

Child Care and Development Fund (CCDF) Plan
For

Nebraska
FFY 2014-2015

**PART 1
ADMINISTRATION**

1.1 Contact Information

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), 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)

1.1.1 Who is the Lead Agency designated to administer the CCDF program? Identify the Lead Agency and Lead Agency's Chief Executive Officer 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), §98.10)

Effective Date: 01-OCT-13

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's Chief Executive Officer: [Kerry Winterer, DHHS CEO](#)

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

Fax Number: [\(402\) 471-9449](#)

E-Mail Address: kerry.winterer@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, 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.** (§§98.16(a) and (c)(1))

a) Contact Information for CCDF Administrator:

Effective Date: 01-OCT-13

Name of CCDF Administrator: [Betty Toelle](#)

Title of CCDF Administrator: [CCDF/TANF Program Manager](#)

Address of CCDF Administrator: [P. O. Box 95026, Lincoln, NE 68509](#)

Phone Number: [\(402\)471-6661](#)

Fax Number: [\(402\)471-9286](#)

E-Mail Address: betty.toelle@nebraska.gov

Phone Number for CCDF program information

(for the public) (if any): [\(800\)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):

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

Name of CCDF Co-Administrator:

Title of CCDF Co-Administrator:

Address of CCDF Co-Administrator:

Phone Number:

Fax Number:

E-Mail Address:

Description of the role of the Co-Administrator:

1.2 Estimated Funding

1.2.1 What is your expected level of funding for the first year of the FY 2014 - FY 2015 plan period?

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2013 through September 30, 2014. (§98.13(a)).

Effective Date: 01-OCT-13

FY 2014 Federal CCDF allocation (Discretionary, Mandatory and Matching): \$ [\\$33,990,073](#)

Federal TANF Transfer to CCDF: \$ [\\$17,000,000](#)

Direct Federal TANF Spending on Child Care: \$ \$0

State CCDF Maintenance-of-Effort Funds: \$ \$6,498,998

State Matching Funds: \$ \$8,536,459

Reminder - Lead Agencies are reminded that not more than 5 percent of the aggregate CCDF funds, including federal funds and required State Matching funds, shall be expended on administration costs (\$98.52) once all FY2014 funds have been liquidated. State Maintenance-of-Effort funds are not subject to this limitation.

1.2.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)? Check all that apply.

Territories not required to meet CCDF Matching and MOE requirements should mark

Effective Date: 01-OCT-13

N/A here

Note: The Lead Agency must check at least public and/or private funds as matching, even if pre-kindergarten (pre-k) funds also will be used.

Public funds to meet the CCDF Matching Fund requirement. Public funds may include any general revenue funds, county or other local public funds, State/Territory-specific funds (tobacco tax, lottery), or any other public funds.

If checked, identify source of funds:

[State General Funds](#)

If known, identify the estimated amount of public funds the Lead Agency will receive:

[\\$58,728,273](#)

Private Donated Funds to meet the CCDF Matching Fund requirement. Only private received by the designated entities or by the Lead Agency may be counted for match purposes. (98.53(f))

If checked, are those funds:

donated directly to the State?

donated to a separate entity(ies) designated to receive private donated funds?

If checked, identify the number of entities designated to receive private donated funds and provide name, address, contact and type:

If known, identify the estimated amount of private donated funds the Lead Agency will receive:

State expenditures for Pre-K programs to meet the CCDF Matching Funds requirement.

If checked, provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures (not to exceed 30%):
If percentage is more than 10% of the Matching fund requirement, describe how the State will coordinate its pre-k and child care services:

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement:
Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

State expenditures for Pre-K programs to meet the CCDF Maintenance of Effort (MOE) requirements.

If checked,
 The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.53(h)(1).

Estimated percentage of MOE Fund requirement that will be met with pre-k expenditures (not to exceed 20%):
If percentage is more than 10% of the MOE fund requirement, describe how the State will coordinate its pre-k and child care services to expand the availability of child care:

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for MOE Fund requirement:
Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

1.2.3 Describe the activities for which quality funds (including targeted quality funds for infants and toddlers, school-age children, and resource and referral) will be used in FY 2014 - 2015. Note: Funding estimate is limited to FY 2014 In as much detail possible, list the activities that will be funded, the estimated amount of CCDF quality funds that will be used for each activity, and how these activities relate to the Lead Agency's overall goal of improving the quality of child care for low-income children.

Effective Date: 01-OCT-13

Estimated Amount of CCDF Quality Funds For FY 2014	Activity (Lead Agency should include description of quality activities that cover FY 2014 and also information about activities for FY 2015, if available)	Purpose	Projected Impact and Anticipated Results (if possible)
<p>Infant/Toddler Targeted Fund 608,844</p>	<ol style="list-style-type: none"> 1. Early Head Start Infant/Toddler Quality Initiative Subgrants (5 Early Head Starts located across Nebraska. 2. Enhanced rates for infant and toddler care . 3. Early Learning Connection regional partnership grants 4. Support for Infant Toddler mental health programs. 5. Support for Infant/Toddler professional development 6 “Nurturing Healthy Behaviors” early childhood positive behavior and support subgrants to Lincoln (Cedars Youth Services), Omaha (Region VI Behavioral Healthcare), and Hastings (Head Start Child & Family Devel. Program). 	<ol style="list-style-type: none"> 1. Provide training and mentoring to child care providers to increase the quality of care provided to infants & toddlers in home and center-based child care programs. 2. Ensure access to infant and toddler child care 3. Provide high-quality professional development opportunities across the state. 4. Contract with Munroe-Meyer Institute to evaluate the Nurturing Healthy Behaviors project 5. Provide state-level staffing to support training and TA for programs serving infants and toddlers within an inclusive system. 6. To support healthy social, emotional, and behavioral development in the child’s natural environment 	<ol style="list-style-type: none"> 1. Increased scores in the Infant Toddler Environment Rating Scale (ITERS) and Family Child Care Environment Rating Scale (FCCERS) in participating home and center-based child cares. 2. Maintain or increase infant and toddler child care slots 3. ELC partnerships statewide will provide high-quality early childhood professional development to providers in all arenas of early care & education, targeting providers of children with disabilities and those serving children on child care subsidy. 4. Evaluation of Nurturing Healthy Behaviors program and distribution of results 5. Caregivers of infants and toddlers will have access to appropriate materials, training, and representation on the state level EC council. 6. Qualified mental health practitioners provide consultation & cross-train with early childhood professionals using the Teaching Pyramid to address challenging behaviors in young children.

School-Age/Child
Care Resource and
Referral Targeted
Funds
100,436

1. Community Learning Centers (CLC) Subgrant with Nebr. Children & Families Foundation.
2. Community Learning Center Network support.
3. Staff support for school-age programs.
4. Resource and Referral telephone line.

1. To support the promotion and development of Community Learning Centers statewide.
2. Support the Community Learning Center Network in their work to assist local programs in providing high quality out-of-school time experiences for children.
3. State level staff will be available to assist the Community Learning Center network and school-age resources will be available
4. .70 fte will provide partial support for the Resource and Referral phone line for parents looking for quality child care.

1. Nebraska Community Learning Center network is a statewide public-private partnership that supports sustainable, high-quality school-community collaborations that provide youth with what they need to be successful in school and in life.
2. High-quality out-of-school time programs will operate within a network of resources across Nebraska.
3. Resources will be available for the Community Learning Center network and school age care providers will have access to resources to assist with program implementation.
4. Families will have access to a phone based resource to assist them in finding child care services that meet their needs.

<p>Quality Expansion Targeted Funds 1,048,694</p>	<ol style="list-style-type: none"> 1. "Nurturing Healthy Behaviors" early childhood positive behavior and support subgrants to Lincoln (Cedars Youth Services), Omaha (Region VI Behavioral Healthcare), and Hastings (Head Start Child & Family Devel. Program). 2. Child Care Grants for start-up & expansion; Mini-Grants for support to meet licensing requirements; and Quality Improvement Grants to increase quality of care in in licensed home and center-based child care programs; Legally Exempt Grants for child care subsidy providers serving 3 or fewer children. 3. Annual Quality Incentive payment of up to \$275 to license-exempt providers who complete one or more of the required activities. 4. Early Learning Connection regional partnership grants. 5. T.E.A.C.H. Early Childhood ® Nebraska. 6. Increase articulation of early childhood courses between 2 & 4 year colleges. 7. Accreditation Project 	<ol style="list-style-type: none"> 1. To support healthy social, emotional, and behavioral development in the child's natural environment 2. Provide start-up/expansion funding to child care centers (up to \$10,000) and child care homes (up to \$5000); support to meet licensing requirements (up to \$2000 for child care homes and centers); quality improvement (up to \$500) for child care homes and centers; support to License-Exempt providers (up to \$100) 3. Provide incentives for license-exempt providers to become certified in CPR/First Aid, participate in the USDA Child & Adult Care Food Program, or to obtain additional training. 4. Provide high-quality professional development opportunities across the state. 5. Provide scholarships to early childhood professionals to allow them access to higher education. 6. Staffing to assist colleges in efforts to increase articulation agreements for early childhood courses (between 2 & 4 year colleges). 7. Financial assistance for child care centers and child care homes in achievement of national accreditation. 	<ol style="list-style-type: none"> 1. Qualified mental health practitioners provide consultation & cross-train with early childhood professionals using the Teaching Pyramid to address challenging behaviors in young children. 2. Increased child care slots and improved quality of care in communities needing additional child care services and child care options for low-income families, and increasing the capacity of child care for infants, schoolagers, and children with disabilities. 3. Improved quality of care by license-exempt child care providers. 4. ELC partnerships statewide will provide high-quality early childhood professional development to providers in all arenas of early care & education, targeting providers of children with disabilities and those serving children on child care subsidy. 5. Approximately 180 students will receive scholarships. 6. Early childhood education students will have less difficulty transferring credits. 7. Child care center programs and family child care homes will have access to funds to partially offset the cost of the national accreditation process.
<p>Quality Funds (not including Targeted Funds) 1,630,742</p>	<ol style="list-style-type: none"> 1. Child Care Licensing administration and staff in the Public Health Division of DHHS. 2. Department of Education administration and staff involved in the various quality activities specified in our annual MOU. 	<ol style="list-style-type: none"> 1. To carryout health & safety regulatory requirements for licensing of facilities. 2. To support the quality activities through the Department of Education. 	<ol style="list-style-type: none"> 1. To continue to insure health & safety for children in child care settings. 2. Continue to provide staffing and resources to early childhood programs.

1.2.4 Will the Lead Agency distribute quality funds to counties or local entities?

Note: This question is to obtain information on whether the Lead Agency retains decision making responsibilities regarding the quality dollars at the State/Territory level or if funds

are distributed to local entities

Does the State maintain decisions at the State level, or are funds distributed to locals that have some decisions on how funds are spent.

Effective Date: 01-OCT-13

- No, the Lead Agency will not distribute any quality funds directly to local entities
- Yes, all quality funds will be distributed to local entities
- Yes, the Lead Agency will distribute a portion of quality funds directly to local entities.

Estimated amount or percentage to be distributed to localities

Other.

Describe:

1.3 CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11(b)) Accountability measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

1.3.1. Describe the strategies the Lead Agency will utilize to ensure effective internal controls are in place. The **description** of internal controls may include, but is not limited to a description of processes to ensure sound fiscal management, to identify areas of risk or to establish regular evaluation of control activities.

Effective Date: 01-OCT-13

Describe:

Nebraska Department of Health and Human Services (DHHS), Operations – Financial Services provides fiscal oversight of and reports of the CCDF. Reports are derived from actual accounting records for NIS and the Cost Allocation Plan using principles of accounting and maintaining compliance with applicable circulars of the OMB.

Ongoing communication occurs between Financial Services staff with responsibility for CCDF and the Child Care Administrator and Program Specialists through monthly reporting, meetings to review such reports that indicate allocations, spending, trends, etc. Staff are well informed of the federal requirements related to fiscal management of the program. Additionally, the program is audited each year by the state auditor's office. Suggestions for improvement are followed up on through corrective action plans.

Fiscal controls are exercised through written policy, communication to field staff via memorandums, training methods via group training, computer-based training options, video and phone conferencing, supervisory review of family and provider files, and designated Program Accuracy Specialists (PAS) to perform case reviews.

The DHHS Internal Audit Department in 2012 implemented a monthly random sample testing of Child Care Claims. This review is an internal control measure to monitor/review and ensure providers are completing accurate claims according to their authorizations and keeping required attendance/billing documentation to support their claims submitted for payment. This internal control measure ensures fiscal accountability within the CCDF program and reveals areas of risk that can be addressed through policy and system changes.

Information System technical staff and program business analysts support the computer systems that are involved in making payments. Upgrades to such systems occur as needed. Payment systems have in their very design methods for preventing, discovering, and reducing errors. Additionally DHHS – Issuance and Collections Unit staff audit and investigate child care cases for potential overpayment and recovery of Funds.

Nebraska submits data through the ACF-800 and ACF-801 reporting as required.

Nebraska continues to examine strategies for assuring that accuracy in the Child Care Subsidy program occurs at all phases of implementation. As mentioned previously, the N-FOCUS case management and payment system is a key factor in the implementation of this program and many other DHHS programs. The system maintains all economic assistance programs which allows for data exchanges and information sharing. N-FOCUS specifically includes programming to reduce error in eligibility determination.

Additionally, Nebraska has a process for routine supervisory reviews of case records for families and providers. Results of the reviews are entered into the NEARS computer-based data system for administrative review. This has been a proven strategy in improving program accuracy for a number of the economic assistance programs.

Nebraska continues to employ the checks and balances necessary for sound fiscal management as mentioned previously and the Issuance and Collections Center continues to audit cases for accuracy and recovery of any overpayments.

As a third-year state, Nebraska is in the process of completing their Improper Authorization for Payment report for 2013. When this review is completed and report is finalized DHHS will respond/evaluate the strengths and weakness identified through engaging in internal control/policy/process changes that will ensure sound fiscal management.

1.3.2. Describe the processes the Lead Agency will use to monitor all sub-recipients. 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. (98.11 (a) (3))

Definition: A sub-recipient (including a sub-contractor and or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such a program. OMB Circular A-133 Section 210 provides additional information on the characteristics of a **sub-recipient and vendor** (http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010). The description of monitoring may include, but is not limited to, a discussion of written agreements, fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified, and establishing performance indicators or measures related to improper payments.

Effective Date: 01-OCT-13

Describe:

The Nebraska Department of Health and Human Services has a Memorandum Of Understanding (MOU) with the Nebraska Department of Education Office of Early Childhood, which includes the Early Childhood Training Center (ECTC) located in Omaha. The MOU outlines administrative duties between DHHS-Division of Children and Family Services, NDE, and DHHS-Division of Public Health. NDE takes the administrative lead for a number of quality activities to be carried out directly by NDE or through subcontracting for portions of the quality work. The ECTC also operates as the statewide, free access, Child Care Resource and Referral resource to parents. The Department of Health and Human Services, Division of Public Health provides administrative oversight of the child care licensing and monitoring work.

The lead agency requires quarterly reporting to the lead agency from NDE and DHHS-Division of Public Health, according to the terms in the MOU. Reports include data related to benchmarks, performance indicators, and expenditures as per the MOU. Authority to carry out the duties of the child care program is included in state statute and policy. The MOU serves as the document to outline roles and responsibilities of each governmental entity. This inter-governmental agreement of administrative authority is not bid out. Each entity may sub-grant or sub-contract projects and activities according to federal and state rules and policies. The agencies must certify that lead agency guidelines are followed in carrying out the federal CCDF requirements. The MOU includes an attachment of the federal certifications signed by the lead agency.

1.3.3. Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart 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 (98.100). Check which activities, if any, the Lead Agency has chosen to conduct.

Type of Activity	Identify Program Violations	Identify Administrative Error
Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Share/match data from other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Run system reports that flag errors (include types)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review of attendance or billing records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Audit provider records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct quality control or quality assurance reviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents	<input type="checkbox"/>	<input type="checkbox"/>
Conduct supervisory staff reviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct data mining to identify trends	<input type="checkbox"/>	<input type="checkbox"/>
Train staff on policy and/or audits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe 	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

For any option the Lead Agency checked in the chart above other than none, please describe:

The agency's computer system, N-FOCUS, contains multiple programs so data are available for TANF, Supplemental Nutrition Assistance Program, Medicaid, Social Services Block Grant, and Child Welfare. Child Care receives PARIS matches. Regular reports are run and used by the Issuance and Collection Center; these include cases with family fees, providers receiving the highest payments, child care providers who are also authorized to provide Personal Assistance Services. Currently a random sample of billing documents and attendance calendars are reviewed monthly by the DHHS's Internal Audit Department. Also, the State Auditor audits a sampling of child care cases annually. The Department's Issuance and Collection Center audits cases that are referred from various sources. Supervisors review a sampling of cases. The Department has training staff who provide training on the range of programs, including Child Care.

If the Lead Agency checked none, please describe what measures the Lead Agency has or plans to put in place to address program integrity:

1.3.4. What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error? Check and describe in the chart below which strategies, if any, the Lead Agency will use for each of the following areas: Unintentional program violations (UPV), intentional program violations (IPV) and/or fraud, and 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 (98.60(i)).**

Effective Date: 01-OCT-13

Strategy	UPV	IPV and/or Fraud	Administrative Error
Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement). Describe:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Referral to NDHHS Special Investigations Unit			
Recover through repayment plans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reduce payments in the subsequent months	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recover through State/Territory tax intercepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recover through other means. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Establish a unit to investigate and collect improper payments. Describe composition of unit:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Issuance and Collections Unit has a supervisor and a staff of 12 who do a variety of duties, including conducting audits of child care cases as well as other economic assistance programs			
Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any option the Lead Agency checked in the chart above other than none, please describe:

The Issuance, Claims, and Collections Unit audits/investigates cases, both provider and client, with suspected overpayments. If the overpayment appears to be the result of fraud, a referral is made to the Department's Special Investigation Unit. If the Special Investigation Unit feels they have a strong enough case, they refer to the appropriate County Attorney for potential prosecution.

