

OMB Control No: 0970-0517

Expiration date: 12/31/2024

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 65.0 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, reviewing the collection of information, and completing the form.

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

## **Quality Progress Report (QPR)**

### **For**

## **Nebraska**

### **FFY 2024**

***QPR Status: Accepted as of 2025-04-02 17:36:49 GMT***

The Quality Progress Report (QPR) collects information from states and territories (hereafter referred to as lead agencies) to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services.

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

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

## **QUALITY PROGRESS REPORT**

The Quality Progress Report (QPR) collects information from lead agencies to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services. Lead agencies are also required to report on their Child Care and Development Fund (CCDF) quality improvement investments through the CCDF Plan, which collects information on the proposed quality activities for a three-year period; and through the ACF-696, which collects quarterly expenditure data on quality activities.

The annual data provided by the QPR will be used to describe how lead agencies are spending a significant investment per year to key stakeholders, including Congress, federal, state and territory administrators, providers, parents, and the public.

**Specifically, this report will be used to:**

- Ensure accountability and transparency for the use of CCDF quality funds, including a set-aside for quality infant and toddler care and activities funded by American Rescue Plan (ARP) Act
- Track progress toward meeting state- and territory-set indicators and benchmarks for improvement of child care quality based on goals and activities described in CCDF Plans; and
- Understand efforts in progress towards all child care settings meeting the developmental needs of children
- Inform federal technical assistance efforts and decisions regarding strategic use of quality funds.

**What Period Must Be Included:** All sections of this report cover the federal fiscal year activities (October 1, 2023, through September 30, 2024), unless otherwise stated. Data should reflect the cumulative totals for the fiscal year being reported, unless otherwise stated.

**What Data Should Lead Agencies Use:** Lead agencies may use data collected by other government and nongovernment agencies (e.g., CCR&R agencies or other TA providers) in addition to their own data as appropriate. We recognize that lead agencies may not have all of the data requested initially but expect progress towards increased data capacity. The scope of this report covers quality improvement activities funded at least in part by CCDF in support of CCDF activities. Lead agencies must describe their progress in meeting their stated goals for improving the quality of child care as reported in their FFY 2022-2024 CCDF Plan.

**How is the QPR Organized?**

The first section of the QPR gathers basic data on the population of providers in the state or territory and goals for quality improvement and glossary of relevant terms. The rest of the report is organized according to the ten authorized uses of quality funds specified in the CCDBG Act of 2014:

- 1) Support the training and professional development of the child care workforce
- 2) Improve the development or implementation of early learning and development guidelines
- 3) Develop, implement, or enhance a quality rating improvement system for child care providers
- 4) Improve the supply and quality of child care for infants and toddlers
- 5) Establish or expand a lead agency wide system of child care resource and referral services
- 6) Support compliance with lead agency requirements for licensing, inspection, monitoring, training, and health and safety
- 7) Evaluate the quality of child care programs in the state or territory, including how programs positively impact children
- 8) Support providers in the voluntary pursuit of accreditation
- 9) Support the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

The Office of Child Care (OCC) recognizes that quality funds may have been used to address the coronavirus 2019 (COVID-19) pandemic. These activities should be reflected in the relevant sections of the QPR.

### **When is the QPR Due to ACF?**

The QPR will be due to the Administration for Children and Families (ACF) by the designated lead agency no later than December 31, 2024.

### **Glossary of Terms**

The following terms are used throughout the QPR. These definitions can also be found in section 98.2 in the CCDBG Act of 2014. For any term not defined, please use the lead agency definition of terms to complete the QPR.

***Center-based child care provider*** means 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 in

care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "child care centers" and "center-based programs."

**Director** means a person who has primary responsibility for the daily operations and management for a child care provider, which may include a family child care provider, and which may serve children from birth to kindergarten entry and children in school-age child care.

**Family child care provider** means one 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. Associated terms include "family child care homes."

**In-home child care provider** means an individual who provides child care services in the child's own home.

**License-exempt** means facilities that are not required to meet the definition of a facility required to meet the CCDF section 98.2 definition of "licensing or regulatory requirements." Associated terms include "legally exempt" and "legally operating without regulation."

**Licensed** means a facility required by the state to meet the CCDF section 98.2 definition of "licensing or regulatory requirements," which explains that the facility meets "requirements necessary for a provider to legally provide child care services in a state of locality, including registration requirements established under state, local or tribal law."

**Programs** refer generically to all activities under the CCDF, including child care services and other activities pursuant to §98.50 as well as quality activities pursuant to §98.43.

**Provider** means the entity providing child care services.

**Staffed family child care (FCC) networks** are programs with paid staff that offer a menu of ongoing services and resources to affiliated FCC educators. Network services may include individual supports (for example, visits to child care homes, coaching, consultation, warmlines, substitute pools, shared services, licensing TA, mental health services) and group supports (for example, training workshops, facilitated peer support groups).

**Teacher** means a lead teacher, teacher, teacher assistant or teacher aide who is employed by a child care provider for compensation on a regular basis, or a family child care provider, and whose responsibilities and activities are to organize, guide and implement activities in a group or individual basis, or to assist a teacher or lead teacher in such activities, to further the cognitive, social, emotional, and physical development of children from birth to kindergarten entry and children in school-age child care.

## 1) Overview

*To gain an understanding of the availability of child care in the state or territory, please provide the following information on the total number of child care providers.*

### 1.1 State or Territory Child Care Provider Population

#### 1.1.1 Total Number of Licensed Providers:

Enter the total number of licensed child care providers that operated in the state or territory as of September 30, 2024. These counts should include all licensed child care providers, not just those serving children receiving CCDF subsidies.

