

Child Care and Development Fund (CCDF) Plan For Nebraska FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

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

Street Address: PO Box 95026

City: Lincoln

State: Nebraska

ZIP Code: 68509

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

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Dannette

Lead Agency Official Last Name: Smith

Title: Chief Executive Officer

Phone Number: 402-471-9433

Email Address: Dannette.Smith@nebraska.gov

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Nicole

CCDF Administrator Last Name: Vint

Title of the CCDF Administrator: CCDF Administrator

Phone Number: 402-471-9208

Email Address: Nicole.Vint@nebraska.gov

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name: N/A

Title of the CCDF Co-Administrator: N/A

Description of the Role of the Co-Administrator: N/A

Phone Number: N/A

Email Address: N/A

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

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

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

- C. Other.

Describe:

iv. Licensing standards and processes are set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

- C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

- C. Other.

Describe:

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.
Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

- CCDF Lead Agency
- TANF agency
- Local government agencies

- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

The Lead Agency holds an annual Interagency Agreement with the Nebraska Department of Education (NDE). NDE provides direct oversight of Nebraska's child care resource and referral agencies. Monthly meetings are held with the Lead Agency and

NDE to monitor the sub-award, review quarterly data, and discuss the current status of obligated and liquidation of CCDF funds. Step Up to Quality, Nebraska's Quality Rating and Improvement System (QRIS), is a joint effort between (NDE) and the Department of Health and Human Services (DHHS), per Nebraska Revised Statute 71-1964.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Lead Agency's Division of Children and Family Services (CFS) administrators both CCDF and TANF. CCDF and TANF program management hold regular meetings to review policies, access and barriers for families, data on the families utilizing CCDF and TANF, budget monitoring, annual budget planning, and other topics as needed.

The Lead Agency holds an annual Interagency Agreement with the Nebraska Department of Education (NDE). NDE provides direct oversight of Nebraska's Child Care Resource and Referral. Step Up to Quality, Nebraska's Quality Rating Improvement System (QRIS), is administrated out of NDE in collaboration with the Lead Agency, per Nebraska Revised Statute 71-7964. Regular meetings are held with the Lead Agency and NDE to monitor the

Interagency Agreement, review quarterly data, and review the current status of obligated and liquidated CCDF funds in the budget.

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

Requests to review or have access to any Department-specific code or software related to child care information systems or information technology for CCDF spending will be reviewed on a case-by-case request. Nebraska Family Online Client User System (NFOCUS) is used to determine eligibility and ongoing case management for individuals and families eligible for CCDF Subsidy, as well as other programs such as SNAP, TANF, LIHEAP, Medicaid, and other programs. NFOCUS is also used to monitor CCDF/Subsidy contracts with licensed and licensed exempt child care providers. NFOCUS can also be used to produce data. For example, information can be produced on children/families receiving CCDF/Subsidy and child care providers who accept CCDF/Subsidy. If requested, Nebraska would participate in peer-to-peer learning and work with other state agencies or states to share program logic and system-built information for systems built or maintained with CCDF funds.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

The Lead Agency governs the use and disclosure of confidential and personally identifiable information through regulations and state statutes. Applicable regulations include:

- 1.) Each applicant for, or client of any programs(s) administered by the Nebraska Department of Social Services has the right to have his/her information treated confidentially [465 NAC 2-001 2.];
- 2.) Department staff shall treat the client's information confidentially [465 NAC 2-003. 16.];
- 3.) The confidential information which identifies individuals who apply for or receive assistance, benefits, or services from the Department must be safeguarded [465 NAC 2-005];
- 4.) Section 68-313, et seq. of the Nebraska Revised Statutes states that all records, files, papers, and communications must be limited to purposes directly connected with the administration of Assistance to the Aged, Blind. Or Disabled; Aid to Dependent Children; Medical Assistance; Social Services; Medically Handicapped Children's Program, Food Stamp Program, Food Distribution Program; Energy Assistance Program; Matters concerned with proposed legislation or in relation to administration of state or county government, or rules and regulations of the Department [465 NAC 2-005.01B]; and
- 5.) Any person who knowingly misuses any public assistance information may be found guilty of a misdemeanor [465 NAC 2-005.01C].

1.3 Consultation in the Development of the CCDF Plan

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

- (1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at

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

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

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

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

An email was sent to the Chambers of Commerce Board, knowing that the Chambers of Commerce Board often includes local government officials. The email asked for Chambers of Commerce members to disperse the email across the state. The email introduced the CCDF program, the purpose of the CCDF state plan, and outlets to provide input and/or engage in further conversation about the plan.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The Early Childhood Interagency Coordinating Council (ECICC) consists of Governor-appointed members who represent various career or parenting categories; meeting requirements of the Head Start Act and IDEA Part C. These members are state-wide with an array of experiences. Early childhood issues and training needs are part of the discussion within these meetings. The Child Care and Development Fund (CCDF)

Administrator and CCDF Program Specialist are appointed to this council and attend quarterly meetings and planning. The council received information, via email and presentation, about the planning and development of the CCDF state plan and a copy of a blank pre-print in both March and April. Suggestions and ideas of the council were encouraged. The ECICC council also received a copy of the draft state plan and public hearing information when the plan became available for public viewing and comment. CCDF is a standing topic on the agenda for all future council meetings.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

The Lead Agency attempted to connect with all Nebraska Tribes receiving Tribal CCDF, which include: the Omaha Tribe of Nebraska, Santee Sioux Tribe of Nebraska, Ponca Tribe, and Winnebago Tribe. The Lead Agency also attempted to connect with the Iowa Tribe of Kansas and Nebraska. This Tribe is located in Kansas, however, their child care center is on the Nebraska side of the state line. All CCDF and Tribal Administrators were notified of the Lead Agency's state plan development. Phone/virtual meetings were held with the Winnebago Tribe and the Omaha Tribe of Nebraska. Meetings were held separately, to establish and build working relations, understanding of CCDF programs and operations, and for support. The Lead Agency will notify all Tribes once the plan is posted for comment and review.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

The Lead Agency's consultation with other entities included the program responsible for children with special needs, intervention, and IDEA; Public Health; the Nebraska Department of Education; Head Start/Early Head Start; partner's through the work of the Preschool Development Grant, and various initiatives within the Nebraska Children and Families Foundation.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 06/16/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 05/14/2021

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

Contact information was provided with the Notice of Hearing, allowing anyone to request a written copy of the draft state plan or to directly speak to a representative from the Lead Agency. A Notice of Hearing advertisement was placed in the Lincoln Journal Star Newspaper and the Omaha World Herald Newspaper. Scheduling of the hearing was located at the following websites:

<https://dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Plan.aspx>

<https://www.nebraska.gov/calendar/index.cgi>

<https://dhhs.ne.gov/Pages/Upcoming-Public-Hearings.aspx>

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing site was held at the Nebraska State Office Building, in Lincoln, Nebraska. The hearing was held live and a conference line was available for individuals to call to speak and/or listen. Auxiliary aids or reasonable accommodations were available upon request. Interested individuals were also able to submit written comments.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)

The state plan was made available at the following website:

<https://dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Plan.aspx>. Information was also provided on how to request a paper copy of the state plan for pick up or mail.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Public comment was reviewed and considered by the CCDF Administrator, CCDF Program Specialist, and upper Administration. Input that would require changes made to program regulations, state statute, or that would have a fiscal impact were not acted on. Comments have been sorted by those that would require a regulations/statute change, those with a fiscal impact, and those that would require a process/procedural change. These changes will continue to be reviewed and re-assessed as the Lead Agency reviews the program.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

<https://dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Plan.aspx>

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

Working with child care resource and referral agencies.

Describe:

Providing translation in other languages.

Describe:

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;
- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

An email was sent to the Chambers of Commerce Board to disperse across the state. The email introduced the CCDF program, the purpose of the CCDF state plan, and outlets to provide input and/or engage in further conversation about the plan. The Lead Agency plans to participate in technical assistance to build and strengthen relationships with general-purpose local governments and plans to include local government for CCDF and program feedback through the course of the 2022-2024 CCDF State Plan.

ii. [State Advisory Council on Early Childhood Education and Care or similar coordinating body \(pursuant to 642B\(b\)\(1\)\(A\)\(i\) of the Head Start Act\). Describe the coordination goals, processes, and results:](#)

The Early Childhood Interagency Coordinating Council (ECICC) consists of Governor-appointed members who represent various career or parenting categories. The CCDF Administrator and CCDF Program Specialist are appointed to this council and attend quarter meetings and planning. The council provides recommendations for the professional development system and is charged with advising the Governor and State Agencies with issues related to early childhood education and care. Coordination goals ensure the CCDF Administrator and Program Specialist has a presence at all scheduled ECICC and planning opportunities. CCDF representation will bring forth CCDF issues to the council for discussion, recommendations, and change if needed. CCDF representation will look for opportunities to enhance partnerships, services, support, and provide ongoing education about CCDF to this council and the array of members and agencies represented. CCDF will be a standing topic at every ECICC meeting. The Lead Agency will assist in the creation of the Governor's Biennial Report.

[Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.](#)

iii. [Indian tribe\(s\) and/or tribal organization\(s\), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe\(s\) was \(were\) consulted:](#)

The Lead Agency's goal is to establish and build a working relationship with all of the Nebraska Tribes receiving CCDF which are the Omaha Tribe of Nebraska, Santee Sioux Tribe of Nebraska, Ponca Tribe, and Winnebago Tribe. The Lead Agency is also attempting to connect with the Iowa Tribe of Kansas and Nebraska, as their child care center is on the Nebraska side of the state line. Coordination goals are for the Lead Agency and each tribe to participate in regular monthly or quarterly meetings to discuss current issues, updates, policy changes, child care needs, and other pertinent topics. Goals include the Lead Agency assisting tribes increase available child care in areas where there is need. The Lead Agency will also help tribes to understand state CCDF policies and to maximize using state CCDF resources, further maximizing each of the tribe's CCDF resources. The results will lead to better service coordinated between the Lead Agency and the Tribes for families and children to access child care subsidy,

whether it is through the state or the tribe.

N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

The Lead Agency works with the program responsible for children with special needs which includes intervention and the Individuals with Disabilities Education Act (IDEA) (Part C for infants and toddlers and Section 619 for preschool). The goal is to continue coordination that include the Lead Agency and this program meeting on related topics for children with special needs, expulsion/suspensions, and early screenings with a goal to link comprehensive services to children in child care settings. Planning for IDEA is facilitated through Nebraska's Early Childhood Interagency Coordination Council (ECICC). The Lead Agency will continue to be an active member of the council and offer additional consultations, planning, and supports as needed. Both programs are participating in a six-month peer-learning opportunity to discuss the inclusion of infants and toddlers with disabilities, hoping to apply learnings to the state's current processes. The results will lead to better service coordinated between all programs and resources for children with disabilities and helping families access appropriate care for their children.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

The Lead Agency works with the director of Nebraska's Head Start State Collaboration regularly through an array of forms. The goals are to work on serving low-income children in quality child care settings. The Lead Agency will continue to review and align CCDF requirements/standards with the Head Start Standards. Both programs are meeting to discuss and explore state licensing, fingerprint/background check requirements, and child care subsidy as they apply to the state's Head Start Programs and requirements. The results from these goals will lead to better service coordination between all programs and resources for children. Results will also include all programs meeting the fingerprint/background check requirements.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

Public Health - Immunization is part of the Lead Agency. Public Health and the CCDF Program will continue to work together to increase immunization awareness, education, and access. Provide educational information on the Child Care Subsidy and Licensing website to include information on the Vaccines for Children Program (VFC); which is an entitlement program and would benefit low-income children and families. Ongoing meetings and communication will take place to implement these goals. Results of these goals and coordination will increase awareness, education, and access about immunization, especially related to COVID-19 vaccinations, for child care providers and parents.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

The Lead Agency is part of a collaborative task force that partners with members of the Nebraska Department of Labor (DOL), which is the agency responsible for employment services and workforce development. This task force meets monthly to discuss collaboration opportunities between programs. The goal will be to continue to participate in monthly meetings and continuing to explore ways to help DOL and the labor workforce learn about child care subsidy. Results will include more employment services referring their workforce to child care subsidy for child care needs.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The Lead Agency currently coordinates and collaborates activities with the Nebraska Department of Education related to several aspects of early childhood through school-age care. Coordination goals are included in the interagency agreement between the Lead Agency and NDE, and also include collaboration of the state plan development and implementation. Members from the Lead agency and NDE will continue to attend various meetings, reviewing goals and progress. The results of the goals will lead to better service coordination between both departments, resources, and increasing access for families and children.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

Child care licensing and child care subsidy are administrated out of different divisions within the Lead Agency. Child care licensing and child care subsidy have continual communication, coordination, and collaboration to better serve child care providers and the children served. Child care licensing and child care subsidy share communication about providers, including concerns/violations and provider charges (i.e. household members, address, etc.). Both divisions strive to streamline processes and align policies where available. Both divisions will work to ensure health and safety requirements are being met by all providers and background checks processes align with federal requirements. Results will include a more cohesive administration of child care subsidy and licensing out of different divisions within the Lead Agency. Results will also include the completion of provider/staff/family background checks as both divisions work together on this requirement.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

The Lead Agency and the Child and Adult Care Food Program (CACFP) have ongoing communication. The goals are to continue communication, inform parents, providers, and the community of the CACFP program on the subsidy website and work together on cases where there may be issues or concerns. Currently, license-exempt providers receive an incentive payment for participation with CACFP. Results of this will ensure all child care providers are aware of the CACFP resource, which if utilized, increase health and nutrition meals served to children and assist with the cost of food for child care providers.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

The McKinney-Vento program and the CCDF Subsidy program have met over the years to provide each other program overviews and updates. Representation from the McKinney-Vento has also participated in the state's ECICC council. When Subsidy regulations changed, the Lead Agency notified the McKinney-Vento program that CCDF Subsidy now uses the McKinney-Vento definition for homelessness. Homelessness is

now a need for services for families newly applying for child care subsidy, which allows families time to seek employment and secure employment while receiving full-time child care subsidy. The overarching goal between the Lead Agency and Nebraska's McKinney-Vento will continue to be to reach subsidy-eligible children by educating and assisting in child care subsidy eligibility and authorizations, but also provide information on other economic assistance programs (SNAP, TANF, LIHEAP, etc.). The CCDF/Subsidy will create an informational brochure/handout for the McKinney-Vento liaison to distribute. Ongoing meetings and communication sharing will take place to implement these goals. Results will lead to increase access to child care for homeless families, which can assist in securing stable housing and employment.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

Employment First, is a workforce development and employment program which helps families achieve economic self-sufficiency through job training, education, and employment preparation. Families receiving TANF assistance may be required to participate with Employment First. The Lead Agency administers the TANF and CCDF programs. Ongoing communication and planning occur between TANF and CCDF to ensure child care is not a barrier for individuals to participate with Employment First. The goal will continue to be ongoing communication, participate in monthly alignment meetings, and serve this population the best way possible. Results will ensure that access to child care is not a barrier for families participating with Employment First.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

CCDF and the Medicaid and Children's Health Insurance Program (CHIP) are administrated out of different divisions within the Lead Agency. Program leaders participate in monthly meetings to provide updates and any new information or resources. Information and application for the Medicaid program are located on the ACCESSNebraska website, as well as linked from the child care consumer education website. Eligible families are referred to ACCESSNebraska by Nebraska's CCR&R and other agencies and partners across the state. Coordination between CCDF and Medicaid within ACCESSNebraska, will continue to ensure families only need contact ACCESSNebraska for their child care, medical, and any other economic assistance needs. Application processes will continue to be reviewed and streamlined when

possible.

[xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:](#)

There are various entities across the state who incorporate mental health services in early childhood care and/or provide consultation. Currently, the Lead Agency coordinates and supports various initiatives both privately and publicly driven; some of these programs include: the Pyramid Model, Nebraska's Early Development Network, Section 619, Part C, Early Head Start, and Head Start, Nurturing Healthy Behaviors, and Rooted in Relationships. The goal remains to continue to be engaged with planning and coordination with all of these programs. Lead agency staff will attend meetings to stay informed and provide education about child care subsidy. Results of this goal will help bring together all key members in the state to ensure family access to these services through multiple avenues.

[xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:](#)

Referral (CCR&R), and Nebraska's Early Childhood Training Center (ECTC) have regular meetings. Meetings include program updates, planning, and coordination. Both the CCR&R and ECTC are supported by CCDF funds; operated out of the Department of Education. The goal is to continue these meetings and work on strengthening communication and resources for parents, children, and providers. Another goal is to explore how to continue to manage and support the newly developed child care referral website. Results of this will help families find quality child care that fits their needs.