Whenever possible, a repayment plan is established, either through direct reimbursement or, in the case of a provider, through recoupment from future payments.

1.3.5. What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

Effective Date: 01-OCT-13

- None
- Disqualify client.

If checked, please describe, including a description of the appeal process for clients who are disqualified

The Issuance, Claims, and Collections Unit audits/investigates cases, both provider and client, with suspected overpayments. If the overpayment appears to be the result of fraud, a referral is made to the Department's Special Investigation Unit. If the Special Investigation Unit feels they have a strong enough case, they refer to the appropriate County Attorney for potential prosecution.

Whenever possible, a repayment plan is established, either through direct reimbursement or, in the case of a provider, through recoupment from future payments.

Disqualify provider.

If checked, please describe, including a description of the appeal process for providers who are disqualified

If a provider is found to have repeatedly billed incorrectly or fraudulently, the Provider Agreement may be terminated, depending on the severity and frequency of the overbilling. A provider who is assessed an overpayment may appeal the amount or existence of the overpayment. There is no appeal process for termination of a Provider Agreement.

Prosecute criminally

Other.

Describe.

1.3.6 Based on responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below. Territories not required to complete the Error Rate Review should mark

N/A here

Effective Date: 01-OCT-13

Activities identified in ACF-402	Cause/Type of Error (if known)	Actions Taken or Planned	Completion Date (Actual or planned) (if known)
The state will issue an administrative memorandum reviewing the errors found during the review. We will issue updated guidelines for staff determining child care eligibility regarding the errors identified. We will also review our training materials provided to staff and address these issues in the training.	1. No verification of class schedule. 2. Incorrect income calculation 3. Unreasonable amount of care authorized. 4. Child care authorized without an application.	Memorandum will be issued and training material will be updated by 12/31/2013.	December 31, 2013.

1.4 Consultation in the Development of the CCDF Plan

Lead Agencies are required to *consult* with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a),(b), §98.16(d)).

Definition: *Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments. (§§98.12(b), 98.14(a)(1))

1.4.1 Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan (658D(b)(2), §§98.12(b), 98.14(b)).

Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
<input checked="" type="checkbox"/> <p>Representatives of general purpose local government (required)</p> <p>This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.</p>	<p>The Lead Agency consults with representatives from diverse constituencies, including local human service agencies and local education stakeholders via the Early Childhood Interagency Coordinating Council (ECICC) meetings.</p>
<p>For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan.</p>	
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public education</p> <p>This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p>	<p>Nebraska DHHS collaborates, through face to face meetings, with and seeks input from the Nebraska Department of Education (NDE) for completion of the CCDF Plan. Specifically, NDE is the primary CCDF State-agency partner for implementation of CCDF activities and programming.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for programs for children with special needs</p> <p>This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</p>	<p>DHHS collaborates with NDE, by phone and face to face meetings, coordinates programs authorized under the Individuals with Disabilities Education Act (IDEA).</p>

<input checked="" type="checkbox"/> State/Territory agency responsible for licensing (if separate from the Lead Agency)	The lead agency is responsible for licensing via the Division of Public Health.
<input checked="" type="checkbox"/> State/Territory agency with the Head Start Collaboration grant	DHHS collaborates with NDE, by phone and face to face meetings, coordinates programs authorized under the Head Start Collaboration grant.
<input checked="" type="checkbox"/> Statewide Advisory Council authorized by the Head Start Act	The Early Childhood Interagency Coordinating Council (ECICC) was created to advise and assist the collaborating agencies in carrying out the provisions of the Early Intervention Act, the Quality Child Care Act, sections 79-1101 to 79-1104, and other early childhood care and education initiatives under state supervision [Section 43-3401, Neb.Rev.Stat.]. The ECICC is also identified by the governor as the State Early Learning Council to meet the federal requirements of the Improving Head Start for School Readiness Act [December 2007, PR110-134]. The Lead agency maintains membership on the ECICC. The lead agency is a member of the ECICC and representatives attend meetings and engage in phone calls with the Council.
<input checked="" type="checkbox"/> Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services	The Lead Agency consults, via email notification, with Tribal populations as appropriate for completion of the CCDF Plan.
<input checked="" type="checkbox"/> State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	NDE, with whom DHHS consults regarding the CCDF Plan, is responsible for the Child and Adult Care Food Program. We collaborate via email and phone calls with NDE.
<input checked="" type="checkbox"/> State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	The Lead Agency is responsible for implementing the Maternal and Early Childhood Home Visitation programs grant via the Division of Public Health.
<input checked="" type="checkbox"/> State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)	The Lead Agency is responsible for public health via the DHHS Division of Public Health.
<input checked="" type="checkbox"/> State/Territory agency responsible for child welfare	The Lead Agency is responsible for child welfare via the DHHS Division of Children and Family Services.
<input type="checkbox"/> State/Territory liaison for military child care programs or other military child care representatives	

<input type="checkbox"/> State/Territory agency responsible for employment services/workforce development			
<input checked="" type="checkbox"/> State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)	The Lead Agency is responsible for TANF.		
<table border="1"> <tr> <td data-bbox="49 383 424 768"> <input checked="" type="checkbox"/> </td> <td data-bbox="424 383 794 768"> Indian Tribes/Tribal Organizations <input type="checkbox"/> N/A: No such entities exist within the boundaries of the State </td> </tr> </table>	<input checked="" type="checkbox"/>	Indian Tribes/Tribal Organizations <input type="checkbox"/> N/A: No such entities exist within the boundaries of the State	As appropriate, the Lead Agency consults with Indian Tribes and Tribal Organizations. Indian reservations in Nebraska currently include Santee Sioux, Omaha, Winnebago, and Ponca. These consultations occur via email and phone calls.
<input checked="" type="checkbox"/>	Indian Tribes/Tribal Organizations <input type="checkbox"/> N/A: No such entities exist within the boundaries of the State		
<input type="checkbox"/> Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21			
<input type="checkbox"/> Provider groups, associations or labor organizations			
<input type="checkbox"/> Parent groups or organizations			
<input type="checkbox"/> Local community organization, and institutions (child care resource and referral, Red Cross)			
<input checked="" type="checkbox"/> Other	DHHS, the Lead Agency, receives input through meetings and/or written correspondence from the Nebraska Children and Families Foundation (NCF) in completion of the CCDF Plan. NCF is a statewide organization advocating on behalf of diverse stakeholders and partner agencies, including local human service agencies and local education representatives.		

1.4.2. 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), §§98.14(C)). At a minimum, the description should include:

a) Date(s) of notice of public hearing: [05/12/2013](#)

Reminder - Must be at least 20 days prior to the date of the public hearing.

b) How was the public notified about the public hearing? [Via Notice in Omaha World Herald](#)

Date(s) of public hearing(s): [05/31/2013](#)

Reminder - Must be no earlier than 9 months before effective date of Plan (October 1, 2013).

d) Hearing site(s) [Department of Health & Human Services Public Meeting Room, Nebraska State Office Building, Lincoln, NE](#)

e) How was the content of the Plan made available to the public in advance of the public hearing(s)? [Public Notice included instructions to contact Administrator of Child Care Program and provided email and physical address.](#)

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? [There was no public input at the public hearing](#)

1.4.3. Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing. For example, translating the public hearing notice into multiple languages, using a variety of sites or technology (e.g., video) for the public hearing, holding the hearing at times to accommodate parent and provider work schedules.

Effective Date: 01-OCT-13

[An email was sent to stakeholders prior to the hearing to provide them with information on changes to our state plan and offer assistance for the Public Hearing.](#)

1.5. Coordination Activities to Support the Implementation of CCDF Services

Lead Agencies are required to *coordinate* with other Federal, State, local, Tribal (if applicable) and private agencies providing child care and early childhood development services

Definition - *Coordination* involves child care and early childhood and school-age development services efforts to work across multiple entities, both public and private (such as in connection with a State Early Childhood Comprehensive System (SECCS) grant or the State Advisory Council funded under the Head Start Act of 2007). (658D(b)(1)(D), §§98.12(a), 98.14(a)(1))

Note: Descriptions of how governments are organized for each State are provided at: http://www2.census.gov/govs/cog/all_ind_st_descr.pdf.

1.5.1. Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school-age services (§98.14(a)(1)).

Effective Date: 01-OCT-13

Agency/Entity (check all that apply)	Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services	Describe the goals or results you are expecting from the coordination Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.
<p>Representatives of general purpose local government</p> <p><input type="checkbox"/> This may include, but is not limited to: representatives from counties and municipalities, local education representatives, or local public health agencies.</p>		

<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public education (required)</p> <p>This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p>	<p>Nebraska DHHS has facilitated and/or participated in a variety of opportunities for ongoing assessment, consideration, and recommendations for future work regarding the investments Nebraska is making in the early care and education system. The development of this CCDF Plan does not occur in isolation, but instead uses and attempts to integrate the work produced and recommendations made by many teams (past and present) that are committed to addressing the needs of our youngest and most vulnerable citizens. In this effort, DHHS continues to refer to such documents as: “Together for Kids and Families Strategic Plan” (October 2010); “Nurturing Health Behavior in Early Childhood Pilot Projects: A Statewide Child Care Mental Health Consultation Project” (2007-2008); “Nebraska’s Core Competencies for Early Childhood Professionals: Knowledge and Skills Needed to Effectively Work with Children Ages Birth to Five Years” (April 2009); “Early Childhood Interagency Coordinating Council: Report to the Governor on the Status of Early Childhood” (December 2012); and “Kids Count in Nebraska: 2010 Report” (an annual report from Voices for Children in Nebraska). The personnel and teams who worked on developing the above listed documents included broad-based representation from local governments, tribal organizations, state and local agencies, providers, parents, and business partners.</p>	<p>DHHS will continue joint work with the NDE as we move to implement LB 507 and improve the quality of child care for low income children in Nebraska.</p>
<input checked="" type="checkbox"/> <p>Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services (required)</p>	<p>CCDF funds are distributed further for quality initiatives through agreements and collaborations with the following: Early Head Start agencies; Nebraska Association for the Education of Young Children (NeAEYC); subgrants to the Early Learning Connection (training); and Nebraska Children and Families Foundation.</p>	<p>Continue to improve the quality of and coordination among child care programs and early childhood development programs.</p>

<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public health (required)</p> <p>This may include, but is not limited to, the agency responsible for immunizations and programs that promote children's emotional and mental health</p>	<p>DHHS Division of Public Health, Community Health and Lifespan Services administers the Early Childhood Comprehensive Services planning grant ("Together for Kids & Families"), Healthy Child Care America, supports the project for up-to-date immunizations in child care, and partners with NDE in the distribution of First Connections for Families. This office is consulted in writing the CCDF Plan as well as ongoing collaboration via these and other initiatives that impact the health and well-being of children and families.</p>	<p>Ensure quality public health programming for CCDF-eligible children and families.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for employment services / workforce development (required)</p>	<p>Consultation and coordination between the Departments of Labor and DHHS is critical to supporting mutual goals of employment and self-sufficiency for Nebraskans. Collaboration occurs at the state, regional, and local levels. Service Area Administrators from DHHS who have responsibility for Economic Assistance programs (including child care) participate on each of the three regional Work Investment Boards: Omaha, Lincoln, and Greater Nebraska. At the local level, staff with Departments of Labor and DHHS offer information and referral to coordinate efforts in assisting persons to meet goals of employment and greater financial stability.</p>	<p>Provide CCDF-eligible households with the resources necessary to achieve self-sufficiency.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) including local human service agencies (required)</p>	<p>The DHHS Division of Children and Family Services includes the units of Child Welfare, Economic Assistance, and Child Support Enforcement. TANF and Child Care Policy personnel operate within the same Division so collaboration is inherent within our organizational structure. TANF funds have been used to enhance the capacity of Nebraska to meet the needs of the child care subsidy program. Child care personnel collaborate with TANF program specialists in answering policy clarifications and setting programmatic changes to coincide whenever possible for ease of service delivery.</p>	<p>Provide CCDF-eligible households with the resources necessary to achieve self-sufficiency.</p>

<input checked="" type="checkbox"/>	Indian Tribes/Tribal Organizations (required) <input type="checkbox"/> N/A: No such entities exist within the boundaries of the State	When possible, Indian Tribes/Tribal Organizations are represented on the numerous teams and task forces mentioned within this CCDF Plan. Moreover, meetings occur with the various tribal child care program representatives on an as-needed basis. Communication regarding tribal utilization of CCDF funding is vital and therefore promoted when possible. In addition to DHHS holding a Public Hearing to receive comment, a hard copy draft of the CCDF Plan is mailed to tribal child care contacts with the Winnebago, Omaha, Ponca, and Santee Sioux.	Increase collaboration and communication with Nebraska Indian Tribe/Tribal Organization child care representatives.
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For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery

<input checked="" type="checkbox"/>	State/Territory agency with the Head Start Collaboration grant	DHHS coordinates with Head Start programs at the local level in service delivery as well as at the state level programmatically. Subgrants with Early Head Start grantees, using CCDF infant toddler targeted funds, promote collaboration with child care partners. Jointly, they set and achieve quality enhancement goals, and offer support through coaching, consultation, and sharing of resources.	Continue to improve the quality of, and coordination among, child care programs and early childhood development programs.
<input type="checkbox"/>	State/Territory agency responsible for Race to the Top - Early Learning Challenge (RTT-ELC) <input type="checkbox"/> N/A: State/Territory does not participate in RTT-ELC		
<input checked="" type="checkbox"/>	State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	The Lead Agency and the Nebraska Department of Education coordinate and monitor CACFP for license-exempt providers.	Ensure quality public health programming for CCDF-eligible children and families.

<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for programs for children with special needs</p> <p>This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</p>	<p>The Lead Agency coordinates with the Nebraska Department of Education and DHHS Medicaid and Long Term Care Division via the Early Development Network and IDEA</p>	<p>Continue collaboration and partnerships in various early child care initiatives promoting inclusive practices</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant</p>	<p>The DHHS Division of Children and Family Services will coordinate with the DHHS Division of Public Health via Community Health and Lifespan Health Services.</p>	<p>Continue collaboration in various work teams with a home visitation component</p>
<input type="checkbox"/>	<p>State/Territory agency responsible for child welfare</p>		

<input type="checkbox"/>	State/Territory liaison for military child care programs or other military child care representatives		
<input type="checkbox"/>	Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21		
<input type="checkbox"/>	Local community organizations (child care resource and referral, Red Cross)		
<input type="checkbox"/>	Provider groups, associations or labor organizations		
<input type="checkbox"/>	Parent groups or organizations		
<input type="checkbox"/>	Other		

1.5.2. Does the State/Territory have a formal early childhood and/or school-age coordination plan? Lead Agencies are not required to have an early childhood nor a school-age coordination plan, but the State/Territory may have such plans for other purposes, including fulfilling requirements of other programs.

Effective Date: 01-OCT-13

Yes. If yes,

a)

Provide the name of the entity responsible for the coordination plan(s):

c)

Indicate whether this entity also operates as the State Advisory Council (as authorized under the Head Start Act of 2007):

Yes

No

d)

Provide a web address for the plan(s), if available:

No

1.5.3. Does the State/Territory have a designated entity(ies) responsible for coordination across early childhood and school-age programs? (658D(b)(1)(D), §98.14(a)(1)) Check which entity(ies), if any, the State/Territory has chosen to designate.

Effective Date: 01-OCT-13

State/Territory-wide early childhood and/or school-age cabinet/advisory council/task force/commission.

If yes, describe entity, age groups and the role of the Lead Agency

State Advisory Council (as described under the Head Start Act of 2007).

If yes, describe entity, age groups and the role of the Lead Agency

The Early Childhood Interagency Coordinating Council (ECICC) advises and assists the collaborating agencies in carrying out the provisions of the Early Intervention Act, the Quality Child Care Act and other early childhood care and education initiatives. Membership and activities of the Council comply with all applicable provisions of federal law. The Council's members are governor-appointed. Members of the Council include: parents of children who require early intervention; early childhood special education and other early childhood care and education services; health and medical services; family child care and center-based early childhood care and education programs; agencies providing training to child care program staff; resource and referral agencies; mental health services; developmental disability services; educational service units; Head Start; Tribal representatives; higher education; physicians; the Legislature; business persons; and other collaborating agencies. The Council reports biennially to the Governor and Legislative on the status of early intervention and early childhood care and education.

Local Coordination/Council

If yes, describe entity, age groups and the role of the Lead Agency

Other

Describe

None

1.5.4 Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private sector involvement in meeting child care needs? (§98.16(d))

Effective Date: 01-OCT-13

Yes .

If yes, **describe** these activities or planned activities, including the tangible results expected from the public-private partnership:

No

1.6. Child Care Emergency Preparedness and Response Plan

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of temporary child care services after a disaster; and 5) rebuilding child care after a disaster. For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-01) located on the Office of Child Care website at: <http://www.acf.hhs.gov/programs/occ/resource/im-2011-01>

1.6.1. Indicate which of the following best describes the current status of your efforts in this area. Check only ONE.

Effective Date: 01-OCT-13

Planning. Indicate whether steps are under way to develop a plan. If so, describe the

time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.

Developed. A plan has been developed as of **[insert date]**: and put into operation as of **[insert date]**: , if available. Provide a web address for this plan, if available:

Other.
Describe:

This plan is the overall Nebraska Emergency Management Plan, encompassing preparedness, planning, continuity of government, response & recovery, and mitigation:

<http://www.nema.ne.gov/index.html>

The Nebraska Emergency Management Agency is charged by state statute to reduce the vulnerabilities of the people and communities of Nebraska from the damage, injury and loss of life and property resulting from natural, technological, or man-made disasters and emergencies.

