from the background check requirements. If the State/Territory exempts some relatives from background check requirements, describe which relatives are exempt from which requirements (some or all)._____

XNo, relatives are not exempt from background checks.

5.3.7 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 conducted by the State/Territory or a 3rd party vendor or contractor. Lead Agencies can report that no fees are charged if applicable. Nebraska does not have a 3rd party vendor or contractor who conducts background checks. Currently (all subject to change to meet the Federal requirements) licensed providers are required to obtain background checks for themselves and for staff if they have staff working for them. If there is a fee, they are the responsibility of the provider, paid directly to the entity conducting the check. Most checks are completed by local law enforcement or the State Patrol, free of charge.

RD workers conduct back ground checks on license exempt providers, DHHS conducts background checks for providers with the exception of finger-printing and out-of-state background checks, free of charge. Nebraska does not conduct out-of-state background checks, providers are required to obtain them, pay any associated fees, and then submit to the Department. Once Nebraska has implemented FBI finger printing into the background requirements, the provider will be responsible for that fee.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue Current background policies (for all providers receiving Subsidy) are located in Title 392 – Child Care Subsidy Program, available online at: http://dhhs.ne.gov/Pages/reg_t392.aspx . Background policies (for all licensed providers) are located in Title 391 – Children’s Services Licensing, available online at: http://dhhs.ne.gov/Pages/reg_t391.aspx .

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes. List types of crime included in the aggregated data _____

XNo

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to

challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development 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 across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

- 6.1.1 Describe the status of the State/Territory’s professional development system or framework, including training and professional development requirements 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.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.
- c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
- d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
- e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.
 - Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 6.1.2 through 6.1.6 below.
 - Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

- XState/Territory professional standards and competencies. Describe [Nebraska has two documents to assist the early childhood profession:](#)
 1. [Nebraska’s Core Competencies for Early Childhood Professionals: Knowledge and Skills Needed to Effectively Work with Children Ages Birth to Five Years. This document contains Nine Core Competency areas:](#)
 1. [Child Growth and Development;](#)
 2. [Health, Safety and Nutrition;](#)
 3. [Learning Environments;](#)
 4. [Planning Learning experiences/Curriculum;](#)
 5. [Interacting with Children and Providing Guidance to Children;](#)
 6. [Observation, Documentation and Assessment;](#)
 7. [Partnerships with Families and Communities;](#)
 8. [Professionalism and Leadership;](#)

9. [Administration, Program Planning and Development.](#)

[Core Competency areas include six levels of competency. These range from the skills and knowledge anyone entering the early childhood field should have to the skills and knowledge you would expect to see in someone with an advanced degree in early childhood education, child development, early childhood special education or a related degree and at least three years' experience in early childhood education \(this includes all of the skills in levels 1-5\).](#)

2. [Nebraska School-Age and Youth Development Core Competencies. These competencies include 6 areas of core competency. These are:](#)

1. [Growth and development;](#)
2. [Health;](#)
3. [Relationships;](#)
4. [Learning;](#)
5. [Professionalism;](#)
6. [Administration.](#)

[The Core Competency areas are divided into three levels: entry, intermediate, and advanced.](#)

- [XCareer ladder or lattice. 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 and 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 and best practices are embedded.](#)
- [XArticulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe Currently, early childhood education programs offered at all Nebraska Community Colleges have common course descriptions and course numbers. Additionally, most early childhood courses are accessible online and all articulate among the community colleges. Ongoing work is happening to improve the articulation between two and four year Institutions. The NDE Early Childhood Training Center \(ECTC\), which is part of the Office of Early Childhood has staff that meet with community college representatives regularly to assist with articulation. NDE also works with the Buffett Early Childhood Institute \(BECI\) to improve articulation agreements between 4 year institutions and with 2 year institutions.](#)

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- ❑ XCommunity-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe [ECTC, in consultation with DHHS, approves training that is used to satisfy child care licensing criteria for required training, annual in-service training, and training needed for participation or advancement in the quality rating and improvement system established pursuant to the Step Up to Quality Child Care Act \(Neb. Rev. Stat. 79-1102\(1\)\)](#).
 - ❑ XWorkforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe [Nebraska is currently creating a professional registry for early childhood education and care providers. The Nebraska Early Childhood Professional Records System \(NECPRS\) is being built in phases. It currently contains a training calendar in which early childhood training sponsored by ELCs and other approved trainings are posted. The NECPRS is available for early childhood education and care providers to create and maintain their personal education and training record. The system is also able to maintain records for trainers and coaches contracting with the ECTC or with NDE. The record system is tied to Step Up to Quality and tracks progress of programs participating in Nebraska's quality rating and improvement system. NECPRS tracks salaries and benefits for early childhood education and care providers. The system will eventually be able to link to the Nebraska Teacher Education Certification system and the Nebraska Student and Staff Records System \(NSSRS\) currently being used by public schools. Step Up to Quality, and the NECPRS are both voluntary at present. Data contained in the NECPRS is useful but not complete.](#)

[The BECI has also done some research to determine the state of the early childhood workforce in Nebraska. Their report is scheduled to be released within the next six months.](#)

- ❑ XAdvisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe [The ECICC provides recommendations for the professional development system. ECICC is charged with advising the Governor and State Agencies with issues related to early childhood education and care. It is the designated SAC for Nebraska as well as the state Interagency Coordinating Council \(ICC\) for IDEA Part C. ECICC prepares a biennial report with recommendations. The ECICC also advises state agencies on strategic plans, reports to federal agencies, and state regulations and policies. ECICC meets 4 times per year and its members are appointed by the Governor from applicants meeting criteria for membership.](#)
- ❑ XContinuing education unit trainings and credit-bearing professional development. Describe [Entities within the Nebraska system provide CEUs for the Child Development Associate Credential. The ECTC has created training curricula that when presented can be eligible for credit at community colleges. Some of these](#)

trainings include First Connections Online training and the Management Training Program.