[xvi. Statewide afterschool network or other coordinating entity for out-of-school time care \(if applicable\). Describe the coordination goals, processes, and results:](#)

School Bells in efforts to assist with afterschool programs and summer learning care programs for children, as both have been affected due to the COVID-19 pandemic. Coordination goals continue to include finding ways to increase the number of low-income children eligible for CCDF/Subsidy in quality afterschool programs and ways to utilize pandemic relief funds to support afterschool programs. The Lead Agency also offers technical assistance for afterschool programs working through state licensing and CCDF/Subsidy requirements. As a result of these goals, communities will have access to

more resources that support STEM and quality afterschool time and parents will have access to higher quality afterschool child care.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The Lead Agency works with Public Health, Nebraska Emergency Management Agency (NEMA), Head Start, Children's Services Licensing, and the Nebraska Department of Education to develop and implement appropriate emergency management and response procedures. The division of Public Health is part of the Lead Agency and coordinates disaster and emergency planning and response throughout entities across the state. Nebraska's CCR&R also coordinates with several emergency management and response entities and remains in regular communication with the Lead Agency. Partnership with these divisions has allowed the Lead Agency to develop and implement emergency preparedness procedures for licensed and license-exempt child care providers. The goal is to continue working together as needed, addressing child care needs. As a result, providers will have resources and tools to be prepared for emergency situations.

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

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

The Lead Agency has provided and continues to offer technical assistance to the Early Head Start Child Care Partnership (EHS-CCP) grantees. A goal is to increase communication, via emails, phone calls, and virtual calls, as needed between EHS-CCP grantees and the Lead Agency. Results include a better understanding of policies and procedures related to child care subsidy and EHS-CCP.

- ii. State/territory institutions for higher education, including community colleges

Describe

- iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.

Describe

- iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

CCDF and the Maternal Infant Early Childhood Home Visitation (MIECHV) program are administrated out of different divisions within the Lead Agency. Communication via emails, phone calls, and virtual calls will continue as needed. Both programs will look for information-sharing opportunities for team and statewide meetings. The CCDF program will provide the MIECHV program information about the CCDF Subsidy program to ensure home visitors are providing child care resources to the families they work with. Results will be an increase in coordinated services between both programs, serving families and children to the best capacity.

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

Nebraska's Early Development Network (EDN) is a collaborative effort of the Nebraska Department of Education and the Lead Agency to serve infants and toddlers with disabilities and their families. EDN provides services and supports that are designed based on the needs of children birth to age three and their families, with the belief that parents know what is best for their families. These services are designed to act on what families think is important for their child and the family. The program helps families to understand their child's disability and assists in dealing with situations that interfere with the child's development. The goal of the EDN is to provide coordinated services for Nebraska families as conveniently as possible. The Lead Agency will continue to provide information regarding EDN on the child care subsidy application. The result will increase family's awareness of these services.

vi. State/territory agency responsible for child welfare.

Describe

The Lead Agency administers both CCDF and child welfare. There is constant communication and planning taking place to best serve Nebraska children with CCDF and other resources. Within the last two years, CCDF processes have been streamlined and trainings have been developed and delivered by the CCDF Program for child welfare workers. Goals include the CCDF program to review and modify the child welfare application based on suggestions from field workers and to provide regular resources, tools, tips, to help workers. The result will ensure services are being authorized timely and accurately.

vii. Provider groups or associations.

Describe

The Lead Agency attends regular meetings with providers and provider organizations. The goals of these meetings vary but include increased communication on CCDF policies and procedures, up-to-date information on COVID-19 policies and funding, provider needs, and family needs. The Lead Agency is willing to participate in any opportunity to engage and communicate with providers. Results include increased communication between the lead agency and child care providers.

viii. Parent groups or organizations.

Describe

ix. Other.

Describe

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and

school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

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

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

Nebraska funds the Child Care Subsidy Program with a combination of federal CCDF and TANF funds and state general funds.

b) Which funds you will combine

CCDF, TANF, and state general funds.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the

supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

TANF funds are transferred annually to CCDF to support low-income children who are eligible for child care subsidy. State general funds are used to support child care for low-income families; currently allowing Nebraska to provide child care assistance for all who apply and are determined eligible.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

Funds are combined at the state level.

e) How are the funds tracked and method of oversight

Funds are tracked within the Lead Agency's state accounting system which uses various account numbers that are specific to the CCDF grant. Oversight is maintained through a quarterly reconciliation process that compares expenditures in the general ledger to expenditures reported. A comparison of expenditures reported to expenditures earned through cost allocation is also completed quarterly.

Discrepancies, if any, are resolved before the next quarter report submission.

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

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

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

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

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used 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.

i. If checked, identify the source of funds:

State general funds

- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

i. If checked, are those funds:

- A. Donated directly to the State?
- B. Donated to a separate entity(ies) designated to receive private donated funds?

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

- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

- e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
 - i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

 - ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

 - iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):
 - iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

- f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.
 - i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

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

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

The Lead Agency embraces the role of private organizations in our efforts to enhance service delivery systems relating to the care of children. These public-private partnerships benefit children and families and allow the Lead Agency to leverage the knowledge of experts in the field and strive to improve the supply, quality, and efficiency of the child care system. The blending and braiding of public-private funds is an effective strategy that allows maximization of return on investment in the activity areas of quality programming, social, emotional, and behavioral development, physical health and nutrition, professional development, education and wages, public policy, and online resource networks. Partnerships span across the state and include both rural and urban components which allow effective coordination statewide. The Lead Agency uses CCDF quality, infant/toddler, and discretionary funds, through annual subawards and contracts, in the partner network which includes:

Nebraska Children and Families Foundation leads efforts in cross-sector community systems planning and high-quality programming in the early childhood development system. They serve as an integral partner in delivering services of the Sixpence and Pre School Development Grant programs. Their mission is “cultivating the good life for all Nebraska children.”

Buffet Early Childhood Institute is a multidisciplinary research, education, outreach, and policy institute helping transform early childhood development and education in Nebraska. They are charged with the service delivery of multiple components of the Preschool Development Grant program. Their mission is to “transform the lives of young children by improving their learning and development.”

CEDARS Youth Services is a nonprofit partner whose mission is to help children achieve safety, stability, and enduring family relationships. The Nurturing Healthy Behavior activities of this organization integrate social and emotional well-being of children.

Head Start Child & Family Development Program offers high-quality child development services to children and families from **all backgrounds**, provides child-focused learning as well as comprehensive services to the child's family. Their partnership provides services for infant and toddler quality initiatives as well as nurturing healthy behaviors which focuses on the social and emotional well-being of children.

Region VI Behavioral Healthcare is responsible for the planning, developing, funding, monitoring and evaluating of behavioral health services in Cass, Dodge, Douglas, Sarpy and Washington County in Nebraska. They lead the initiative to build the capacity of both early childhood and mental health professionals, with enhanced ability to address the challenging behaviors and life circumstances of young children.

Children's Hospital and Medical Center Foundation empowers communities to value and support the health, safety and wellbeing of every child, so that all children have the opportunity to reach their full potential. They provide services through the Nutritional and Physical Activity program focusing on healthy eating and physical activity.

Family Services Association of Lincoln was created to assist people in need and agency programs have been directed towards meeting the needs of families with young and/or school-aged children. They provide services through the Nutritional and Physical Activity program focusing on healthy eating and physical activity.

Nebraska Association for the Education of the Young has been dedicated to strengthening and supporting Nebraska's early childhood community and envisions a state where all of Nebraska's children, families and educators have access to high quality opportunities that support positive, lasting outcomes. The Leadership Academy is a pilot project aimed at increasing the knowledge, skills and abilities of early childhood education program administrators.

Blue Valley Community Action vision is that families are financially secure, and everyone has opportunities to develop their potential. The partnership provides support to families and enhances children's development through infant and toddler quality initiatives.

Community Action Partnership of Lancaster and Saunders Counties provides a partnership which provides support to families and enhances children's development through infant and

toddler quality initiatives. Their mission is to empower people living in poverty to reach economic stability.

Childcare Providers: Family Home I and II, Child Care Center, Preschool, and School Age Only Centers provide the framework for quality child care across the state of Nebraska. The care provided by this comprehensive, quality focused network of providers is the backbone of the child care industry

In addition, Lead Agency partnerships extend to other publicly funded organizations. The expertise they offer in the child care arena is an invaluable resource and we work together to accomplish shared goals and objectives. These entities provide various activities related to infant, toddler and school-age children, resource and referral systems and other quality initiatives for providers, children and families in Nebraska. They also provide services relating to the health and safety of child care facilities as it relates to licensing and background checks of staff providing care. These partners include:

The Nebraska Department of Education promotes student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access which begins at birth. The partnership is aimed at implementing various activities related to school age, resource and referral, infant/toddler and other quality activities for providers, children and families in Nebraska.

Educational Service Units in Nebraska are intermediate agencies providing supplementary educational services to school districts in Nebraska including quality programming and enhanced development focused on infants, toddlers and school age children.

University of Nebraska Lincoln Child, Youth and Family Studies is committed to enhancing the well-being of children, youth, adults and families in the state by improving the environments in which they live and learn. They provide services through the Nutritional and Physical Activity program focusing on healthy eating and physical activity.

Nebraska State Patrol provides comprehensive criminal background checks on staff members in the childcare industry in order to ensure the safety of children of the child care system.

University of Nebraska Center for Research on Children, Youth, Families and Schools provides academic intervention and learning, early education and development, psychosocial development, behavioral health and research and evaluation methods. They provide services through the Nutritional and Physical Activity program focusing on healthy eating and physical activity of young children.

The Lead Agency's established public-private partnerships allowed the state to immediately respond to the emerging needs of the child care system that were created as a result of the COVID 19 pandemic. The Early Childhood Team was formed and daily calls were conducted as partners shared critical input about strains on the system. Multiple public and private organizations brainstormed ways to stabilize a system that was in flux and they dispatched resources to help during this challenging time. The team took a multi-faceted approach that focused on helping children, parents and providers. They launched a fund-raising campaign that provided direct grant payments to providers to stabilize their child care businesses. They created the Nebraska Child Care Referral Network to assist families in identifying programs that were open with available with the capacity to accept children. This was a vital service at time when programs were temporarily closing due to health risks of the coronavirus. This team continues to operate and provide information and resources as issues arise.

The Lead Agency values each and every partner in the network and we all work to attain the shared goal of maximizing the impact we can make on young children in Nebraska.

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

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

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

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

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

The CCR&R provides information and resources to families looking for child care. The CCR&R operates a toll-free information line out of the Early Childhood Training Center (ECTC). The staff of the CCR&R toll-free information line assists callers in finding licensed child care that meets their needs. Callers to the CCR&R resource line are asked questions to help refine the search. Search functions include hours of operation such as evenings, overnights, and weekend care, information about the provider's knowledge and resources for providing care to children with disabilities, QRIS and accreditation status, and whether or not the provider accepts child care subsidy.

The CCR&R document all inquiries and provides data on a quarterly report to the Lead Agency. This data includes a breakdown by location of parent and provider, type of child care being sought, the purpose of the call, and preferred child care type.

The regional Early Learning Connection Partnerships (ELC), located in Educational Service Units across the state, operate on a local/regional level and provide parents focused training, family engagement training for early education professionals, and marketing training for child care providers to ensure that they can reach families with appropriate information about available child care openings. Seven regional areas cover all counties in Nebraska.

The ELC partners at a regional level with community-based providers, faith-based providers, school-based programs, and Head Starts. Representatives from these programs are active on ELC regional partnership groups. Each ELC maintains partnership agreements with members from faith based child care, as well as community child care. ELC's partner with local school districts to build school based early childhood programs. Additionally, ELCs work with local community

organizations, to provide expertise and assistance in community efforts to build and license new early childhood education and care programs to increase the local capacity of quality child care. ELC's also know and understand their region of the state. They are sometimes able to either work directly with providers who are not licensed, or they work with a local group that provides outreach to the unlicensed providers and works to get the programs to become either licensed or assist them with obtaining a subsidy agreement.

The ETCT and ELC staff provide information regarding high-quality care and assist families in understanding what to ask prospective providers. The CCR&R and ELC work collaboratively with Planning Region Teams funded by federal IDEA dollars and managed by NDE Office of Special Education. Planning Region Teams are tasked with ensuring that young children with disabilities are identified and receive the appropriate services with included child care. Additionally, Part B,619 to support children from age 3 to kindergarten is housed in the Nebraska Department of Education (NDE) along with the CCR&R. Data on services to children with disabilities is readily available to the CCR&R and the regional ELC system. Finally, Part C early intervention services are co-led by the NDE and the Lead Agency. Local planning region teams support inclusion and support of children eligible for early intervention services, regional ELCs work with the local planning region teams, as well as local school districts (who are responsible at the local level for serving young children with disabilities beginning at birth) to support child find, as well as improve availability and accessibility of child care to families with children with disabilities.

CCDF quality funds are granted to the ESUs through an interagency agreement between the Lead Agency and NDE. The ESUs hire and support the ELC staff. ELC staff have regular partnership meetings with licensed and license exempt programs, school district early childhood and early intervention/early childhood special education, faith based child care, Head Start programs and EC partners. ELCs are supported monitored by the NDE Office of Early Childhood, in partnership with the Lead Agency.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes

If yes, describe the elements of the plan that were updated: Click or tap here to enter text.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

a. The plan was developed in collaboration with the following required entities:

i. State human services agency

ii. State emergency management agency

iii. State licensing agency

- iv. State health department or public health department
- v. Local and state child care resource and referral agencies
- vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

<https://dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Disaster-Plan.aspx>

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key

purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

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

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

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

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

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers

- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

2.2 Parental Complaint Process

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

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Parents can submit complaints about licensed providers in a few different manners. The Nebraska Department of Health and Human Services Child Abuse and Neglect Hotline is available by phone and is accessible 24 hours a day, 7 days a week at 1-800-652-1999. Parents can also contact Children's Services Licensing with the Division of Public Health through their phone hotline at 1-800-600-1289. Complaints may be submitted by fax to Children's Services Licensing at 402-471-7763, and electronically at <https://dhhs.ne.gov/licensure/Pages/Childrens-Services-Licensing-How-to-File-a-Complaint.aspx>

Complaints about License Exempt and In-Home providers can also be made to the Child Abuse and Neglect Hotline, or through the Child Care Subsidy general line at 402-471-9152. Information will be collected from the caller and sent to the Resource Developer Supervisor and CCDF Administrator for follow-up.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Licensed: Complaints received through the Child Abuse and Neglect Hotline are received by Children and Family Services (CFS) Protection and Safety staff and sent to Children's Services Licensing within 24 hours of the initial complaint. Complaints received by Children's Services Licensing through their hotline, fax, or electronic submission are screened for abuse and neglect allegations and CFS Protection and Safety staff are contacted as needed. Children's Services Licensing and CFS Protection and Safety work collaboratively to investigate the complaint and determine if child abuse or neglect occurred with a child care provider.

Complaints that do not involve abuse or neglect but are in violation of licensing regulations are investigated by Children's Services Licensing. Investigations of licensed programs in which complaints allege licensing violations but no maltreatment of children will be initiated within five working days. If the provider is a CCDF provider, Children's Services Licensing Investigators will work in collaboration with Resource Development staff, as well. Once an investigation is completed, Children's Services Licensing determines if a regulation has been violated. If the investigation results in a regulation violation, the provider may be put in Corrective Action Status. The provider is then required to create a plan to correct their violation(s) and will be monitored by Children's Services Licensing and Resource Development, if applicable, for the duration of their Corrective Action Status. Alternatively, the provider may be put on a Licensing Agreement, which is a document that the provider will sign attesting that they acknowledge and agree to follow the regulation they have violated for the duration of their license. Children's Services Licensing monitors the provider with unannounced visits to ensure compliance during the Licensing Agreement. Fines and citations may also be issues for providers who violate Children's Services Licensing regulations.

Complaints on all licensed child care programs are documented on a form called a Compliance Review Report, which is maintained for a minimum of seven years. Complaints are maintained and stored in a central file located in the Children's Services Licensing office at the State Office Building in Lincoln, Nebraska. All complaint information is maintained for a minimum of seven years.

License Exempt and In-Home: When a parent or other concerned party contacts the Child Care Subsidy general line with a complaint, information regarding their complaint will be collected including the provider name and address, complainant name, and phone number, nature of the complaint, and date of the incident. The information is then sent to the Resource Development supervisors and CCDF Administrator.

Complaints received through the Child Abuse and Neglect Hotline are received by CFS Protection and Safety staff and sent within 24 hours to CCDF staff. CFS Protection and Safety staff investigate the complaints and work with Resource Development to identify the issue and make recommendations to improve the care provided.

The CCDF team records and maintains electronic records of complaints made against License Exempt and In-Home providers.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complaints on all child care programs licensed by the Division of Public Health are documented on a form called a Compliance Review Report. Complaints on child care programs that are not licensed are documented and maintained on the inspections report page of the Child Care Subsidy website. Non-licensed complaints are maintained by the Division of Children and Family Services. These complaints and investigations are stored and tracked within an electronic system through narratives and scanned documentation,

allowing the Lead Agency to review past issues and consider past offenses when new complaints occur. All information entered into the electronic system, is retained with no retention date. Past issues with providers are considered when determining appropriate action on new complaints.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

The public can review monitoring and disciplines at any time on this site:

<https://www.nebraska.gov/LISSearch/search.cgi>. For this link, a user must click on either “individual search” or “business/service search” and type in the name or license number of the child care or provider. If they are a licensed provider, any disciplines and monitoring will appear at the bottom of the screen. This includes all licensed CCDF providers. Reports before 10/1/18 are not posted but can be requested through the Licensure Unit at 402-471-9278 or DHHS.ChildCareLicensing@nebraska.gov.