☒ Licensed center-based programs **1149**

☐ Unable to provide number. Indicate reason:

**Additional clarification: Based on most recent submission of the FY 2024 ACF-800 data there were 702 licensed center-based programs receiving CCDF funding. Please report the number of ALL licensed center-based programs operating in the state here, regardless of receipt of CCDF funding.**

☒ Licensed family child care homes **1603**

☐ Unable to provide number. Indicate reason:

**Additional clarification: Based on most recent submission of the FY 2024 ACF-800 data there were 314 licensed family child care homes receiving CCDF funding. Please report the number of ALL licensed family child care homes operating in the state here, regardless of receipt of CCDF funding.**

## 2) Supporting the training and professional development of the child care workforce

Goal: *Ensure the lead agency's professional development systems or framework provides initial and ongoing professional development and education that result in a stable child care workforce with the competencies and skills to support all domains of child development.*

### 2.1 Lead Agency Progression of Professional Development

#### 2.1.1 Professional Development Registry:

Did the lead agency use a workforce registry or professional development registry to track progression of professional development during October 1, 2023 to September 30, 2024?

☒ Yes. If yes, describe: **The Nebraska Early Childhood Professional Records system (NECPRS) is a secure place for early childhood education and care providers to enter and track professional development activities completed. It is open to early childhood education and care professionals in licensed, license exempt, Head Start, or school district early childhood programs. It is also a place for trainers, coaches, and others with early childhood infrastructure support roles to maintain their electronic training records.**

☐ No. If no, what alternative does the lead agency use to track the progression of professional development for teachers/providers serving children who receive CCDF subsidy? Describe:

#### 2.1.2 Participation in Professional Development Registry:

Are any teachers/providers required to participate?

☒ Yes. If yes, describe: **Staff working in a program that participates in Step Up to Quality (SUTQ), Nebraska's Quality Rating and Improvement System, are required to enroll with NECPRS.**

☐ No. If no, describe:

#### 2.1.3 Number of Participants in Professional Development Registry:

Total number of participants in the registry as of September 30, 2024 **22,806**

#### 2.1.4 Spending - Professional Development Registry:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☒ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☐ No

## **2.2 Workforce Development**

### **2.2.1 Professional Development and Career Pathways Support:**

How did the lead agency help teachers/providers progress in their education, professional development, and/or career pathway between October 1, 2023 and September 30, 2024 (check all that apply)? If selected, how many staff received each type of support?

- ☒ Scholarships (for formal education institutions) **126**
- ☐ Financial bonus/wage supplements tied to education levels
- ☒ Career advisors, mentors, coaches, or consultants **277**
- ☐ Reimbursement for training
- ☐ Loans
- ☐ Substitutes, leave (paid or unpaid) for professional development
- ☐ Other. Describe:
- ☐ N/A. Describe:

### **2.2.2 Spending - Professional Development and Career Pathways Support:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☒ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary

- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☐ No

## **2.3 Child Care Provider Qualifications**

### **2.3.1 Number of Licensed Child Care Programs Qualifications:**

Total number of staff in licensed child care programs with the following qualification levels as of September 30, 2024:

☒ Child Development Associate (CDA) **259**

☒ Associate's degree in an early childhood education field (e.g. psychology, human development, education) **360**

☒ Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **577**

☐ State child care credential

☐ State infant/toddler credential

☐ Unable to report this data. Indicate reason:

### **2.3.2 Number of Licensed CCDF Child Care Programs Qualifications:**

Total number of staff in licensed CCDF child care programs with the following qualification levels as of September 30, 2024:

☒ Child Development Associate (CDA) **170**

☒ Associate's degree in an early childhood education field (e.g. psychology, human development, education) **240**

☒ Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **391**

☐ State child care credential

☐ State infant/toddler credential

☐ Unable to report this data. Indicate reason:

## **2.4 Technical Assistance for Professional Development**

### **2.4.1 Technical Assistance Topics:**

Technical assistance on the following topics is available to providers as part of the lead agency's professional development system (can be part of QRIS or other system that provides professional development to child care providers):



- ☒ Business Practices
- ☒ Mental health for children
- ☐ Emergency Preparedness Planning
- ☒ Other. Describe other technical assistance available to providers as part of the professional development system: **CDA Pathways**

#### **2.4.2 Spending - Technical Assistance for Professional Development:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☒ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☒ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☐ No

### **2.5 Spending – Training and Professional Development**

#### **2.5.1 Spending – Training and Professional Development:**

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support the training and professional development of the child care workforce during October 1, 2023 to September 30, 2024? \$

☒ Unable to report total amount spent. Indicate reason: **CCDF quality set-aside and ARP supplemental discretionary were used to support training and professional development. Funds used supported first aid and cardiopulmonary resuscitation for home and center providers and trainings for school age child care programs. Grantees awarded these funds used funds to support training and professional development within the activity they were administering. Approximately \$940,000 of ARP funds were used to support free training for child care professionals.**

It is challenging to report as there were different activities using multiple funding sources to support several activities.

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **Nebraska supported 179 individuals in the attainment and renewal of their CDA during the reporting period and has developed a CDA Roundtable to identify barriers, provide solutions, and identify resources to assist CDA applicants. A CDA Navigator position has been maintained at the State level to assist individuals with pursuing the most fitting CDA pathway for the provider and to increase access to CDA Professional Development Specialists.**

## **2.6 Progress Update**

### **2.6.1 Progress Update – Training and Professional Development:**

Supporting the training and professional development of the child care workforce

Measurable indicators of progress the state/territory reported in section 6.3.2 of the FFY 2022-2024 CCDF Plan.