- XState-approved trainings. Describe The ECTC has implemented several processes for approving training:
 1. A list of “Automatically Accepted” trainings is published on the NDE website <http://www.education.ne.gov/OEC/trainingapproval/automaticallyaccepted.pdf>. This list is accessible to the public and updated regularly. Information about the automatically accepted trainings is regularly sent to early childhood education and care providers by their ELC Coordinators. Finally, the child care licensing staff from DHHS have copies of the automatically accepted trainings available to them when they go on monitoring visits.
 2. Training approval: Entities wanting to provide training to early childhood education and care staff must complete a form accessible on the ECTC website. They then submit the form and it is reviewed by staff at ECTC. If the training is not appropriate, complete, or follow up to date research and evidence based practices, then the approval is not given. Training not approved will not result in acceptable training hours for child care providers.
 3. Independent Study: Sometimes a training on a specific topic of interest, or need is not immediately accessible to an individual provider. Also, some providers in Nebraska (especially some family child care providers) live in very remote parts of the state. To accommodate this need, providers are able to read training material or watch appropriate training videos, and submit information to receive credit for the training. Individuals must complete a form on the ECTC website and submit it. Staff at ECTC read the submissions and either approve the training, send the submission back for additional detail, or reject the submission entirely. (This is done if the material read or watched does not follow evidence-based practices).

- XInclusion in state and/or regional workforce and economic development plans. Describe NDE and the Lead Agency for CCDF (DHHS) work with the ELC Coordinators to ensure that regional plans mesh with state and federal priorities for workforce initiatives. Additionally, early childhood professional development is represented on the ECICC. Those representatives provide input to ECICC regarding needs at the local level. ECICC in turn provides recommendations to State Agencies, and to regional entities for implementation. The ECTC collaborates with BECI to prepare workforce plans and participate in work groups inclusive of Institutions of Higher Education to ensure that core competencies are embedded into coursework. NDE Offices of Early Childhood and Adult Education periodically work with Ad Hoc committees consisting of early childhood practitioners and representatives of Higher Education Institutions to revamp teacher certification requirements. The Ad Hoc committees ensure that requirements are aligned with Nebraska’s Core Competencies. Step Up to Quality Staff have also begun working with chambers of

commerce in selected areas to ensure that local leaders understand the importance of a high quality workforce. More work is planned as a communications plan is implemented statewide.

Other. Describe _____

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC As reported previously, ECICC is the statewide advisory body identified by the Governor as the SAC. ECICC provides recommendations for the professional development system. ECICC is charged with advising the Governor and State Agencies with issues related to early childhood education and care. The Regulations and Standards committee of ECICC discussed and recommended the proposed child care licensing regulations, including the professional development requirements, be approved by the Governor. The child care revisions which included professional development requirements were in process for a lengthy amount of time. ECICC recommended that the revisions be adopted in the 2010 report to the Governor. The 2014 recommendations include strengthening professional development to include training and coaching in several critical topic areas as follows:

- Infant-toddler development and indicators of quality in infant-toddler care
- They Pyramid Model
- Care and education of children with special needs in inclusive settings
- Home visiting
- Curriculum and Assessment
- Cultural Competence
- Parent-Child Interactions

Additionally, several recommendations were made to Strengthen Nebraska's Step Up to Quality Program. The 2014 ECICC report to the Governor can be found here: http://www.education.ne.gov/ecicc/reports_to_governor/2014.pdf

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements (see Information Memorandum on Children's Social Emotional and Behavioral Health <http://www.acf.hhs.gov/programs/occ/resource/im-2015-01>)

1. Training that is approved for child care providers is aligned with the Nebraska Early Learning Guidelines.
2. Health and Safety training is required for all early childhood education and care. A specific curricula has been developed (Safe with You) as base for Health and Safety training. Additionally, training regarding nutrition is required and a variety of training curricula can be accessed to meet that requirement.