Traditionally, the majority of complaints about licensed-exempt child care providers are received through the Lead Agency’s abuse and neglect hotline. If complaints are substantiated, the provider subsidy agreement is closed or terminated immediately. If the provider is closed and no longer eligible for child care subsidy, the complaint is not posted. The Lead Agency does not make public relative-exempt complaints, other complaints would be posted with annual monitoring compliance at the following link:

<https://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

391 NAC 1-005.07; 391 NAC 2-005.07; 391 NAC 3-005.07; and 391 NAC 3-005.08

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

The Child Care Subsidy webpage is part of a larger system of websites managed by the Lead Agency. The website utilizes large letters with a simple, easy-to-read design and is broken into three main categories: Parents, Providers, and Community. Each category has sub-categories organized to meet the specific needs of parents, providers, and the

community, with resources related to those specific topics. The website is directly linked to the Lead Agency homepage for easy accessibility to the community. All resources and content on this website are directly related to child care to prevent unnecessary information and allow for easy navigation. The Lead Agency has reviewed this website with community and state partners to ensure vital information is available. The Lead Agency is working to make its public site and everything linked to it mobile-friendly to increase accessibility to clients. Short headings are used within the website to quickly access the information needed. The Lead Agency strives to ensure that the information provided on the site is written in plain language that is easy to understand. The website is searchable through a search bar located on the top right of each page. The parent section of the website provides community resources and ways to access different types of assistance including child care subsidy, information on how to find child care providers in their community, and state regulations describing child care subsidy and child care licensing. The provider section of the website provides information on how to become a child care subsidy provider and how to become licensed, how to apply for various grants, training and resources available for providers, and various forms needed for current child care subsidy providers. The community section of the website includes descriptions of the types of child care in Nebraska, how to file a complaint against a provider, the most current CCDF State Plan, the Market Rate Survey, and the CCDF disaster plan for Nebraska.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

All Lead Agency websites can be accessed in the following languages: Arabic, Catalan, Chinese Simplified, Chinese Traditional, Danish, Dutch, English, Filipino, French, Gujarati, Hindi, Indonesian, Japanese, Korean, Lithuanian, Malay, Norwegian, Persian, Portuguese, Punjabi, Romanian, Russian, Serbian, Slovak, Somali, Spanish, Sundanese, Swahili, Swedish, Tamil, Telugu, Urdu, and Vietnamese. This is completed by choosing the language on the top of the page and all pages linked will be translated. LanguageLinc Interpretation Services are used for translation services when consumers need more explanation of the information located on the website. Some forms are also available in Spanish for current child care subsidy providers.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

The Lead Agency provides accommodations to persons with disabilities by offering hearing and impaired services, face-to-face meetings at local offices to provide resources and answer questions from the website, as well as providing a telephone number for individuals to call and speak directly to a staff member from the CCDF team.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

<https://nebraskalegislature.gov/laws/statutes.php?statute=71-1911>

- b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

<https://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

<https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>

- c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<https://dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx>

<https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

<https://dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx>

<https://dhhs.ne.gov/Pages/Title-391.aspx>

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

Lead Agency provides access to the Children's Services Licensing Roster on the Children's Services Licensing webpage. The Roster is a PDF document that is updated regularly and can be searched by ZIP code when following these instructions: To search by ZIP, right-click on the roster and select Find, or, on a keyboard hold Ctrl F. In the Search box, enter the ZIP code.

<https://dhhs.ne.gov/licensure/Documents/ChildCareRoster.pdf>

Two other resources are monitored and disseminated by entities outside of the Lead Agency that is searchable by ZIP code.

The Child Care Referral Network (CCRN) is maintained by the Nebraska Department of Education and was partially funded using the Lead Agency's CARES Act funding received.

- <https://www.nechildcarereferral.org/> To search by ZIP code, enter the ZIP code in the Address box and select Find Providers.

The Nebraska Resource and Referral System (NRRS) is a collaboration between the Lead Agency, NDE, and the University of Nebraska.

- <https://nrrs.ne.gov/therightplace/> To search by ZIP code, enter the ZIP in the Quick Search on the right-hand side of the screen and select Search.

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

c) Identify what informational elements, if any, are available in the searchable results.
Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information

- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information

- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

- i. All Licensed providers.

Describe

Across all three platforms available to providers and families in Nebraska, the above-checked options are available, as well as: descriptions of each facility/license type; information on if a location is equipped to care for children with special needs; whether the location provides care for remote learners; map location; whether the location is currently accepting new enrollment and what age groups they are enrolling; license number and type; and whether the provider is accredited.

- ii. License-exempt CCDF center-based providers.

Describe

- iii. License-exempt CCDF family child care providers.

Describe

- iv. License-exempt, non-CCDF providers.

Describe

- v. Relative CCDF providers.

Describe

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.
Describe

b) For what types of providers are quality ratings or other indicators of quality available?

- i. Licensed CCDF providers.

Describe the quality information:

Step Up to Quality (Nebraska's QRIS) ratings are available for licensed child care programs and are based on quality indicators. Providers are given a rating between Step 1 through Step 5 based upon criteria met and indicators met. These programs are rated based on program curriculum, learning environments, teacher-child interactions, child outcomes, professional development and training, family engagement and partnerships, and program administration.

- ii. Licensed non-CCDF providers.

Describe the quality information:

Step Up to Quality (Nebraska's QRIS) ratings are available for licensed child care programs and are based on quality indicators. Providers are given a rating between Step 1 through Step 5 based upon criteria met and indicators met. These programs are rated based on program curriculum, learning environments, teacher-child interactions, child outcomes, professional development and training, family engagement and partnerships, and program administration.

iii. License-exempt center-based CCDF providers.

Describe the quality information:

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

When conducting an investigation, all relevant regulations are cited in the investigation report. Compliance review reports are completed following an inspection and/or investigation.

For licensing inspections, the compliance review report is divided into three sections: the regulation evaluated, observations/discussions/determination, and needed compliance. If a health and safety regulation was violated, it would be easy for the reader of the report to identify which regulation was evaluated and which were found to be in violation. In addition, all licensed programs are required to have these reports available to show to parents upon request.

A compliance review report is completed for all license-exempt inspections. This report lists all regulations applicable for license-exempt providers, that they must be in compliance with. If a health and safety regulation was violated, it would be easy for the reader of the report to identify which regulation was evaluated and which were found to be in violation. All license-exempt reports are found on the Lead Agency's website.

In-Home child care is not funded with CCDF or state matching funds. The Lead Agency does not conduct inspections of In-Home providers or post annual inspection or monitoring reports for In-Home Child Care Subsidy Providers.

[Corrective action plans taken by the state and/or child care provider.](#)

[Describe:](#)

Nebraska has a negative action option that is referred to as "Corrective Action Status" (CAS), which is an option that can be offered to a licensee in the event the violation does not rise to the level of a discipline. Programs can refuse, however, if they do, it is likely the Lead Agency would then initiate disciplinary action. Part of the process includes the requirement that licensees submit to Children's Services Licensing for approval, a formal corrective action plan that addresses the violations. The CAS document informs the provider of the violation(s) and develops a plan (or steps) on how to correct the violation(s). If approved, Children's Services Licensing monitors the submitted plan. The CAS document is uploaded onto the website once all corrections have been made. If the program fails to follow its plan, Children's Services Licensing may initiate disciplinary action, such as a probationary license, for failure to follow through on the agreed plan. A new, probationary license, is issued to the child care provider and is located on the website. The probationary license will indicate the probation period. If the provider completes the probationary period successfully, a new "clean" license will be issued to the provider.

Not all violations warrant a Corrective Action Status, less serious violations will be cited and the provider will be asked to fix on-site during the inspection, immediately following the inspection, or providers may be given up to 30 days to correct the violation. The licensing specialist verifies that all cited violation are corrected. The date of correction, for each violation, is updated on the inspection report, which

supports compliance. This document is uploaded on the Lead Agency's website, demonstrating violations are corrected.

For license-exempt providers, violations are identified on the inspection form with time frames on how to how to correct the violation(s). Notes are added to the inspection form once the issue is corrected.

A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

<https://www.nebraska.gov/LISSearch/search.cgi>

<https://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

Children's Services Licensing Inspections are posted within 30 days of completion of the inspection except in relation to negative or disciplinary actions. Inspections containing negative or disciplinary actions are not posted until the actions are finalized, which may exceed 30 days. License Exempt Annual Monitoring Compliance checklists are updated on the Lead Agency webpage every 90 days.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

Nebraska defines plain language as easy to read and understandable to individuals who are not familiar with policy references. Reports are completed by summarizing and simplifying policy references for parents and the public.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

When conducting an investigation, all relevant regulations are cited in the investigation

report. Compliance review reports are completed following an inspection and/or investigation. The compliance review report is divided into three sections: the regulation evaluated, observations/discussions/determination, and needed compliance. If a health and safety regulation was violated, it would be easy for the reader of the report to identify which regulation was evaluated and which were found to be in violation. In addition, all licensed programs are required to have these inspection reports available to show to parents upon request.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

Providers are given a copy of the checklist completed by a Child Care Inspection Specialist to review for inaccuracies. The provider is then able to inform Children's Services Licensing of the inaccuracy to get this corrected on the posted report.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

-- removal of any violations from the website determined on appeal to be unfounded.

Licensees are allowed and encouraged to include written responses to all findings. Licensees can ask to review the findings with the inspector and their supervisor. The supervisor will review the findings and all information provided by the licensees during their review. If a licensee is disciplined, the licensee would have the right to appeal the disciplinary action taken, which is taken to a hearing. Programs may request a hearing within 15 days of receipt of their appeal notification.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Reports for CCDF providers go back to 9/30/2018 and will be continuous from that point forward. There is no plan to remove past reports from the website once posted.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Licensed providers must submit reports of any serious injuries or deaths of children occurring in child care to Children's Services Licensing within 24 hours of the incident. They should call their assigned Child Care Licensing Specialist and this information is entered into the report shown on the website. CCDF providers who are not licensed must submit reports of any serious injuries or deaths of children occurring in child care to their assigned Resource Developer through the Child Care Subsidy Program. These reports must also be completed within 24 hours of the incident and are documented on the report available on the website.

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

Child abuse is substantiated by the Lead Agency when the preponderance of the evidence indicates that it is more likely than not that child abuse or neglect occurred.

iii. The definition of "serious injury" used by the Lead Agency for this requirement.

A serious injury is defined as any accident or injury to a child which requires hospitalization or treatment at a medical facility.

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

<https://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

From the main Child Care Subsidy webpage <https://dhhs.ne.gov/Pages/Child-Care-Subsidy.aspx>, parents start by selecting the 'Parent' tab. Parents can select 'Searching for Child Care Providers', then 'Search for Child Care' to find information on Nebraska's resource and referral organizations. The webpage provides information on the three web pages available to parents and their features, as well as direct links to all three sites. The direct link to the webpage with this information is <https://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>.

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

Contact information for the Lead Agency is located on each page within the consumer education website. <https://dhhs.ne.gov/Pages/Child-Care-Parents.aspx>.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

<https://dhhs.ne.gov/Pages/Child-Care-Providers.aspx>

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The consumer website offers information to eligible parents, the general public, and other interested parties about the availability of child care programs accepting child care subsidy, as well as other child care programs. Eligible parents are also offered a printed copy of the child care roster if requested when they become eligible. Social Service Workers assisting eligible parents are also able to identify providers in the family's area while completing the eligibility process via phone or in person. The general public and child care providers can learn more about Child Care Subsidy at 1-800-383-4278, or visit a local DHHS office to get more information.

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

Aid to Dependent Children (ADC), which is Nebraska's TANF program, is included on the ACCESSNebraska application, along with child care and SNAP. Social Service Workers (SSW) provide case management for multiple economic assistance programs and will inform eligible families during interviews and/or other interactions about the TANF program. SSW's can provide detailed information tailored to the specific family they are working with, such as participation requirements and cash amount. General TANF program information is located on the DHHS Economic and Family Support website, where child care is also located. Eligible families may also be referred to

ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state. The child care consumer education website also links to Nebraska's TANF website for consumers to receive more information.

b. Head Start and Early Head Start programs:

Nebraska has a state and local approach for outreach efforts to share information about Head Start to families, providers, and the general public. At each of the 23 Early Head Start/Headstart (EHS/HS) locations, the grantee is required to conduct outreach and public awareness to recruit families and seek referrals for enrollment. This is done through community activities and the distribution of eligibility materials. The State Head Start Collaboration Office partners with state and private agencies to increase awareness of EHS/HS and its services statewide. Nebraska also has 28 regional Early Childhood Planning Region Teams (PRT) that function as interagency coordinating councils. Part of their work is to identify and address local gaps and barriers to services for children birth to age five and their families. This includes providing information on services for low-income families, such as EHS/HS, to the general public, local families, and providers. The EHS/HS website is <http://www.education.ne.gov/oec/hssco.html>.

c. Low Income Home Energy Assistance Program (LIHEAP):

LIHEAP is included on the ACCESSNebraska application and program information is located on the DHHS Economic and Family Support website, where child care is also located. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state. The child care consumer education website also links to Nebraska's LIHEAP website to receive more information.

d. Supplemental Nutrition Assistance Programs (SNAP) Program:

SNAP is included on the ACCESSNebraska application and program information is located on the DHHS Economic and Family Support website, where child care is also located. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state. SNAP also sub-grants with Food Bank for the Heartland, which sub-grants with many community organizations across Nebraska to provide SNAP outreach. SNAP outreach is a

service that identifies individuals who may be eligible for SNAP, then provides them information on how to apply for benefits. The child care consumer education website links to Nebraska's SNAP website to provide more information.

[e. Women, Infants, and Children Program \(WIC\) program:](#)

The division of Public Health administers the WIC program and serves approximately 34,000 people at over 100 clinic sites across Nebraska. Local agencies including health departments, community action agencies, hospitals, and community-based non-profits, make referrals to integrate services with local programs available to families with young children. ACCESSNebraska also serves as a resource used by WIC local agencies for informing families of TANF, SNAP, Medicaid, and child care subsidy benefits and how to apply. There is a link to various WIC offices on Nebraska's CCR&R as well on the child care consumer education website.

[f. Child and Adult Care Food Program\(CACFP\):](#)

Child Care Providers who are currently participating in the CACFP inform eligible families of this program. Families may be asked to fill out additional paper work for the child to participate in the CACFP. The child care consumer education website and the child care licensing website also links to the CACFP for families, providers, and general public to receive more information.

[g. Medicaid and Children's Health Insurance Program \(CHIP\):](#)

Information and application for the Medicaid program are located on the ACCESSNebraska website, as well as linked from the child care consumer education website. Eligible families are referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state.

[h. Programs carried out under IDEA Part B, Section 619 and Part C:](#)

Early intervention and special education referrals can be completed by contacting the Early Development Network of Nebraska. The child care website links to this website to ensure that the general public is aware of how to make a referral. A referral directory is provided to multiple agencies/providers through several websites maintained by the Lead Agency and NDE.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

Nebraska Department of Education (NDE) office of Early Childhood, the Lead Agency, and other partners provide resources to families through various means, such as ACCESSNebraska, the CCR&R Specialist located at the Early Childhood Training Center, the Office of Early Childhood website, public events, and trainings held across the state and online. Written materials are provided through the NDE and Lead Agency's website, in person at community events, and by mail following a written or phone request. Examples of materials include:

- Early Learning Foundations, a parent companion piece to the Nebraska Early Learning Guidelines.
- The Early Development and the Behavior has Meaning wheels.
- Ready for Success –What Families Want to Know about Starting School in Nebraska (available in Arabic, English, Karen, Somali, Spanish, and Vietnamese).
- Learning Begins at Birth, a resource given to parents of each child born in Nebraska to provide information on child development, child care, how children learn, children's health,

and other relevant information.

·Copies of the parent brochure for Step Up to Quality that is disseminated widely to families across the state.

Materials are often given free of charge at community events. Quantities of some of the materials can be purchased at a price that covers shipping. Information is also given to families through direct communication using the CCR&R line for parents and the child care information line for providers and the general public.

Families are given brochures about Step Up to Quality and directed to the geo-coded map on the Step Up to Quality website that can be clicked on to show child care providers who participate in Step Up to Quality, as well as the program rating and other information.

Nebraska Education Television's 'Ready to Learn' project reaches families across the state and the Head Start State Collaboration Office provides resources to families of young children in poverty.

Nebraska's Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) assists child care providers in providing education to support children's healthy eating and physical activities. Go NAP SACC offers in-service hours, nutrition and physical activity resources to use for their program and parent education, one-on-one mentoring from trainers, and continuing education opportunities. The materials given to providers who receive training in Go NAP SACC are as follows:

- Early Care Matters: Obesity Prevention;
- Supporting Breastfeeding and Infant Feeding in Child Care;
- Nutrition for Young Children;
- Personal Health & Wellness;
- Infant & Child Physical Activity; and
- Growing Healthy Children Together: Promoting Family Engagement.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

Providers are required to complete Nebraska Early Learning Guidelines (ELG) trainings, which provides general information about social and emotional development. The Early Learning Guidelines (ELG) and can be accessed through the NDE Office of Early Childhood website. Multiple divisions within the Lead Agency are part of planning and implementation. Nebraska has implemented Circle of Security training for families throughout the state through Early Learning Connection (ELC) networks as well as Planning Region Teams funded through IDEA Part C. Circle of Security: Circle of Security™-Parenting is a parenting program based on years of research about how to build a strong relationship with children. It is designed to help parents learn how to respond to their child's needs in a way that enhances their connection with them, which often leads to changes in the child's behavior. Circle of Security™-Parenting helps parents give their children a feeling of security and confidence so they can explore, learn, grow and build positive relationships; all essential skills for life-long success.