**Nebraska will track the number of CDA applications and renewals that use CCDF funds. The Department of Education will report this to the Lead Agency quarterly.**

**Nebraska will track the number of TEACH Early Childhood® Nebraska scholars receiving assistance and will report the number in quarterly reports.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.3.2 of the FFY 2022-2024 CCDF Plan: **During the 2024 program year, CCDF support paid for 118 initial CDA applications and 61 CDA renewal applications.**

**Between October 1, 2023, through September 30, 2024, Nebraska had 226 TEACH Early Childhood scholarship recipients. Of those, 195 were supported with CCDF funds, 30 were supported with state Step Up to Quality funds, and 1 was supported with other grant funds.**

### 3) Improving early learning and development guidelines

*Goal: To ensure the lead agency has research-based early learning and development guidelines appropriate for children birth to age 12, including children with special needs and dual language learners that are used to inform practice and professional development.*

#### 3.1 Early Learning and Development Guidelines

##### 3.1.1 Spending - Early Learning and Development Guidelines:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to improve early learning and development guidelines during October 1, 2023 to September 30, 2024?

☐ Yes, if so which funding source(s) were used?

- ☐ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on improving upon the development or implementation of early learning and development guidelines? \$

☐ Unable to report total amount spent. Indicate reason

*Optional:* Use this space to tell us any additional information about how funds were spent that is not capture in the item already reported:

☒ No

#### 3.2 Progress Update

##### 3.2.1 Progress Update - Early Learning and Development Guidelines:

Improving upon the development or implementation of early learning and development guidelines.

Measurable indicators of progress the state/territory reported in section 6.4.3 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

**The percentage of programs participating in Step Up to Quality will increase by 15% by the end of the State Plan period. The number of programs moving up one or more step ratings will increase 15% by the end of the State Plan period.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.4.3 of the FFY 2022-2024 CCDF Plan:

**The number of programs participating in SUTQ increased from 752 at the end of the 2022-2023 program year to 886 by the end of the 2023-2024 program year, which is an 18% increase in participation.**

**The number of programs that moved up one or more step levels was 214, which is a 30% increase.**

#### 4) Developing, implementing, or enhancing a quality rating and improvement system (QRIS) and other transparent system of quality indicator

*Goal: To ensure the lead agency implements a quality rating and improvement system, or other quality rating system, to promote high-quality early care and education programs.*

##### 4.1 Quality rating and improvement system status

###### 4.1.1 QRIS or other system of quality improvement status:

Indicate the status and include a description of the lead agency's quality rating and improvement system (QRIS) or other system of quality improvement during October 1, 2023 to September 30, 2024?

☒ The lead agency QRIS is operating state- or territory-wide.

- General description of QRIS: **Programs are awarded quality ratings for meeting a defined set of program standards. SUTQ supports all child care and early childhood education programs, including licensed family child care homes, child care centers, Head Start and Early Head Start programs, public school-operated early childhood programs, and licensed preschools. SUTQ is voluntary for most child care programs in Nebraska. Child care programs that receive more than \$250,000 annually in child care subsidy dollars are required to participate.**
- How many tiers/levels? **5** [insert number of tiers below as required and describe each tier and check off which are high quality]
  - Tier/Level 1: **Programs rated a Step 1 in SUTQ are committed to quality improvement. To be rated a Step 1, programs must complete an orientation session, apply through NECPRS, and create profiles for each director, licensee, owner, and staff.**  
[ ] High Quality
  - Tier/Level 2: **Programs rated a Step 2 and above have taken the additional steps to improve the quality of their program through coaching, training, and enhancing their curriculum. All directors, licensees, and owners must complete the required training, which includes Early Learning Guidelines and an introduction to their respective program type's observation tool to achieve a Step 2. Providers must complete a Go NAP SACC (Nutritional and Physical Activity Self-Assessment for Child Care) pre-self-assessment and Special Care training. Providers must also complete Special Care training designed to provide foundation information and resources about serving children with**

disabilities in child care. Programs may also request a coach interest questionnaire, but it is not required for a program to be rated a Step 2.

☐ High Quality

- Tier/Level 3: Programs where all classrooms at a specific location meet Rule 11, Head Start Performance Standards or are nationally accredited may enter SUTQ at a Step 3. Documentation of accreditation will be requested. Programs interested in moving up to a Step 3, 4 or 5, must select an observation tool and complete the required training for that tool.

Programs may choose to pursue a Step 3 rating without an observation. They would gather and organize evidence for the quality indicators they selected on the Rating Request Form and submit the Form to SUTQ to move forward. A program observation is required to progress to a Step 4 or 5.

An on-site Environment Rating Scale (ERS) or Classroom Assessment Scoring System (CLASS) Observation may also be requested, and the program must earn a minimum score on the quality indicators selected on their Rating Request Form to be rated a Step 3 (with observation).

☒ High Quality

- Tier/Level 4: To achieve a Step 4 rating, programs must meet at least a 3.75 Program Overall Observation Score and minimum indicator score. Programs must also achieve at least 50 points from indicators on their Rating Request Form.

☒ High Quality

- Tier/Level 5: To achieve a Step 5 rating, programs must meet at least a 4.75 Program Overall Observation Score and minimum indicator score. Programs must also achieve at least 50 points from indicators on their Rating Request Form.

☒ High Quality

- Tier/Level 6:  
☐ High Quality
- Tier/Level 7:  
☐ High Quality
- Tier/Level 8:  
☐ High Quality
- Tier/Level 9:

☐ High Quality

- Tier/Level 10:

☐ High Quality

- Total number of licensed child care centers meeting high quality definition: **145**
- Total number of licensed family child care homes meeting high quality definition: **45**
- Total number of CCDF providers meeting high quality definition: **124**
- Total number of children served by providers meeting high quality definition: **2,647**

☐ The lead agency QRIS is operating a pilot (e.g., in a few localities, or only a few levels) but not fully operating state- or territory-wide.