In addition, newly enacted child care licensing regulations require licensees to have a written plan that addresses evacuating and moving children to a safe location in the event of a fire, tornado, flood, or other natural or man-made disaster; notifying parents of children in care of an emergency; reunification of parents with their children in the event of an emergency that requires evacuation; and how children with special needs will be safe in the event of a disaster including evacuation and reunification with the parent(s). The licensee will also be required to notify DHHS within 24 hours or next business day of an emergency or disaster that results in damage to the child care center or child care home, or the inability of the licensee/director to comply with regulations.

1.6.2. Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan. Check which elements, if any, the Lead Agency includes in the plan.

Effective Date: 01-OCT-13

- Planning for continuation of services to CCDF families
- Coordination with other State/Territory agencies and key partners
- Emergency preparedness regulatory requirements for child care providers
- Provision of temporary child care services after a disaster
- Restoring or rebuilding child care facilities and infrastructure after a disaster
- None

CCDF SUBSIDY PROGRAM ADMINISTRATION

2.1 Administration of the Program

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), §98.11(a))

2.1.1. Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? Identify the level at which the following CCDF program rules and policies are established.

Effective Date: 01-OCT-13

Eligibility rules and policies (e.g., income limits) are set by the:

State/Territory

Local entity.

If checked, identify the type of policies the local entity(ies) can set

Other.

Describe:

Sliding fee scale is set by the:

State/Territory

Local entity.

If checked, identify the type of policies the local entity(ies) can set

Other.

Describe:

Payment rates are set by the:

State/Territory

Local entity.

If checked, identify the type of policies the local entity(ies) can set

Other.
Describe:

2.1.2. How is the CCDF program operated in your State/Territory? In the table below, identify which agency(ies) performs these CCDF services and activities.

Effective Date: 01-OCT-13

Implementation of CCDF Services/Activities

Agency (Check all that apply)

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

Implementation of CCDF Services/Activities

Who determines eligibility?

Note: If different for families receiving TANF benefits and families not receiving TANF benefits, please describe:

Agency (Check all that apply)

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe:

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

Agency (Check all that apply)

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations

Other.

Describe:

The Department funds a position dedicated to staffing a toll-free number and maintaining an online listing of licensed providers.

Who issues payments?

Agency (Check all that apply)

- CCDF Lead Agency
 TANF agency
 Other State/Territory agency.

Describe:

Department of Administrative Services issues payments for all programs processed through our eligibility system - N-FOCUS.

- Local government agencies such as county welfare or social services departments
 Child care resource and referral agencies
 Community-based organizations
 Other.

Describe:

Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)

Payment is issued to the provider. The provider may choose to receive payment in the form of a direct deposit and or an electronic benefit card.

Other. List and describe:

2.2. Family Outreach 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 services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)-(e). **Note** - For any information in questions 2.2.1 through 2.2.10 that differs or will differ for families receiving TANF, please describe in 2.2.11.

2.2.1. By whom and how are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), §98.30(a)) Check all agencies and strategies that will be used in your State/Territory.

Effective Date: 01-OCT-13

- CCDF Lead Agency
 TANF offices
 Other government offices

- Child care resource and referral agencies
- Contractors
- Community-based organizations
- Public schools
- Internet

(provide website): http://dhhs.ne.gov/publichealth/Pages/chs_chc_ccsubsypa.aspx

- Promotional materials
- Community outreach meetings, workshops or other in-person meetings
- Radio and/or television
- Print media
- Other.

Describe:

2.2.2. How can parents apply for CCDF services? Check all application methods that your State/Territory has chosen to implement.

Effective Date: 01-OCT-13

- In person interview or orientation
- By mail
- By Phone/Fax
- Through the Internet

(provide website): <https://dhhs-access-neb-menu.ne.gov/start/?tl=en>

- By Email
- Through a State/Territory Agency
- Through an organization contracted by the State/Territory
- Other.

Describe:

2.2.3. Describe how the Lead Agency provides consumer education to parents applying for CCDF assistance to promote informed choices about the quality of care provided by various providers in their communities.

Effective Date: 01-OCT-13

Lead Agencies must certify that the State/Territory will collect and disseminate to parents of eligible children and the general public, consumer education information that will

promote informed child care choices (658E (c)(2)(G), §98.33).

For example, memorandums of understanding with resource and referral agencies to provide consumer education to families applying for CCDF assistance, providing parents with provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or informational brochures that address importance of quality and different care options available.

The Department has a booklet with tips on how to find quality child care.

The Department funds a staff person who is located in the Early Childhood Training Center and is accessible by a toll-free number. This individual will provide a list of licensed providers or assist the parent in locating a provider on the online roster maintained by the Department. The Department also has a public website that shows the licensing history and the history of any corrective licensing actions. The Department has a booklet which contains information on choosing child care. It is distributed by DHHS local offices and by the resource staff and referral staff personnel located in the Early Childhood Training Center.

2.2.4. Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined in your State/Territory.

Effective Date: 01-OCT-13

For example, methods used to promote upward movement in quality rating and improvement system, methods used to encourage high quality programs to participate in the subsidy program such as tiered reimbursement, or incentives used to support high quality programs in rural, suburban, urban, and low-income communities.

The Department pays higher rates to programs that are accredited through state-approved accrediting bodies. Grants of up to \$500 are available for licensed programs who are currently serving children receiving Child Care Subsidy; these grants can cover items that will improve the quality of care. Grants of up to \$100 are available for license-exempt programs who are serving children receiving Child Care Subsidy. In addition, annual incentive payments of up to \$275 are available to license-exempt providers who participate in certain activities identified to improve the quality of care, such as getting certification in CPR and First aid, completing a workshop, or signing up for the Child and Adult Care Food Program.

2.2.5. Describe how the Lead Agency promotes access to the CCDF subsidy program? Check the strategies that will be implemented by your State/Territory.

Effective Date: 01-OCT-13

- Provide access to program office/workers such as by:
- Providing extended office hours
- Accepting applications at multiple office locations

- Providing a toll-free number for clients
- Email/online communication
- Other.

Describe:

The Department of Health and Human Services has Customer Service Centers for individuals to contact via a toll-free phone number to discuss Child Care Subsidy Eligibility.

- Using a simplified eligibility determination process such as:
- Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)
- Developing a single application for multiple programs
- Developing web-based and/or phone-based application procedures
- Coordinating eligibility policies across programs.

List the program names: *When possible, eligibility policies are coordinated for SNAP, TANF,*

- Streamlining verification procedures, such as linking to other program data systems
- Providing information multi-lingually
- Including temporary periods of unemployment in eligibility criteria for new applicants (job search, seasonal unemployment).

Length of time: *Eligible clients are allowed two consecutive calendar months for job search per calendar year*

(Note: this period of unemployment should be included in the Lead Agency's definition of working, or job training/educational program at 2.3.3).

Other.
Describe:

Other.
Describe:

None

2.2.6. Describe the Lead Agencies policies to promote continuity of care for children and stability for families. Check the strategies, if any, that your State/Territory has chosen to implement.

Provide CCDF assistance during periods of job search.

Length of time: [Two consecutive months](#)

Establish two-tiered income eligibility to allow families to continue to receive child care subsidies if they experience an increase in income but still remain below 85% of State median income (SMI)

Synchronize review date across programs

List programs:

[When possible, reviews are synchronized for TANF, SNAP, Medicaid and Child Care.](#)

Longer eligibility re-determination periods (e.g., 1 year).

Describe:

[Unless the case circumstances require otherwise, eligibility is determined annually and services are authorized for 12 months.](#)

Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs.

Describe:

Extend periods of eligibility for school-age children under age 13 to cover the school year.

Describe:

Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment

Individualized case management to help families find and keep stable child care arrangements.

Describe:

Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility, such as for children who turn 13 years of age during the middle of a program year

Other.
Describe:

None

2.2.7. How will the Lead Agency provide outreach and services to eligible families with limited English proficiency? Check the strategies, if any, that your State/Territory has chosen to implement.

Effective Date: 01-OCT-13

- 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
- Outreach Worker
- Other.
Describe:

None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered :

The application and some informational materials are available in Spanish. In addition, the agency subscribes to a language line where translators in all languages are available.

2.2.8. How will the Lead Agency overcome language barriers with providers? Check the strategies, if any, that your State/Territory has chosen to implement.

Effective Date: 01-OCT-13

- 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 languages offered:

Some informational materials and the provider agreement are available in Spanish. The agency subscribes to a language line where translators in all languages are available and has contracts with individual interpreters throughout the State of Nebraska to provide to interpretation during onsite and face to face visits with providers.

2.2.9. Describe how the Lead Agency documents and verifies applicant information using the table below. (§98.20(a))

Effective Date: 01-OCT-13

Check the strategies that will be implemented by your State/Territory. **Attach** a copy of your parent application for the child care subsidy program(s) as **Attachment 2.2.9** or provide a web address, if available:

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
<input type="checkbox"/> Applicant identity	
<input checked="" type="checkbox"/> Household composition	These are documented by the applicant's signature on the application.
<input checked="" type="checkbox"/> Applicant's relationship to the child	These are documented by the applicant's signature on the application.
<input checked="" type="checkbox"/> Child's information for determining eligibility (e.g., identity, age, etc.)	Citizenship and identity are primarily verified through a data match with State Vital Statistics; if there is no match, another source is used such as a data match with Social Security, a birth certificate, U. S. Passport, or hospital record.
<input checked="" type="checkbox"/> Work, Job Training or Educational Program	Pay stubs, statement from the employer, data match with Department of Labor, school schedule.
<input checked="" type="checkbox"/> Income	Pay stubs, statement from the employer, data match with Department of Labor, copy of award letter from Social Security, Unemployment Insurance, etc.
<input type="checkbox"/> Other. Describe:	

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

Effective Date: 01-OCT-13

Time limit for making eligibility determinations.

Describe length of time [Regulations require eligibility determination 30 days from the date of application.](#)

Track and monitor the eligibility determination process

Other.

Describe

None

2.2.11. Are the policies, strategies or processes provided in questions 2.2.1 through 2.2.10 different for families receiving TANF? (658E(c)(2)(H) & (3)(D), §§98.16(g)(4), 98.33(b), 98.50(e))

Effective Date: 01-OCT-13

Yes.

If yes, describe:

No.

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

The regulations at §98.33(b) require the Lead Agency 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. 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 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 [Nebraska Department of Health and Human Services, Division of Children and Family Services](#)

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

- "appropriate child care": [Care that is or can be licensed or approved by the Department of Health and Human Services](#)

- "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, that is considered 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 client](#)

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:

2.3. Eligibility Criteria for Child Care

In order to be eligible for services, children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State's median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services. (658P(3), §98.20(a))

2.3.1. How does the Lead Agency define the following eligibility terms?

Effective Date: 01-OCT-13

residing with -

[An eligible child will be considered residing with a parent or guardian when that child's place of residence is considered to be the same as the parent's or guardian's.](#)

in loco parentis -

This refers to situations where a parent's rights, duties, and responsibilities are charged to someone other than the parent.

2.3.2. Eligibility Criteria Based Upon Age

Effective Date: 01-OCT-13

a) The Lead Agency serves children from 0 weeks to 12 years (may not equal or exceed age 13).

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), §98.20(a)(1)(ii))

Yes, and the upper age is [through age 18](#) (may not equal or exceed age 19).
Provide the Lead Agency definition of *physical or mental incapacity* -

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

1. Emotional impairment: including behavioral impairment, requiring special equipment or assistance;
2. Developmental age level lower than chronological age and requires assistance via special supervision;
3. Movement impairment: requires assistance or unable to move;
4. Sensory impairment: requires special environmental modifications or assistance;
5. Speech impairment: requires special equipment or assistance;
6. Hygiene: requires assistance or special equipment;
7. Feeding: requires special equipment or assistance;
8. Toileting: requires assistance or special equipment;
9. Medical conditions: requires respiratory aids or special procedures;
10. Therapy required: physical, occupational, speech, or respiratory;
11. Medications: requires assistance or special procedures.

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

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), §98.20(a)(1)(ii))

Yes, and the upper age is 18 (may not equal or exceed age 19).

No.

2.3.3. Eligibility Criteria Based Upon Work, Job Training or Educational Program

Effective Date: 01-OCT-13

a) How does the Lead Agency define "working" for the purposes of eligibility? Provide a narrative description below, including allowable activities and if a minimum number of hours is required.

Reminder - Lead Agencies have the flexibility to include any work-related activities in its definition of working, including periods of job search and travel time. (§§98.16(f)(3), 98.20(b))
working-

An individual is considered to be working if she or he is:

1. Employed in a specific role that provides the parent with monetary compensation for that role or the responsibilities that are related to it. This includes full or part time employment;
2. Self-employed;
3. Actively seeking employment. For individuals who are not participating in Employment First, child care may be authorized for two consecutive calendar months per program year July 1 through June 30 (with an extension if necessary) for the purpose of seeking employment;
4. Participating in an Employment First activity that is included in the Employment First Self-Sufficiency Contract.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program? (§§98.16(g)(5), 98.20(b))

Yes.

If yes, how does the Lead Agency define "attending job training or educational program" for the purposes of eligibility? Provide a narrative description below.

Reminder - Lead Agencies have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time.

attending job training or educational program -

An individual is considered to be attending job training or an educational program if he or she is actively involved in an identified program, school, or college, where she or he will be gaining new knowledge or refreshing skills to gain an undergraduate degree or certificate, obtain a job, or enhance work responsibilities.

No.

2.3.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

Effective Date: 01-OCT-13

a) Does the Lead Agency provide child care to children in protective services?
(§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

Yes.

If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a narrative description below.

Reminder - Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases. Lead Agencies may elect to include homeless children and other vulnerable populations in the definition of protective services.

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 CCDF purposes these children are considered to be in protective services and should be included in this definition.

protective services

Protective services relate to children under age 19 of families who have been identified through reporting or participating in care or shelter in respect to child abuse or child neglect or court supervision, or children who are in danger of needing protective service intervention.

No.

b) Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.

No.

2.3.5. Income Eligibility Criteria

Effective Date: 01-OCT-13

a) How does the Lead Agency define "income" for the purposes of eligibility? Provide the Lead Agency's definition of "income" for purposes of eligibility determination.
(§§98.16(g)(5), 98.20(b))

income -

Income is defined as money received from wages, tips, salary, commissions, profits from activities in which an individual is engaged as a self-employed person or as an employee, shelter received at no cost in lieu of wages, any cash benefit that is not the direct result of labor or services performed by the individual as an employee or a self-employed person.

b) Which of the following sources of income, if any, will the Lead Agency exclude or deduct from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude or deduct, if any.

- Adoption subsidies
- Foster care payments
- Alimony received or paid
- Child support received
- Child support paid
- Federal nutrition programs
- Federal tax credits
- State/Territory tax credits
- Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance
- Medical expenses or health insurance related expenses
- Military housing or other allotment/bonuses
- Scholarships, education loans, grants, income from work study
- Social Security Income
- Supplemental Security Income (SSI)
- Veteran's benefits
- Unemployment Insurance
- Temporary Assistance for Needy Families (TANF)
- Worker Compensation
- Other types of income not listed above:

Earnings of a child age 18 or younger and in school; money received from the sale of property such as stocks, bonds, a house or a car; lump sum inheritances or insurance payments; capital gains; income received for work experience paid by a Title I Workforce Investment Act program; Title I WIA allowance paid for supportive services such as transportation, meals, special tools and clothing; payments to AmeriCorps volunteers; payment made by an absent parent to a child care provider, landlord, or mortgage holder on behalf of the client; reimbursement for employment-related expenses such as mileage, lodging, or meals; military combat pay.

None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.

Children under age 18

- Children age 18 and over - still attending school
- Teen parents
- Unrelated members of household
- All members of household except for parents/legal guardians
- Other.

Describe:

Parents and siblings of a teen parent living with his or her parent(s); siblings age 19 and over; earnings of a child age 18 or younger and in school.

None

d) 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 SMI.

Reminder - Income limits must be provided in terms of State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. (§98.20(a)(2)). FY 2013 poverty guidelines are available at <http://aspe.hhs.gov/poverty/13poverty.shtml>.

Family Size	(a) 100% of State Median Income (SMI)(\$/month)	(b) 85% of State Median Income (SMI)(\$/month) [Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	N/A	N/A	N/A	N/A
2	4861	4132	1616	33
3	5489	4666	2034	37
4	6291	5347	2453	39
5	5940	5049	2872	48

e) Will the Lead Agency have "tiered eligibility" (i.e., a separate income limit at re-determination to remain eligible for the CCDF program)?

Yes.

If yes, provide the requested information from the table in 2.3.5d and **describe below:**

Note: This information can be included in the table below.

The entry income limit is set at 125% of the Federal Poverty Level. A family is eligible for up to 24 months of Transitional Child Care with an income limit of 185% of Federal Poverty if they lost eligibility for an ADC grant because of increased earnings or increased hours of employment; received a grant in three of the last six months preceding ineligibility; provide financial information necessary to determine eligibility and the amount of the fee; need child care to allow the parent to accept or retain employment; and continue to meet the resource limit.

No.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month)[Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI[Divide (c) by (a), multiply by 100]
1	N/A	N/A	N/A	N/A
2	4861	4132	2391	49
3	5489	4666	3011	55
4	6291	5347	3631	58
5	5940	5049	4250	72

f) SMI Year 2011 and SMI Source <http://www.census.gov/hhes/www/income/data/statemedian/>

g) These eligibility limits in column (c) became or will become effective on:
07/01/2013

2.3.6. Eligibility Re-determination

Effective Date: 01-OCT-13

Does the State/Territory follow OCC's 12 month re-determination recommendation? (See Program Instruction on Continuity of Care <http://www.acf.hhs.gov/programs/occ/resource/im2011-06>)

Yes

No. If no, what is the re-determination period in place for most families?

6 months

24 months

Other.

Describe:

Length of eligibility varies by county or other jurisdiction.
Describe:

b) Does the Lead Agency coordinate or align re-determination periods with other programs?