Nebraska uses The Pyramid Model for Supporting Social Emotional Competence in Infant and Young Children with child care providers, school district early childhood programs, and Head Start classrooms. The Pyramid Model training for child care providers is offered through initiatives such as Rooted in Relationships and Nurturing Healthy Behaviors. The Pyramid Model implements coaching and mental consultation with involved programs as

necessary. These and other mental health trainings are embedded into Step Up to Quality, Nebraska's QRIS, and other statewide initiatives. Pyramid Model is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development. Its structure is rooted and built upon an effective workforce that is able to adopt and sustain the evidence based practices of the overall model. The remaining pieces of the pyramid promote an individualized, 3-tiered approach to early care and education systems. Tier 1 is universal supports for all children so they are cared for in high quality environments and engaged in nurturing and responsive relationships. The second tier focuses on prevention with practices that are aimed to prevent challenging behavior. Its targeted approach gives children explicit instruction and support as well as mechanisms for understanding emotions, developing social relationships and problem solving. The final tier is comprised of practices for intensive intervention. The approach is individualized and is family-centered, comprehensive, assessment based and focused on skill building. The Pyramid Model is a science based, data driven strategy that has proven to be effective in the social and emotional development of children.

2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

All child care programs are required to have written policies regarding the suspension and expulsion of children from their program. It is required that these policies describe the conditions for suspending and terminating care are written and available to parents and the Lead Agency. Children's Services Licensing enforces if the provider has a policy. If Children's Services Licensing receives a complaint about a child being suspended or terminated, the program may be evaluated if they followed their stated policy. This does not apply for the License Exempt provider, as in Nebraska it only consists of the family/friend/neighbor population. Providers are offered training through the Pyramid Model, Nebraska Early Learning Guidelines, and local Planning Regional Teams for social/emotional training. These trainings help providers understand the importance of early childhood environments and supporting challenging behaviors of children. Outcomes of

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

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

- a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

The child care consumer education website provides a link to Nebraska's Early Development Network, along with an explanation of the services they provide. This link leads parents, providers, and the general public to a local contact number for their area. Nebraska's Early Development Network partners with physicians and the majority of referrals are made through medical professionals who see children birth through five years old. Child care providers are given contact information from Nebraska's Early Development Network if they have concerns regarding a child's development who attends their program.

b) [The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act \(42 U.S.C. 1396 et seq.\) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act \(20 U.S.C. 1419, 1431 et seq.\).](#) CCDF parents are given information regarding developmental screenings on their subsidy approval notice and the child care application. Anyone who contacts the Lead Agency, wanting more information, is connected with a person from the CCDF program. This person will provide the caller with local early intervention resources and explain how they can make a referral for a child. Referrals go to their local early intervention program for children ages 0-2 and the local school district 3- 5. Once this referral is completed, the local program will conduct a screening/evaluation procedure, with parental consent, to determine if the child has an established developmental delay as defined by state regulations. These assessments will determine if the child requires IDEA services. Upon referral to the Nebraska Department of Education (NDE), the local early intervention program must conduct the screening, evaluation, and Individualized Family Services Plan (IFSP) meeting within 45 days of the referral date. Upon referral to the Part B/619 program, the local school district must conduct the screening, and/or evaluation within 45 school days. If the child is determined to need special education services, then an IEP meeting must be completed within 30 calendar days of the eligibility determination.

c) [How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.](#)

CCDF parents receive a notice of their authorization once they are determined eligible for services. This notice includes information on the importance of developmental

screenings, as well as a contact number to receive further information including a parent screening tool. This information will also be provided on the application for services through ACCESSNebraska.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Families receiving CCDF are given a contact number on their child care authorization with DHHS to receive further information on developmental screenings. When families call this number, they are given information on how to make a referral with Nebraska's Early Development Network in addition to a parental screening tool to use to initially determine if their child may have a delay. Child care providers are also able to make referrals to Nebraska's Early Development Network if they believe a child in their care may be at risk for cognitive or other developmental delays. The contact information is available through their website or linked through the child care consumer education website.

e) How child care providers receive this information through training and professional development.

Local Planning region teams provide training and information regarding children suspected of having a disability. Additionally, information is available from the Early Development Network/Answers4families (<http://edn.ne.gov/cms/what-is-earlyintervention>) regarding procedures for requesting a developmental screening. Information about referring children to Child Find, the outreach campaign from the Early Development Network, for identifying children with disabilities is in the Early Learning Guidelines: Nebraska's Birth to Five Learning and Development Standards book (ELGs). Every domain training of the ELG training contains a walk-through of the ELG book with discussion about meeting the needs of diverse learners, including information on inclusion and referral to Child Find. Early Learning Guidelines domain trainings are required for teachers from child care centers and providers in family child care homes. Individuals who are approved to train on any of the domains of the ELG are familiarized with every part of the ELGs book and taught to highlight and discuss all parts of the ELG book then concentrate on the specific domain they are training. All trainers are required to follow the content points for the ELG training. The number of ELG trainings and the number of participants is tracked quarterly.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

1.) Nebraska Department of Education Early Intervention Regulations (for children birth to 3): Rule 52-006.02A Except as provided in 92 NAC 52-006.02B, school districts and approved cooperatives shall complete any screening under 92 NAC 52-006.03 (if the parent consents); the initial evaluation and the initial assessments of the child and the family under 92 NAC 52-006.05; and shall participate in the initial Individualized Family Service Plan (IFSP) meeting under 92 NAC 52-007.03 within 45 calendar days from the date of referral; 2.) DHHS Early Intervention Service Coordination Regulations: 480 NAC 3-005.03 Post Referral Timelines: The screening, evaluation, and assessment of the child, family assessment, and the IFSP meeting must take place within 45 calendar days of the referral to a Public Agency; 3.) Nebraska Department of Education IDEA Part B Regulations (for children ages 3-21): Rule 51-009.04A1 The initial multidisciplinary team evaluation shall be completed within 45 school days of receiving parental consent for the evaluation; and 4.) Rule 51-007.09A A meeting to develop an IEP for a child must be held within thirty (30) calendar days of the determination that the child needs special education and related services.

Providing developmental screening information specific to CCDF families is an internal procedure built into the child care application and child care notice of approval, there is no citation for this procedure. Applicants/recipients of child care subsidies are informed of the importance of developmental screenings and to contact their pediatrician or the lead agency for more information. Anyone who contacts the Lead Agency, wanting more information, is connected with a person from the CCDF program. This person will provide the caller with local early intervention resources and explain how they can make a referral for a child.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

Families will be provided with a consumer statement by providing a link to the Nebraska Child Care Subsidy website that lists provider-specific information. The website below will allow the provider to search the Lead Agency's Child Care Main Page, which provides information on how to obtain specific provider information such as inspection and violation reports; state subsidy and licensing regulations; parent and community resources for quality, development, and other supports; and information specific to the CCDF program. The following statement is provided to families via an electronic link in their child care subsidy approval notice and provides the consumer with access to obtain provider-specific information. "Our website offers important information to help parents make informed decisions about their child's care and providers tools and resources for providers to help prepare and increase quality within their program."

<http://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

Health and safety requirements met by the provider

- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

The following statement will be on all child care authorizations: "Our website offers important information to help parents make informed decisions about their child's care and provider tools and resources for providers to help prepare and increase quality within their program." <http://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for

families receiving services through multiple benefit programs.

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 6 weeks

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children 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))

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: The child has been diagnosed by a physician, physician's assistant, nurse practitioner, licensed or certified psychologist, or licensed mental health practitioner, to have a behavioral or emotional disorder which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with intellectual, social, or personal adjustment; or a physical disability or health impairment that causes chronic or acute health problems, that has been diagnosed by a physician, physician assistant, or nurse practitioner practicing within their scope of practice.

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))

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

i. "residing with":

Household members who live with the child.

ii. "in loco parentis":

An adult who is legally responsible for a child in the place of a parent.

3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

Having and attending paid employment. There is no minimum hour requirement but a maximum hour requirement of 60 hours per week.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

Training that prepares an employee to do their job effectively. There is no minimum hour requirement but a maximum hour requirement of 60 hours per week.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Regularly attending vocational or educational training to attain a high school or equivalent diploma or an undergraduate degree or certificate (including ESL classes). A recipient who is attending secondary education or training is allowed two hours per week of child care for each credit hour. Recipients attending high school or equivalent are allowed hours reflective of their school schedule. A recipient taking online classes is allowed one hour per credit hours. There is no minimum hour requirement but a maximum hour requirement of 60 hours per week.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Determined by the schedule provided by the recipient with credit hours and/or times classes are attended. Study time beyond the scheduled hours is not allowed. The travel time includes one additional hour per day for on-campus classes only unless documentation is provided supporting more than one hour per day.

3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

Protective services is a government agency charged with the supervision and protection of children at risk from abuse and neglect, and children who have been made state wards which includes out-of-home placement. Parents/foster parents of children involved in protective services must meet a need for service to receive Child Care subsidy. For eligibility, the Lead Agency defines protective services as children who are state wards residing in an out-of-home placement and/or children who are state wards and have returns to their own home who would not be eligible for Child Care subsidy due to income but have a case plan showing a permanency goal of family preservation.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

- No
 Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

- No
 Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

- No
 Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- No
 Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination?

Money, either earned (i.e. employment) or unearned (i.e. child support), by the recipient. Earned income is defined as money received from wages, tips, salaries, commissions, self-employment, or items of need received in lieu of wages.

Unearned income is defined as income received from the following sources:

- (1) Supplemental Security Income (SSI);
- (2) Assistance to the Aged, Blind, or Disabled payment (AABD);
- (3) Retirement, Survivors, or Disabled Insurance (RSDI) benefits and Railroad Retirement payments before deductions for medical insurance;

- (4) Dividends (includes dividends from stock holdings or membership in associations);
- (5) Interest (averaged over the period earned for savings or bonds);
- (6) Estates;
- (7) Trust funds;
- (8) Rentals (net income from rental of a house, store, or other property);
- (9) Land lease income;
- (10) Gross payments from boarders or lodgers;
- (11) Net royalties;
- (12) Retirement pensions (retirement or pension benefits paid to a retired person or his/her survivors by a former employer or by a union, either directly or through an insurance company);
- (13) Veteran's pensions (money paid by the Veteran's Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, and "refunds" paid to ex-servicemen as G.I. insurance premiums);
- (14) Military allotments;
- (15) Picket or strike pay;
- (16) Contributions;
- (17) Lump sum payments, e.g., child support or RSDI;
- (18) Annuities or insurance;
- (19) Unemployment compensation (compensation received from government insurance agencies or private companies during periods of unemployment) and any strike benefits received from union funds;
- (20) Worker's compensation (compensation received from private or public insurance companies for injuries incurred at work);
- (21) Court-ordered child, spousal, and cash medical support; or
- (22) Payment by an absent parent to the client for child care, rent, or house payment.

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	N/A	N/A	N/A	N/A
2	\$5,115	\$4,348	\$2,658	52%
3	\$6,139	\$5,371	\$3,349	55%
4	\$7,522	\$6,394	\$4,040	54%
5	\$8,726	\$7,417	\$4,730	54%

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

N/A - Income limits are statewide.

d. SMI source and year. 2020 Federal Register

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

N/A - Income limits are statewide.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 08/28/2021

g. Provide the citation or link, if available, for the income eligibility limits.

<https://dhhs.ne.gov/Pages/Guidance-Documents.aspx> 392 NAC Chapter 2-011.01 TRANSITIONAL CHILD CARE FAMILY Guidance.

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

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

An applicant would indicate this on the CCDF application. The application asks the following question: To receive Child Care Assistance, I certify that the total of my family's assets is valued at less than \$1,000,000. Yes/No

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

To receive Child Care Subsidy at initial eligibility determination, the family must: (A) Qualify as a family; (B) Meet citizenship or alien status requirements for the child(ren); (C) Qualify as residents; (D) Not exceed income limits; (E) Have a child within the age limit. Child care is available for children age 12 or younger. Children who turn age 13 during their eligibility period remain eligible through the end of their eligibility period. Children age 18 or younger with special needs are eligible. The child's age must be verified to qualify for assistance; (F) Have at least one of the allowed needs for service; (G) Pay the sliding fee if required; (H) Use an approved provider; (I) Agree to obtain immunizations for the child(ren); and (J) Cooperate with the Child Support Enforcement Unit, unless the recipient shows good cause for failing or refusing to do so.

b. eligibility redetermination.

To receive Child Care Subsidy at eligibility redetermination, the family must: (A) Qualify as a family; (B) Meet citizenship or alien status requirements for the child(ren); (C) Qualify as residents; (D) Not exceed income limits; (E) Have a child within the age limit. Child care is available for children age 12 or younger. Children who turn age 13 during their eligibility period remain eligible through the end of their eligibility period. Children age 18 or younger with special needs are eligible. The child's age must be verified to qualify for assistance; (F) Have at least one of the allowed needs for service; (G) Pay the sliding fee if required; (H) Use an approved provider; (I) Agree to obtain immunizations for the child(ren); and (J) Cooperate with the Child Support Enforcement Unit, unless the recipient shows good cause for failing or refusing to do so.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;

h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities

i. Other.

Describe:

3.1.7 Fluctuation in earnings.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

Average the family's earnings over a period of time (i.e. 12 months).

Request earning statements that are most representative of the family's monthly income.

Deduct temporary or irregular increases in wages from the family's standard income level.

Other.

Describe:

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

Client declaration is accepted for identity at the time of initial determination and redetermination if no other verification options are available in the case to verify identity.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

Birth certificates and/or legal documents are required to verify the parent's relationship with the child. Verification for other applicants (i.e. grandparents, aunts/uncles, etc.) can consist of birth certificates, legal documents, or adoption/guardianship papers. The eligibility and case management system receive an interface from Vital Statistics for all children born in Nebraska. Documentation used to verify relationship is narrated and scanned in the applicant's case. If verification cannot be obtained, the case is referred to the policy unit for review and research of family relationships. The Lead Agency will help family members obtain out-of-state birth certificates at the time of initial application by submitting an out-of-state birth certificate request to the state where the child was born.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Required at Initial Determination

Required at Redetermination

Describe:

The child's information for determining eligibility is verified using birth certificates and/or legal documents/citizenship documents at the time of initial application.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Work is verified through paystubs, employer statement, or a collateral contact with the employer at the time of initial application, redetermination, or at the time of a change

report. For any reported change, the Lead Agency does not take any negative action on a change report until redetermination. This information is narrated in the applicant's case file and documentation is scanned into the file.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Job training is verified by a statement from the employer/training coordinator. An educational program is verified through a class schedule. This information is narrated in the applicant's case file and the document is scanned into the file. This occurs at the time of initial application, redetermination, and at the time of a change report. For a change report, the Lead Agency does not take any negative action on a change report until redetermination.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Family income is verified through paystubs, employer records, a statement from the employer, and collateral contact with the employer. Client declaration is accepted for any unearned income at the time of initial application, redetermination, and at the time of a change report. For any reported change, the Lead Agency does not take any negative action on a change report until redetermination unless the household is over 85% SMI.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Client declaration is accepted for household composition at the time of initial application, redetermination, and at the time of change report. For any reported change, the Lead Agency does not take any negative action on a change report until redetermination.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Client declaration is accepted for residence at the time of initial application, redetermination, and at the time of change report. For any reported change, the Lead Agency does not take any negative action on a change report until redetermination.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

Time limit for making eligibility determinations

Describe length of time:

All eligibility determinations are made within 30 days of receipt of the application.

Track and monitor the eligibility determination process

Other.

Describe:

None

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

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

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a. Identify the TANF agency that established these criteria or definitions: The Lead Agency (DHHS)

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

i. "Appropriate child care":

Care that is or can be licensed or approved by the CCDF/Subsidy program.

ii. "Reasonable distance":

A round trip of two hours or less from home to the site of child care. If a normal round trip commuting time in the area is more than two hours, the round trip time shall not exceed the generally accepted community standard.

iii. "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.

iv. "Affordable child care arrangements":

Care at no cost to the recipient.

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

- i. In writing
- ii. Verbally
- iii. Other.

Describe:

d. Provide the citation for the TANF policy or procedure:

468 NAC 2-020.02 #7 and 2-020-02A

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$1,437	\$101	7%	\$2,658	\$186	7%
3	\$1,810	\$127	7%	\$3,349	\$234	7%
4	\$2,183	\$153	7%	\$4,040	\$283	7%
5	\$2,557	\$179	7%	\$4,730	\$331	7%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

N/A; all income is used the same across the state

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A; all income is used the same across the state

c. What is the effective date of the sliding-fee scale(s)? 07/01/2020

d. Provide the link(s) to the sliding-fee scale:

<http://dhhs.ne.gov/Pages/Guidance-Documents.aspx>392 NAC Chapter 2-011

CATEGORIES OF ELIGIBILITY BASED ON INCOME Guidance

3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

- a. The fee is a dollar amount and (check all that apply):
- i. The fee is per child, with the same fee for each child.
 - ii. The fee is per child and is discounted for two or more children.
 - iii. The fee is per child up to a maximum per family.
 - iv. No additional fee is charged after certain number of children.
 - v. The fee is per family.
 - vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- vii. Other.