- General description of pilot QRIS (e.g., in a few localities, or only a few levels):
- Which localities if not state/territory-wide?
- How many tiers/levels? [insert number of tiers below as required and describe each tier and check off which are high quality
  - Tier/Level 1:  
☐ High Quality
  - Tier/Level 2:  
☐ High Quality
  - Tier/Level 3:  
☐ High Quality
  - Tier/Level 4:  
☐ High Quality
  - Tier/Level 5:  
☐ High Quality
  - Tier/Level 6:  
☐ High Quality
  - Tier/Level 7:  
☐ High Quality
  - Tier/Level 8:  
☐ High Quality
  - Tier/Level 9:  
☐ High Quality
  - Tier/Level 10:  
☐ High Quality
- Total number of licensed child care centers meeting high quality definition:

- Total number of licensed family child care homes meeting high quality definition:
  - Total number of CCDF providers meeting high quality definition:
  - Total number of children served by providers meeting high quality definition:
- ☐ The lead agency is operating another system of quality improvement.
- General description of other system:
  - Describe assessment scores, accreditation, or other metrics associated with this system:
  - Describe how “high quality” is defined in this system?
  - Total number of licensed child care centers meeting high quality definition:
  - Total number of licensed family child care homes meeting high quality definition:
  - Total number of CCDF providers meeting high quality definition:
  - Total number of children served by providers meeting high quality definition:
- ☐ The lead agency does not have a QRIS or other system of quality improvement.
- Do you have a definition of high quality care?
    - ☐ Yes, define:
      - Total number of licensed child care centers meeting high quality definition:
      - Total number of licensed family child care homes meeting high quality definition:
      - Total number of CCDF providers meeting high quality definition:
      - Total number of children served by providers meeting high quality definition:
    - ☐ No

#### 4.1.2 Spending - Quality rating and improvement system status:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☒ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside



☐ Unable to report. Indicate reason:

☐ No

## 4.2 Quality Rating and Improvement Systems participation

### 4.2.1 QRIS or other system of quality improvement participation:

What types of providers participated in the QRIS or other system of quality improvement during October 1, 2023 to September 30, 2024 (check all that apply)?

- ☒ Licensed child care centers
- ☒ Licensed family child care homes
- ☐ License-exempt providers
- ☒ Programs serving children who receive CCDF subsidy
- ☒ Early Head Start programs
- ☒ Head Start programs
- ☐ State Prekindergarten or preschool programs
- ☒ Local district-supported Prekindergarten programs
- ☒ Programs serving infants and toddlers
- ☒ Programs serving school-age children
- ☒ Faith-based settings
- ☒ Tribally operated programs
- ☐ Other. Describe:

## 4.3 Quality Rating and Improvement Systems Benefits

### 4.3.1 Quality Rating and Improvement Systems Benefits:

What types of financial incentives or technical assistance are available for providers related to QRIS or other system of quality improvement? Check as many as apply.

- ☒ One-time grants, awards or bonuses
  - ☐ Licensed child care centers **145**
  - ☐ Licensed family child care homes **45**
- ☐ On-going or periodic quality stipends
  - ☐ Licensed child care centers
  - ☐ Licensed family child care homes
- ☒ Higher CCDF subsidy rates (including tiered rating)
  - ☐ Licensed child care centers **92**
  - ☐ Licensed family child care homes **33**

☒ Ongoing technical assistance to facilitate participation in QRIS or improve quality of programs already participating in QRIS (or some other technical assistance tied to QRIS)  
☐ Other. Describe

#### 4.3.2 Spending - Quality Rating and Improvement Systems Benefits:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☒ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☐ No

#### 4.4 Spending – Quality Rating and Improvement Systems

##### 4.4.1 Spending – Quality Rating and Improvement Systems:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) related to QRIS or other quality rating systems during October 1, 2023 to September 30, 2024? \$

☒ Unable to report total amount spent. Indicate reason **5% of the CCDF quality set-aside funds are earmarked specifically for SUTQ. These funds are used to contract with coaches, program raters, trainers, program observations, and tiered rates. Non-CCDF funds are also used to support professional development, bonuses, and TEACH scholarships. An exact number of how much was spent is not available at this time due to there being multiple funding sources and timeframes.**

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

## 4.5 Progress Update

### 4.5.1 Progress Update – Quality Rating and Improvement Systems:

Developing, implementing, or enhancing a quality rating and improvement system (QRIS) or other transparent system of quality indicators.

Measurable indicators of progress the state/territory reported in section 7.3.6 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

**1. Participation by family child care homes in the state Step Up to Quality program will increase by 15% in the period of this state plan.**

**2. Participation by licensed child care centers in the state Step Up to Quality program will increase by 15% in the period of this state plan.**

**3. 15% of participating programs will increase one or more quality steps in the period of this state plan.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.3.6 of the FFY 2022-2024 CCDF Plan:

**1. Participation in SUTQ by family child care home providers grew from 281 to 400, which is a 42% increase.**

**2. Participation in SUTQ by child care centers increased from 399 to 486 centers, which is a 22% increase. Note: this number is inclusive of child care centers, Head Start programs, preschools, and public school preschool programs.**

**3. The number of programs that moved up one or more step levels was 214, which is a 30% increase.**

## 5) Improving the supply and quality of child care programs and services for infants and toddlers

*Goal: Ensure adequate and stable supply of high quality child care with a qualified, skilled workforce to promote the healthy development of infants and toddlers. Please report on all activities funded by quality dollars and infant toddler set-aside.*

### 5.1 Infant/Toddler Specialists

#### 5.1.1 Infant/Toddler Specialists:

Did providers have access to infant/toddler specialists during October 1, 2023 to September 30, 2024?