Yes. If yes, **check programs that the Lead Agency aligns eligibility periods with and describe the redetermination period for each.**

Head Start and/or Early Head Start Programs.
Re-determination period:

Pre-kindergarten programs.
Re-determination period:

TANF.
Re-determination period: 12 Months

SNAP.
Re-determination period: 12 Months

Medicaid.
Re-determination period: 12 Months

SCHIP.
 SCHIP.
Re-determination period:

Other.
Describe:

No.

c) Describe under what circumstances, if any, a family's eligibility would be reviewed prior to redetermination. For example, regularly scheduled interim assessments, or a requirement for families to report changes.

**The Agency requires clients to report a change in circumstance no later than ten days following the change. This includes information regarding:
Change or receipt of a resource including cash on hand, stocks, bonds, money in a checking or savings account, or a motor vehicle;**

- b. Changes in unit composition, such as the addition or loss of a unit member;
- c. Change in residence;
- d. New employment;
- e. Termination of employment; and
- f. Changes in the amount of monthly income, including:
 - (1) All changes in unearned income; and
 - (2) Changes in the source of employment, in the wage rate and in employment status, i.e., reduced or increased hours of employment.
- g. Change in need for child care and or child care schedule.

d) Describe any action(s) the State/Territory would take in response to any change in a family's eligibility circumstances prior to re-determination

The Agency completes a redetermination of eligibility when information is obtained about a change in a client's circumstance that affects his/her eligibility. These changes must be acted on as soon as possible within a 30 day time limit. The actions that the Agency would take in response would be either increase, reduce, and or terminate Child Care services.

e) Describe how these policies are implemented in a family-friendly manner that promotes access and continuity of care for children. (See Information Memorandum on Continuity of Care for examples <http://www.acf.hhs.gov/programs/occ/resource/im2011-06>).

The Agency does implement these policies in a method that promotes access and continuity of care. The following eligibility policies increase retention in subsidy:

The Agency offers Job Search for up to two calendar months per program year of July 1 through June 30 to enable the client to seek employment. Following the loss of employment, a client may receive two consecutive calendar months. Each time the client loses employment, s/he is entitled to two months of child care to allow him/her to seek.

The Agency utilizes a 30 days for stable and 90 day for irregular average for income when determining eligibility. This allows the Agency to have a more accurate picture of the family financial situation.

If a parent is temporarily absent (90 days or less) because of employment, training, or illness, a substitute caretaker may receive Child Care Subsidy using the parent's income eligibility.

The Agency offers Transitional Child Care (TCC) eligibility where the families income is equal of less than 185% of the Federal Poverty Level. The income limit for Child Care Subsidy is set at 120% of the Federal Poverty Level unless a family becomes eligible for TCC.

f) Does the Lead Agency use a simplified process at re-determination?

Yes.

If yes, describe:

No.

2.3.7. Waiting Lists

Describe the Lead Agency's waiting list status. Select **ONE of these options.**

Effective Date: 01-OCT-13

Lead Agency currently does not have a waiting list and:

All eligible families *who apply* will be served under State/Territory eligibility rules

Not all eligible families *who apply* will be served under State/Territory eligibility rules

Lead Agency has an active waiting list for:

Any eligible family who applies when they cannot be served at the time of application

Only certain eligible families.

Describe those families:

Waiting lists are a county/local decision.

Describe:

N/A

Other.

Describe:

N/A

2.3.8. Appeal Process for Eligibility Determinations

Effective Date: 01-OCT-13

Describe the process for families to appeal eligibility determinations:

A family may request a fair hearing within 90 days following the date a notice of adverse action is mailed. If an applicant wishes to appeal due to the agency's inaction, she or he must request a fair hearing within 90 days of the date the application was signed. If the client submits a request for a hearing within ten days following the date the notice is mailed, the staff must not take the adverse action until a fair hearing decision is rendered. Once the agency receives the client's request for a fair hearing, a hearing date is established and the client is notified. For the most part, fair hearings are conducted by telephone. After the hearing is held, the hearing officer makes a recommended decision; that decision is approved or reversed by the Department Director and the client is notified of the decision.

2.4. Sliding Fee Scale and Family Contribution

The statute and regulations require 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 (658E(c)(3)(B) §98.42).

2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1. Will the attached sliding fee scale be used in all parts of the State/Territory?

Effective Date: 01-OCT-13

Yes.

Effective Date: 07/01/2013

No. If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.1a, 2.4.1b**, etc.

2.4.2. What income source and year will be used in creating the sliding fee scale? (658E(c)(3)(B)) Check only one option..

Effective Date: 01-OCT-13

State Median Income,

Year:

Federal Poverty Level,

Year: 2013

Income source and year varies by geographic region.

Describe income source and year:

N/A

Other.

Describe income source and year:

N/A

2.4.3. How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use. (§98.42(b))

Effective Date: 01-OCT-13

Fee as dollar amount and

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 as 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

No additional percentage applied charged after certain number of children

Fee per family

Contribution schedule varies by geographic area.

Describe:

N/A

Other.

Describe:

If the Lead Agency checked more than one of the options above, describe:

2.4.4. Will the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

Effective Date: 01-OCT-13

Yes,
and describe those additional factors:

The number of children in care.

No.

2.4.5. The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size. (§98.42(c)). Select ONE of these options.

Reminder - Lead Agencies are reminded that the co-payments may be waived for only two circumstances - for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 2.3.4.a).

Effective Date: 01-OCT-13

ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee.

The poverty level used by the Lead Agency for a family of 3 is: 1,628

SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

The Lead Agency waives the fee for the following families:

2.5. Prioritizing Services for Eligible 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. 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), §98.44)

2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes? (658E(c)(3)(B), §98.44) Lead Agencies have the discretion to define *children with special needs* and *children in families with very low incomes*. Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA)). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs*.

Effective Date: 01-OCT-13

How will the Lead Agency prioritize CCDF services for:	Eligibility Priority (Check only one)	Is there a time limit on the eligibility priority or guarantee?	Other Priority Rules

Children with special needs

Provide the Lead Agency definition of Children with Special Needs:

- Priority over other CCDF-eligible families
- Same priority as other CCDF-eligible families
- Guaranteed subsidy eligibility
- Other.

Describe:

Yes.

The time limit is:

No

Different eligibility thresholds.

Describe:

- Higher rates for providers caring for children with special needs requiring additional care
- Prioritizes quality funds for providers serving these children
- Other.

Describe:

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

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

<p>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.</p>			
<p>Children in families with very low incomes</p> <p>Provide the Lead Agency definition of <i>Children in Families with Very Low Incomes</i>:</p> <p>Children in families with income below 100% of Federal Poverty Level.</p>	<p><input type="checkbox"/> Priority over other CCDF-eligible families</p> <p><input checked="" type="checkbox"/> Same priority as other CCDF-eligible families</p> <p><input type="checkbox"/> Guaranteed subsidy eligibility</p> <p><input type="checkbox"/> Other.</p> <p>Describe:</p>	<p><input type="checkbox"/> Yes.</p> <p>The time limit is: <input type="text"/></p> <p><input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Different eligibility thresholds.</p> <p>Describe: <input type="text"/></p> <p><input checked="" type="checkbox"/> Waiving co-payments for families with incomes at or below the Federal Poverty Level</p> <p><input type="checkbox"/> Other.</p> <p>Describe: <input type="text"/></p>

2.5.2. How will CCDF funds be used to provide child care assistance to meet the needs of 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? (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4)) **Reminder** - CCDF requires that not less than 70

percent of CCDF Mandatory and Matching funds be used to provide child care assistance 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.

Effective Date: 01-OCT-13

- Use priority rules to meet the needs of TANF families (describe in 2.5.1 or 2.5.3.)
 - Waive fees (co-payments) for some or all TANF families who are below poverty level
 - Coordinate with other entities (i.e. TANF office, other State/Territory agencies, and contractors)
 - Other.
- Describe:

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 Federal Poverty. Families that are at risk of becoming dependent on TANF are eligible with income up to 120% of Federal Poverty.

2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency. (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Reminder - Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

Effective Date: 01-OCT-13

Term(s) - Definition(s)

Describe:

NONE

2.6. Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receives 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), §98.15(a))

2.6.1. Child Care Certificates

Effective Date: 01-OCT-13

a) When is the child care certificate (also referred to as voucher or authorization) issued to parents? (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

- Before parent has selected a provider
- After parent has selected a provider
- Other.

Describe:

b) How does the Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (§98.30(e)(2))

- Certificate form provides information about choice of providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials (flyers, forms, brochures)
- Referral to child care resource and referral agencies
- Verbal communication at the time of application
- Public Services Announcement
- Agency

Website:

- Community outreach meetings, workshops, other in person activities
- Multiple points of communication throughout the eligibility and renew process
- Other.

Describe:

c) What information is included on the child care certificate? **Attach a copy of the child care certificate as Attachment 2.6.1.** (658E(c)(2)(A)(iii))

- Authorized provider(s)
- Authorized payment rate(s)
- Authorized hours
- Co-payment amount
- Authorization period
- Other.

Describe:

d) What is the estimated proportion of services that will be available for child care services through certificates?

All services are through certificates.

2.6.2. Child Care Services Available through Grants or Contracts

Effective Date: 01-OCT-13

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), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)). **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 process for accessing grants or contracts, and the range of providers that will be available through grants or contracts:

No. If no, skip to 2.6.3

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following? Check the strategies, if any, that your State/Territory chooses to implement.

- Increase the supply of specific types of care
- Programs to serve children with special needs
- Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs
- Programs to serve infant/toddler
- School-age programs
- Center-based providers
- Family child care providers
- Group-home providers
- Programs that serve specific geographic areas
- Urban
- Rural
- Other.

Describe:

- Support programs in providing higher quality services
- Support programs in providing comprehensive services
- Serve underserved families.

Specify:

Other.

Describe:

c) Are child care services provided through grants or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

Yes.

No,

and **identify** the localities (political subdivisions) and services that are not offered:

d) How are payment rates for child care services provided through grants/contracts determined?

e) What is the estimated proportion of direct services that will be available for child care services through grants/contracts?

2.6.3. How will the Lead Agency inform parents and providers of policies and procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds? (658E(c)(2)(B), §98.31)) Check the strategies that will be implemented by your State/Territory.

Effective Date: 01-OCT-13

- Signed declaration
- Parent Application
- Parent Orientation
- Provider Agreement
- Provider Orientation
- Other.

Describe:

2.6.4. The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. (§§98.16(g)(2), 98.30(e)(1)(iv)) Will the Lead Agency limit the use of in-home care in any way?

Effective Date: 01-OCT-13

- No
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care?
Check all limits the Lead Agency will establish.
- Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act
- Restricted based on provider meeting a minimum age requirement
- Restricted based on hours of care (certain number of hours, non-traditional work hours)
- Restricted to care by relatives
- Restricted to care for children with special needs or medical condition
- Restricted to in-home providers that meet some basic health and safety requirements
- Other.

Describe:

2.6.5. Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

Effective Date: 01-OCT-13

The Department uses an automated system, known as License Information System (LIS), for tracking complaints of licensed child care programs. LIS allows staff to track individual case complaints and generate reports. The Department's eligibility system, N-FOCUS, also has a mechanism for recording complaints about a provider. Department rules and regulations provide for the release of Licensing Compliance Reviews to the public upon verbal or written request.

Compliance Reviews are completed on all visits/inspections of licensed child care programs including complaint investigations and routine announced and unannounced visits. Parents may also request a record of complaints recorded for a license-exempt provider.

2.7. Payment Rates for Child Care Services

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish adequate payment rates for child care services that ensure eligible children equal access to comparable care.

2.7.1. Attach a copy of your payment rates as Attachment 2.7.1. Will the attached payment rates be used in all parts of the State/Territory?

Effective Date: 01-OCT-13

Yes. Effective Date: 07/01/2013

No. If no, attach other payment rates and their effective date(s) as **Attachment 2.7.1a, 2.7.1b, etc.** , etc.

2.7.2. Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?

Effective Date: 01-OCT-13

Policy on length of time for making payments.
Describe length of time:

Track and monitor the payment process

Other.

Describe:

State statute requires the payment of a valid claim within 45 days from receipt. On February 1, 2013, the Department mandated that all Child Care Subsidy Providers to submit their child care claims electronically. The Department uses the State of Nebraska Web Portal where providers can sign up to receive their notice of authorization, explanation of payment, and submit their billings. This allows a child care provider's claim to be processed within 24 hours electronically and paid directly. All payments are either direct deposited or issued to a Relia-Card.

None

2.7.3. Market Rate Survey

Lead Agencies must complete a local Market Rate Survey (MRS) no earlier than two years prior to the effective date of the Plan (no earlier than October 1, 2009). The MRS must be completed prior to the submission of the CCDF Plan (see Program Instruction CCDF-ACF-PI-2009-02 <http://www.acf.hhs.gov/programs/occ/resource/pi-2009-02> for more information on the MRS deadline).

Effective Date: 01-OCT-13

a) Provide the month and year when the local Market Rate Survey(s) was completed (§98.43(b)(2)): 12/2012

b) Provide a summary of the results of the survey.

The summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

Summary: On May 4, 2011, the Governor signed LB464 which stated that for the next two state fiscal years beginning July 1, 2011. According to Neb. Rev. Stat. §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) for the two fiscal years beginning July 1, 2011, such rate may not be less than the fiftieth percentile or the rate for the immediately preceding fiscal year."

Thus, Family Homes I and II rates will be increased, with the exception of rural toddler and preschool daily rates, urban preschool and school-age daily and all urban age category hourly rates which will remain the same. Child Care Center rates will also be increased, with the exception of the urban daily rate. All rates increases are established at the 60th percentile of the 2013 MRS.

As in the 2011 MRS, Family Home I and II rates for rural and trade center areas were similar, with exception of child care centers in trade center areas who rates were rates were slightly higher than child care centers in rural areas. Urban rates were consistently higher than those in both rural and trade center areas.

Accredited providers will continue to receive a higher rate as they did in 2011. This rate which was set between the range of the 60th to 75th percentile of the 2011 MRS is now set at the 75th percentile of the 2013 MRS. The rate paid to accredited providers is the same throughout the state. This adjustment is to maintain an incentive to attain a higher quality of achievement and care.

2.7.4. Describe the payment rate ceilings in relation to the current MRS using the tables below.

Effective Date: 01-OCT-13

2.7.4a - Highest Rate Area (Centers)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed Center Infants (11 months)	\$909	\$844	60th
Full-Time Licensed Center Preschool (59 months)	\$779	\$730	60th
Full-Time Licensed Center School-Age (84 months)	\$718	\$671	60th

2.7.4b - Lowest Rate Area (Centers)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed Center Infants (11 months)	\$650	\$606	60th
Full-Time Licensed Center Preschool (59 months)	\$563	\$541	60th
Full-Time Licensed Center School-Age (84 months)	\$541	\$500	60th

2.7.4c - Highest Rate Area (FCC)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed FCC Infants (11 months)	\$680	\$585	60th
Full-Time Licensed FCC Preschool (59 months)	\$589	\$541	60th
Full-Time Licensed FCC School-Age (84 months)	\$563	\$541	60th

2.7.4d - Lowest Rate Area (FCC)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
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Full-Time Licensed FCC Infants (11 months)	\$498	\$476	60th
Full-Time Licensed FCC Preschool (59 months)	\$476	\$433	60th
Full-Time Licensed FCC School-Age (84 months)	\$455	\$433	60th

2.7.5. How are payment rate ceilings for license-exempt providers set?

Effective Date: 01-OCT-13

a) Describe how license-exempt center payment rates are set:

The Agency does not offer license-exempt center payment rates.

b) Describe how license-exempt family child care home payment rates are set:

The Agency establishes rates for license-exempt family child care home payments at 25% of the Market Rate Survey.

c) Describe how license-exempt group family child care home payment rates are set:

The Agency does not offer license-exempt group family child care home payment rates.

d) Describe how in-home care payment rates are set:

The Agency requires all in-home providers be paid at least federal minimum wage. The agency pays minimum wage when an in-home provider cares for three or less children. If an in-home provider provides care for more than three children, the hourly rate for a license-exempt family child care home is used as a guide to negotiate a higher rate.

2.7.6. Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies? Check which types of tiered reimbursement, 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 and amount and also indicate if the rates were set based on the MRS or another process.

Differential rate for nontraditional hours.

Describe:

Differential rate for children with special needs as defined by the State/Territory.

Describe:

The rate for children with special needs is negotiated based on the needs of the child.

Differential rate for infants and toddlers.

Describe:

Differential rate for school-age programs.

Describe:

Differential rate for higher quality as defined by the State/Territory.

Describe:

Other differential rate.

Describe:

None.

Reminder - CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. In the next three questions, Lead Agencies are asked to describe how their payment policies reflect the affordable copayments for families provision of equal access (i.e., minimizing additional fees to parents), how payment practices are implemented consistent with the general child care market to be fair to providers (see Information Memorandum on Continuity of Care for examples <http://www.acf.hhs.gov/programs/occ/resource/im2011-06>), and the summary of facts describing how payment rates are adequate to ensure equal access to the full range of providers.

2.7.7. What policies does the Lead Agency have regarding any additional fees that providers may charge CCDF parents? The Lead Agency...

Effective Date: 01-OCT-13

Allows providers to charge the difference between the maximum reimbursement rate and their private pay rate

Pays for provider fees (e.g., registration, meals, supplies).

Describe:

Policies vary across region, counties and or geographic areas.

Describe:

Other.

Describe:

The family is responsible for payment of fees assessed for failure to pick up the child by the end of the program's day.

When the provider charges private pay families by enrollment only, the provider may charge the client if the child is absent on a scheduled day. The provider cannot charge for time the child was not scheduled to be in attendance.

The Agency considers that the following are included in the child care rate: Cost of the facility (including utilities), indoor and outdoor space where care occurs; staff salaries, benefits, training and indirect costs; equipment; toys; materials needed to operate; food children are served unless the facility is unable to prepare food and parents have the option to bring food for their children. (If food is not included, the rate should reflect the lower cost.)