Describe:

- b. The fee is a percent of income and (check all that apply):
- i. The fee is per child, with the same percentage applied for each child.
 - ii. The fee is per child, and a discounted percentage is applied for two or more children.
 - iii. The fee is per child up to a maximum per family.
 - iv. No additional percentage is charged after certain number of children.
 - v. The fee is per family.
 - vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- vii. Other.

Describe:

3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

- No.
- Yes, check and describe those additional factors below.

- a. Number of hours the child is in care.

Describe:

- b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

- c. Other.

Describe:

3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

- a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

Families at or below 100% of the FPL do not have to pay a co-pay. 392 NAC 1-001.19

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

Families who require emergency Child Protective Services or requires Child

Protective Family Services are eligible without regard to income and are not required to pay a co-pay. 392 NAC 2-011.02

c. Families meeting other criteria established by the Lead Agency. Describe Describe the policy.

Families who are eligible as Current Family (receiving TANF assistance) are automatically eligible for Child Care Subsidy are not required to pay a co-pay. 392 NAC 1-001.08

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

Starting August 28, 2021 through September 30, 2023, due to the passing of a

legislative bill, the eligibility for a family of three at the second tier of eligibility is

\$3,620 (200% FPL). The second tier of eligibility is scheduled to be set back at the

185% FPL starting October 1, 2023.

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

The family income connects to the Federal Poverty Levels (FPL) and is adjusted annually for the new FPL amounts. Ten percent of a household's gross earned income shall be disregarded after the household has received Child Care Subsidy for twelve consecutive months and at each subsequent redetermination. The 10% disregard accounts for any fractional income raises from employment a family may be received during their eligibility period. 2021 Legislation introduced and passed set the second tier at 200% FPL. This is found in Nebraska Revised Statute 68-1206.

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

Once a family is determined eligible child care is authorized for a 12 to 18 month eligibility period. During the eligibility period, the family will continue to remain eligible for child care as long as their income remains under 85% of the State Median Income (SMI). At re-determination, families are determined eligible as long as they still have a need for service and their income is under the second tier of 200% FPL. This is found in Nebraska Revised Statute 68-1206.

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

Once a family is determined eligible child care is authorized for a 12 to 18 month eligibility period. During the eligibility period, the family will continue to remain eligible for child care as long as their income remains under 85% of the State Median Income (SMI). The only other reasons a family's child care would close during the eligibility period include a non-temporary cessation of work, education, or training after receiving three months of additional care at the same level, the household moving out of state or the household committing substantiated fraud or receiving an intentional program violation (IPV). At re-determination, families are determined eligible as long as they still have a need

for service and their income is under the second tier of 200% FPL. This is found in Nebraska Revised Statute 68-1206.

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

This is found at Nebraska Revised Statute 68-1206 and <http://dhhs.ne.gov/Pages/Guidance-Documents.aspx>

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

Family co-pays are adjusted based on reported income changes. Family co-pays can decrease during the eligibility period but they cannot increase during the eligibility period. Family co-pays are re-assessed at every redetermination (12 months) and may increase with increased income.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to

children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

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

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

The child has been diagnosed by a physician, physician's assistant, nurse practitioner, licensed or certified psychologist, or licensed mental health practitioner, to have a behavioral or emotional disorder which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with intellectual, social, or personal adjustment; or a physical disability or health impairment that causes chronic or acute health problems, that has been diagnosed by a physician, physician assistant, or nurse practitioner practicing within their scope of practice.

b) "Families with very low incomes":

Families who have an income at or below 100% of the FPL.

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

3.3.3 List and define any other priority groups established by the Lead Agency.

There are no other priority groups established in Nebraska, all who apply and meet financial and non-financial eligibility criteria are eligible to receive child care. Nebraska does not have a waiting list.

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

There are no other priority groups established in Nebraska, all who apply and meet financial and non-financial eligibility criteria are eligible to receive child care. Nebraska does not have a waiting list.

3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

Citizenship is verified through either a birth certificate or legally recognized documentation (i.e. Lawful Permanent Resident status or paperwork). Relationship verification is also required to determine child care eligibility. Citizenship is only required for the child receiving the service. The Lead Agency, when working with new applicants (homeless or not) born in Nebraska have internal access to Vital Statistics, which will verify these requirements. Declaration can also be taken initially and extra time allowed to obtain verifications, so long as the applicant is cooperating during the initial request.

The Lead Agency will allow the amount of time it takes to obtain the out-of-state birth certificate request as long as the applicant continues to cooperate with the request. The child can begin services while awaiting this verification. The Lead Agency will request and pay for out-of-state birth certificates if the applicant needs assistance.

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other

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

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

Note:

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

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

The Division of Public Health, which administers the Child Care Licensing Services

and the Immunization Program, determined that each licensed program must require the parent or guardian of each child enrolled in such program to present immunization records within 30 days of enrollment. This applies to all children, including children experiencing homelessness and children who are in foster care. The Division of Children and Family Services aligned subsidy requirements with the grace periods established by Public Health. Providers can direct families to the Lead Agency's Immunization Program website, with web pages specific for child care, children, schools, general public, etc. Resources are available on the website and direct contact to the immunization program is also available. Providers may be exempt of this requirement if the child's parent objects to immunization on religious grounds or if the child's health would be harmed by immunization and this is certified by a physician, certified nurse practitioner, or a physician assistant.

The regulation compliance review for licensing monitors if immunizations records are available for review, up-to-date, and were obtained within 30 days of the child's enrolment. The license-exempt compliance review also monitors proper immunization documentation.

[Provide the citation for this policy and procedure.](#)

Nebraska Revised Statute 71-1913.01

Licensing: 391 NAC 1-006.11, 2-006.11, 3-006.18, 4-006.17

Control of Communicable Disease: 173 NAC 4

Subsidy: 392 NAC 2.015

[ii. Children who are in foster care.](#)

The Division of Public Health, which administers the Child Care Licensing Services and the Immunization Program, determined that each licensed program must require the parent or guardian of each child enrolled in such program to present immunization records within 30 days of enrollment. This applies to all children, including children experiencing homelessness and children who are in foster care. The Division of Children and Family Services aligned subsidy requirements with the grace periods established by Public Health. Providers can direct families to the Lead Agency's Immunization Program website, with web pages specific for child care, children, schools, general public, etc. Resources are available on the website and direct contact

to the immunization program is also available. Providers may be exempt of this requirement if the child's parent objects to immunization on religious grounds or if the child's health would be harmed by immunization and this is certified by a physician, certified nurse practitioner, or a physician assistant.

The regulation compliance review for licensing monitors if immunizations records are available for review, up-to-date, and were obtained within 30 days of the child's enrolment. The license-exempt compliance review also monitors proper immunization documentation.

[Provide the citation for this policy and procedure.](#)

Nebraska Revised Statute 71-1913.01

Licensing: 391 NAC 1-006.11, 2-006.11, 3-001, 4-006.17

Control of Communicable Disease: 173 NAC 4

Subsidy: 392 NAC 2.015

[b\) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements \(98.41\(a\)\(1\)\(i\)\(C\)\(4\)\).](#)

Resources are available on the Lead Agency's website. These resources can direct families to the Immunization Programs to speak to staff and medical nurses. Families will be provided assistance on local places where they can take their child to receive immunizations.

[c\) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?](#)

No.

Yes.

[Describe:](#)

The 30 day grace period applies to all children in child care.

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1); any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

The Lead Agency allows 12-month eligibility without closure of the Child Care program including temporary changes unless the recipient meets one of the following closure reasons: (i) The household is over 85% SMI Income Limit (ii) The household moves out of the state of Nebraska (iii) The household requests their case to be closed (iv) The household commits fraud or IPV (v) The household's need for service ends and they

have received three months of job search. 392 NAC 3-002

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

TEMPORARY CHANGE. Is a change in need for child care service. Guidance: Example of temporary changes include but are not limited to: (1) Time-limited absences from work or training; (2) Any student holiday or break for a parent participating in educations; (3) Sick Leave; (4) Parental Leave; (5) Reduction in hours; (6) Other pauses in work or training; and (7) Any changes in residency within the State, Territory, or Tribal service area.

Citation:

Title 392 Guidance Document: 392 NAC Chapter 1-001.29 Temporary Change

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

TEMPORARY CHANGE. Is a change in need for child care service. Guidance: Example of temporary changes include but are not limited to: (1) Time-limited absences from work or training; (2) Any student holiday or break for a parent participating in educations; (3) Sick Leave; (4) Parental Leave; (5) Reduction in hours; (6) Other pauses in work or training; and (7) Any changes in residency within the State, Territory, or Tribal service area.

Citation:

Title 392 Guidance Document: 392 NAC Chapter 1-001.29 Temporary Change

- iii. Any student holiday or break for a parent participating in a training or educational program.

[Describe or define your Lead Agency's policy:](#)

TEMPORARY CHANGE. Is a change in need for child care service. Guidance: Example of temporary changes include but are not limited to: (1) Time-limited absences from work or training; (2) Any student holiday or break for a parent participating in educations; (3) Sick Leave; (4) Parental Leave; (5) Reduction in hours; (6) Other pauses in work or training; and (7) Any changes in residency within the State, Territory, or Tribal service area.

[Citation:](#)

Title 392 Guidance Document: 392 NAC Chapter 1-001.29 Temporary Change

- [iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.](#)

[Describe or define your Lead Agency's policy:](#)

TEMPORARY CHANGE. Is a change in need for child care service. Guidance: Example of temporary changes include but are not limited to: (1) Time-limited absences from work or training; (2) Any student holiday or break for a parent participating in educations; (3) Sick Leave; (4) Parental Leave; (5) Reduction in hours; (6) Other pauses in work or training; and (7) Any changes in residency within the State, Territory, or Tribal service area.

[Citation:](#)

Title 392 Guidance Document: 392 NAC Chapter 1-001.29 Temporary Change

- [v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.](#)

[Describe or define your Lead Agency's policy:](#)

TEMPORARY CHANGE. Is a change in need for child care service. Guidance: Example of temporary changes include but are not limited to: (1) Time-limited absences from work or training; (2) Any student holiday or break for a parent participating in educations; (3) Sick Leave; (4) Parental Leave; (5) Reduction in hours; (6) Other pauses in work or training; and (7) Any changes in residency within the State, Territory, or Tribal service area.

Citation:

Title 392 Guidance Document: 392 NAC Chapter 1-001.29 Temporary Change

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

ELEMENTS OF ELIGIBILITY. To receive Child Care Subsidy; the family must: (E) Have a child within the age limit. Child care is available for children age 12 or younger. Children who turn age 13 during their eligibility period remain eligible through the end of their eligibility period. Children age 18 or younger with special needs are eligible. The child's age must be verified to qualify for assistance.

Citation:

392 NAC 2-004 ELEMENTS OF ELIGIBILITY

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

TEMPORARY CHANGE. Is a change in need for child care service. Guidance: Example of temporary changes include but are not limited to: (1) Time-limited absences from work or training; (2) Any student holiday or break for a parent participating in educations; (3) Sick Leave; (4) Parental Leave; (5) Reduction in hours; (6) Other pauses in work or training; and (7) Any changes in residency within the State, Territory, or Tribal service area.

Citation:

Title 392 Guidance Document: 392 NAC Chapter 1-001.29 Temporary Change

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

Paternal Leave which includes both maternity and paternity leave. Title 392 Guidance Document: 392 NAC Chapter 1-001.29 Temporary Change.

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

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

No.

Yes.

If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume

participation in an eligible activity?

- No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
- Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
 - i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

The lead agency discontinues assistance if there is no need for service due to a parent's non-temporary change that exceeds 3 months following the minimum 3-month period of job search at the same level of care.

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

The household is required to report any non-temporary changes in their need for service. Once the household reports the non-temporary change in their need for service they then receive the 3 months of job search at the same level of care. If they begin engaging in another need for service during that three months then they will continue to receive care through the end of the eligibility period.

iii. How long is the job-search period (must be at least 3 months)?

3 months

iv. Provide the citation for this policy or procedure.

392 NAC 2-013 NEED FOR SERVICE. Child care services for eligible individuals are approved only if each parent or usual caretaker: (B) Is actively seeking employment. Each time the recipient loses employment; the recipient is entitled to three months of child care to seek employment. Guidance: If at the end of the three-month job search period, the parent is engaged in a qualifying need for service and is meeting all other eligibility requirements assistance will continue until the next redetermination period. If at the end of the three-month job search period, the parent is not meeting another need for service the child care case must close the following month allowing for 10-day notice.

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

i. Not applicable.

ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Define the number of unexplained absences identified as excessive:

More than three consecutive days.

B. Provide the citation for this policy or procedure:

392 NAC 4-002. PROVIDER ENROLLMENT STANDARDS. Before furnishing any service, each provider must sign an enrollment form agreeing: (Q) To notify the Department if a child(ren) does not attend the child care for more than three consecutive days when the child's absence is not reported to the provider.

iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

392 NAC 2-005.01 PERIODIC REDETERMINATION. Recipient eligibility will be re-determined at least once every 18 months, but not more than once every 12 months. Guidance: The Department will provide continuity of care to reduce disruptions in care for the 12-18 month eligibility period. During the recipient's eligibility period Child Care can only close for the following reasons: (1) The recipient reports income that is over 85% SMI for their household; (2) The household moves out of state; (3) The household commits fraud or receives an IPV; (4) The household requests to close their Child Care program; and (5) Need for service has ended and the household has received three months of job search.

iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

392 NAC 2-005.01 PERIODIC REDETERMINATION. Recipient eligibility will be re-

determined at least once every 18 months, but not more than once every 12 months. Guidance: The Department will provide continuity of care to reduce disruptions in care for the 12-18 month eligibility period. During the recipient's eligibility period Child Care can only close for the following reasons: (1) The recipient reports income that is over 85% SMI for their household; (2) The household moves out of state; (3) The household commits fraud or receives an IPV; (4) The household requests to close their Child Care program; and (5) Need for service has ended and the household has received three months of job search.

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No

Yes

b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- i. Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

During the minimum 12 month eligibility period the following changes may impact a family's eligibility that are required to be reported: (1) The recipient reports income that is over 85% SMI for their household; (2) The household moves out of state; and (3) Need for service has ended and the household has received three months of job search.

- ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

- iii. Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone
 ii. Email
 iii. Online forms
 iv. Extended submission hours
 v. Postal Mail

- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Families are allowed to report any changes at any time. Changes are only acted on during the minimum 12-month eligibility period if they will benefit the family or if they are required to report a change such as going over 85% SMI.

ii. Provide the citation for this policy or procedure.

392 NAC 1-003

3.4.4 Prevent the disruption of employment, education, or job training activities

3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for

the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

The Lead Agency issues a certificate of authorization when the parent has chosen an approved provider. The certificate includes the approval period, hours the parent is authorized for, the reason for care, the names of the child(ren) approved for the care, and the number of units the provider is allowed to provide care.

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

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

Lead Agency Website: <http://dhhs.ne.gov/Pages/Child-Care-Parents.aspx> and <http://dhhs.ne.gov/licensure/Pages/Licensing-Home-Page.aspx>

4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

CCDF subsidy-eligible families can choose a child care provider who is currently enrolled to accept child care subsidy with the Lead Agency. The eligible family can also make a referral to the Lead Agency if they have a provider who is interested in enrolling as a CCDF subsidy provider. The Lead Agency will enter into subsidy agreements with licensed family child care homes I and II, child care centers, and school age only child care centers. A family, friend, or neighbor may also be referred and would be eligible as

a license-exempt subsidy provider or an in-home child care provider.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

36% of Family Child Care Homes I/II and 77% Child Care Centers in Nebraska participate in the CCDF Subsidy program, which equates to 48% of all licensed homes and centers, enrolled as a CCDF Subsidy provider/program. In addition to licensed providers, there are approximately 280 licensed-exempt subsidy providers and 330 license-exempt in-home subsidy providers.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

The 2021 Market Rate Survey identified administratively and payment issues as barriers for providers to participate with the CCDF subsidy program. Providers reported the amount of paperwork, length of time to get an authorization, not knowing if authorizations were current, and having the Lead Agency backdate to start dates as administrative issues. Providers reported low rates, not receiving payments from families for the co-payment, not being paid for absent days, and providers allowing parents to go over the authorized hours and not getting reimbursed for the care provided as payment issues. This information was collected from all provider types.

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

The Lead Agency has state regulations ensuring that parents have unlimited access to their child(ren) when the child is in care. Licensing regulations state that the licensed child care provider must allow parents access to their children at all times that the children are in care; denial of immediate and unrestricted access to the licensed premises by parents may be the basis for disciplinary action against the license. Subsidy guidance requires that during the hours of operation, all enrolled subsidy provider's homes must be opened to announced and unannounced visits by parents of all children for whom care is being provided. Parents must always have access to their children at all times their children are in care.

4.1.5 The 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(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

No.

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

a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

Providers are only allowed to care for children who live in the home in which care is being provided in. The limit would be set at the number of children in the family composition. 392 NAC 2-014.01 QUALIFYING FOR IN-HOME PROVIDER SERVICES. To qualify for in-home provider care, at least one of the following criteria must be met: (A) The child must have a verified special need; (B) The recipient needs child care during verified non-traditional hours. Non-traditional hours are the hours between 7:00 p.m. through 7:00 a.m. or any time on a Saturday or Sunday; or (C) There are three or more children in care. In-Home child care is not funded with CCDF or state matching funds.

b. Restricted based on the provider meeting a minimum age requirement.