☒ Yes

- Number of specialists available to all providers **22**
- Number of specialists available to providers serving children who receive CCDF **22**
- Number of specialists available specifically trained to support family child care providers **22**
- Number of providers served **63**
- Total number of children reached **1000**

☐ No, there are no infant/toddler specialists in the state/territory.

☐ N/A. Describe:

#### 5.1.2 Infant/Toddler Specialists Supports Provided:

If yes, what supports do the infant/toddler specialists provide?

☒ Relationship-caregiving practices (or quality caregiving/developmentally appropriate practices)

☒ On-site and virtual coaching

☒ Health and safety practices

☒ Individualized professional development consultation (e.g., opportunities for or awareness on career growth opportunities, degreed/credential programs)

☒ Group professional development

☒ Family engagement and partnerships

☐ Part C early intervention services

☐ Mental health of babies, toddlers, and families

☐ Mental health of providers

☐ Behavioral Health

☒ Other. Describe **Many coaches trained facilitators for Circle of Security Classroom, CDA training, the Pyramid Model, and other licensing-required training to be able to meet the needs of the programs they coach.**

### 5.1.3 Spending – Infant/Toddler Specialists:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☐ No

## 5.2 Staffed Family Child Care Networks

### 5.2.1 Number and Description of Staffed Family Child Care Networks:

How many staffed family child care networks operated during October 1, 2023 to September 30, 2024?

☐ Number of staffed family child care networks:

- ☐ Describe what the network/hub provides to participating family child care providers:

☒ No staffed family child care networks operate in state/territory

### 5.2.2 Spending - Staffed Family Child Care Networks:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☐ Yes, if so which funding source(s) were used?

- ☐ CCDF quality funds

- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☒ No

### 5.3 Spending - Programs and services for infants and toddlers

#### 5.3.1 Spending - Programs and services for infants and toddlers:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside), above and beyond to the 3% infant and toddler set-aside, to improve the supply and quality of child care programs and services for infants and toddlers during October 1, 2023 to September 30, 2024? \$

☒ Unable to report total amount spent. Indicate reason: **Besides the 3% disregard, DHHS used CCDF quality, non-CCDF funds, CRRSA, and ARP discretionary to improve the services for infants and toddlers. Funds were awarded for an array of activities to grantees who also awarded funds out. Funds served all children and it is not possible to identify the amount allocated solely for infants and toddlers.**

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

### 5.4 Progress Update

#### 5.4.1 Progress Update - Programs and services for infants and toddlers:

Improving the supply and quality of child care programs and services for infants and toddlers.

Measurable indicators of progress the state/territory reported in section 7.4.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **Nebraska tracks the number of infant and toddler caregivers who have taken training through the Early Learning Connection Partnerships each quarter. That information is reported on quarterly reports. Step Up to Quality tracks the number of programs participating in Step Up to Quality and the step rating of each.**

Sixpence has an outside evaluation completed each year by the University of Nebraska Medical Center's Munroe-Meyer Institute. This report includes program outcomes, child outcomes, health outcomes, and family outcomes. Sixpence also tracks detailed data on each provider participating with Sixpence capturing enrollment, children with a risk factor, etc. This is reported quarterly to the Sixpence Board.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.4.2 of the FFY 2022-2024 CCDF Plan: **29,308 entries were reported as being participants who took training and worked with infants and/or toddlers. These are duplicated numbers; a non-duplicated count is not available.**

## 6) Establishing, expanding, modifying, or maintaining a statewide system of child care resource and referral services

*Goal: Lead agency provides: services to involve families in the development of their children, information on a full range of child care options, and assistance to families in selecting child care that is appropriate for the family's needs and is high quality as determined by the lead agency.*

### 6.1 Spending – Child Care Resource and Referral Services

#### 6.1.1 Spending – Child Care Resource and Referral Services:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to establish, expand, modify, or maintain a statewide CCR&R during October 1, 2023 to September 30, 2024?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☒ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to **establish, expand, modify, or maintain a statewide CCR&R** during October 1, 2023 to September 30, 2024? \$

☒ Unable to report total amount spent. Indicate reason: **Due to the multiple funding sources and non-CCDF funds used, it is not possible to report the total amount of funds spent on the Child Care Resource and Referral.**

*Optional:* Use this space to tell us any additional information about how funds were spent

☐ No

### 6.2 Progress Update

#### 6.2.1 Progress Update – Child Care Resource and Referral Services:



Establishing, expanding, modifying or maintaining a statewide system of child care resource and referral services.

Measurable indicators of progress the state/territory reported in section 7.5.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

**The Lead Agency and the Nebraska Department of Education will review quarterly data, tracked by the Early Childhood Training Center, as it refers to referrals and inquiries about child care. Data about the number of "hits" the Step Up to Quality interactive map has each quarter will be tracked. Adjustments in the media campaign for Step Up to Quality will be made accordingly.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.5.2 of the FFY 2022-2024 CCDF Plan:

**The SUTQ program search website garnered 121,920 views from 32,947 users reflecting a 126% increase in viewership compared to the 2022-2023 period. This increase can be attributed to a successful public marketing campaign and implementation of comprehensive digital marketing strategies. These marketing efforts were targeted toward engaging families and improving their access to quality -rated child care programs.**

**The Child Care Referral Network (CCRN) website has been active for four years. There were 51,335 active users of the CCRN during the reporting period. Usage fluctuated throughout the year with April showing the most active users with 3,153 followed by January 2,871 users, February 2,702 users, and March 2,601 users.**