Parents cannot be asked to pay additional fees for these expenses.

The Agency does not pay deposits to hold a space at a child care facility.

2.7.8 What specific policies and practices does the Lead Agency have regarding the following:

Effective Date: 01-OCT-13

a) Number of absent days allowed. Describe

The Agency pays by attendance, not enrollment. Payment is not made for time when the child is not receiving care; this includes when the provider is on vacation, is ill, or is not providing care for some other reason.

b) Paying based on enrollment. Describe

N/A

c) Paying on the same schedule that providers charge private pay families (e.g., hourly, weekly, monthly). Describe

N/A

d) Using electronic tools(automated billing, direct deposit, EBT cards, etc.) to make provider payments. Describe

On February 1, 2013, the Department mandated that all Child Care Subsidy Providers to submit their child care claims electronically. The Department uses the State of Nebraska Web Portal where providers can sign up to receive their notice of authorization, explanation of payment, and submit their child care claims. This allows a child care provider's claim to be processed within 24 hours electronically and paid directly. All payments are either direct deposited or issued to a Relia-Card.

2.7.9. Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.

CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. To demonstrate equal access, the Lead Agency shall provide at a minimum a summary of facts describing: (§98.43(a))

Effective Date: 01-OCT-13

a) How a choice of the full range of providers, e.g., child care centers, family child care homes, group child care homes and in-home care, is made available (§98.43(a)(1)):

The client has a right to choose a provider. The client can choose a licensed, child care subsidy approved (in-home, license-exempt family child care home), and or choose a provider that is not yet approved and refer them to the agency for approval.

b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2)):

The Department has a full range of providers who are participating in the Child Care Subsidy Program. The rates have been increase from the 50th to the 60th percentile for the fiscal years of 2013-2014. These rates are sufficient to maintain a variety of providers.

c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3)):

Affordability is factored into the calculation of the copayments in that no copayment is required for families when the minimum earnings are less than the equivalent of one parent working fulltime at minimum wage. At this income level, the copayment is set at approximately 8% of the gross income. Copayments increase in increments based on increased family income with an overall limit of the maximum copayment to 20% of gross income.

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access, including how the quality of child care providers is taken into account when setting rates and whether any other methodologies (e.g., cost estimation models) are used in setting payment rates

N/A

2.8 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the administration of the CCDF subsidy program in the coming Biennium? For example, what progress does the State/Territory expect to make on continuing improved services to parents and providers, continuity of care for children, improving outreach to parents and providers, building or expanding information technology systems, or revising rate setting policies or practices).

Note -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Effective Date: 01-OCT-13

Goal #1:

1. Develop strategies to enhance the child care policy knowledge of Child Welfare Staff and clarify/revise the processes to determine eligibility for Child Care Services accurately. As a result of this effort the Agency will clarify the following; Eligibility process for Subsidized Guardianships and Adoptions, Consistent processes statewide for child care eligibility determinations and authorizations, Training to staff on how to correctly determine families that have children involved in Child Welfare cases eligible, and a Random sample of Child Welfare Child Care Cases reviewed monthly to ensure eligibility requirements are being met. The Agency will also be implementing improved strategies to make sure

that Child Care eligibility is determined correctly for low-income families.

Goal #2:

1. Review the Agency's current investments regarding the use of CCDF targeted dollars. As a result of this review the Agency will implement strategies and set priorities for CCDF quality dollars. The Agency will improve the quality of care provided by child care providers that are participating in the Agency's Child Care Subsidy Program

Goal #3:

1. Revise Child Care Policy to improve access and availability of the Child Care Subsidy Program to low income children and their families. This policy revision will also impact Child Care Subsidy Providers as the Agency desires to improve provider accountability regarding the use of CCDF dollars.

PART 3

Health and Safety and Quality Improvement Activities

3.1. Activities to Ensure the Health and Safety of Children in Child Care (Component #1)

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i)). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Questions related to licensing requirements are in sections 3.1.1 and 3.1.2. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Questions related to CCDF Health and Safety requirements are in sections 3.1.3 and 3.1.4.

3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing

Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)).

These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

Definition: Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.

The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing as defined by the State/Territory. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) (658E(c)(2)(F), §98.41).

Effective Date: 01-OCT-13

a) Is the Lead Agency responsible for child care licensing? (§98.11(a))

Yes.

No.

Please identify the State or local (if applicable) entity/agency responsible for licensing:

b) Provide a brief overview of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory.

[Licensing regulations for child care centers and family child care homes serve as the health and safety requirements for child care centers and Family Child Care Homes that participate in Nebraska's Child Care Subsidy program.](#)

c) Do the State/Territory's licensing requirements serve as the CCDF health and safety requirements?

	Center-Based Child Care	Group Home Child Care <input type="checkbox"/>	Family Child Care <input type="checkbox"/>	In-Home Care <input checked="" type="checkbox"/>
		N/A. Check if your State/Territory does not have group home child care.		N/A. Check if in-home care is not subject to licensing in your State/Territory.
Yes, for all providers in this category	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for some providers in this category	Describe N/A	Describe N/A	Describe Family Child Care Homes that provide child care to four or more children from different families at the same time for compensation are required to be licensed. Family Child Care Home providers who provide child care to three or fewer children from different families or children from one family for compensation may participate in CCDF without a license.	Describe N/A
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	Describe N/A	Describe N/A	Describe N/A	Describe N/A

d) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. For each CCDF category of care, please identify which types of providers are subject to licensing and which providers are exempt from licensing in your State/Territory in the chart below. **Note: OCC recognizes that each State/Territory identifies and defines its own categories of care. OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care but consistent with your reported 801 data.**

CCDF Category of Care	CCDF Definition (§98.2)	Which providers in your State/Territory are subject to licensing under this CCDF category?	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?
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<p>Center-Based Child Care</p>	<p>Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.</p>	<p>Describe which types of center-based settings are subject to licensing in your State/Territory</p> <p>Child Care Centers are licensed for 13 or more children and can provide care for children from 6 weeks to age 13 and can include children who are age 13 or older as long as children under age 13 are served.</p> <p>Effective May 20, 2013 there will be a new license type for School-Age-Only Centers. Before- and- after-school care is required to be licensed unless the program is an extension of the schools day and meets all the requirements of a school.</p> <p>All center based settings except those listed under 391 NAC 3-001.02 are required to be licensed.</p> <p>The licensed location can be the licensee's residence or another approved facility. Fire Safety, Sanitation, and Licensure inspections are conducted before a Provisional license is issued.</p>	<p>Describe which types of center-based settings are exempt from licensing in your State/Territory.</p> <p>The following are exempt from mandatory licensure, but may be voluntarily licensed:</p> <ol style="list-style-type: none"> 1. Any person who provides child care: <ol style="list-style-type: none"> a. On an irregular, informal basis and with no established pattern of occurrence; b. Without cost to the parents and who receives no form of compensation; c. To three or fewer children at any one time, except by a person whose license has been suspended or revoked; 2. Recreation camps as defined in <u>Neb. Rev. Stat. § 71-3101</u>, a recreation facility, center, or program operated by a political or governmental subdivision pursuant to the authority provided in <u>Neb. Rev. Stat. § 13-304</u>; 3. Classes or services provided by a religious organization other than child care or a preschool or nursery school; 4. A preschool program conducted in a school approved under <u>Neb. Rev. Stat. § 79-318</u>; 5. Programs operated or contracted by a public school district
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			<p>and subject to the rules and regulations of the State Department of Education under <u>Neb. Rev. Stat. § 79-1104</u>;</p> <p>6. Services provided only to school-age children during the summer and other extended breaks in the school year;</p> <p>7. Care provided <u>only</u> to children 13 years of age or older;</p> <p>8. Care provided for less than two hours per week on average;</p> <p>9. Foster care as defined in <u>Neb. Rev. Stat. § 71-1901</u>;</p> <p>10. Care provided by grandparents to only their grandchildren;</p> <p>11. Care provided on federal military installations;</p> <p>12. Care provided on Indian reservations by Native Americans; or</p> <p>13. Care provided by non-Native Americans on Indian reservations when tribal authorities have assumed jurisdiction for regulating the care.</p>
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Group Home Child Care

N/A. Check if your State/Territory does not have group home child care.



Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

Describe which types of group homes settings are subject to licensing
In Nebraska, the license issued to "Group Homes" is titled "Family Child Care Home II" (FCCH II.) FCCH II licensees are allowed to serve up to twelve (12) children with a second caregiver.

The licensed location can be the licensee's residence or another approved facility. Licensure and fire safety inspections are conducted before a Provisional license is issued.

Describe which types of group homes are exempt from licensing:
The following are exempt from mandatory licensure, but may be voluntarily licensed:

- 1. Any person who provides child care:
 - a. On an irregular, informal basis and with no established pattern of occurrence;**
 - b. Without cost to the parents and who receives no form of compensation;**
 - c. To three or fewer children at any one time, except by a person whose license has been suspended or revoked;****
- 2. Recreation camps as defined in Neb. Rev. Stat. § 71-3101, a recreation facility, center, or program operated by a political or governmental subdivision pursuant to the authority provided in Neb. Rev. Stat. § 13-304;**
- 3. Classes or services provided by a religious organization other than child care or a preschool or nursery school;**
- 4. A preschool program conducted in a school approved under Neb. Rev. Stat. § 79-318;**
- 5. Programs operated or contracted by a public school district and subject to the rules and regulations of the**

			<p>State Department of Education under <u>Neb. Rev. Stat. § 79-1104</u>;</p> <p>6. Services provided only to school-age children during the summer and other extended breaks in the school year;</p> <p>7. Care provided <u>only</u> to children 13 years of age or older;</p> <p>8. Care provided for less than two hours per week on average;</p> <p>9. Foster care as defined in <u>Neb. Rev. Stat. § 71-1901</u>;</p> <p>10. Care provided by grandparents to only their grandchildren;</p> <p>11. Care provided on federal military installations;</p> <p>12. Care provided on Indian reservations by Native Americans; or</p> <p>13. Care provided by non-Native Americans on Indian reservations when tribal authorities have assumed jurisdiction for regulating the care.</p>
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<p>Family Child Care</p>	<p>Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work. Reminder - Do not respond if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.</p>	<p>Describe which types of family child care home providers are subject to licensing In Nebraska, the license issued to “family child care homes” is titled “Family Child Care Home I” (FCCH I.) FCCH I licensees are allowed to serve up to 10 (10) children. The licensed location must be the licensee’s residence.</p> <p>Licensure inspections are conducted within 60 days of the license issuance date. Fire Safety Inspection referrals are made the date the license is issued and must be conducted and approved before the expiration of the Provisional license.</p>	<p>Describe which types of family child care home providers are exempt from licensing: The following are exempt from mandatory licensure, but may be voluntarily licensed:</p> <ol style="list-style-type: none"> 1. Any person who provides child care: <ol style="list-style-type: none"> a. On an irregular, informal basis and with no established pattern of occurrence; b. Without cost to the parents and who receives no form of compensation; c. To three or fewer children at any one time, except by a person whose license has been suspended or revoked; 2. Recreation camps as defined in <u>Neb. Rev. Stat. § 71-3101</u>, a recreation facility, center, or program operated by a political or governmental subdivision pursuant to the authority provided in <u>Neb. Rev. Stat. § 13-304</u>; 3. Classes or services provided by a religious organization other than child care or a preschool or nursery school; 4. A preschool program conducted in a school approved under <u>Neb. Rev. Stat. § 79-318</u>; 5. Programs operated or contracted by a public school district and subject to the rules
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			<p>and regulations of the State Department of Education under <u>Neb. Rev. Stat. § 79-1104</u>;</p> <p>6. Services provided only to school-age children during the summer and other extended breaks in the school year;</p> <p>7. Care provided <u>only</u> to children 13 years of age or older;</p> <p>8. Care provided for less than two hours per week on average;</p> <p>9. Foster care as defined in <u>Neb. Rev. Stat. § 71-1901</u>;</p> <p>10. Care provided by grandparents to only their grandchildren;</p> <p>11. Care provided on federal military installations;</p> <p>12. Care provided on Indian reservations by Native Americans; or</p> <p>13. Care provided by non-Native Americans on Indian reservations when tribal authorities have assumed jurisdiction for regulating the care.</p>
In-Home Care	<p>In-home child care provider is defined as an individual who provides child care services in the child's own home.</p> <p>Reminder - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.</p>	<p><input checked="" type="checkbox"/> N/A. Check if in-home care is not subject to licensing in your State/Territory.</p> <p>Describe which in-home providers are subject to licensing</p>	<p>Describe which types of in-home child care providers are exempt from licensing</p> <p>Care provided in the home of the child to one family of children is not required to be licensed.</p>

Note: In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at <http://nrckids.org/CFOC3> to verify the accuracy of your licensing regulations and provide any updates to the National Resource Center. **Check this box to indicate that the licensing requirements were submitted and verified at NRCKid's:**



e) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care*.

*American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011) *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd Edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Available online: <http://nrckids.org/CFOC3>

For each indicator, check all requirements for licensing that apply, if any.

Indicator	Center-Based Child Care	Group Home Child Care	Family Child Care	In-Home Care
		<input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.		<input checked="" type="checkbox"/> N/A if the State/Territory does not license in-home care (i.e., care in the child's own home)

Do the licensing requirements include **child:staff ratios and group sizes?**

If yes, provide the ratio for age specified.

<input checked="" type="checkbox"/> Yes, Child:staff ratio requirement:	<input checked="" type="checkbox"/> Yes, Child:staff ratio requirement:	<input checked="" type="checkbox"/> Yes, Child: staff ratio requirement.	<input type="checkbox"/> Yes, Child: staff ratio requirement.
Infant ratio (11 months): 4 infants:1 staff	Infant ratio (11 months): 4 infants:1 staff	List ratio requirement by age group:	List ratio requirement by age group:
Toddler ratio (35 months): 6 toddlers: 1 staff	Toddler ratio (35 months): Ratio is 12 children with two caregivers.	Infant Only: 4 infants: 1 staff;	<input checked="" type="checkbox"/> No ratio requirements.
Preschool ratio (59 months): 12 preschoolers: 1 staff	Preschool ratio (59 months): Ratio is 12 children with two caregivers.	Mixed age: No more than 2 infants if 6 additional children ages 18 months to school age and 2 school age children are in care with one caregiver.	<input type="checkbox"/> Yes, Group size requirement.
<input type="checkbox"/> No ratio requirements.	<input type="checkbox"/> No ratio requirements.	Mixed age: No more than 3 infants, only 2 of which can be under 12 months with five additional children ages 18 months through school age.	List ratio requirement by age group:
<input checked="" type="checkbox"/> Yes,	<input type="checkbox"/> No ratio requirements.	School age only: 10 school agers:1 staff	<input checked="" type="checkbox"/> No group size requirements.
Group size requirement Infant group size (11 months): 12 infants	<input checked="" type="checkbox"/> Yes,		
Toddler group size (35 months): No group size requirements	Group size requirement Infant group size (11 months): 12	<input type="checkbox"/> No ratio requirements.	
Preschool group size (59 months): No group size requirements	Toddler group size (35 months): 12	<input checked="" type="checkbox"/> Yes, Group size requirement.	
<input type="checkbox"/> No group size requirements.	Preschool group size (59 months): 12		
	<input type="checkbox"/> No group size requirements.		

			<p>List ratio requirement by age group: Infant only: 8 infants; Mixed age with no more than 2 infants: 8 children plus 2 school age only children; Mixed age with 3 infants: 8 children</p> <p><input type="checkbox"/> No group size requirements.</p>	
<p>Do the licensing requirements identify specific experience and educational credentials for child care directors?</p>	<p><input checked="" type="checkbox"/> High school/GED</p> <p><input type="checkbox"/> Child Development Associate (CDA)</p> <p><input type="checkbox"/> State/ Territory Credential</p> <p><input type="checkbox"/> Associate's degree</p> <p><input type="checkbox"/> Bachelor's degree</p> <p><input type="checkbox"/> No credential required for licensing</p> <p><input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> High school/GED</p> <p><input type="checkbox"/> Child Development Associate (CDA)</p> <p><input type="checkbox"/> State/ Territory Credential</p> <p><input type="checkbox"/> Associate's degree</p> <p><input type="checkbox"/> Bachelor's degree</p> <p><input checked="" type="checkbox"/> No credential required for licensing</p> <p><input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> High school/GED</p> <p><input type="checkbox"/> Child Development Associate (CDA)</p> <p><input type="checkbox"/> State/ Territory Credential</p> <p><input type="checkbox"/> Associate's degree</p> <p><input type="checkbox"/> Bachelor's degree</p> <p><input checked="" type="checkbox"/> No credential required for licensing</p> <p><input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> High school/GED</p> <p><input type="checkbox"/> Child Development Associate (CDA)</p> <p><input type="checkbox"/> State/ Territory Credential</p> <p><input type="checkbox"/> Associate's degree</p> <p><input type="checkbox"/> Bachelor's degree</p> <p><input checked="" type="checkbox"/> No credential required for licensing</p> <p><input type="checkbox"/> Other:</p>

Do the licensing requirements identify specific educational **credentials for child care teachers?**

<input checked="" type="checkbox"/>	High school/GED	<input type="checkbox"/>	High school/GED	<input type="checkbox"/>	High school/GED
<input type="checkbox"/>	Child Development Associate (CDA)	<input type="checkbox"/>	Child Development Associate (CDA)	<input type="checkbox"/>	Child Development Associate (CDA)
<input type="checkbox"/>	State/ Territory Credential	<input type="checkbox"/>	State/ Territory Credential	<input type="checkbox"/>	State/ Territory Credential
<input type="checkbox"/>	Associate's degree	<input type="checkbox"/>	Associate's degree	<input type="checkbox"/>	Associate's degree
<input type="checkbox"/>	Bachelor's degree	<input type="checkbox"/>	Bachelor's degree	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	No credential required for licensing	<input checked="" type="checkbox"/>	No credential required for licensing	<input checked="" type="checkbox"/>	No credential required for licensing
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Do the licensing requirements specify that directors and caregivers must attain a specific number of training hours per year ?	<input type="checkbox"/>	At least 30 training hours required in first year	<input type="checkbox"/>	At least 30 training hours required in first year	<input type="checkbox"/>	At least 30 training hours required in first year		
	<input type="checkbox"/>	At least 24 training hours per year after first year	<input type="checkbox"/>	At least 24 training hours per year after first year	<input type="checkbox"/>	At least 24 training hours per year after first year		
	<input type="checkbox"/>	No training requirement	<input type="checkbox"/>	No training requirement	<input type="checkbox"/>	No training requirement		
	<input checked="" type="checkbox"/>	Other:	<input checked="" type="checkbox"/>	Other:	<input checked="" type="checkbox"/>	Other:		
		12 clock hours of in-service training each year is required for directors, teachers, staff who work directly with children, 4 clock hours are required for staff who prepare food, and staff who transport children are required to take 2 transportation safety training.		Yes, 12 clock hours of in-service training is required for Family Child Care Home II licensees/ primary providers and secondary providers		12 clock hours of in-service training is required for Family Child Care Home I licensees.		In-home care is not licensed.

f) Do you expect the licensing requirements for child care providers to change in FY2014-2015?