-
3. [Continuous efforts are being made to embed social-emotional/behaviors and early childhood mental health knowledge into training throughout the state. Goal #1 for the team reads: Ensure that the Pyramid Framework is embedded in all early childhood workforce education and training from pre-service to in-service. The first objective reads: Early childhood professional development will connect to the Pyramid Framework across the state. There are a number of strategies under this goal that have been updated as progress has been made.](#)

- 6.1.5 Describe how the State’s training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable) [Programs operated by tribal organizations or on tribal lands are geographically located in one region of Nebraska. They fall within the Northern ELC region. The ELC Coordinator has developed relationships with the early education and care entities. Representatives from the early education and care programs are encouraged to be active participants in the ELC Network. For input and advice from the tribal early childhood communities, the ECICC includes representation from tribal early childhood programs.](#)
- 6.1.6 Describe how the State/Territory’s training and professional development requirements are appropriate, to the extent practicable, for child care providers caring 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 disabilities, and Native Americans, including Indians and Native Hawaiians [Nebraska child care training and professional development requirements are highly appropriated. Flexibility in the way providers receive most training is built into the system. Training curricula is available for providers who work with each age group of children. Trainers are adept at offering training curricula for family child care providers, who are often serving children of multiple age groups together. Moreover, options for meeting the needs of individual child care providers are available. These include: trainers \(wherever possible\) who speak the primary language of the participants; training that is offered at different times of the day or week, or broken into parts to meet the needs of participants with work and family responsibilities; opportunities for distance learning through technology; online coursework; articulation agreements; and independent study training opportunities. The needs of individual groups of child care providers are considered regularly to determine state and local priorities regarding training creation and dissemination. Nebraska regularly uses partners who represent different sectors of the early childhood community to inform the creation and revision of training.](#)
- 6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.
- [XFinancial assistance for attaining credentials and post-secondary degrees. Describe Nebraska CCDF funds \(along with state and private monies\) fund TEACH Early Childhood® Nebraska scholarships for low income child care providers.](#)

- Financial incentives linked to education attainment and retention. Describe _____
- 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 _____
- Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe _____
- Other. Describe _____

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language [There are multiple documents that are available in Spanish that are available for providers, families, and the general public. If a family is identified whose first language is not English and staff \(i.e. worker, coordinator, and/or trainer etc.\) has been identified to be fluent in their language, then programs may pair them up. Otherwise, LanguageLinc is used to provide assistance with the need. The Lead Agency will explore ways to do outreach for diverse populations.](#)

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- Other _____
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages [Spanish](#)

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory’s training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

- Yes. The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers _____
- No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented.](#)
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable [The Lead agency has identified the Homeless Education Coordinator with NDE for the McKinney-Vento Act and another vested person to participate in the creation and implementation of the training.](#)
 - Unmet requirement - Identify the requirement(s) to be implemented [Provide training and technical assistance to providers on identifying and serving homeless children and families.](#)
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) [Training and requirements.](#)
 - Projected start date for each activity [03/01/2016](#)
 - Projected end date for each activity [09/30/2017](#)
 - Agency – Who is responsible for complete implementation of this activity [Lead Agency and NDE](#)
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

Yes. If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. [Nebraska will use the number of child care professionals accessing training through the ELCs. Nebraska will also use the number of child care programs \(both center-based and family child care\) that participate in Step Up to Quality.](#)

b) Indicate which funds will be used for this activity (check all that apply)

XCCDF funds. Describe [Quality Basic, Quality Expansion, and Infant/Toddler Earmark funds will be used to partially fund the ELC networks.](#)

[Additionally, Quality Basic will be used to fund:](#)

- [1. The Child Care Information line which provides technical assistance and resources for child care providers.](#)
- [2. Child care training approval.](#)
- [3. Independent study training approval.](#)
- [4. The Early Childhood Media Center, which is a collection of professional development materials available to early childhood education and care professionals \(and parents\) of a free loan basis.](#)
- [5. Preparation of training curriculum materials.](#)
- [6. The creation of new training.](#)

[Quality Expansion will be used to fund:](#)

- [1. T.E.A.C.H.[®] Early Childhood Nebraska scholarships.](#)

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2. Training curriculum creation and coordination including train-the-trainer sessions to increase training capacity.

Infant/Toddler Earmark will be used to fund:

1. Ongoing support of infant/toddler online training course (First Connections) including the contracting of course monitors who monitor training requirements and provide feedback to students.

School Age Care Earmark will be used to revise and update an online training for out of school time providers.

XOther funds. Describe

Step Up to Quality funds will be used to:

1. Fund training of additional coach cadres to meet the need for qualified coaches.
2. Provide funding for the ELC networks.
3. Support coordination of social/emotional/mental health training.
4. Fund coaches/raters/program quality assessors in Step Up to Quality programs.
5. Provide training on curriculum and child assessment.

IDEA Part B will provide funding for Coach training and PTR-YC training.

IDEA Part C will provide funding for Circle of Security.

Private funding will provide funding for Circle of Security and Pyramid Module training.

University funding will provide Rock Solid training and other training, including training for out of school time providers, and literacy development.

Nebraska State General Funds will provide funding for:

1. Training curriculum creation.
2. Support of the program quality system, including the use of the Environment Rating Scales and CLASS.
3. Dissemination of training.