**7) Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards**

*Goal: To ensure child care providers maintain compliance with lead agency licensing, inspection, monitoring, and health and safety standards and training.*

**7.1 Complaints about providers**

**7.1.1 Number of Complaints about providers:**

How many complaints were received regarding providers during October 1, 2023 to September 30, 2024? **469**

**7.1.2 Spending - Complaints about providers:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity (including maintaining a hotline)?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

**7.2 Licensing Staff**

**7.2.1 Number of Licensing Staff:**

How many licensing staff positions were there in the state or territory during October 1, 2023 to September 30, 2024? Number of staff **23**

**7.2.2 Spending – Licensing Staff:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set aside
- ☐ Unable to report. Indicate reason:

☐ No

### **7.3 Health and Safety Standards Coaching and Technical Assistance**

#### **7.3.1 Coaching or technical assistance on health and safety standards as a result of inspection:**

How many child care programs received coaching or technical assistance to improve their understanding and adherence to CCDF health and safety standards as a result of an inspection or violation during October 1, 2023 to September 30, 2024? **2,787**

#### **7.3.2 Spending - Coaching or technical assistance on health and safety standards as a result of inspection:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☐ No

### **7.4 Spending - Compliance with health, safety, and licensing standards**

#### **7.4.1 Spending - Compliance with health, safety, and licensing standards:**

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on facilitating compliance with lead agency requirements for inspections, monitoring, health and safety standards and training, and lead agency licensing standards during October 1, 2023 to September 30, 2024? **\$2785573**

[ ] Unable to report total amount spent. Indicate reason:

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

## **7.5 Progress Update**

### **7.5.1 Progress Update - Compliance with health, safety, and licensing standards:**

Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards.

Measurable indicators of progress the state/territory reported in section 7.6.3 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

**The Lead Agency will use FY21 (ending September 30, 2021) as a base to measure CCDF license-exempt provider compliance with health and safety standards and annual health and safety training requirements. Compliance will be reviewed at the provider's annual renewal to ensure all providers have met the annual health and safety training requirement.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.6.3 of the FFY 2022-2024 CCDF Plan:

**As of September 30, 2021, 92.97% of non-relative license exempt subsidy providers were compliant in pediatric first aid/CPR training and 95.13% were compliant in preservice orientation training. By September 30, 2024, the percentage of providers who had completed first aid/CPR training increased to 98% and providers who had completed preservice orientation to 96%.**

**In September 2021, there were a total of 513 license exempt and in-home providers, of which 185 were non-relative providers and required to complete lead agency health and safety trainings. The lead agency currently tracks completion of preservice orientation training and pediatric first aid/CPR for all subsidy providers.**

**By September 2024, the number of license exempt and in-home providers dropped to 364, with**

50 being non-relative license exempt providers required to complete lead agency health and safety trainings. Between October 1, 2023, and September 30, 2024, there was an increase in the number of the license exempt providers by nine total providers; there were 41 non-relative license exempt providers in September 2023.

From the numbers reported above, it can be seen there was a small increase in the number of license exempt providers required to complete health and safety training over the past reporting period, but an overall decrease compared to the tracking year of 2021. Lead Agency staff has been working to ensure compliance with health and safety requirements and to update provider documentation of completion at each provider's annual enrollment renewal, which is reflective in the overall increase in compliance percentages.

**8) Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children**

*Goal: Lead agency investment in effective quality improvement strategies using reliable data from evaluation and assessment*

**8.1 Evaluation and assessment of center-based programs**

**8.1.1 Evaluation and assessment of center-based programs:**

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in center-based programs during October 1, 2023 to September 30, 2024?

☒ QRIS

☒ CLASS

☒ ERS

☐ FCCERS

☒ ITERS

☐ State evaluation tool. Describe

☐ Core Knowledge and Competency Framework

☐ Other. Describe

☐ Do not evaluate and assess quality and effective practice

**8.1.2 Spending - Evaluation and assessment of center-based programs:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☒ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

**8.2 Evaluation and assessment of family child care programs**

### 8.2.1 Evaluation and assessment of family child care programs:

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in family child care programs during October 1, 2023 to September 30, 2024?

- ☒ QRIS
- ☒ CLASS
- ☐ ERS
- ☒ FCCERS
- ☐ ITERS
- ☐ State evaluation tool. Describe
- ☐ Core Knowledge and Competency Framework
- ☐ Other. Describe
- ☐ Do not evaluate and assess quality and effective practice

### 8.2.2 Spending - Evaluation and assessment of family child care programs:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☒ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☐ No

## 8.3 Spending - Evaluation and assessment of child care programs

### 8.3.1 Spending - Evaluation and assessment of child care programs:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on evaluating and assessing the quality of child care programs, practice, or child development during October 1, 2023 to September 30, 2024?

**\$201055**

[ ] Unable to report total amount spent. Indicate reason:

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **This amount represents the amount spent in contracts with publishers of the program quality tools on materials and training. This also includes the cost of contracts for the two State Anchors who provide training and reliability for the individual contracted program quality observers. This does not include the total amount of the program quality assessments that were completed in early childhood education and care programs across the state for either SUTQ or Results Matter: Nebraska's child, program, and family outcomes initiative for school district/intermediate service units.**

## 8.4 Progress Update

### 8.4.1 Progress Update - Evaluation and assessment of child care programs:

Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children.