Yes.

Describe:

The Nebraska Legislature passed a bill (L.B. 105) that requires all licensed child care programs to obtain and maintain liability insurance with a minimum coverage of \$100,000 per occurrence. Effective July 1, 2014, all applicants for a child care license will have to show proof of insurance. Effective July 31, 2014, all currently licensed programs will have to show proof of insurance. While the bill is self-executing, the Department will want to revise regulations to include this requirement and make a few corrections in the regulations that will be operative May 20, 2013.

No.

3.1.2 Enforcement of Licensing Requirements

Each Lead Agency is required to provide a detailed description of the State/Territory's licensing requirements and how its licensing requirements are effectively enforced. (658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

Describe the State/Territory's policies for effective enforcement of the licensing requirements using questions 3.1.2a through 3.1.2e below. This description includes whether and how the State/Territory uses visits (announced and unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include **announced** and/or **unannounced** visits in its policies as a way to effectively enforce the licensing requirements?

Effective Date: 01-OCT-13

Yes. If "Yes" please refer to the chart below and check all that apply.

No.

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
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<input checked="" type="checkbox"/> Center-Based Child Care	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: Only prior to licensure and consultation inspections are announced in a Child Care Center.	<input checked="" type="checkbox"/> Once a Year <input checked="" type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe: Once a year for Child Care Centers licensed for fewer than 30 children. More than once a year for Child Care Centers licensed for 30 or more children.
<input checked="" type="checkbox"/> Group Home Child Care <input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: Only prior to licensure and consultation inspections are announced in a Family Child Care Home II	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:

<input checked="" type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: Only consultation inspections are announced in a Family Child Care Home I.	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:
<input type="checkbox"/> In-Home Child Care <input checked="" type="checkbox"/> N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2b)	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:

b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

- Yes. If "Yes" please refer to the chart below and check all that apply.
 No.

Licensing Procedures	Describe which procedures are used by the State/Territory for enforcement of the licensing requirements.
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The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license.



Yes.

Describe:

Providers are required to submit plans to correct violations cited during inspections.

Licensing staff approve the plans of correction submitted by providers.

Licensing staff verify correction of violation.

Licensing staff provide technical assistance regarding how to comply with a regulation.



No.



Other.

Describe:

The State/Territory has procedures in place for licensing staff to inspect centers and family child care homes prior to issuing a license.



An on-site inspection is conducted.



Programs self-certify.

Describe:

Only Family Child Care Home I applicants self-certify. Then, within 60 days of the date of issuance of the license, an unannounced inspection is conducted.



No procedures in place.



Other.

Describe:

Licensing staff has procedures in place to address violations found in an inspection.



Providers are required to submit plans to correct violations cited during inspections.



Licensing staff approve the plans of correction submitted by providers.



Licensing staff verify correction of violation.



Licensing staff provide technical assistance regarding how to comply with a regulation.



No procedures in place.



Other.

Describe:

Licensing staff has procedures in place to issue a negative sanction to a noncompliant facility.



Provisional or probationary license



License revocation or non-renewal



Injunctions through court



Emergency or immediate closure not through court action



Fines for regulatory violations



No procedures in place.



Other.

Describe:

The State/Territory has procedures in place to respond to illegally operating child care facilities.

<input checked="" type="checkbox"/>	Cease and desist action
<input checked="" type="checkbox"/>	Injunction
<input type="checkbox"/>	Emergency or immediate closure not through court action
<input checked="" type="checkbox"/>	Fines
<input type="checkbox"/>	No procedures in place.
<input type="checkbox"/>	Other.
Describe:	

The State/Territory has procedures in place for providers to appeal licensing enforcement actions.

<input checked="" type="checkbox"/>	Yes.
Describe: All Notices of Disciplinary Action are appealable. Applicants who are denied a license and licensees who are issued a Notice of Discipline have appeal rights consistent with Title 184 Nebraska Administrative Code.	
<input type="checkbox"/>	No.
<input type="checkbox"/>	Other.
Describe:	

c) Does your State/Territory use **background checks as a way to effectively enforce the licensing requirements?**

- Yes.If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency
- No.

CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?
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<input checked="" type="checkbox"/> Center-Based Child Care	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Director
		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Teaching staff
		<input type="checkbox"/> Other.	<input checked="" type="checkbox"/> Non-teaching staff
		Describe:	<input checked="" type="checkbox"/> Volunteers
			<input checked="" type="checkbox"/> Other.
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Initial Entrance into the System	Household members who are 13 years of age or older when the child care center is located in the residence of the licensee or another residence.
	<input type="checkbox"/> Check if State/Territory background check includes fingerprints	<input type="checkbox"/> Checks Conducted Annually	
		<input type="checkbox"/> Other.	<input checked="" type="checkbox"/> Director
		Describe:	<input checked="" type="checkbox"/> Teaching staff
	<input type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Non-teaching staff
	<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Volunteers	
<input checked="" type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Other.	<input checked="" type="checkbox"/> Other.	
	Describe:	Household members who are 19 years of age or older when the child care center is located in the residence of the licensee or another residence.	
		<input checked="" type="checkbox"/> Initial Entrance into the System	
	<input type="checkbox"/> Checks Conducted Annually	<input type="checkbox"/> Director	
		<input type="checkbox"/> Teaching staff	

		<input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Non-teaching staff <input type="checkbox"/> Volunteers <input type="checkbox"/> Other. <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other. Household members who are 19 years of age or older when the child care center is located in the residence of the licensee or another residence.
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<input checked="" type="checkbox"/> Group Child Care Homes	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
<input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input type="checkbox"/> Other.	Staff and volunteers who are age 13 or older.
	<input type="checkbox"/> Check if the State/Territory background check includes fingerprints	Describe:	
	<input type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
	<input checked="" type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Other.	Staff and volunteers who are age 13 or older.
		Describe:	<input type="checkbox"/> Provider
		<input type="checkbox"/> Initial Entrance into the System	<input type="checkbox"/> Non-provider residents of the home.
		<input type="checkbox"/> Checks Conducted Annually	
		<input type="checkbox"/> Other.	<input checked="" type="checkbox"/> Provider
		Describe:	<input checked="" type="checkbox"/> Non-provider residents of the home.
		<input checked="" type="checkbox"/> Initial Entrance into the System	
		<input type="checkbox"/> Checks Conducted Annually	
		<input type="checkbox"/> Other.	
		Describe:	

			<p>Staff and volunteers who are age 13 or older.</p>
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<input checked="" type="checkbox"/> Family Child Care Homes	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
		<input type="checkbox"/> Other.	Staff and volunteers who are age 13 or older.
		Describe:	
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
	<input type="checkbox"/> Check if the State/Territory background check includes fingerprints	<input type="checkbox"/> Other.	Staff and volunteers who are age 13 or older.
		Describe:	
	<input type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input type="checkbox"/> Initial Entrance into the System	<input type="checkbox"/> Provider
		<input type="checkbox"/> Checks Conducted Annually	<input type="checkbox"/> Non-provider residents of the home.
		<input type="checkbox"/> Other.	
		Describe:	
	<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider	
	<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.	
<input checked="" type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Other.	Staff and volunteers who are age 13 or older.	
	Describe:		

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<input type="checkbox"/> In-Home Child Care Providers	<input type="checkbox"/> Child Abuse Registry	<input type="checkbox"/> Initial Entrance into the System	<input type="checkbox"/> Provider
<input checked="" type="checkbox"/> N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2e)		<input type="checkbox"/> Checks Conducted Annually	<input type="checkbox"/> Non-provider residents of the home.
	<input type="checkbox"/> State/Territory Criminal Background	<input type="checkbox"/> Other.	
	<input type="checkbox"/> Check if the State/Territory background check includes fingerprints	Describe:	<input type="checkbox"/> Provider
	<input type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input type="checkbox"/> Initial Entrance into the System	<input type="checkbox"/> Non-provider residents of the home.
		<input type="checkbox"/> Checks Conducted Annually	
		<input type="checkbox"/> Other.	
	<input type="checkbox"/> Sex Offender Registry	Describe:	<input type="checkbox"/> Provider
		<input type="checkbox"/> Initial Entrance into the System	<input type="checkbox"/> Non-provider residents of the home.
		<input type="checkbox"/> Checks Conducted Annually	
		<input type="checkbox"/> Other.	
		Describe:	<input type="checkbox"/> Provider
		<input type="checkbox"/> Initial Entrance into the System	<input type="checkbox"/> Non-provider residents of the home.
		<input type="checkbox"/> Checks Conducted Annually	
		<input type="checkbox"/> Other.	
		Describe:	

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d) Please **provide a brief overview** of the State/Territory's process for conducting background checks for child care. In this brief overview, include the following:

Effective Date: 01-OCT-13

d -1) The cost associated with each type of background check conducted:

There is no cost for Central Registry Checks (Child Abuse/Neglect, Adult Protective Services, and Sex Offender Registry). Criminal history record checks are estimated to cost approximately \$20 per check.

d-2) Who pays for background checks:

There is no cost for Central Registry Checks (Child Abuse/Neglect, Adult Protective Services, and Sex Offender Registry). It is the decision of the applicant/licensee to either pay for criminal history record checks or require applicants for employment to pay the cost of these checks.

d-3) What types of violations would make providers ineligible for CCDF? Describe:

Examples include, but are not limited to conviction for:

- Child pornography
 - Child or adult abuse
 - Driving under the influence
 - Domestic assault
 - Felony or misdemeanor fraud
 - Possession of a controlled substance
 - Felony or misdemeanor assault
 - Rape or sexual assault
- For some offenses the individual may be eligible to participate as a provider if a specified amount of time has elapsed since the conviction.

d-4) The process for providers to appeal the Lead Agency's decision based on the background check findings. Describe:

If the result of a background checks results in a disciplinary action, the applicant or licensee has the right to appeal. Applicants who are denied a license and licensees who are issued a Notice of Discipline as a result of a background check have appeal rights consistent with Title 184 Nebraska Administrative Code.

e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing requirements are effectively enforced per the CCDF regulations? Describe (658E(c)(2)(E), §98.40(a)(2))

Not applicable as the State conducts inspections and background checks on licensed programs.

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other "search tools," about child care program licensing status and compliance records?

Effective Date: 01-OCT-13

Yes.

Describe:

The Child Care Licensing Program maintains a web site that offers information to parents and the public including but not limited to: Information about each license type; Roster of licensed child care programs updated each week; access to License Lookup which provides details about each licensee and history of negative or disciplinary action; "Helpful Information for Parents When Choosing Child Care"; "How to File a Complaint"; Contact Information for staff; caseload distribution information; links to Regulations; and other helpful information.

The Child Care Licensing Web Site is located at:

http://dhhs.ne.gov/publichealth/Pages/crl_childcare_map.aspx

No

3.1.3. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law,

requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements. (658E(c)(2)(F), §98.41)



Check if the Lead Agency certifies that there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))

a) **Describe** the Lead Agency's health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(i), §98.41(a)(1))

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.				
The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
<input checked="" type="checkbox"/> Physical exam or health statement for providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical exam or health statement for children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuberculosis check for providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuberculosis check for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Provider immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> Child immunizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hand-washing policy for providers and children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Diapering policy and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providers to submit a self-certification or complete health and safety checklist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe: Fire Safety and Environmental Health/Sanitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b) **Describe** the Lead Agency's health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.

The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
<input checked="" type="checkbox"/> Fire inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Building inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Health inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Inaccessibility of toxic substances policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Safe sleep policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tobacco exposure reduction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Transportation policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providers to submit a self-certification or complete health and safety checklist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>				
Other.				
Describe:				

c) **Describe** the Lead Agency's health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3)). Note: While Lead Agencies have the flexibility to define these terms, for this question, pre-service refers to any training that happens prior to a person starting or shortly thereafter (first week, etc). 'On-going' would be some type of routine occurrence (e.g., maintain qualifications each year).

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
Child Care Centers	First Aid	Yes	Must be kept current.
	CPR	Yes	Must be kept current.
	Medication Administration Policies and Practices	Pre-Service Management training for Child Care Center directors includes development of Medication Administration Policies and Practices.	No
	Poison Prevention and Safety	Management training for Child Care Center directors includes a requirement to develop policy on Poison Prevention and Safety	No
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	The Child Care Center director is required to complete "Safe With You" training within 3 years of the operative date of the revised regulations. Included in this training is a module on Sudden Infant Death Syndrome.	The Child Care Center director must repeat "Safe With You" training every 5 years thereafter.

	Shaken Baby Syndrome and abusive head trauma prevention	The Child Care Center director is required to complete "Safe With You" training within 3 years of the operative date of the revised regulations. Included in this training is a module on Shaken Baby Syndrome.	The Child Care Center director must repeat "Safe With You" training every 5 years thereafter.
	Age appropriate nutrition, feeding, including support for breastfeeding	The Child Care Director management training includes development of policies related to nutrition and feeding.	No
	Physical Activities	No	No
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	The Child Care Director management training includes development of policies related to infectious disease, sanitation and food handling.	No
	Recognition and mandatory reporting of suspected child abuse and neglect	The Child Care Center director is required to complete "Safe With You" training within 3 years of the operative date of the revised regulations. Included in this training is a module on reporting suspected child abuse and neglect.	Every 5 years following initial training.

	<p>Emergency preparedness and planning response procedures</p>	<p>Child Care Centers must have a written plan that addresses:</p> <ol style="list-style-type: none"> 1. Evacuating and moving children to a safe location in the event of a fire, tornado, flood or other natural or man-made disaster; 2. Notification of parents of children in care of an emergency; 3. Reunification of parents with their children in the event of an emergency that requires evacuation; and 4. How children with special needs will be safe in the event of a disaster including evacuation and reunification with the parent. 	<p>Licensing regulations require these plans be kept current.</p>
	<p>Management of common childhood illnesses, including food intolerances and allergies</p>	<p>Child Care Director management training includes a module on common childhood illnesses, including food intolerances and allergies</p>	<p>No</p>
	<p>Transportation and child passenger safety (if applicable)</p>	<p>Individuals who transport children on behalf of a child care center must complete 'Safe Kids Buckle Up' training within 90 days of employment.</p>	<p>Individuals who transport children must complete 'Safe Kids Buckle Up' training every 5 years.</p>

	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	Child Care Director management training includes a module on developing policies addressing special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act.	No
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	Child Care directors are required to complete training in the 7 domains of Nebraska's Early Childhood Learning Guidelines. They must complete training in 1 domain within 4 years of the date of initial licensure.	Training in one additional domain annually thereafter.
	Supervision of children	Child care center staff must have orientation training on the Center's method of interacting with children prior to having direct responsibility for the care of children.	No
	Behavior management	Child care center staff must have orientation training on the Center's method of interacting with children and discipline policies prior to having direct responsibility for the care of children.	No
	Other	N/A	N/A
	Describe: N/A		
Group Home Child Care	First Aid	Child care providers must have first aid training prior to licensure.	First aid training must be kept current.

	CPR	Child care providers must have CPR training prior to licensure.	CPR training must be kept current.
	Medication Administration Policies and Practices	The primary child care provider, and staff, must give or apply medication in accordance with the "Five Rights" as set out in the Medication Aid Act. The Five Rights are: 1. The right drug; 2. The right recipient; 3. In the right dose; 4. By the right route; and 5. At the right time.	Must continue to comply with the above policy.
	Poison Prevention and Safety	The Child Care Home provider training "Getting down to Business" includes a module on policies surrounding poison prevention and safety.	No
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	The primary Child Care Home provider must complete "Safe with You" training which includes Sudden Infant Death Syndrome within 3 years of initial licensure.	Every 5 years following initial training.
	Shaken Baby Syndrome and abusive head trauma prevention	The primary Child Care Home provider must complete "Safe with You" training which includes Shaken Baby Syndrome within 3 years of initial licensure.	Every 5 years following initial training.
	Age appropriate nutrition, feeding, including support for breastfeeding	The Child Care Home provider training "Getting down to Business" includes a module on policies surrounding nutrition, feeding, and breastfeeding.	No

	Physical Activities	No	No
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	The Child Care Home provider training "Getting down to Business" includes a module on policies surrounding infectious disease control and safe food handling.	No
	Recognition and mandatory reporting of suspected child abuse and neglect	The primary Child Care Home provider must complete "Safe with You" training which includes reporting of suspected child abuse and neglect within 3 years of initial licensure.	Every 5 years following initial training.
	Emergency preparedness and planning response procedures	The Child Care home provider must have a written plan that addresses: <ul style="list-style-type: none"> 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 case 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. 	They must continue to keep the plan current.