Describe:

All providers must be age 19 or older.

c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

In-home care may be authorized if the recipient needs child care during evening, overnight, weekend, or holiday hours. The evening is defined as after 7:00 p.m. All providers are limited to a maximum of 18 hours in a 24 hour period and a maximum

of 60 hours per week.

- d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

- e. Restricted to care for children with special needs or a medical condition.

Describe:

In-home care may be authorized if a child has a special need or a childhood illness. The in-home provider may be an individual who lives with the child only if the child has a special need or a childhood illness.

- f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

- g. Other.

Describe:

4.1.6 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

- No. If no, skip to 4.1.7.

- Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

- Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

4.1.6 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

- To increase the supply of care
- To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

- To increase the supply of care
- To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

- To increase the supply of care
- To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

- To increase the supply of care
- To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

- To increase the supply of care
- To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- To increase the supply of care
- To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- To increase the supply of care
- To increase the quality of care

Describe

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers.

The Lead Agency reviews data reports of shortages in licensed child care centers and work with an array of vested entities, including the Early Childhood Interagency Coordinating Council (ECICC) and Step Up to Quality. The Lead Agency tracks the number of licensed child care center programs (new, opened, and closed) and also the total number of licensed slots to assess trends. The Lead Agency also tracks the number of CCDF participating providers and monthly referrals for new CCDF and license-exempt CCDF providers.

b. In child care homes.

The Lead Agency reviews data reports of shortages in licensed child care homes and work with an array of vested entities, including the Early Childhood Interagency Coordinating Council (ECICC) and Step Up to Quality. The Lead Agency tracks the number of licensed family child care homes I and II (new, opened, and closed) and also the total number of licensed slots to assess trends. The Lead Agency also tracks the number of CCDF participating providers and monthly referrals for new CCDF and license-exempt CCDF providers.

c. Other.

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with

disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a) Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

Various activities through the work of the PDG offer support to Family Child Care Providers. These activities are: Getting Ready, an evidence-based initiative focused on interaction among children, their families, and Early Childhood (EC) professionals promoting parental warmth, sensitivity, and active participation in supporting children's early learning; Ready Rosie, an evidence-based, birth-elementary age family engagement resource; Parent Education Campaign, support public awareness efforts that center on educating parents and families about quality child care and education programs and services in ways that are accessible, digitally driven, culturally and linguistically appropriate, and responsive to how today's parents receive information and make decisions; the Workforce Commission Implementation, developing and implementing an infrastructure to support continued collaboration and communication across sectors; Coaching Collaboration, improving the Early Childhood Care and Education (ECCE) quality and reduce staff turnover from coaching consultants who provide coach training, reflective practice, and technical assistance; Step Up to Quality (QRIS) working to enhance program's effectiveness and responsive to providers and families focusing on how to reach family child care providers and implement high-leverage strategies to improve the lives of children and families; Nebraska Center on Reflective Practice, a resource for the ECCE workforce, developing the supports and building the reflective capacity needed to be successful in an emotionally intrusive field; Communities for Kids Bilingual Consultants, partnering with several communities in Nebraska with a high Spanish speaking population and providing resources to bring information to family, friend, and neighbor care providers such as support related to

Early Childhood development, business practices in family home child care, and understanding licensing regulations; Social Emotional Support Infrastructure, will ascertain current efforts underway and opportunities to build upon to address early childhood social-emotional community needs as identified in the state's Needs Assessment and assist the community in focusing on priorities and gaps and begin the process to identify infrastructure and model to address these systemically through collaboration and partnership; Cultivating Health Intentional Mindful Educators (CHIME), a program to support and enhance the well-being of EC educators by providing education and guidance on how to incorporate mindfulness and reflective practice into daily routines, teaching and caregiving; All our Kin Expansion, a model to support business operations and sustainability of child care programs which includes training on business practices for family child care providers, allowing them to sustain operations, maintain necessary licenses, and focus on teaching and learning; Wonderschool Lunch, a model to provide business training and mentorship for family child care providers., helping providers set their rates, market their program, bill and collect, and communicate with parents; and Community for Kids Plus (C4K+), aimed to increase the number of communities with high-functioning and sustainable family support and ECCE infrastructures and service, prioritizing communities focused on serving children with the greatest needs.

iii. Start-up funding.

Describe:

The Lead Agency offers Child Care Start-Up and Expansion grants. Grant applications are reviewed and awarded every month. Funds are specifically designated to improve the quality of child care, provide quality programs for low-income children, and increase the availability of early childhood development programs. Part of the grant application requires the applicant to identify the community need for quality child care.

iv. Technical assistance support.

Describe:

1.) The Lead Agency offers technical assistance support through Resource Developer Workers, Child Care Licensing Specialist, and CCDF/Subsidy Program

staff. The Lead Agency also collaborates with the state's CCR&R, Coaching Specialists, and other avenues to provide technical assistance to providers across the state. Technical assistance supports include assisting providers with the licensing and subsidy regulations and requirements, navigating available trainings, QRIS information, other quality initiatives support and assisting families to find child care in their communities.

2.) Various activities through the work of the PDG offer technical assistance and support. These activities are: Getting Ready, Ready Rosie, Coaching Collaboration, Step Up to Quality, Nebraska Center on Reflective Practice, Communities for Kids Bilingual Consultants, Social-Emotional Support Infrastructure, CHIME, All Our Kin Expansion, Wonderschool Launch, C4K+, and the Transition Committee.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency offers tiered subsidy payment rates for children with special needs, accredited providers, and providers participating in Step Up to Quality who are rated at Step 3, Step 4, and Step 5.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Various activities through the work of the PDG offer support for improving business practices. These activities are Workforce Commission Implementation, All Our Kin Expansion, Wonderschool Launch, and C4K+.

viii. Accreditation supports.

Describe:

The Lead Agency supports providers who are accredited by an enhanced reimbursement with their subsidy.

ix. Child Care Health Consultation.

Describe:

Help Me Grow (PDG activity) uses effective universal early screening, including the Ages and Stages Questionnaire, and then links expectant mothers and children 0-5 with essential health, developmental, and social-emotional services. It includes outreach to families and providers, including physicians, and a centralized point of communication using phone technologies, trained Care Coordinators, and NowPow, a self-care referral platform that ECCE and other health and human services professionals can use to better connect families to needed services.

x. Mental Health Consultation.

Describe:

Various activities through the work of the PDG offer mental health consultation. These activities are the Nebraska Center of Reflective Practice, Social-Emotional Support Infrastructure, and CHIME.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

Various activities through the work of the PDG offer support for infants and toddlers. These activities are: Getting Ready, Ready Rosie, Parent Education

Campaign, the Workforce Commission Implementation, Coaching Collaboration, Step Up to Quality, Nebraska Center on Reflective Practice, Communities for Kids Bilingual Consultants, Social-Emotional Support Infrastructure, Cultivating Healthy Intentional Mindful Educators (CHIME), All our Kin Expansion, Wonderschool Lunch, and Community for Kids Plus (C4K+).

[iii. Start-up funding.](#)

[Describe:](#)

The Lead Agency offers Child Care Start-Up and Expansion grants. Grant applications are reviewed and awarded every month. Funds are specifically designated to improve the quality of child care, provide quality programs for low-income children, and increase the availability of early childhood development programs. Part of the grant application requires the applicant to identify the community need for quality child care.

[iv. Technical assistance support.](#)

[Describe:](#)

- 1.) The Lead Agency offers technical assistance support through Resource Developer Workers, Child Care Licensing Specialist, and CCDF/Subsidy Program staff. The Lead Agency also collaborates with the state's CCR&R, Coaching Specialists, and other avenues to provide technical assistance to providers across the state. Technical assistance supports include assisting providers with the licensing and subsidy regulations and requirements, navigating available trainings, QRIS information, other quality initiatives support, and assisting families to find child care in their communities.
- 2.) Various activities through the work of the PDG offer technical assistance and support. These activities are: Getting Ready, Ready Rosie, Coaching Collaboration, Step Up to Quality, Nebraska Center on Reflective Practice, Communities for Kids Bilingual Consultants, Social-Emotional Support Infrastructure, CHIME, All Our Kin Expansion, Wonderschool Launch, C4K+, and the Transition Committee.
- 3.) Technical assistance is also available through Nebraska's Pritzker Infant and Toddler grant.

- v. Recruitment of providers.

Describe:

- vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency offers tiered subsidy payment rates for children with special needs, accredited providers, and providers participating in Step Up to Quality who are rated at Step 3, Step 4, and Step 5.

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Various activities through the work of the PDG offer support for improving business practices. These activities are Workforce Commission Implementation, All Our Kin Expansion, Wonderschool Launch, and C4K+.

- viii. Accreditation supports.

Describe:

The Lead Agency supports providers who are accredited by an enhanced reimbursement with their subsidy.

- ix. Child Care Health Consultation.

Describe:

Help Me Grow (PDG Activity)

- x. Mental Health Consultation.

Describe:

Various activities through the work of the PDG offer mental health consultation. These activities are the Nebraska Center of Reflective Practice, Social-Emotional Support Infrastructure, and CHIME.

- xi. Other.

Describe:

The Sixpence program promotes high-quality early care and learning opportunities

that help parents guide the healthy development of their infants and toddlers. As a public-private collaboration at the state and local levels, Sixpence delivers efficiency, fiscal responsibility, and measurable results for our investment in the next generation. The Lead Agency collaborates with Nebraska Children and Family Foundation (NCFF), which administers the Sixpence program. Sixpence partnerships are funded through three general grant models; 1.) Family Engagement/Home-Based Services, which match families with skilled professionals trained to model and coach parents in high-quality, developmentally positive interactions with their youngest children. Family engagement professionals are trained in early education practice, are skilled in assessing and addressing specific developmental challenges in young children, and help parents grow as effective, resilient caregivers and teachers; 2.) Center-Based Early Care and Education Services, which fund center-based programs operating in close partnership with local school systems. These centers follow proven curricula, emphasize parent involvement, maintain appropriate adult-to-child ratios and reflect professional requirements for staff similar to those endorsed by the Nebraska Department of Education. Center-based programs funded through Sixpence offer part- and full-day care throughout the academic year and participate in Step Up to Quality, Nebraska's child care quality and rating system; and 3.) School-Child Care Partnerships, which make it possible for schools to enter into early learning partnerships with a wider range of independent child care providers in their communities. The new partnerships enable more center- and home-based child care providers to benefit from Sixpence funding and resources, connect these providers to program improvement supports through Step Up to Quality, and increases the availability of developmentally positive, year-round child care opportunities for Nebraska families. CCDF dollars fully fund the Sixpence Child Care Partnership model using the CCDF infant and toddler quality funds. CCDF quality dollars will also help support the Sixpence program for the next two years.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is

focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

Various activities through the work of the PDG offer support to Family Child Care Providers. These activities are: Getting Ready, Ready Rosie, Parent Education Campaign, the Workforce Commission Implementation, Coaching Collaboration, Step Up to Quality, Nebraska Center on Reflective Practice, Communities for Kids Bilingual Consultants, Social-Emotional Support Infrastructure, Cultivating Healthy Intentional Mindful Educators (CHIME), All our Kin Expansion, Wonderschool Lunch, and Community for Kids Plus (C4K+). All of these activities support increasing the supply of and improve the quality of child care services for all needs, including children with disabilities.

iii. Start-up funding.

Describe:

The Lead Agency offers Child Care Start-Up and Expansion grants. Grant applications are reviewed and awarded every month. Funds are specifically designated to improve the quality of child care, provide quality programs for low-income children, and increase the availability of early childhood development programs. Expansion grants are available for licensed child care providers who intend to increase slots for children with disabilities.

iv. Technical assistance support.

Describe:

1.) The Lead Agency offers technical assistance support through Resource Developer Workers, Child Care Licensing Specialist, and CCDF/Subsidy Program staff. The Lead Agency also collaborates with the state's CCR&R, Coaching Specialists, and other avenues to provide technical assistance to providers across the state. Technical assistance supports include assisting providers with the licensing and subsidy regulations and requirements, navigating available trainings,

QRIS information, other quality initiatives support, and assisting families to find child care in their communities. Technical assistance can be aimed to help provider who currently care for or who are interested in caring for children with disabilities.

2). Various activities through the work of the PDG offer technical assistance and support. These activities are: Getting Ready, Ready Rosie, Coaching Collaboration, Step Up to Quality, Nebraska Center on Reflective Practice, Communities for Kids Bilingual Consultants, Social-Emotional Support Infrastructure, CHIME, All Our Kin Expansion, Wonderschool Launch, C4K+, and the Transition Committee. All of these activities support increasing the supply of and improve the quality of child care services for all needs, including children with disabilities.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency can increase rates for children with special needs up to 25% over the base rate.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Various activities through the work of the PDG offer support for improving business practices. These activities are Workforce Commission Implementation, All Our Kin Expansion, Wonderschool Launch, and C4K+.

viii. Accreditation supports.

Describe:

The Lead Agency supports providers who are accredited by an enhanced reimbursement with their subsidy.

ix. Child Care Health Consultation.

Describe:

Help Me Grow (PDG Activity)

x. Mental Health Consultation.

Describe:

Various activities through the work of the PDG offer mental health consultation.

These activities are the Nebraska Center of Reflective Practice, Social-Emotional Support Infrastructure, and CHIME.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

Various activities through the work of the PDG offer support to Family Child Care Providers. These activities are: Getting Ready, Ready Rosie, Parent Education Campaign, the Workforce Commission Implementation, Coaching Collaboration, Step Up to Quality, Nebraska Center on Reflective Practice, Communities for Kids Bilingual Consultants, Social-Emotional Support Infrastructure, Cultivating Healthy Intentional Mindful Educators (CHIME), All our Kin Expansion, Wonderschool Lunch, and Community for Kids Plus (C4K+). All of these activities support increasing the supply of and improve the quality of child care services for all needs, including the need for care during non-traditional hours.

iii. Start-up funding.

Describe:

The Lead Agency offers Child Care Start-Up and Expansion grants. Grant applications are reviewed and awarded every month. Funds are specifically designated to improve the quality of child care, provide quality programs for low-income children, and increase the availability of early childhood development programs. Part of the grant application requires the applicant to identify the community need for quality child care. Providers may identify there not being enough providers who offer care during non-traditional hours as part of their community need.

iv. Technical assistance support.

Describe:

1.) The Lead Agency offers technical assistance support through Resource Developer Workers, Child Care Licensing Specialist, and CCDF/Subsidy Program staff. The Lead Agency also collaborates with the state's CCR&R, Coaching Specialists, and other avenues to provide technical assistance to providers across the state. Technical assistance supports include assisting providers with the licensing and subsidy regulations and requirements, navigating available trainings, QRIS information, other quality initiatives support, and assisting families to find child care in their communities. Technical assistance can be aimed to help provider become licensed to offer care during non-traditional hours.

2). Various activities through the work of the PDG offer technical assistance and support. These activities are: Getting Ready, Ready Rosie, Coaching Collaboration, Step Up to Quality, Nebraska Center on Reflective Practice, Communities for Kids Bilingual Consultants, Social-Emotional Support Infrastructure, CHIME, All Our Kin Expansion, Wonderschool Launch, C4K+, and the Transition Committee. All of these activities support increasing the supply of and improve the quality of child care services for all needs, including the need for care during non-traditional hours.

v. Recruitment of providers.

Describe:

- vi. Tiered payment rates (as in 4.3.3).

Describe:

Families who work non-traditional hours are eligible to have an in-home child care provider. In-home child care providers are paid minimum wage and receive overtime.

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Various activities through the work of the PDG offer support for improving business practices. These activities are Workforce Commission Implementation, All Our Kin Expansion, Wonderschool Launch, and C4K+.

- viii. Accreditation supports.

Describe:

The Lead Agency supports providers who are accredited by an enhanced reimbursement with their subsidy.

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

Various activities through the work of the PDG offer mental health consultation. These activities are the Nebraska Center of Reflective Practice, Social-Emotional Support Infrastructure, and CHIME.

- xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies

should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

The Community for Kids initiative works with local community teams to address shortages of high-quality early care and education programs; shortages that both impact children's optimal development and pose a challenge for communities hoping to attract and retain the viable workforce they need to grow and thrive. Communities for Kids partners with communities' public and private entities to support and coordinate planning for access to high-quality early care and education for all children birth through age eight. These partnerships are customized to address each community's unique assets and needs, so each community can grow and prosper well into the future. Community for Kids is an initiative out of the Nebraska Children and Families Foundation (NCFF). NCFF provides expertise, coordination, and funding to support local teams using a collective impact approach to 1.) Engage stakeholders in identifying the strengths and gaps of the current early care and education resources in the community by completing a robust child care landscape study, needs assessment survey, and community conversations; 2.) Utilize informed decision-making to determine strategies and outcomes most relevant to meeting the priority needs identified in the assessment and detailing a tailored business plan for implementation and; 3.) Connection to resources, peer learning networks, research, best practice, implementation strategies, quality measurements, financing models, use of government and public resources, funding, and physical environment designs. Funding for Community for Kids and Community for Kids Plus comes from the PDG, private funders, and locally leveraged funds (i.e. local city, county, schools, donors, and foundations).