Measurable indicators of progress the state/territory reported in section 7.7.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **The percentage of Step Up to Quality programs that are rated will increase by 15%. The number of programs moving up one or more steps in Step up to Quality will also increase by 15% or more.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.7.2 of the FFY 2022-2024 CCDF Plan:

- 1. Participation in SUTQ by family child care home providers grew from 281 to 400, which is a 42% increase.**
- 2. Participation in SUTQ by child care centers increased from 399 to 486 centers, which is a 22% increase. Note: this number is inclusive of child care centers, Head Start programs, preschools, and public school preschool programs.**
- 3. 214 programs moved up one or more step levels, which is a 30% increase.**



## 9) Supporting child care providers in the voluntary pursuit of accreditation

*Goal: Support child care programs and FCCs in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of quality*

### 9.1 Accreditation Support

#### 9.1.1 Accreditation Support:

How many providers did the lead agency support in their pursuit of accreditation (e.g., financial incentives, technical assistance with the accreditation process, coaching/mentoring by accredited programs) during October 1, 2023 to September 30, 2024?

- ☐ Yes, providers were supported in their pursuit of accreditation
- a. Licensed center-based programs
  - b. License-exempt center-based programs
  - c. Licensed family child care homes
  - d. License-exempt family child care homes (care in providers' home)
  - e. Programs serving children who receive CCDF subsidy
- ☒ No lead agency support given to providers in their pursuit of accreditation.
- ☐ N/A. Describe:

#### 9.1.2 Spending – Accreditation Support:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

- ☐ Yes, if so which funding source(s) were used?

- ☐ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on accreditation during October 1, 2023 to September 30, 2024? \$

☐ Unable to report total amount spent. Indicate reason:

*Optional:* Use this space to tell us any additional information about how funds were spent

☒ No

## 9.2 Progress Update

### 9.2.1 Progress Update – Accreditation Support:

Supporting providers in the voluntary pursuit of accreditation.

Measurable indicators of progress the state/territory reported in section 7.8.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **Nebraska does not plan to support accreditation during this state plan time frame. Nebraska had a long-standing accreditation project in which the fees for applying for all steps in NAEYC accreditation were subsidized, and for supporting accreditation in the National Association of Family Child Care. With changes in the requirements of accrediting bodies and the growing interest in Step Up to Quality, accreditation assistance dwindled. A decision was made to move that budget into supporting child care providers in accessing CDA certification and re-certification.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.8.2 of the FFY 2022-2024 CCDF Plan: **Nebraska did not offer support to child care programs seeking voluntary accreditation during this reporting period.**

**10) Supporting providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development**

*Goal: Assist programs to meet high-quality comprehensive program standards relating to health, mental health, nutrition, physical activity, and physical development*

**10.1 High-Quality Program Standards**

**10.1.1 High-Quality Program Standards:**

How did the state or territory help providers develop or adopt high quality program standards during October 1, 2023 to September 30, 2024?

☒ QRIS, check which indicators the lead agency has established:

☒ Health, nutrition, and safety of child care settings

☒ Physical activity and physical development in child care settings

☐ Mental health of children

☒ Learning environment and curriculum

☐ Ratios and group size

☒ Staff/provider qualifications and professional development

☒ Teacher/provider-child relationships

☒ Teacher/provider instructional practices

☒ Family partnerships and family strengthening

☐ Other. Describe:

☒ Early Learning Guidelines

☐ State Framework. Describe

☐ Core Knowledge and Competencies

☐ Other. Describe

☐ N/A – did not help provider develop or adopt high quality program standards

**10.1.2 Spending - High-Quality Program Standards:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☒ Non-CCDF funds

- ☐ CARES funds
- ☐ CRRSA Funds
- ☒ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development during October 1, 2023 to September 30, 2024? \$

☒ Unable to report total amount spent. Indicate reason: **It is challenging to report as there were different activities using multiple funding sources to support several activities related to high quality program standards.**

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

☐ No

## 10.2 Progress Update

### 10.2.1 Progress Update - High-Quality Program Standards:

Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development.

Measurable indicators of progress the state/territory reported in section 7.9.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **Nebraska will increase the number of programs rated at a level 3, 4, or 5 by 25% by the end of this three-year State Plan. Go NAPSACC, and Sixpence have annual evaluations completed.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.9.2 of the FFY 2022-2024 CCDF Plan: **The number of programs rated at a Step 3,4, or 5 on September 30, 2022, was 160 and the number of programs rated a Step 3,4, or 5 on September 30, 2024, was 192, which is a 20% increase. Neither the Go NAPSACC nor Sixpence annual reports have been finalized at this time.**

## 11) Other activities to improve the quality of child care services

*Goal: To improve the quality of child care programs and services related to outcomes measuring improved provider preparedness, child safety, child well-being, or kindergarten-entry*

### 11.1 Sustainability funding to child care providers

#### 11.1.1 Sustainability funding to child care providers:

Did the state or territory continue to provide stabilization grants to child care providers using funds other than the American Rescue Plan (ARP) Act Stabilization funds during October 1, 2023 to September 30, 2024?

☐ Yes. If yes, describe and check which types of providers were eligible and number served.

☐ Licensed center-based programs

☐ License-exempt center-based programs

☐ Licensed family child care homes

☐ License-exempt family child care homes (care in providers' home)

☐ In-home (care in the child's own home)

☐ Other (explain)

☒ No.

☐ N/A. Describe:

#### 11.1.2 Spending – Sustainability funding to child care providers:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☐ Yes, if so which funding source(s) were used?

☐ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☒ No

### 11.2 Data Systems Investment

### 11.2.1 Data Systems Investment:

Did the state/territory invest in data systems to support equitable access to child care (e.g., modernizing and maintaining systems; technology upgrades and data governance improvements to provide more transparent and updated information to parents; a workforce registry; updated QRIS systems; CCR&R updates; monitoring systems) from October 1, 2023 to September 30, 2024?