	Management of common childhood illnesses, including food intolerances and allergies	The Child Care Home provider training "Getting down to Business" includes a module on development of policies related to management of common childhood illnesses, including food intolerances and allergies.d handling.	No
	Transportation and child passenger safety (if applicable)	No	No
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	No	No
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	Child Care home providers must complete training in the Early Childhood Learning Guidelines of seven domains. The provider must complete one domain within 4 years of licensure.	Providers must complete training in one additional domain annually.
	Supervision of children	No	No
	Behavior management	No	No
	Other Describe: N/A	N/A	N/A
Family Child Care Providers	First Aid	Child care providers must have first aid training prior to licensure.	First aid training must be kept current.
	CPR	Child care providers must have CPR training prior to licensure.	CPR training must be kept current.

	Medication Administration Policies and Practices	The child care provider must give or apply medication in accordance with the "Five Rights" as set out in the Medicaid Aid Act. The Five Rights are: 1. The right drug 2. The right recipient 3. In the right dose 4. By the right route, and 5. At the right time.	No
	Poison Prevention and Safety	The child care provider training "Getting down to Business" includes a module on policies surrounding poison prevention and safety.	No
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	The child care provider must complete "Safe with You" training which includes information on Sudden Infant Death Syndrome within 3 years of initial licensure.	Every 5 years following initial training.
	Shaken Baby Syndrome and abusive head trauma prevention	The child care provider must complete "Safe with You" training which includes information on Shaken Baby Syndrome and abusive head trauma prevention within 3 years of initial licensure.	Every 5 years following initial training.
	Age appropriate nutrition, feeding, including support for breastfeeding	The child care provider training "Getting down to Business" includes a module on policies surrounding nutrition, feeding, and breastfeeding.	No
	Physical Activities	No	No

	<p>Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods</p>	<p>The child care provider training "Getting down to Business" includes a module on policies surrounding infectious disease, sanitary methods, and safe handling of foods.</p>	<p>No</p>
	<p>Recognition and mandatory reporting of suspected child abuse and neglect</p>	<p>The child care provider must complete "Safe with You" training which includes information on reporting suspected child abuse and neglect within 3 years of initial licensure.</p>	<p>No</p>
	<p>Emergency preparedness and planning response procedures</p>	<p>At initial inspection the child care provider must have a written plan that addresses:</p> <ol style="list-style-type: none"> 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. 	<p>Plan must be maintained and kept current.</p>

	Management of common childhood illnesses, including food intolerances and allergies	The child care provider training "Getting down to Business" includes a module on policies surrounding childhood illnesses and food intolerances.	No
	Transportation and child passenger safety (if applicable)	No	No
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	No	No
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	Child Care providers must complete training in the Early Childhood Learning Guidelines of seven domains. The provider must complete one domain within 4 years of licensure.	One additional domain must be completed annually.
	Supervision of children	No	No
	Behavior management	No	No
	Other: Describe: N/A	N/A	N/A
In - Home Child Care	First Aid	No	No
	CPR	No	No
	Medication Administration Policies and Practices	No	No
	Poison Prevention and Safety	No	No
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	No	No

	Shaken Baby Syndrome and abusive head trauma prevention	No	No
	Age appropriate nutrition, feeding, including support for breastfeeding	No	No
	Physical Activities	No	No
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	No	No
	Recognition and mandatory reporting of suspected child abuse and neglect	No	No
	Emergency preparedness and planning response procedures	No	No
	Management of common childhood illnesses, including food intolerances and allergies	No	No
	Transportation and child passenger safety (if applicable)	No	No
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	No	No
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	No	No
	Supervision of children	No	No
	Behavior management	No	No

	<p>Other</p> <p>Describe:</p> <p>The lead agency utilizes a Self Certification Checklist for in-home providers to insure some health & safety measures are met.</p>	No	No
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d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers? (§98.41(A)(ii)(A))

- All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.
- Relative providers are NOT required to meet any health and safety requirements as described in 3.1.2a-c, as appropriate.
- Relative providers are subject to certain requirements.

Describe the different requirements:

e) Provide a web address for the State/Territory's health and safety requirements, if available:

http://dhhs.ne.gov/Pages/reg_t391.aspx

3.1.4 Effective enforcement of the CCDF health and safety requirements. For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described in 3.1.2 for licensed providers, please describe how the Lead Agency enforces the CCDF health and safety enforcement requirements. Providers who are not subject to enforcement procedures described in 3.1.2 for licensed providers are required to self-certify their compliance with health and safety requirements. They also agree to announced and unannounced visits by agency staff to verify compliance.

a) Describe whether and how the Lead Agency uses on-site visits (announced and unannounced)

The agency does complete announced visits to these providers on an annual basis. In addition, the agency will make unannounced visits as needed.

b) Describe whether the Lead Agency uses background checks

The agency utilizes the Central Registry of Child Abuse & Neglect, the State Patrol Sex Offender Registry, and local law enforcement criminal history checks.

c) Does the Lead Agency permit providers to self-certify compliance with applicable health and safety standards?

Yes. If yes, what documentation, if any, is required?

Describe:

The Agency requires that license exempt providers complete a self-certification check list annually.

No

d) Describe whether the Lead Agency uses any other enforcement policies and practices for the health and safety requirements

N/A

Check if the Lead Agency certifies that procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))

3.1.5 Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs? Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and developmental disabilities..

Effective Date: 01-OCT-13

Yes.

Describe

N/A

No

a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

Yes.

Describe

N/A

No

Other.

Describe

N/A

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?

Yes.
Describe

N/A

No
 Other.
Describe

N/A

c) Does the State/Territory use developmental screening and referral tools?

Yes. If Yes, provide the name of the tool(s)

No
 Other.
Describe

N/A

3.1.6 Data & Performance Measures on Licensing and Health and Safety

Compliance - What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children)).

Effective Date: 01-OCT-13

a) **Data on licensing and health and safety.** Indicate if the Lead Agency or another agency has access to data on:

Number of licensed programs.
Describe (optional):

Numbers of programs operating that are legally exempt from licensing.

Describe (optional):

Number of programs whose licenses were suspended or revoked due to non-compliance.

Describe (optional):

Number of injuries in child care as defined by the State/Territory.

Describe (optional):

Number of fatalities in child care as defined by the State/Territory.

Describe (optional):

Number of monitoring visits received by programs.

Describe (optional):

Caseload of licensing staff.

Describe (optional):

Number of programs revoked from CCDF due to non-compliance with health and safety requirements.

Describe (optional):

Other.

Describe:

None.

b) **Performance measurement.** What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements?

1) All licensed programs have the required number of unannounced inspections each year; 2) All complaints on licensed programs that, if substantiated, would result in a violation of a licensing

regulation, are investigated; 3) All complaints alleging illegally operating unlicensed child care are investigated.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to licensing and health and safety? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.
[None at this time.](#)

3.1.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section of 3.1. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

Note -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Effective Date: 01-OCT-13

Goal #1:

Fully implement all new regulations for Family Child Care Home I, Family Child Care Home II, Child Care Centers, School-Age-Only Centers, and Preschools

Goal #2:

Fully implement LB 105 which requires all applicants for a license and all licensed programs obtain and maintain liability insurance with minimum coverage of \$100,000 per occurrence.

NEW!

CCDF has a number of performance measures that are used to track progress for key

aspects of the program at the national level. These performance measures are included in budget materials submitted to Congress and other documents. Please follow this link <http://www.acf.hhs.gov/programs/occ/resource/government-performance-and-results-act-gpra-measures> to see the CCDF performance measures. A number of these performance measures rely on information reported in the State and Territorial Plans as a data source. We have added a ruler icon



in Section 3.2 through 3.4 order to identify the specific questions used in the performance measures. When answering these questions, Lead Agencies should ensure that their answers are accurate and complete in order to promote the usefulness and integrity of the performance measures.

3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines (also referred to as early learning and development standards) include the expectations for what children should know (content) and be able to do (skills) at different levels of development. These standards provide guidelines, articulate developmental milestones, and set expectations for the healthy growth and development of young children. The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These early learning guidelines are voluntary because States/Territories are not required to develop such guidelines or implement them in a specified manner.

3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.



Effective Date: 01-OCT-13

- Birth-to-three
- Three-to-five
- Five years and older
- None. **Skip to 3.2.6.**

If yes, insert web addresses, where possible:

http://www.education.ne.gov/oec/pubs/ELG/B_3_English.pdf; :

http://www.education.ne.gov/oec/pubs/ELG/3_5_English.pdf;

http://www.education.ne.gov/oec/pubs/ELG/kgn_langlit.pdf;

http://www.education.ne.gov/oec/pubs/ELG/kgn_math.pdf;

http://www.education.ne.gov/oec/pubs/ELG/nature_education.pdf

Which State/Territory agency is the lead for the early learning guidelines?

Nebraska Department of Education

 **3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development?** Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.

Effective Date: 01-OCT-13

Domains	Birth-to-Three ELGs	Three-to-Five ELGs	Five and Older ELGs
Physical development and health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social and emotional development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approaches to learning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Logic and reasoning (e.g., problem-solving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Literacy knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mathematics knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Science knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Creative arts expression (e.g., music, art, drama)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social studies knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English language development (for dual language learners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List any domains not covered in the above:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Describe: Nebraska has a 'nature supplement' to our Early Learning Guidelines.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3.2.3 To whom are the early learning guidelines disseminated and in what manner?
 Check all audiences and methods that your State/Territory has chosen to use in the chart below.

Effective Date: 01-OCT-13

	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parents using child care more broadly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in child care centers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Providers in family child care homes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Practitioners in Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in Early Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in public Pre-K program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in elementary schools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other. List: Trainers and faculty at learning institutions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 **3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system?** Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

Effective Date: 01-OCT-13

- To define the content of training required to meet licensing requirements
- To define the content of training required for program quality improvement standards (e.g., QRIS standards)
- To define the content of training required for the career lattice or professional credential
- To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
- To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
- To develop State-/Territory -approved curricula
- Other.
List:

Core knowledge & competencies for child care professionals; Applicants for a state-funded early learning education program grant for preschool (NDE) are required to describe the way the Nebraska ELGs for ages 3-5 will be used to support the program's chosen curriculum; Newly enacted Child Care Licensing regulations will require training by the Licensee on at least one ELG domain within 4 years of the regulation operative date and one domain annually thereafter; Child Care Center teachers will be required to obtain training on at least one domain beginning 4 years after the regulation operative date

None.

 **3.2.5 Are voluntary early learning guidelines and development standards aligned with into other parts of the child care system?** Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

Effective Date: 01-OCT-13

- Cross-walked to align with Head Start Child Development and Early Learning Framework
- Cross-walked to align with K-12 content standards
- Cross-walked to align with State/Territory pre-k standards
- Cross-walked with accreditation standards
- Other.

List:

[Also cross-walked with Nebraska Department of Education Rule 11: Regulations for Early Childhood Education Programs \(operated by school districts and Educational Service Units\)](#)

None.

3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions. In this section, assessment is framed with two distinct purposes/tools - 1) ongoing assessment of children's progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted within pre-kindergarten and/or at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

Effective Date: 01-OCT-13

a) Are programs required to conduct ongoing assessments of children's progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?

Yes.

Describe:

School districts and their community partners use ongoing observational assessments of children's progress. School districts use Teaching Strategies Gold. This assessment were chosen based on a number of criteria, one of which was alignment with the Nebraska Early Learning Guidelines

a-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children's needs?

Yes.

Describe:

Child data is used to meet individual and group goals for children

No

Other.

Describe:

a-2) If yes, is information on child's progress reported to parents?

Yes.

Describe:

School districts are required to share information, including child progress, with families

No

Other.

Describe:

No

Other.

Describe:

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children within pre-kindergarten and/or as they enter kindergarten?

Yes.

Describe:

b-1) If yes, do the tools cover the developmental domains identified in 3.2.2?

Yes.

Describe:

No

Other.

Describe:

b-2) If yes, are the tools used on all children or samples of children?

All children.

Describe:

Samples of children.

Describe:

Other.

Describe:

b-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?

Yes.

Describe:

No

Other.

Describe:

No

Other.

Describe:

At this time Nebraska does not have a common assessment given to all children upon entry to kindergarten. Plans have been made to begin a pilot of districts partnering with the Nebraska Department of Education.

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?

Yes.

Describe:

No

Not applicable. State does not have an SLDS.

3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines (Click for additional instructions)

Effective Date: 01-OCT-13

a) **Data on voluntary early learning guidelines.** Indicate if the Lead Agency or another agency has access to data on:

Number/percentage of child care providers trained on ELG's for preschool aged children.

Describe (optional):

Number/percentage of child care providers trained on ELG's for infants and toddlers.

Describe (optional):

Number of programs using ELG's in planning for their work.

Describe (optional):

Number of parents trained on or served in family support programs that use ELG's.

Describe (optional):

Other.

Describe:

None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures related to dissemination and implementation of the early learning guidelines?

None

c) **Evaluation.** What are the State/Territory's plans, if any, for evaluation related to early learning guidelines? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

No evaluation has been planned for the implementation of the voluntary Early Learning Guidelines in Nebraska.

3.2.8 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency's goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines?

Effective Date: 01-OCT-13

Goal #1:

Align the revised Nebraska Early Learning Guidelines for children ages 3 to 5 with the new Head Start Child Development and Early Learning Framework.

Goal #2:

Translate the revised Nebraska Early Learning Guidelines for children ages 3 to 5 into Spanish.

Goal #3:

Disseminate the revised guidelines widely across the state.

3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3) (Click for additional instructions)

Effective Date: 01-OCT-13

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community

level entities.

Nebr. Dept. of Health & Human Services, Nebr. Dept. of Education, Head Start/Early Head Starts, Nebraska AEYC, Community Action Agencies, Higher Education, local community service entities, and locally-based quality initiatives (e.g. "Building Bright Futures").

3.3.1 Element 1 - Program Standards

Definition - For purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.

Effective Date: 01-OCT-13

 a) Does your State/Territory's have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

- Ratios and group size
 - Health, nutrition and safety
 - Learning environment and curriculum
 - Staff/Provider qualifications and professional development
 - Teacher/providers-child relationships
 - Teacher/provider instructional practices
 - Family partnerships and family strengthening
 - Community relationships
 - Administration and management
 - Developmental screenings
 - Child assessment for the purposes of individualizing instruction and/or targeting program improvement
 - Cultural competence
 - Other.
- Describe:

NAEYC accreditation standards; Learning Environment and Curriculum -- Results Matter Active Learning Training; Environment Rating Scales usage; NDE Rule 11 requires additional staff qualifications, family and community partnerships, and child assessment for the purposes of individualizing instruction; Nebraska Early Childhood Education Endowment programs (commonly known as "Sixpence" programs) require more stringent staff/child ratios for infants and toddlers than is required by licensing. Recent passage of LB 507 enables Nebraska to develop a QRS. QRS standards will be developed which will address many of the elements noted above.

None. If checked, **skip to 3.3.2.**

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

- Children with special needs as defined by your State/Territory
- Infants and toddlers
- School-age children
- Children who are dual language learners
- None

c) How do your State/Territory's quality standards link to State/Territory licensing requirements? Check any links between your State/Territory's quality standards and licensing requirements.

- Licensing is a pre-requisite for participation
- Licensing is the first tier of the quality levels
- State/Territory license is a "rated" license.
- Other.

Describe:

Recent passage of LB 507 enables Nebraska to develop a QRS. QRS standards will be developed to define quality steps and licensure will be included as criteria to enter the QRS as step 1.

Not linked.

d) Do your State/Territory's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment, if any, between your State/Territory's quality standards and other standards.

- Programs that meet State/Territory pre-k standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)
- Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between Head Start and the quality improvement system)
- Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or an alternative pathway to meeting the standards)
- Other.

Describe:

Recent passage of LB 507 enables Nebraska to develop a QRS. QRS standards will be developed to define quality steps and will be aligned with standards such as national accreditation standards to determine the step rating of programs.

None.

3.3.2 Element 2 - Supports to Programs to Improve Quality

Definition - For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for programs to assist in meeting child care quality improvement standards.

Effective Date: 01-OCT-13

 a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, **skip to 3.3.3.**

None. **skip to 3.3.3.**

Types and Purposes of Support	Information or Written Materials	Training	On-Site Consultation
<input checked="" type="checkbox"/> Attaining and maintaining licensing compliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Attaining and maintaining quality improvement standards beyond licensing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attaining and maintaining accreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providing targeted technical assistance in specialized content areas:			
Health and safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infant/toddler care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School-age care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inclusion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Teaching dual language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Business management practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Methods used to customize quality improvement supports to the needs of individual programs include:

- Program improvement plans
 - Technical assistance on the use of program assessment tools
 - Other.
- Describe:

Nebraska's quality improvement activities include individualized coaching and assistance; however, resources do not permit the availability of coaching and assistance to every licensed or license-exempt program in the state. The Early Learning Connection for Quality Portfolio process that was previously piloted offers follow-up support to professional development workshops and participant's quality improvement portfolio; limited resources will determine how or if it can continue to be offered. The Child Line is staffed by a consultant who has on-site coaching experience that is adapted to telephone consultation.

c) Is technical assistance linked to entering the QRIS or targeted to help programs forward on QRIS?

Yes.
Describe:

No
 Other.
Describe:

Recent passage of LB 507 enables Nebraska to develop a QRS. Quality step standards will be developed, as well methods of support to move forward in the steps, such as technical assistance and coaching.

3.3.3 Element 3 - Financial Incentives and Supports

Definition - For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

Effective Date: 01-OCT-13

 a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, **skip to 3.3.4.**

None. skip to 3.3.4.