-
- c) Check which content is included in training and professional development activities. Check all that apply.
- X Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe
 1. [Pyramid model, including Rock Solid training, previously outlined.](#)
 2. [Go NAP SACC, nutrition training is embedded into Step Up to Quality and will be presented in places needed across the state.](#)
 3. [Early Learning Guidelines, Health and Physical Development domain training will be held across the state.](#)
 - X Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe
 1. [NDE Office of Early Childhood is a statewide partner leading the development and revisions of the Nebraska ELGs.](#)
 2. [NDE also is a statewide partner in the training and promotion of the Pyramid Model and provides guidance to the ELC partnership.](#)
 3. [The UNL Extension has created training and partnered with ELC networks to disseminate Rock Solid training to child care providers.](#)
 4. [NDE Office of Special Educations – Part C, has provided funding to local Planning Region Teams for social/emotional training.](#)
 5. [Nebraska Children and Families Foundation \(NCFE\) has used public funding granted by NDE and private funding to make program-wide implementation of The Pyramid Model a reality in child care centers and family childcare homes.](#)
 6. [NCFE has used private funding to implement Circle of Security training in different regions of the state.](#)
 - Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children’s positive development. Describe _____

-
- XDevelopmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe

1. NDE provides training for child care providers and staff from other early education and care facilities on Curriculum and Assessment. General curriculum training entitled 'Curriculum 101' has been offered in a number of local areas. A second curriculum training, 'Curriculum 102', is being developed. Both are aligned with the Nebraska ELG.
2. NDE has contracted with Teaching Strategies to present 'Creative Curriculum' training across the state. This will continue throughout the next few years.
3. NDE regularly provides training on using the Environment Rating Scales: ECERS-R, ITERS and FCCRS. Training will soon be available for ECERS 3 instead of ECERS-R. Regular training also includes Toddler CLASS and Pre-K CLASS. NDE will soon be adding Infant CLASS to the training schedule.

- XOn-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe

Nebraska is a "birth mandate state", meaning appropriate services to meet the needs of a child with a disability from birth or age of diagnosis are a right of families. The Early Development Network is designed to ensure that young children with learning or developmental abnormalities are referred for appropriate evaluation and verification 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.

School Districts and Educational Service Units (ESUs) that operate early childhood programs for children who have not yet reached kindergarten entrance age must meet the requirements of Rule 11: *Regulations for the Approval of Prekindergarten Programs Established by School Boards of Educational Service Units and for the Issuance of Early Childhood Education Grants*. Rule 11 requires *Coordination with Existing Programs and Funding Sources*, which includes programs receiving child care assistance through DHHS. Programs meeting Rule 11 should be working

with community child care to ensure that children receive comprehensive services either through direct service or through referral to other programs.

The ECTC Child Care Information Specialist provides information regarding local agencies and contact numbers to child care providers who need assistance accessing referrals for families.

- XUsing data to guide program evaluation to ensure continuous improvement. Describe**

1. Individual child care program level: Nebraska promotes the use of program quality measures (ERS and CLASS program tools). A significant infrastructure has been created to support several levels of trained observers. Staff from child care can attend specific training to design 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 reliability assessment. 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.
2. 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 targeted for improvement.
3. Child care training is evaluated by participants at each training session. The evaluations are collected and the data are used to provide feedback to the trainer and to the ECTC.
4. ELC's conduct an annual needs survey which informs the training offerings for the next year.

- XCaring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe**

State level partners including DHHS and NDE work with NCFE, BECI, the Nebraska Early Childhood Collaborative, and regional entities 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 largest metropolitan areas of the state (which is home to the largest concentration of children in poverty) specifically to meet the needs of children birth through 3rd grade and their families.

Educare: Nebraska is home to four nationally recognized Educare early childhood schools serving children from birth to kindergarten. They are full day, full year programs. They target children in poverty. Two Educare schools are located in Omaha, one in a low socioeconomic area of Lincoln, and one 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 (called Sixpence). This grant program will require local schools 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 Nebraska's voluntary Quality Rating and Improvement System. Step Up to Quality is only mandatory by statute for programs receiving more than \$250,000 per year in child care subsidy or receiving certain grant funds. This ensures that programs serving large concentrations of children of low income will participate in quality improving initiatives.

- X**Caring for and supporting the development of children with disabilities and developmental delays. Describe

Nebraska uses an awareness training for child care providers who may be hesitant about serving children with disabilities. It is called Special Care. The training includes activities to help providers become aware of their own assumptions, it includes practical ideas for steps to include children with disabilities or delays, and it includes resources for local

[providers as access local services. Special Care will be revised and updated in 2016.](#)

[Nebraska supports the training and 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. Cara's Kits and the TAM Technology Fan provide a plethora of ideas for adapting routines and materials for children. The ideas include low tech \(Velcro on toy shopping cart to stabilize it on carpet\) to high tech \(adaptive stander\). Serving children in inclusive and natural settings is a priority for NDE Early Childhood and Special Education teams in 2016.](#)

[NDE Offices of Early Childhood and Special Education work in collaboration with DHHS and ESUs to provide coaching supports.](#)

- X Supporting positive development of school-age children. Describe

[As described previously, CCDF funding will be supporting the revision and update of "School Age Connections", which is an online training specifically for out-of-school time child care providers.](#)

[CCDF funding provide support for the "Beyond School Bells" initiative at NCFE. Beyond School bells brings state level leaders and out-of-school-time providers together to plan strategies for improving the out-of-school -time network and increasing the quality and quantity of training for out-of-school-time- education and care providers. Staff from DHHS and NDE participate on work groups of the Beyond School Bells initiative to ensure that resources and training are available to out-of-school-time providers and training efforts are coordinated among state level entities to be cohesive and follow evidence-based practices.](#)

- Other. Describe _____

- d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

- Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling
- State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities
- Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education
- Other. Describe _____