☒ Yes. Describe: **Funds were used to build out the Early Childhood Integrated Data System (ECIDS), NECPRS, and the Child Care Referral Network.**

☐ No

### 11.2.2 Spending - Data Systems Investment:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☒ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

## 11.3 Supply and Demand Analysis

### 11.3.1 Supply and Demand Analysis:

Did the state/territory conduct an analysis of supply and demand or other needs assessment to identify areas of focus to build supply or target funding from October 1, 2023 to September 30, 2024?

☒ Yes. Describe findings: **A Nebraska child care gap map was created by county. The map used licensed capacity data compared to the number of children under the age of five with a parent working. This map identified counties that had excess supply compared to counties that do not have enough child care available to the community.**

☐ No

### 11.3.2 Spending - Supply and Demand Analysis:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

### 11.4 Supply and Demand Initiatives

#### 11.4.1 Supply and Demand Initiatives:

Did the state/territory implement initiatives designed to address supply and demand issues related to child care deserts and/or vulnerable populations (such as infants and toddlers, children with disabilities, English language learners, and children who need child care during non-traditional hours) during October 1, 2023 to September 30, 2024? Check all that apply.

☐ Child care deserts

☐ Infants/toddlers

☐ Children with disabilities

☐ English language learners

☐ Children who need child care during non-traditional hours

☒ Other. Describe: **The state is in the process of creating a grant program to address supply and demand issues related to underserved areas, infants and toddlers, and children with disabilities.**

#### 11.4.2 Spending - Supply and Demand Initiatives:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☐ Yes, if so which funding source(s) were used?

- ☐ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☒ No

## 11.5 Provider Compensation and Benefits

### 11.5.1 Spending - Provider Compensation and Benefits:

What compensation and benefits improvements did teachers/providers receive between October 1, 2023 and September 30, 2024 (check all that apply)? If indicated, how many providers received each type of support?

- ☐ Financial bonuses (not tied to education levels)
- ☐ Salary enhancements/wage supplements
- ☐ Health insurance coverage
- ☐ Dental insurance coverage
- ☐ Retirement benefits
- ☐ Loan Forgiveness programs
- ☐ Mental Health/Wellness programs
- ☐ Start up funds
- ☐ Other. Describe:

☒ N/A. Describe: **Stabilization funds were given to child care providers to use at their discretion. Some providers may have used funds to support compensation and benefits for their staff.**

### 11.5.2 Spending - Provider Compensation and Benefits:



Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☐ Yes, if so which funding source(s) were used?

☐ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☒ No

## 11.6 Spending – Other Activities to Improve the Quality of Child Care Services

### 11.6.1 Spending – Other Activities to Improve the Quality of Child Care Services:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on other activities to improve the quality of child care services during October 1, 2023 to September 30, 2024? \$

☒ Unable to report total amount spent. Indicate reason: **There are several activities that addressed improving the quality of child care. Funds were blended using CCDF, ARPA, and non-CCDF funds. Due to the various grantees and use of non-CCDF funds, this number cannot be reported.**

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

## 11.7 Progress Update

### 11.7.1 Progress Update – Other Activities to Improve the Quality of Child Care Services:

Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

Measurable indicators of progress the state/territory reported in section 7.10.1 of the 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

**Nebraska uses federal IDEA funds for Part C and for Part- B. These funds are braided with Nebraska Department of Education state general funds allocated by the Unicameral and private dollars to build an infrastructure and offer training to implement Nurturing Healthy Behaviors/Pyramid Model for Social and Emotional Competence in young children in school district, Head Start, and licensed early childhood programs across the state. The training is offered through the multi-agency Pyramid Implementation team. These efforts improve child well-being, and support kindergarten entry.**

The data is collected through a Nurturing Healthy behaviors/Rooted in Relationships annual report and through federally mandated Part C reporting. Nebraska has received a "meets requirements" for part C reporting. In the 2019-2020 Rooted in Relationships report (the most current available) the goal for classrooms was to score at 80% or higher on the either the TPITOS assessment for infant/toddler classrooms or the TPOT assessment for preschool classrooms. Infant/toddler classrooms improved an average of 10 percentage points for a final average score of 76%. The preschool classrooms improved an average of 16 percentage points for a final average of 65%.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.10.2 of the 2022-2024 CCDF Plan: **Nebraska continues to use Part C and Part B funds as well as state general funds allocated by the Unicameral and private dollars to build an infrastructure and offer training to fund the Nurturing Healthy Behaviors/Rooted in Relationships program which implements the Pyramid Model for Social and Emotional Competence in Young Children in school district, Head Start, and licensed early childhood programs across the state. The programs were assessed with the TPOT and TPITOS. At year three, the average score for the TPOT was 73.5% and the average score for the TPITOS was 84.7%. The average growth over time for the TPOT was 24.1% and the average growth over time for TPITOS scores was 16.4%.**

## 12) Annual Report

Lead agencies must submit an annual report, as required at 45 CFR § 98.53(f) (4), describing any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on an annual review and assessment of serious child injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible.

### 12.1 Annual Report and Changes

#### 12.1.1 Annual Report:

Describe the annual review and assessment of serious injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible. **Licensed providers must submit reports of any serious injuries or deaths of children occurring in the child care to Children's Services Licensing within 24 hours of the incident. Data is reflected on the aggregate report. CCDF providers who are not licensed (License Exempt providers) must submit reports of any serious injuries or deaths of children occurring in child care to their assigned Resource Developer through the Child Care Subsidy Program. These reports must also be completed within 24 hours of the incident and this data is reflected on the aggregate report.**

#### 12.1.2 Annual Report Changes:

Describe any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on the annual review and assessment. **Children's Services Licensing child care regulations (Title 391 Nebraska Administrative Code) continue to be reviewed and revised. The proposed revised regulations will reflect changes to enhance regulatory language related to health and safety.**