Types of Financial Incentives and Supports for Programs	Child Care Centers	Child Care Homes	License-Exempt Providers
<input checked="" type="checkbox"/> Grants to programs to meet or maintain licensing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grants to programs to meet QRIS or similar quality level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> One-time awards or bonuses on completion of quality standard attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Tiered reimbursement tied to quality for children receiving subsidy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-going, periodic grants or stipends tied to improving / maintaining quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tax credits tied to meeting program quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> Other. Describe: Grants to help with the cost of the accreditation process are available. Limited scholarships for selected professional development participation with regional ELCs. NOTE: Tiered reimbursement is tied to quality for children receiving subsidy – Both Child Care Centers and Child Care Homes need to do so for accreditation. Recent passage of LB 507 enables Nebraska to develop a QRS. Standards regarding financial supports to encourage programs to move up the quality steps are in preliminary stages of development.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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3.3.4 - Element 4 - Quality Assurance and Monitoring

Definition - For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

Effective Date: 01-OCT-13

 a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. **If none, skip to 3.3.5.**

None. **skip to 3.3.5.**

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers
<input checked="" type="checkbox"/> Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS) Describe, including frequency of assessments. <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ITERS, FCCERS, & ECERS are conducted with participants in specific quality initiatives, each according to the initiatives' expectations </div>	<input checked="" type="checkbox"/> Infant/Toddler <input checked="" type="checkbox"/> Preschool <input type="checkbox"/> School-Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> Classroom Assessment Scoring System (CLASS) Describe, including frequency of assessments. Used in specific local quality initiatives (e.g. "Building Bright Futures")	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<input checked="" type="checkbox"/> Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes Describe, including frequency of assessments. Used in selected ELC region (ECCOA) and also in local quality initiative ("Building Bright Futures"). Also used in workshop series and self-assessment process_	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs Describe, including frequency of assessments. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

- Have a mechanism to track different quality assessments/monitoring activities to avoid duplication
- Include QRIS or other quality reviews as part of licensing enforcement
- Have compliance monitoring in one sector (e.g., Head Start/Early Head Start, State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review
- Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (e.g., QRIS) without further review
- Other.
Describe:

State-funded/school district/intermediate service agency operated pre-kindergarten programs, privately-funded quality enhancement projects, and research projects from Nebraska State Universities work to ensure that administration of program quality assessments are not duplicated for individual programs

None.

3.3.5 - Element 5 - Outreach and Consumer Education

Definition - For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.

Effective Date: 01-OCT-13

 a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may be communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

Yes. If yes, how is it used?

Resource and referral/consumer education services use with parents seeking care

Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting

Searchable database on the web

Voluntarily, visibly posted in programs

Mandatory to post visibly in programs

Used in marketing and public awareness campaigns

Other.

Describe:

No. If no, **skip to 3.3.6.**

b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.

Print

Radio

Television

Web

Telephone

Social Marketing

Other.

Describe:

None.

c) Describe any targeted outreach for culturally and linguistically diverse families.

3.3.6. Quality Rating and Improvement System (QRIS)

Effective Date: 01-OCT-13

 a) **Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5**, does your State/Territory have a quality rating and improvement system (QRIS) or similar quality improvement system in place?

Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating State/Territory-wide.

Participation is voluntary for:

Participation is mandatory for:

Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating as a pilot or in a few localities but not State/Territory-wide.

No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.

State/Territory is in the development phase

State/Territory has no plans for development

Other.

Describe:

Recent passage of LB 507 enables Nebraska to develop a QRS. Initial planning for standards and criteria is in process, which will define the quality steps. QRS participation will be mandatory for those child care programs receiving designated amounts of child care subsidy dollars, and will be voluntary for other child care programs.



b) If yes to 3.3.6a, **CHECK** the types of providers eligible to participate in the QRIS:

Child care centers

Group child care homes

Family child care homes

In-home child care

License exempt providers

Early Head Start programs

Head Start programs

Pre-kindergarten programs

School-age programs

Other.

Describe:

3.3.7. If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above,

Effective Date: 01-OCT-13

please describe:

None

3.3.8 Data & Performance Measures on Program Quality (Click for additional instructions)

Effective Date: 01-OCT-13

a) Data on program quality. Indicate if the Lead Agency or another agency has access to data on:

Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory.

Describe(optional)

Data on programs which are part of one of the quality initiatives, or that partner with school districts and/or Educational Service Units__

Number of programs that move program quality levels annually (up or down).

Describe(optional)

Program scores on program assessment instruments.

List instruments:

ECERS-R, ITERS, FCCERS, CLASS

Describe(optional)

Data on programs which are part of one of the quality initiatives, or that partner with school districts and/or Education Service Units__

Classroom scores on program assessment instruments.

List instruments:

Describe(optional)

Qualifications for teachers or caregivers within each program.

Describe(optional)

Number/Percentage of children receiving CCDF assistance in licensed care.

Describe(optional)

Information can be retrieved via the DHHS Nebraska Family On-line Client User System (N-FOCUS)_



Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory



Number/Percentage of programs receiving financial assistance to meet higher program standards.

Describe(optional)



Other.

Describe:



None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality?

None

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

Nebraska monitors the implementation of quality enhancement programs and school district-operated early childhood programs which may partner with licensed child care and/or Head Start.

3.3.9 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.3. What are the State/Territory's goals for the program quality improvement system in the coming biennium? What progress does the State/Territory expect to make across the five key elements for quality improvement systems?

Goal #1:

Complete and begin to use the Early Childhood Education and Care professional registry

Goal #2:

Work toward implementing selected early childhood data system recommendations that were created by work done through the Nebraska Statewide Advisory Council grant

3.4 Pathways to Excellence for the Workforce - Professional Development Systems and Workforce Initiatives (Component #4)

Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to five key elements for workforce systems:

- 1) Core Knowledge and Competencies
- 2) Career Pathways (or Career Lattice)
- 3) Professional Development Capacity
- 4) Access to Professional Development
- 5) Compensation, Benefits and Workforce Conditions

Effective Date: 01-OCT-13

a) Describe which entities are involved in planning and administering the activities in Section 3.4, including State/Territory entities and local or community level entities.

Nebraska Department of Health & Human Services, Nebraska Department of Education, representatives of higher education, and additionally for school-age care/out-of-school time, Nebraska Children and Families Foundation, First Five Nebraska.

3.4.1 Workforce Element 1 - Core Knowledge and Competencies

Definition - For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do

(skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

Effective Date: 01-OCT-13



a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

- Yes
- No, the State/Territory has not developed core knowledge and competencies. **Skip to question 3.4.2.**

Other.
Describe:

If yes, insert web addresses, where possible:

http://www.education.ne.gov/oec/pubs/core_comp_0510.pdf

http://www.education.ne.gov/oec/pubs/school_age_core_comp_2010.pdf

b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

- Child growth, development and learning
- Health, nutrition, and safety
- Learning environment and curriculum
- Interactions with children
- Family and community relationships
- Professionalism and leadership
- Observation and assessment
- Program planning and management
- Diversity
- Other.

Describe:

None.

c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

- To define the content of training required to meet licensing requirements
- To define the content of training required for program quality improvement standards (as reported in section 3.3)
- To define the content of training required for the career lattice or credential
- To correspond to the early learning guidelines
- To define curriculum and degree requirements at institutions of higher education
- Other.

Describe:

2 and 4 yr. colleges are beginning to incorporate them into their early childhood education program curricula; all professional development offered through the Early Learning Connection, including the Early Childhood Training Center, are keyed to the Core Competencies. Additionally, the core competencies were used to assist the work group that created the draft criteria for the proposed QRIS for LB507.

None.

d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

- Cross-walked with the Child Development Associate (CDA) competencies
- Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, National Council for Accreditation of Teacher Education/Council for the Accreditation of Educator Preparation, Head Start SOLAR staff skills indicators)
- Cross-walked with apprenticeship competencies
- Other.

Describe:

Nebraska CKCs are aligned with the Nebraska 0 – 3 and 3 – 5 ELGs as well as Nebraska Core Competencies for out of school time

None.

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.

- Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

Early Childhood (Birth to age 5) Core Competencies:

http://www.education.ne.gov/oec/pubs/core_comp_0510.pdf

Core Competencies for programs that serve School-Age children:

http://www.education.ne.gov/oec/pubs/school_age_core_comp_2010.pdf

Providers working directly with children in family child care homes, including aides and assistants.

Describe:

[Early Childhood \(Birth to age 5\) Core Competencies:](http://www.education.ne.gov/oec/pubs/core_comp_0510.pdf)

http://www.education.ne.gov/oec/pubs/core_comp_0510.pdf

[Core Competencies for programs that serve School-Age children:](http://www.education.ne.gov/oec/pubs/school_age_core_comp_2010.pdf)

http://www.education.ne.gov/oec/pubs/school_age_core_comp_2010.pdf

Administrators in centers (including educational coordinators, directors).

Describe:

[Some initial work has been done regarding competencies related to a potential director's credential](#)

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

[Competencies for early childhood coaches are under development; trainer competencies are also drafted in readiness for the early childhood registry of trainers](#)

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

Other.

Describe:

[There is currently work being done on competencies related to early childhood mental health consultants and other mental health specialties; there are also some efforts to more descriptively identify those competencies unique to infant/toddler professionals](#)

None.

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

Birth-to-three

Three-to-five

Five and older

Other.
Describe:

[Early Childhood \(Birth to age 5\) Core Competencies](http://www.education.ne.gov/oec/pubs/core_comp_0510.pdf)
http://www.education.ne.gov/oec/pubs/core_comp_0510.pdf

None.

3.4.2 Workforce Element 2 - Career Pathways

Definition - For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

Effective Date: 01-OCT-13

 a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

Yes.

Describe:

No, the State/Territory has not developed a career pathway. **Skip to question 3.4.3.**

Insert web addresses, where possible:

b) Check for which roles, if any, the career pathway (or lattice) include qualifications, specializations or credentials.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

Providers working directly with children in family child care homes, including aides and assistants.

Describe:

Administrators in centers (including educational coordinators, directors).

Describe:

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

Other.

Describe:

None.

c) Does the career pathway (or lattice) include specializations or credentials, if any, for working with any of the following children?

Infants and toddlers

Preschoolers

School-age children

Dual language learners

Children with disabilities, children with developmental delays, and children with other special needs

Other.

Describe:

None.

d) In what ways, if any, is the career pathway (or lattice) used?

Voluntary guide and planning resource

Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13

Required placement for all practitioners working in programs that receive public funds to serve children birth to 13

Required placement for adult educators (i.e., those that provide training, education

and/or technical assistance)

Required placement for participation in scholarship and/or other incentive and support programs

Required placement for participation in the QRIS or other quality improvement system

Other.

Describe:

None.

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice)?

Yes.

If yes, describe:

No.

3.4.3 Workforce Element 3 - Professional Development Capacity

Definition - For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Early childhood includes infants, toddlers and preschoolers.

Effective Date: 01-OCT-13

 a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?

Yes.

If yes, describe:

Nebraska Department of Education, Office of Teacher Certification has compiled information about the various early childhood endorsements and the institutions that offer those endorsements:

<http://www.education.ne.gov/TCERT/> Additionally, the NDE Office of Teacher Certification collects information about how many people graduate with each endorsement annually.

No.

 b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both physical location and distance-based, degree level, etc.)?

Yes.

If yes, describe:

The ELC coordinators have local and regional partners; and the coordinators are well-versed on resources, including in-service and pre-service in their professional development region: http://www.education.ne.gov/oec/elc/elc_list.html One of the grant requirements of the ELC Partnerships is to assess the training needs of the teachers, providers, and practitioners in their area.

No.

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

Standards set by the institution

Standards set by the State/Territory higher education board

Standards set by program accreditors

Standards set by State/Territory departments of education

Standards set by national teacher preparation accrediting agencies

Other.

Describe:

Colleges and universities that offer early childhood education programs are required to meet the NAEYC professional preparation standards. Additionally, early childhood endorsements that allow teachers to teach children with disabilities in inclusive environments also include required criteria from the Council for Exceptional Children (CEC) Division of Early Childhood (DEC).

None.

d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?

Training approval process.

Describe:

Trainer approval process.

Describe:

Training and/or technical assistance evaluations.

Describe:

Other.

Describe:

All training created by, or offered through the Nebraska Department of Education's Early Childhood Training Center is required to be offered according to requirements set out in Train the Trainer activities, and all training events are to be evaluated by the participants_

None.

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

Yes.

If yes, describe:

The Early Learning Connection early childhood career development coordinator at NDE regularly reviews all articulation agreements and works with the T.E.A.C.H. Early Childhood® Nebraska staff to monitor changes.

No.

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

Yes.

If yes, describe:

There are specific professional development series offered through the Early Learning Connection that have both in-service and college credit options; care is taken that the course to which the in-service articulates is an integrated part of an early childhood program. One option for the Child Development Associate series is also aligned with college credit articulation

No.

3.4.4 Workforce Element 4 - Access to Professional Development

Definition - For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.

Effective Date: 01-OCT-13



a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?

- Yes. If yes, for which sectors?
- Child care
- Head Start/Early Head Start
- Pre-Kindergarten
- Public schools
- Early intervention/special education
- Other.

Describe:

There are specific professional development series offered through the Early Learning Connection that have both in-service and college credit options; care is taken that the course to which the in-service articulates is an integrated part of an early childhood program. One option for the Child Development Associate series is also aligned with college credit articulation

No.

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

Yes.

If yes, describe:

The Early Childhood Training Center maintains a training calendar and a resource library of print and media materials available to all providers in the state. The ECTC provides the leadership for the Early Learning Connection which is designed as the professional development system as well as being the central "resource" component of the resource and referral system.

No.

Insert web addresses, where possible: <http://www.education.ne.gov/oec/ectc.html>

c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

Scholarships.

Describe:

[via T.E.A.C.H. Early Childhood ® Nebraska; the ELCs also provide scholarships for workshop attendance when possible.](#)

Free training and education.

Describe:

[Some workshops are offered through the ELC's for no cost or for minimal fees.](#)

Reimbursement for training and education expenses.

Describe:

[Reimbursement for Early Childhood Management Training](#)

Grants.

Describe:

[Child Care Grants which assist in funding training costs, are available to qualified applicants.](#)

Loans.

Describe:

Loan forgiveness programs.

Describe:

Substitute pools.

Describe:

Release time.

Describe:

Other.

Describe:

None.

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?

Yes.

If yes, describe:

Staff of the ECTC offer occasional telephone consultation with child care providers and basic early childhood career advising, as does staff of TEACH Early Childhood @ Nebraska, and community college faculty often have occasional career advice communications to students.

No.

e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce?

Yes.

If yes, describe:

Mentoring & coaching is available to specific participants of various quality initiatives funded with CCDF funds, other federal funds, private organizations ("Building Bright Futures") and also for purchase. The Early Learning Connection coordinators can offer or arrange this on a limited basis. The Early Childhood Coach training (a three-day workshop on focused/reflective coaching and an ongoing support network) has trained individuals with some essential expertise.

No.

3.4.5 Workforce Element 5 - Compensation, Benefits and Workforce

Conditions Definition - For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

Effective Date: 01-OCT-13



a) Does the State/Territory have a salary or wage scale for various professional roles?

Yes.

If yes, describe:

No.

 b) Does the State/Territory provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?

Yes.

If yes, describe:

Quality Enhancement Payments to License Exempt providers who complete one or more of the required activities (current certification in CPR and First Aid, completed a workshop within the last 12 months, attended a regional, state or national conference within the last 12 months, or a summary of a book or video checked out from the Early Childhood Training Center within the last 12 months). Each activity is worth a specific payment (eligible for a maximum of \$275; license-exempt providers who provide care in the child's home (in-home providers) are eligible for a maximum of \$175); and **T.E.A.C.H. Early Childhood® Nebraska** (upon completion of required credit hours, participants are awarded a 2% pay raise in addition to any regularly scheduled raise, or may receive a \$350 bonus).

No.

 c) Does the State/Territory provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?

Yes.

If yes, describe:

No.

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?

Yes.

If yes, describe:

No.

3.4.6 Data & Performance Measures on the Child Care Workforce - What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

Effective Date: 01-OCT-13

a) Data on the child care workforce. Indicate if the Lead Agency or another agency has access to data on:

Data on the size of the child care workforce.

Describe (optional):

Data on the demographic characteristics of practitioners or providers working directly with children.

Describe (optional):

Records of individual teachers or caregivers and their qualifications.

Describe (optional):

Retention rates.

Describe (optional):

Records of individual professional development specialists and their qualifications.

Describe (optional):

Qualifications of teachers or caregivers linked to the programs in which they teach.
Describe (optional):

Number of scholarships awarded .
Describe (optional):

via T.E.A.C.H. Early Childhood ® Nebraska

Number of individuals receiving bonuses or other financial rewards or incentives.
Describe (optional):

Number of credentials and degrees conferred annually.
Describe (optional):

Data on T/TA completion or attrition rates.
Describe (optional):

Data on degree completion or attrition rates.
Describe (optional):

Other.
Describe:

Number of teaching certificates and early childhood endorsements; Number of individuals and their workshop participation in all ECTC-sponsored workshops.

None.

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

Definition - For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

Providers working directly with children in family child care homes, including aides and assistants.

Describe:

Administrators in centers (including educational coordinators, directors).

Describe:

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

Other.

Describe:

None.

b-2) Does the workforce data system apply to:

all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?

all practitioners working in programs that receive public funds to serve children birth to age 13?

No.

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

Staff at the Nebraska Department of Education monitor each ELC annually. Wherever possible, the monitoring is done in a multidisciplinary fashion with staff from the office of Early Childhood and the Office of Special Populations doing on-site visits and meeting with the professional development partners. This is done to ensure that the training offered is supportive of a wide range of professional development needs and can assist providers in meeting the needs of a diverse population.

d) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

Teachers in state funded early childhood education programs and other school district/ESU operated programs are included in the state accountability system. Teacher data is being linked with student data with the ability to follow the child's progress from pre-kindergarten through post-secondary education, and into the workforce.

3.4.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section in 3.4. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

Note -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Effective Date: 01-OCT-13

Goal #1:

Complete the Ad Hoc process and NCTE approval of a suite of early childhood endorsements that will significantly strengthen the quality of the EC coursework and the abilities of new teachers in the field.

Goal #2:

Integrate pending legislation with current plans for the completion of the Nebraska early childhood registry