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Lead Agency coordinates with other divisions to determine which counties of the state contain higher percentages of families receiving unemployment. The unemployment rate for Nebraska is readily available to the public. Areas with a higher concentration of families receiving TANF benefits are also identified as communities of greater poverty.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs Step Up to Quality (Nebraska's QRIS) require providers who receive \$250,000 or more in CCDF/Subsidy annually to participate in Step Up to Quality. Providers who receive higher amounts of CCDF/Subsidy serve more children in poverty than those providers who are not receiving high amounts of Subsidy. This requirement will increase quality in centers that serve a greater population of low-income children. The Lead Agency actively participates in various committees initiating research and supporting communities of poverty.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare

services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

August 31, 2020 - November 10, 2020

- b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

- No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

- i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

- ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

Due to the COVID-19 pandemic, the May 2020 and August 2020 Early Childhood Interagency Coordinating Council (ECICC) meetings did not take place. Preliminary MRS

data and results were presented to ECICC in April 2021.

b) Local child care program administrators:

This group was not targeted specifically for consultation for the most recent 2021 MRS.

c) Local child care resource and referral agencies:

This group was not targeted specifically for consultation for the most recent 2021 MRS.

d) Organizations representing caregivers, teachers, and directors:

This group was not targeted specifically for consultation for the most recent 2021 MRS.

e) Other. Describe:

Consultation for the development of the survey and survey collection approaches occurred with a variety of diverse early childhood stakeholders in Nebraska, which included members of the Nebraska Preschool Development Grant Leadership Team, Buffett Early Childhood Institute, Department of Education, University of Nebraska, Nebraska Early Childhood Collaborative, and independent consultant.

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

[i. Represent the child care market: Click or tap here to enter text.](#)

The 2021 MRS survey was sent to every licensed family child care home and every licensed child care center in Nebraska. License exempt child care providers (family, friend, or neighbor) were not included in the survey as they are not guiding the market value.

[ii. Provide complete and current data:](#)

After a data cleansing process, which excluded invalid responses and unlicensed providers, 871 (29.59%) valid responses were obtained for use in data analyses.

[iii. Use rigorous data collection procedures:](#)

There were three phases in the survey distribution and sampling process. Phase I sent a postcard to each licensed provider (2,940) with a URL to access the survey online. The postcard contained a unique ID so each provider could access the survey along with detailed instructions on how to complete the survey. Phase II sent all licensed child care providers a postcard reminding them to complete the survey. Phase III focused on providers who did not respond during Phase I and II. Phone calls were made to each of the survey non-respondents. As part of Phase III, two email reminders were sent to all of the known provider emails, which totaled 1,664.

[iv. Reflect geographic variations:](#)

The survey represents geographic variation with responded providers, from both rural and urban counties. The 2021 MRS Report provides a map of the state by respondent's location.

[v. Analyze data in a manner that captures other relevant differences:](#)

The data team conducted a series of data cleansing processes to prepare the data for analysis. Data analysis produced final rates by provider type, geographic location, age group of child, and percentiles (50th through 100th).

[b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered \(as indicated in 4.2.1\) on the prices or costs of child care adequately reflect the child care market as you submit this plan?](#)

No

Yes.

If yes, why do you think the data represents the child care market?

The original data collection period for the 2021 MRS was to start in the spring of 2020. This was delayed due to the COVID-19 pandemic. While several child care programs were opened during the data collection period, it is assumed that there would have been a greater response had data not been collected during a pandemic. The data collected does not indicate whether or not it adequately reflects the market as related to the impacts of COVID-19.

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

a) Geographic area (e.g., statewide or local markets). Describe:

The MRS included two geographic categories; urban and rural. The urban group included four counties: Dakota, Douglas, Lancaster, and Sarpy. All remaining counties in Nebraska were included in the rural geographic group.

b) Type of provider. Describe:

The MRS includes the following licensed child care provider types, who are eligible for child care subsidy: Family Child Care Home I and Family Child Care Home II, Child Care Center, and School-Age Centers.

c) Age of child. Describe:

Ages of the children were broken into the following four categories for analysis: infant, toddler, preschool, and school-age.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

In addition, the MRS looked at accredited child care providers and programs.

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

- No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:
 - a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).
 - b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).
 - c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).
 - d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other

quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

- a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. 06/28/2021
- b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The Market Rate Survey Report is available on the Lead Agency's website.

<https://dhhs.ne.gov/Pages/Market-Rate-Survey.aspx>

- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

Throughout the development of the MRS report and analysis of data, stakeholders were able to provide input and feedback. The report includes provider reported barriers to the CCDF/Subsidy program.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

- a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:50.00

Full-time weekly base payment rate: 250.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:45.25

Full-time weekly base payment rate: 226.25

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:41.00

Full-time weekly base payment rate: 205.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:37.00

Full-time weekly base payment rate: 185.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:32.00

Full-time weekly base payment rate: 160.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? 60

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:31.00

Full-time weekly base payment rate: 155.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:30.00

Full-time weekly base payment rate: 150.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:30.00

Full-time weekly base payment rate: 150.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

A day unit of time is considered 6 hours or more or of care. Full-time weekly base payments were calculated by taking the daily rate and multiplying it by 5 days.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Part-time care is defined as less than 6 hours. Hour units are billed for part-time care.

Full-time care is considered 6 or more hours, and one-day unit is billed. If care is over 10 hours, a day unit and hour units are billed.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). July 1, 2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Nebraska considered rural and urban areas when determining payment rates. Urban areas include the following counties: Lancaster, Douglas, Dakota, and Sarpy. Rural areas include all of the remaining counts in Nebraska. Urban counties are most populous and reflective of greater rates.

f. Provide the citation, or link, if available, to the payment rates

<https://dhhs.ne.gov/Guidance%20Docs/Title%20392%20Guidance%20Document.pdf>

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

Nebraska considered rural and urban areas when determining payment rates. Urban areas include the following counties: Lancaster, Douglas, Dakota, and Sarpy. Rural areas include all of the remaining counts in Nebraska.

b. Type of provider.

Describe:

Rates are set differently for the following: 1.) Family Child Care Home I and II providers; and 2.) Child Care Center.

c. Age of child.

Describe:

Rates are set differently for the following ages: 1.) Infants; 2.) Toddlers; 3.) Preschool; and 4.) School-age.

d. Quality level.

Describe:

Rates are set at a higher level for child care providers and programs that are accredited and those that are rated a Step 3, 4, or 5 with Nebraska's Step Up to Quality program. Providers will receive a 5% increase to their base pay if they are accredited or rated a Step 3. Providers then receive an addition 5% increase for

each additional step.

e. Other.

Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No.

Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

The Lead Agency can increase rates for children with special needs 25% over the base rate. Families are required to provide medical documentation explaining the medical/behavioral needs of the child. Documentation is then reviewed by the Lead Agency, CCDF program staff to determine if the rate increase is approved.

- d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

- e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

- f. Differential rate for higher quality, as defined by the state/territory.

Describe:

Rates are set at a higher level for child care providers and programs that are accredited and those that are rated a Step 3, 4, or 5 with Nebraska's Step Up to Quality program. Providers will receive a 5% increase to their base pay if they are accredited or rated a Step 3. Providers then receive an additional 5% increase for each additional step. The Lead Agency is notified at each rate assignment and/or increase and will automatically increase the rate.

- g. Other differential rates or tiered rates.

Describe:

License-exempt in-home child care providers are paid minimum wage, which is currently \$9.00 per hour, plus time and a half when care is provided over 40 hours per week.

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states,

the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Child care subsidy base rates are set at the 60th percentile of the most recent 2021 Market Rate Survey. Rates were adjusted for July 1, 2021 through June 30, 2023. The rates are based on the following factors: geographic area, provider type, and age of the child. The Lead Agency's goal is to continue to review rates and set them accordingly. The Lead Agency analyzed the overall cost of setting rates at the 60th percentiles up to the 75th percentile. Determination of rates is made on funding availability.

b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

State statute requires rates be set no less than the 60th percentile. Proposed rates are reviewed by the Lead Agency and the Governor's office before being set. Determination of rates is made on funding availability.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

Providers receive a higher rate if they are accredited and/or participating in Step Up to

Quality (Nebraska's QRIS). Programs participating in Step Up to Quality receive a 5% increase to their subsidy rates once they have reached a Step 3, Step 4, and Step 5.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

The increased costs because of COVID-19 have not been factored into the payment rates, the Lead Agency has provided other means (i.e. provider grants, unlimited absent days) of assisting with costs.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular

categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Generally, providers will receive a payment within five days of billing for services.

Providers typically bill on the 15th and last day of the month for services provided during that month. Some providers elect to bill monthly.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

- ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

- iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

The Lead Agency pays based on a child's attendance. Child care providers are allowed to bill up to five absent days per month per child.

- iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

Â

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Â The Lead Agency pays a day rate for 6 or more hours, up through the 9th hour of care. For the 10th hour and beyond, the provider bills a day unit and an hour unit for each hour over. Part-day units are calculated hourly and bill as such.

- ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

The Lead Agency will pay a set amount towards initial and annual enrollment fees and activity fees to licensed child care providers and child care centers. Activity fees are

payable only for the summer months which include June, July, and August. The Lead Agency will only pay these fees if the child care provider also charges their private paying families these fees.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

At the time of enrollment, child care providers sign an agreement with the Lead Agency that covers all provider policies, billing allowance and methods, payments methods, and general standards required to enroll as a subsidy provider. Providers can contact their Resource Developer (RD) worker if they have any concerns regarding the payment they received. The RD will work with their supervisor and policy team for further review, if needed. Providers can request a formal hearing to appeal any established over payments.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

Notices of any child care change are mailed the same day to both the client and provider. Providers also receive electronic updated authorizations overnight, via the online portal system, any time there is a change in the authorization. Upon request, the notices can be faxed or email to the provider right after the action has been taken. Providers also receive discontinuation of services if the case is closed and authorizations end. Online billing is required, however, exceptions are reviewed and granted for providers who do not have computer or internet access, which in that case, communication regarding authorizations is sent via mail.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

The Lead Agency will send a letter to the provider informing them that there is an overpayment, allowing the provider to discuss the overpayment with a representative and informing the provider of their right to appeal the existence or amount of the

overpayment. The provider has 30 days to appeal the overpayment. If the provider is found to have been overpaid, the provider is given options on how the overpayment can be recouped such as being deducted from the provider's future billings, by paying a certain amount back each month or paying the amount immediately in full. Payments to providers are generated based on what the provider submitted for billing. Payments should never exceed the authorized amount. If a provider believes they have been underpaid they can contact their Resource Development (RD) worker. These situations are reviewed with the supervisor and policy team. Â

g. Other. Describe:

N/A

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

Current billing practices and regulations allow providers to receive electronic payment in just a few days after submission. Child care providers submit child care claims and billings through an electronic portal. Once payments are submitted and processed, they are then directly deposited or placed on an electronic card within only a few days. Other payment practices of the Lead Agency for providers to be in line with private pay families are the CCDF/Subsidy payment for enrollment fees and activity fees to providers.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

a. Limit the maximum co-payment per family.

Describe: .

b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

Per the recommendation of ACF, co-pays are no greater than 7% of a recipient's gross income.

c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

Family co-pays are adjusted during certification periods based on reported income changes. Once a co-pay is determined, it will not increase for the entire certification period. This is true for initial eligibility periods and during transitional periods. Co-pays can decrease during a certification period to reflect a decrease in income. Family co-pays are reviewed and re-determined at certification periods, at which time they may increase.

d. Other.

Describe:

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.
- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.
- iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or

license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The 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.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing

requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

Child Care Center means a child care program licensed to provide child care for 13 or more children. A center may be located in the licensee's residence or another location. A School Age Only Child Care Center means a child care program licensed to provide child care for 13 or more children school-age. A school-age child is a child who attends kindergarten or above. Services can be provided to school-age children before and/or after school, in summers, and/or other extended breaks in the school year.

ii. Describe the licensing requirements:

Any person intending to establish, operate, or maintain a Child Care Center, must first obtain a license from the Lead Agency. Applicants must show that the child care program meets all licensing requirements, which include: criminal history checks, including FBI fingerprints on all staff; zoning approval from the relevant jurisdiction; fire and sanitation inspections; and prepared program information including a sample menu, schedule, and care services. The child care center will receive a pre-licensure inspection and must comply with all statutes and regulatory requirements before being issued a license. Child care centers must have an approved director, 19 years of age who meets one of the training/education requirements outlined in Title 391 regulations. The child care director and staff must meet all of the initial training requirements and ongoing annual training requirements.

iii. Provide the citation:

391 NAC 3-001

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family Child Care Home I (FCCHI) is licensed to provide a child care program in the licensee's residence to at least four but not more than eight children, except that a licensee may be approved to serve up to two additional school-age children during non-school hours if no more than two of the other children in care are under 18 months of age. Family Child Care Home II is licensed to provide a child care program for at least four, but no more than 12 children. These may be located in the licensee's residence or another location.

ii. Describe the licensing requirements:

Any person intending to establish, operate or maintain a Family Child Care Home I (FCCHI) or Family Child Care Home II (FCCHII), must first obtain a license from the Lead Agency. Applicants must show that the child care program meets all licensing requirements, which include: criminal history checks, including FBI fingerprints on all household members and staff; zoning approval from the relevant jurisdiction; fire and sanitation inspections; and prepared program information including a sample menu, schedule, and services. An FCCHI must operate out of the licensee's residence. An FCCHII may operate out of the licensee's place of residence or an alternative location. The Lead Agency will conduct a pre-licensure inspection and the licensee must comply with all statutes and regulatory requirements before being issued a license. Licensee qualifications include being 19 years of age, good moral character, be a US Citizen or qualified alien lawfully present in the US, and be able to read, understand, and be familiar with licensing regulations. Initial and ongoing training must be met.

iii. Provide the citation:

391 NAC 1-001 and 391 NAC 2-001

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Nebraska does not have license-exempt CCDF center-based child care programs.

ii. Provide the citation to this policy:

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

A license-exempt provider is defined as an individual who is providing care in their own home, serving a maximum of three children from different families OR six children

from one family (i.e. siblings), not to exceed a total of 6 children, including any children in their own household under the age of 13. CCDF eligible families have the option of having a family, friend, or neighbor provide care for their children by having them become a License Exempt Family Child Care Home provider.

ii. [Provide the citation to this policy:](#)

392 NAC 1-001.18

iii. [Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.](#)

Can only provide care for a maximum of 3 children from different families or up to 6 from the same family; care can only occur in the provider's home and must meet license-exempt standards found in 392 NAC 1-001.18. Background checks are required for all license-exempt child care providers and any household member over the age of 13. They must also meet the requirements found in 392 NAC 4 which include: Be at least 19 years old; provide care for a maximum of 6 children (including any of their children under 13); not conduct other employment during hours they provide care for children; ensure the children will always be supervised; arrange for another person to substitute for a caregiver in an emergency; notify parent/guardian should a substitute caregiver be used; discuss care schedule and hours of care with parent; agree to announced and unannounced visits by parents; and have an operable telephone. The assigned Resource Developer meets with the provider in their home to complete an inspection and regulation compliance and checklist to ensure the home is suitable to care for children. Monitoring occurs annually, and more frequently if there are concerns reported regarding the care of children with the provider. The Resource Developer will also determine if the provider demonstrates the physical, mental, and emotional capacity to provide care for children, and requests medical documentation if there is reasonable cause to question the provider's ability. Child and Family Services Protection and Safety will alert Resource Development and Child Care Subsidy if a complaint occurs, and the Resource Developer will complete follow-up monitoring and investigating with the Protection and Safety Investigator. Providers also have (once approved) Health and Safety training requirements and ongoing training requirements.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

Care is provided to children in their own homes. This service is only available to children who have a special need or childhood illness, families with three or more children needing child care, or families that require child care during non-traditional hours. These providers are required to meet a set of standards, to ensure health and safety requirements are met and children are not endangered while in care. The provider is not able to care for their own children, or any other children outside of the household who has been identified as eligible, while providing this service. The Lead Agency funds in-home child care with state dollars; no CCDF funds or state matching funds are used.

ii. Provide the citation to this policy:

392 NAC 1-001.14

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Must only provide care in the child's home, and meet the standards found in 392 NAC 4. Background checks are required for all in-home care providers. Providers must be 19 years of age; agree to provide continuous supervision of children; agree to discuss with the parent hours of care and how to care for the child (napping/toileting schedules, disciplinary practices, meal/snack schedule, how to care for an ill child, etc.); agree to get written instructions and approval before dispensing any medication, and agree to not smoke in the presence of children or anywhere in the home. The assigned Resource Developer communicates with the provider and parent to ensure these occur before care, and will meet with the provider annually to monitor and review a checklist for the provider and parent to complete. The Resource Developer will also determine if the provider demonstrates the physical, mental, and emotional capacity to provide care for children, and requests medical documentation if there is reasonable cause to question the provider's ability. Child and Family Services

Protection and Safety will alert Resource Development and Child Care Subsidy if a complaint occurs, and the Resource Developer will complete follow-up monitoring and investigating with the Protection and Safety Investigator. Providers also have (once approved) Health and Safety training requirements and ongoing training requirements.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

A child six weeks up to 18 months of age.

b. Toddler. Describe:

A child 18 months of age up to 3 years old.

c. Preschool. Describe:

A child age 3 years or older who has not attended kindergarten.

d. School-Age. Describe:

A child who attends school.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1 adult for 4 infants

B. Group size:

Infant group size is currently 12.

ii. Toddler

A. Ratio:

1 adult for 6 toddlers.