No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

- 1) Number of pre-service or orientation hours and any required areas/content [Number of hours is not specified, however, programs must complete the Department approved orientation.](#)
- 2) Number of on-going hours and any required areas/content [Twelve hours. All training must be approved by the Nebraska Department of Education in order to be accepted to meet licensing requirements.](#)

b) Licensed Group Child Care Homes

- 1) Number of pre-service or orientation hours and any required areas/content [Two hours of Department delivered training.](#)
- 2) Number of on-going hours and any required areas/content [Twelve hours. All training must be approved by the Nebraska Department of Education in order to be accepted to meet licensing requirements.](#)

c) Licensed Family Child Care Provider

- 1) Number of pre-service or orientation hours and any required areas/content [Two hours of Department delivered training.](#)
- 2) Number of on-going hours and any required areas/content [Twelve hours. All training must be approved by the Nebraska Department of Education in order to be accepted to meet licensing requirements.](#)

d) Any other eligible CCDF provider

-
- 1) Number of pre-service or orientation hours and any required areas/content [Licensed exempt and in-home providers are currently not required to have training. However, DHHS will reimburse license exempt and in-home providers for attending CPR/First Aid training, participating with the Food Program, and by completing a workshop video.](#)
 - 2) Number of on-going hours and any required areas/content [N/A](#)

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

- Fully implemented as of March 1, 2016. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

[Nebraska Child Care Licensing requires training in business practices for both directors of child care centers and family child care homes.](#)

[The Management Training Program \(MTP\) is required for directors of child care centers. MTP is a 45 clock hour training that is broken into 8 modules. Business practices, policies and procedures, and workforce issues are included in the modules. The modules are entitled:](#)

1. [The Business of Child Care](#)
2. [Child Development and Learning](#)
3. [Policies and Procedures](#)
4. [Supporting Children Center Wide](#)
5. [Effective Workforce](#)
6. [The inside of the Building](#)
7. [Relationships in Child Care](#)
8. [Transitions](#)

[Getting Down to Business is required for owners of family child care programs. It is a four part series \(20 clock hours\) designed specifically to address business needs of family child care.](#)

1. [The Business of Family Child Care](#)
2. [Child Development and Learning](#)

3. [Policies and Procedures](#)

4. [Relationships in Family Child Care](#)

- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will 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, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory's early learning and development guidelines appropriate for children from birth to kindergarten entry.

The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency As needed. [The Nebraska Early Learning Guidelines: Ages 3 to 5 were revised in 2013 to align with the Head Start Child Development Framework. The Nebraska Early Learning Guidelines: Ages Birth to 3 are planned to be revised in 2016.](#)

~~X~~Fully implemented and meeting all Federal requirements outlined above as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____

- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implement this activity _____

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

- Birth-to-three. Provide a link http://www.education.ne.gov/OEC/pubs/ELG/B_3_English.pdf and http://www.education.ne.gov/OEC/pubs/ELG/B_3_Spanish.pdf
- Three-to-Five. Provide a link http://www.education.ne.gov/OEC/pubs/ELG/3_5_English.pdf
- Birth-to-Five. Provide a link _____
- Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards). Describe and provide a link _____
- Other. Describe [Nebraska Early Learning Guidelines, Natural Supplement](http://www.education.ne.gov/OEC/pubs/ELG/nature_education.pdf) http://www.education.ne.gov/OEC/pubs/ELG/nature_education.pdf

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children’s cognitive, physical, social and emotional development and support children’s overall well-being?

- Yes, the State/Territory has a system of technical assistance operating State/Territory-wide
- Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development
 - a) If yes, check all that apply to the technical assistance and describe.
 - Child care providers are supported in developing and implementing curriculum/learning activities based on the State’s/Territory’s early learning and development guidelines. Describe _____
 - The technical assistance is linked to the State’s/Territory’s quality rating and improvement system. Describe [Completion of the seven domain trainings in the ELG training series is a requirement for completion of Step 2 in Step Up to Quality.](#)

- XChild care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe [A six hour training pertaining to the use of the ELG has been created for each domain of the ELGs. These trainings are presented in each ELC area multiple times per year.](#)
- XChild care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe [A six hour training pertaining to the use of the ELG has been created for each domain of the ELGs. These trainings are presented in each ELC area multiple times per year.](#)
- Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe _____

b) Indicate which funds are used for this activity (check all that apply)

- XCCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [CCDF funds were used to create the training series and are used to train trainers for the series. Some CCDF funds are used by ELC regions to support the coordination and presentation of the trainings.](#)
- XOther funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) [A nominal fee is charged to the participants, unless it is underwritten by a third party such as a Child Care and Adult Food Program sponsor. Step Up to Quality funds are used where necessary to ensure that training is available throughout the state.](#)

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- 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 effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous

quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, 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, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services [The following goals were selected by reviewing current Step Up to Quality participation data and current Subsidy provider approval processes.](#)

[Goal 1: Increase participation of programs in Step Up to Quality and professionals in the Nebraska Early Childhood Professional Records System \(NECPRS\).](#)

[Goal 2: Increase the quality of Subsidy providers by enhancing the provider Subsidy approval process.](#)

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- XDeveloping, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.
- Indicate which funds will be used for this activity (check all that apply)
 - XCCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [Quality set-aside and quality expansion funds will be used to complete and enhance the NECPRS which is used in Step Up to Quality. Some of the features will include “portfolios” for programs participating in Step Up to quality including places for coaching notes and program quality assessment scores as well as portable staff records and general program information. CCDF Quality Basic funds are also planned to be used for training creation and training coordination for Step Up to Quality participants.](#)
 - XOther funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) [State funds are used for staffing to do accreditation and curriculum alignments, Coaching, the program assessment Anchor system](#)

-
- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.
- Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, including whether designated infant- and toddler set aside, etc.) funds are being used along with other CCDF funds [Infant/toddler set-aside is being used to contract with individuals with advanced degrees and expertise in infant and toddler development to monitor and provide feedback to participants accessing the *First Connections* infant/toddler online training. CCDF Infant/toddler set-aside is also partially fund the ELCs across the state. ELCs provide professional development for infant/toddler staff.](#)
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) [State Funds, IDEA Part C monies, UN-L Extension and local resources are used to provide direct training for infant toddler caregivers through ELCs and Local Planning Region Teams.](#)
 - Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.
 - Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [Resource and referral target funds the Resource and Referral Specialist at the ECTC who responds to requests for information from families, she also provides in person outreach to family conferences and community events, and works with ELC coordinators who provide those services in regions across the state. A small portion of the Resource and Referral specialist's salary is paid through Infant/toddler target to specifically match families with infant/toddler care. ELC's also receive funding from Quality set-aside and Quality expansion for the purpose of assisting families in finding appropriate child care.](#)
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____
 - Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

-
- Indicate which funds will be used for this activity (check all that apply)
 - XCCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [Quality set-aside](#)
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

 - Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.
 - Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

 - XSupporting accreditation. If checked, respond to 7.7.
 - Indicate which funds will be used for this activity (check all that apply)
 - XCCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [Quality set-aside](#)
 - XOther funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) [Private funding supports accreditation supports from Nebraska Association for the Education of Young Children \(NeAEYC\) affiliated to do provide support for programs working towards accreditation](#)

 - XSupporting 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 7.8.
 - Indicate which funds will be used for this activity (check all that apply)
 - XCCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [Infant-toddler target and quality expansion target](#)
 - XOther funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) [Funds from Public Health](#)

- Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.
 - Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [Quality set-aside, quality expansion and infant-toddler set-aside](#)
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) [State funds, IDEA Part B-619, IDEA Part C, and private funding](#)

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

- Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available [Nebraska's QRIS, Step Up to Quality, is administered by the state. It is a collaboration between DHHS and NDE.
http://www.education.ne.gov/StepUpToQuality/index.html](#)
 - Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available _____
 - No, but the State/Territory is in the development phase
 - No, the State/Territory has no plans for development
- a) If yes, check all that apply to your QRIS.
- Participation is voluntary [Except for providers receiving more than \\$250,000 in child care subsidy.](#)
 - Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) _____
 - Participation is required for all providers
 - Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
 - Supports and assesses the quality of child care providers in the State/Territory

-
- Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
 - Embeds licensing into the QRIS. Describe _____
 - Designed to improve the quality of different types of child care providers and services
 - Describes the safety of child care facilities
 - Addresses the business practices of programs
 - Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
 - Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

[Providers at higher levels of quality receive a higher rate of reimbursement per child receiving CCDF child care subsidy.](#)

[State Funded TEACH® Early Childhood Nebraska scholarships are set aside for staff working in programs participating in Step Up to Quality \(both center-based and family child care\).](#)

[Step Up to Quality programs are offered individualized coaching to meet higher levels of quality.](#)

[State General funds are used to provide one time quality improvement bonuses to programs participating in Step Up to Quality and improving their quality \(moving up the steps\).](#)

- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs

- XHead Start programs
- XState pre-kindergarten or preschool program
- XLocal district supported pre-kindergarten programs
- XPrograms serving infants and toddlers
- Programs serving school-age children
- XFaith-based settings
- Other. Describe. _____

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory. _____

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

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and 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.

7.3.1 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.

- XEstablishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe [Nebraska Lead Agency and NDE currently partner with community entities vested in high quality care services for infants and toddlers, especially for those identified to be most at-risk. One of this partnerships is with Sixpence. Sixpence offers high-quality early learning environments for infants and toddlers and help families understand the benefits of healthy interactions with their children. Partnerships are formed with school districts, providers, stakeholders, and communities to improve the quality of child care for infants and toddlers.](#)

[Step Up to Quality “required” providers are providers who have received \\$250,000 or more in Subsidy. Based on the Subsidy amount, these providers are interacting with several children who have higher at-risk factors. By requiring these providers to](#)

[participate is forcing these providers to review current quality in their facility and then to increase it.](#)

[Other examples are the Infant/Toddler Quality Initiative Subawards and Early Head Start Child Care Partnerships.](#)

[The Lead Agency is actively exploring new opportunities for partnerships to continue to promote and implement high-quality care for infants and toddlers, especially those identified to be most at-risk.](#)

- Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe _____
- [Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe Specific training for providers of infant and toddler care are presented in all regions of the state through the ELCs.](#)
- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe [The Lead Agency offers three kinds of grants for new and current child care providers: 1.\) The Start-Up/Expansion Grant; 2.\) The Emergency Mini-Grant; and 3.\) Quality Improvement Grants.](#)
[The Start-Up/Expansion Grant awards up to \\$5,000 for Family Child Care Homes and up to \\$10,000 for Child Care Centers. Applicants must meet one of the following criteria to be eligible for funding: 1.\) A new \(not yet licensed\) Child Care Home or Child Care Center making modifications or purchasing equipment necessary to meet licensing requirements; 2.\) An existing licensed Child Care Home or Child Care Center making modifications or purchasing equipment to increase the license capacity in order to serve additional infants, school age children, and/or children with special needs; or 3.\) An existing licensed program making modifications or purchasing equipment in order to expand from a Family Child Care Home I to a Family Child Care Home II, or a Family Child Care Home II to a Child Care Center.](#)

[The Emergency Mini-Grants awards up to \\$1,000 for Provisional year licenses and up to \\$2,000 for Operational \(non-expiring\) licenses. Applicants must be currently licensed or have submitted application for license \(either a Provisional or Operating license\), and in good standing, and must have an agreement to provide care for low-income children \(Child Care Subsidy\). Requested items must be currently required from inspection\(s\) made by: Child Care Licensing, Fire Marshal, and/or Health Inspector.](#)

[The Quality Improvement Grant awards up to \\$1,000 for Provisional year licenses and up to \\$2,000 for Operational \(non-expiring\) licenses. Applicants must be currently licensed or have submitted application for license \(either a Provisional or Operating license\), and in good standing, and must have an agreement to provide care for low-income children](#)

(Child Care Subsidy). Requested items must be currently required from inspection(s) made by: Child Care Licensing, Fire Marshal, and/or Health Inspector.

Once a provider has received any of these grants, they must remain in business for three consecutive years and accept Child Care Subsidy.

- Providing coaching and/or technical assistance on this age group's unique needs from statewide networks of qualified infant-toddler specialists. Describe _____
- XCoordinating 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 ELG coordinators are required to partner with local Planning Region Teams to ensure that the needs of providers serving infants and toddlers are met.
- Developing infant and toddler components within the State's/Territory's QRIS. Describe _____
- XDeveloping infant and toddler components within the State/Territory's child care licensing regulations. Describe Nebraska has created and will be revising the Early Learning Guidelines for ages birth to three
http://www.education.ne.gov/OEC/pubs/ELG/B_3_English.pdf
- Developing infant and toddler components within the early learning and development guidelines. Describe _____
- Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe _____
- Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe _____
- Other. Describe _____

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory Currently, there are two contracted entities, providing evaluation of Step Up to Quality and Sixpence. The Lead Agency and NDE also have reports built into their systems, reviewed regularly.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7)

- XState/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary The hub of the Resource

[and Referrals System is the ECTC. A Resource and Referral Specialist is housed there and fields calls from a toll-free. The ELCs provide local assistance to families needing access to child care. Resources for child care providers are provided through the staff at ECTC, most notably the Child Care Information Specialist and the media center. Seven Regional ELCs provide assistance on a regional level covering the state.](#)

- State/Territory has a CCR&R system [operating in a few localities](#) but not fully operating State/Territory-wide. Describe _____
- State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory [Grants are given to the ELC coordinators. Each grant is evaluated prior to the awarding of funds. The application for renewal of each grant includes questions about needs of local early childhood education and care providers and about activities to provide training to improve skills in state and federal priority areas. The ELC partnerships analyze the needs, based on local input and then plan for meeting those needs. Review of the grants identifies areas of strength \(and any area needing state assistance\) in meeting the needs of the federal, state, and local priorities. At the state level, the NDE Early Childhood Training Center, the ELC coordinators and other state partners, including other statewide training entities and DHHS meet at least three times per year to determine state level needs, as well as determine steps to be taken to improve the skills of provider based on the identified needs. Bi-monthly phone conferences occur between face to face meetings.](#)

7.5 Facilitating Compliance with State Standards

7.5.1 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 [The Lead Agency uses quality funds to fund the staffing of Child Care Licensing Specialists who conduct inspections and monitoring for all licensed child care providers, which includes family child care homes and centers.](#)

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory [The Lead Agency monitors the case load sizes of Licensing Specialists to ensure all providers have the same level of state monitoring. Children's Services within the Lead Agency review random samples of licensing reports, to ensure all processes and procedures are followed.](#)

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures

the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children [Nebraska promotes the voluntary enrollment in Step Up to Quality. Levels of quality are clearly delineated within Step Up to Quality framework. Quality is measured in several ways:](#)

1. [Center-based early childhood programs working to improve quality in Step Up to Quality can choose to use either the appropriate Environment Rating Scales \[\(ECERS-R\) \(Nebraska is moving to the ECERS-3 later in 2016\) and the Infant/Toddler Environment Rating Scale-Revised \(ITERS-R\)\], or one of the Classroom Assessment Scoring System Tools \(CLASS-Pre-K, CLASS Toddler, CLASS Infant\). If desired, the center-based program can use both the Environment Rating Scales and the CLASS tools.](#)
2. [Family child care homes may use the Family Child Care Environment Rating Scale – Revised \(FCCRS R\).](#)
3. [Programs may also choose to use ongoing child assessment to track child progress. Coaching assistance is available to help programs look at current child data, plan for meeting child needs, and tracking improvement.](#)

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory [Step Up to Quality will participate in ongoing evaluations, as this QRIS is still new for Nebraska.](#)

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- [Yes, the State/Territory has supports operating State/Territory-wide.](#) Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation [Nebraska provides financial support to child care providers \(both centers and family child care homes\) to offset the fees of applying for, receiving, and maintaining, national accreditation.](#)
- Yes, the State/Territory has supports [operating as a pilot or in a few localities](#) but not State/Territory-wide. Describe _____
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory [Nebraska will maintain financial records of the programs assisted with accreditation fees.](#)

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe [Since 2010, DHHS in partnership with the NDE and other key stakeholders has coordinated and implemented the Nebraska Go NAP SACC Initiative in hundreds of homes and centers. NAP SACC stands for Nutrition and Physical Activity Self-Assessment for Child Care and is a practice-based, research-tested intervention designed to enhance policies, practices and environments in child care by improving the nutritional quality of food served, amount and quality of physical activity, staff-child interactions and the overall wellness of the facility. The program uses a train-the-trainer model to train and equip Child and Adult Care Food Program \(CACFP\) consultants and Extension Educators \(through the University of Nebraska\) to implement NAP SACC with child care home and center providers \(also referred to as providers\) across the state. The Nebraska Go NAP SACC initiative is collaboratively funded by Child Care Development Funds, a grant from the Centers for Disease Control and Prevention, a USDA Team Nutrition grant, Maternal and Child Health Title V funds and other local non-profit organizations.](#)

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory [Go NAP SACC has established performance measures. The Centers for Disease Control and Prevention \(CDC\) requires an evaluation report on an annual basis. Most of these measures were reported in our August 2015 report and will be included in 2016, 2017 and 2018 reports.](#)

[In 2014, the Nebraska Go NAP SACC state team developed and implemented an online data reporting system for providers to complete the pre and post NAP SACC survey. There are currently 200 homes and 128 centers that have started the online Go NAP SACC process. These providers have the potential to reach 11,850 children. Once a provider completes the pre or post assessment, a report is generated that details the status of meeting best-practices across the five categories: infant feeding, child nutrition, physical activity, outdoor play, and screen time. Average change in pre to post assessment for homes averages a 14% improvement and for centers averages a 22% improvement in best-practices. Participation in Go NAP SACC offers providers an opportunity to earn points in the Step Up to Quality rating system implemented also in July of 2014. Those providers interested in improving their policies and practices for nutrition, physical activity and infant feeding can participate in the Go NAP SACC initiative and earn up to 10% of their quality points. Currently, 17 homes and 15 centers have completed the NAP SACC initiative as part of their Step Up to Quality portfolio. Step Up to Quality also measures quality of programs and participants.](#)

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use

to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. [Nebraska is beginning to track provider education in the NECPRS. Soon, that will be able to give the state useful data. School districts assess children's skills and abilities after kindergarten entry. Nebraska does not have a common kindergarten entry assessment.](#)

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

- 8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. [Current policies are in the process of being revised to align with the new CCDBG requirements.](#)
- 8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.
- X Issue policy change notices
 - X Issue new policy manual
 - X Staff training
 - Orientations
 - X Onsite training
 - X Online training
 - Regular check-ins to monitor implementation of the new policies. 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.](#)

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- Other. Describe Program Accuracy Specialist (PAS), frontline supervisors and CCDF Program Specialist 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 sent, which helps identify if additional training or policy/process tips are needed.

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. 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 of some of the Subrecipients.

Definition: “Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

- a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.
 - XShare/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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 _____
- XReview of enrollment documents, attendance or billing records
- XConduct supervisory staff reviews or quality assurance reviews
- XAudit provider records
- XTrain staff on policy and/or audits
- XOther. Describe [Submit overpayment referrals to Issuance and Collections and fraud referrals to Special Investigation Unit for a thorough review.](#)
- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- XShare/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), 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 _____
- XReview of enrollment documents, attendance or billing records
- XConduct supervisory staff reviews or quality assurance reviews
- XAudit provider records
- XTrain staff on policy and/or audits
- Other. Describe _____
- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

8.1.5 Which activities (or describe under “Other”) the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

- a) Check which activities (or describe under “Other”) the Lead Agency will use for unintentional program violations?
- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
 - Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
 - XRecover through repayment plans
 - XReduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means

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- Establish a unit to investigate and collect improper payments. Describe [Unintentional program violations are handled by our Issuance and Collections Center. They will investigate the overpayment and then work with the providers and clients to collect repayment.](#)
 - Other. Describe _____
 - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____
- b) Check which activities the Lead Agency will use for intentional program violations or fraud?
- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
 - Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
 - Recover through repayment plans
 - Reduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means
 - Establish a unit to investigate and collect improper payments. Describe composition of unit below [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 _____
 - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____
- c) Check which activities the Lead Agency will use for administrative error?
- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
 - Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
 - Recover through repayment plans
 - Reduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means
 - Establish a unit to investigate and collect improper payments. Describe composition of unit below
 - Other. Describe _____
 - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines _____

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? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

- XDisqualify client. If checked, please describe, 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.](#)

- XDisqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. [If Child Care providers breach 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.](#)
- XProsecute criminally
- Other. Describe _____