B. Group size:

The Lead Agency requires the licensee to ensure that the group size meets the emotional and physical needs consistently and promptly. Group size needs to be small enough to be able to immediately investigate cries, engage in play activities with each child every day, change wet or soiled diapers immediately, and conduct toilet training in the manner agreed upon with the parent. The licensee must be able to promptly evacuate all children within the group safely, including any children with special needs. Regulations require each room to have at least 35 square feet of activity space per child, not including bathrooms, kitchen, isolation room, office, passageways, storage, or space occupied by cribs, cots, or built-in cabinets. The center must have space for children's activities, napping, and free play. The activity space must have furnishings to accommodate all activities and age-appropriate needs of all children in care. The program must have one operable toilet and one operable sink per 15 children, and the group size of any age group cannot exceed this requirement . The State Fire Marshal or delegated authority determines the occupant capacity. However, the Lead Agency has the final determination of

capacity when issuing a child care licensing, and may include evaluation of other factors that influence the determination. There are times where the Lead Agency has approved a license capacity that is less than what was originally approved from the fire marshal or delegated authority. Group size cannot exceed the center's capacity, which is determined by the square footage requirement and appropriate and useable space for child care programming. As part of every inspection, the Lead Agency Child Care Licensing Specialists takes count of how many children are actively in care at the time of inspection by doing a physical count and also reviewing attendance calendars. This, along with working staff on site are compared to the approved building capacity. This information is available in every inspection summary.

iii. Preschool

A. Ratio:

1 adult for 10 children age 3 and 1 adult for 12 children age 4 and up who have not attended kindergarten.

B. Group size:

The Lead Agency requires the licensee to ensure that the group size meets the emotional and physical needs consistently and promptly. Group size needs to be small enough to be able to immediately investigate cries, engage in play activities with each child every day, change wet or soiled diapers immediately, and conduct toilet training in the manner agreed upon with the parent. The licensee must be able to promptly evacuate all children within the group safely, including any children with special needs. Regulations require each room to have at least 35 square feet of activity space per child, not including bathrooms, kitchen, isolation room, office, passageways, storage, or space occupied by cribs, cots, or built-in cabinets. The center must have space for children's activities, napping, and free play. The activity space must have furnishings to accommodate all activities and age-appropriate needs of all children in care. The program must have one operable toilet and one operable sink per 15 children, and the group size of any age group cannot exceed this requirement . The State Fire Marshal or delegated authority determines the occupant capacity. However, the Lead Agency has the final determination of capacity when issuing a child care licensing, and may include evaluation of other

factors that influence the determination. There are times where the Lead Agency has approved a license capacity that is less than what was originally approved from the fire marshal or delegated authority. Group size cannot exceed the center's capacity, which is determined by the square footage requirement and appropriate and useable space for child care programming. As part of every inspection, the Lead Agency Child Care Licensing Specialists takes count of how many children are actively in care at the time of inspection by doing a physical count and also reviewing attendance calendars. This, along with working staff on site are compared to the approved building capacity. This information is available in every inspection summary.

iv. School-age

A. Ratio:

1 adult for 15 school-age children

B. Group size:

The Lead Agency requires the licensee to ensure that the group size meets the emotional and physical needs consistently and promptly. Group size needs to be small enough to be able to immediately investigate cries, engage in play activities with each child every day, change wet or soiled diapers immediately, and conduct toilet training in the manner agreed upon with the parent. The licensee must be able to promptly evacuate all children within the group safely, including any children with special needs. Regulations require each room to have at least 35 square feet of activity space per child, not including bathrooms, kitchen, isolation room, office, passageways, storage, or space occupied by cribs, cots, or built-in cabinets. The center must have space for children's activities, napping, and free play. The activity space must have furnishings to accommodate all activities and age-appropriate needs of all children in care. The program must have one operable toilet and one operable sink per 15 children, and the group size of any age group cannot exceed this requirement . The State Fire Marshal or delegated authority determines the occupant capacity. However, the Lead Agency has the final determination of capacity when issuing a child care licensing, and may include evaluation of other factors that influence the determination. There are times where the Lead Agency has approved a license capacity that is less than what was originally approved from

the fire marshal or delegated authority. Group size cannot exceed the center's capacity, which is determined by the square footage requirement and appropriate and useable space for child care programming. As part of every inspection, the Lead Agency Child Care Licensing Specialists takes count of how many children are actively in care at the time of inspection by doing a physical count and also reviewing attendance calendars. This, along with working staff on site are compared to the approved building capacity. This information is available in every inspection summary.

v. [Mixed-Age Groups \(if applicable\)](#)

[A. Ratio:](#)

Children in Child Care Centers are grouped according to ages. Those ages and staff-to-child ratios are set forth in 392 NAC 3-0006.15C.

Compliance with staff-to-child ratios is determined on a center-wide basis. When mixed-age groups are in use, the most restrictive staff-to-child ratios for must be met at all times. For example, rooms where care is being provided to infants must maintain a 4 to 1 ratio at all times, and follow all of the other supervision requirements for Infant care, as these are the most restrictive regulations. If no children ages 6 weeks to 18 months are present in care, then the next most restrictive regulations for the ages of children in care would need to be followed.

In any room where a child is receiving care, there must be at least one teacher who is involved in the direct care of the child, including when a child is napping.

[B. Group size:](#)

School Age Only Child Care centers have mixed ages with the previously mentioned 1 staff for 15 children.

vi. [If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.](#)

Nebraska does not have license-exempt CCDF center-based child care programs.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

Nebraska identifies two family child care providers, Family Child Care Home I (FCCHI) and Family Child Care Home II (FCCHII). The following explains infant group sizes for both; FCCHI: The maximum group size is 8 infants if only infants are in care, 2 staff are required if more than 4 infants are present. If the program provides care for mixed ages, a group size of 8 children is allowed with 3 infants, if no more than 2 infants are under 12 months of age. If the program provides care for mixed ages, a group size of 10 children is allowed with 2 school-age children during non-school hours if no more than 2 of the other children in care are identified as infants. FCCHII: The maximum group size is 12 infants if only infants are in care, 2 staff are required if more than 4 infants are present, and three staff are required if more than 8 infants are present. If the program provides care for mixed ages and only has 1 staff, the group size can be 10, however, they are limited to 2 infants, and the 9th and 10th child must be school age. If the program provides care for mixed ages, and 2 staff are present, the group size can be 12, but no more than 2 infants are allowed under 12 months of age.

B. Group size:

See explanation above.

ii. Infant

A. Ratio:

1 adult for 4 infants

B. Group size:

See explanation above.

iii. Toddler

A. Ratio:

1 adult for 8 toddlers

B. Group size:

See explanation above.

iv. Preschool

A. Ratio:

1 adult for 8 preschool-age children.

B. Group size:

See explanation above.

v. School-age

A. Ratio:

1 adult for 10 school-age children.

B. Group size:

See explanation above.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

License-exempt family child care home providers can serve a maximum of three children from different families, OR six children from one family, not to exceed a total of six children, including any children in the provider's household under the age of 13.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

c. Licensed in-home care (care in the child's own home):

i. Mixed-Age Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

N/A

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Child Care Centers - Certificated Teachers: An individual who holds a valid Nebraska Teaching Certificate and who is employed as a staff member or used as a volunteer at a licensed child care center that is on the premises of an accredited or approved school will be considered to have met the qualifications.

Non-Certificated Teachers: An individual must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; have a CDA credential; or a high school diploma and 1,500 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood. All support staff must be at least 16 years of age; all rooms providing care for children must always have a person who meets teacher qualifications.

School Age Only Child Care Centers - Certificated Teachers: An individual who holds a valid Nebraska Teaching Certificate and who is employed as a staff member or used as a volunteer at a licensed school-age-only center that is on the premises of an accredited or approved school will be considered to have met the qualifications . **Non-Certificated Teachers:** An individual who is not a certificated teacher must be at least 18 years of age and of good moral character, and must meet one of the following requirements: 1. Hold a bachelor's degree from an accredited college or university in early childhood education, education, or child/youth development; 2. Hold an associate degree from an accredited college or university in early childhood education, education, or child/youth development; 3. Have a Child Development Associate Credential; or 4. Have a high school diploma or GED; and (1) 1500 verified clock hours of experience in organized group activities for school-age children as indicated by a positive reference from a former employer or supervisor; or (2) Submit a written plan for Department approval to acquire at least three credit hours or 45 clock hours of training in administration, early childhood education, education, or child/youth development, in a period not to exceed six months.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

Child Care Center : The Director must be at least 19 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; have a CDA credential; or a high school diploma and 3,000 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 6 credit hours or 45 clock hours of training in early childhood.

School Age Only Child Care: The director must be at least 19 years of age and good moral character, and must meet one of the following requirements: 1. Hold a bachelor's degree from an accredited college or university in early childhood education, education, or child/youth development; 2. Hold a bachelor's degree from an accredited college or university and at least six credit hours in early childhood education, education, or child/youth development; 3. Have an associate degree from an accredited college or university in early childhood education, education, or child/youth development; 4. Have a Child Development Associate Credential; 5. Have completed six credit hours or 36 clock hours of

Department approved training in administration, early childhood education, education, or child/youth development. Business courses may be included, not to exceed one-half of the credit or clock hour requirements; or 6. Have a high school diploma or GED and 3,000 clock hours of verifiable experience in organized group activities for school-age children as indicated by a positive reference from a former employer or supervisor.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

Nebraska does not have license-exempt CCDF center-based child care programs.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

391 NAC 3-006.04, 391 NAC 4-006.05: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-391/Chapter-3.pdf, pg 24-25

391 NAC 4-006.04, 391 NAC 4-006.05: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-391/Chapter-4.pdf, pg 23-25

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

A provider must be 19 years of age, not engage in or have a history of behavior injurious to or which may endanger the health or morals of children, be a U.S. citizen or qualified alien lawfully present in the U.S.; and be able to understand and become familiar with licensing regulations; support staff must be at least 16 years of age. In addition, a Primary Provider in a Family Child Care Home II must be on the child care premises a sufficient number of hours to permit adequate attention to the management of the Family Child Care Home II.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

License-exempt CCDF family child home providers must be 19 years of age, not

engage in or have a history of behavior injurious to or which may endanger the health or morals of children, be a U.S. citizen or qualified alien lawfully present in the U.S.; and be able to understand and become familiar with CCDF regulations. Providers must meet all of the standards found in 392 NAC 4. Providers must complete Prepare to Care Health and Safety Orientation, maintain current certification of Pediatric First Aid and CPR training; and complete 4 hours of ongoing training annually.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

391 NAC 1-006.01: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-391/Chapter-1.pdf,
pg 15-16

391 NAC 2-006.01: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-391/Chapter-2.pdf,
pg 17

392 NAC 4: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-392/Chapter-4.pdf

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

Nebraska does not have licensed in-home child care providers.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

License-exempt CCDF in-home child care providers must be 19 years of age, not engage in or have a history of behavior injurious to or which may endanger the health or morals of children, be a U.S. citizen or qualified alien lawfully present in the U.S.; and be able to understand and become familiar with CCDF regulations. Providers must meet all of the standards found in 392 NAC 4. Providers must complete Prepare to Care Health and Safety Orientation, maintain current certification of First Aid and CPR training; and complete 4 hours of ongoing training annually.

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.1 -

5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Prevention and control of infectious diseases for all licensed CCDF providers includes proper disposal of garbage, hand washing, proper diapering and toileting practices, adequate spacing of sleep surfaces, disinfecting of sleep surfaces, and notification to parents of any reportable communicable disease. Immunization records must include: 1) documentation of age-appropriate immunization; 2) certification by a physician, advanced practice registered nurse, or physicians' assistant that immunization is not appropriate for a stated medical reason; or 3) a written statement that the parent or guardian does not wish to have the child immunized and the reason for that decision.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

License-exempt and CCDF providers: 392 NAC 4-004A, subsidy enrollment agreement, and associated Title 392 Guidance Document.

Licensed CCDF providers: 391 NAC 1-006.09, 391 NAC 2-006.09, 391 NAC 3-006.16, and 391 NAC 4-006.15.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement, and Title 392 Guidance Document.

Licensed CCDF providers: 391 NAC 1- 006.04, 391 NAC 2-006.04, 391 NAC 3-006.10, and 391 NAC 4-006.09.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All CCDF providers and staff, both licensed and license-exempt, must complete Prepare to Care, Nebraska's Health and Safety Pre-Service Orientation. License-exempt providers must complete the Pre-Service Orientation orientation before becoming enrolled in the subsidy program. Staff who work in a licensed setting must complete this within the first 3 months of employment. Supervision of staff is required until the training is completed.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

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

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with

child care providers.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To address SIDS and safe sleep, there are staffing requirements for nap/sleep times to ensure the safety of the children. Infants must sleep on their back unless there is a medical reason and written note from a physician. Providers must have appropriate sleeping surfaces for all. Sleep surfaces must not be the top level of a bunk bed for children age 5 and under, stackable cribs, waterbeds for children age 3 and under, and cots, cushions, futons, mats, or pillows for infants 12 months or under.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

License-exempt and CCDF providers: 392 NAC 4-004B, subsidy enrollment agreement, and associated Title 392 Guidance Document.

Licensed CCDF providers: 391 NAC 1- 006.04B, 391 NAC 2-006.04B, 391 NAC 3-006.09A, 006.22B, and 391 NAC 4-006.21B.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement,

and Title 392 Guidance Document.

Licensed CCDF providers: 391 NAC 1- 006.04, 391 NAC 2-006.04, 391 NAC 3-006.10, and 391 NAC 4-006.09.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

For all CCDF license-exempt providers and staff this topic is covered in Prepare to Care. Licensed providers and staff are also required to complete training developed by the Early Childhood Training Center on SIDS, safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All CCDF providers are required to follow the "Five Rights" when giving medication which include: 1.) The right drug; 2.) The right recipient; 3.) In the right dose; 4.) By the right route; and 5.) At the right time. Parent/caretaker must give written permission and instructions to the provider allowing administration of medication to a child. Providers must maintain the confidentiality of children receiving medication. Providers must follow proper handwashing before and after giving or applying medication. Medication must be properly stored and appropriate record-keeping must be maintained.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005C, subsidy enrollment agreement, and Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1-006.20, 391 NAC 2-006.20; 391 NAC 3-006.27; and 391 NAC 4-006.24.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement, and Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1-006.04, 391 NAC 2-006.04, 391 NAC 3-006.10, and 391 NAC 4-006.09.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All CCDF providers and staff, both licensed and license-exempt, must complete Prepare to Care, Nebraska's Health and Safety Pre-Service Orientation. License-exempt providers must complete the pre-service orientation before becoming enrolled in the subsidy program. Staff who work in a licensed setting must complete this within the first 3 months of employment. Supervision of staff is required until the training is completed.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also be sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A child's record must include a list of the child's allergies and intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

License-exempt and CCDF providers: 392 NAC 4-004D, subsidy enrollment agreement, and associated Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1-006.21; 391 NAC 2-006.21; 391 NAC 3-006.28, and 391 NAC 4-006.25.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement, and Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1- 006.04, 391 NAC 2-006.04, 391 NAC 3-006.10, and 391 NAC 4-006.09.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All CCDF providers and staff, both licensed and license-exempt, must complete Prepare to Care, Nebraska's Health and Safety Pre-Service Orientation. License-exempt providers must complete the pre-service orientation before becoming enrolled in the subsidy program. Staff who work in a licensed setting must complete this within the first 3 months of employment. Supervision of staff is required until the training is completed.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Physical environment standards include water and sewer requirements, appropriate square footage, safe, clean, and functional space for child care, and outdoor space. Physical environment standards must be designed, constructed, and maintained in a manner that is safe, clean, and functional for child care.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed Child Care Centers and Family Child Care Homes must meet sanitation, fire safety, and building codes through Fire Inspection and Sanitation Inspection approvals issued by a delegated authority by the Department before licensing. License Exempt providers are also expected to meet codes and may be required to get these approvals upon inspection of the facility, but this is not an initial requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

License-exempt and CCDF providers: 392 NAC 4-004E, subsidy enrollment agreement, and associated Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1-005.08, 391 NAC 2-005.09, 391 NAC 3-005.09, and 391 NAC 4-005.09.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement, and Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1- 006.04, 391 NAC 2-006.04, 391 NAC 3-006.10, and 391 NAC 4-006.09.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status

(i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Providers must be trained in recognizing and immediately reporting any signs of child

abuse or neglect, including shaken baby syndrome. Providers must be aware of the signs of abusive head trauma including bleeding in the eyes or retinal hemorrhaging which is unique to abusive head trauma and not likely to be seen in other injuries or accidents. Providers must call the Nebraska Child Abuse and Neglect Hotline.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For all CCDF providers, this is covered in Prepare to Care and CCDF regulations. There are no standards for non-CCDF school-age only licensed providers.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

License-exempt and CCDF providers: 392 NAC 4-004F, subsidy enrollment agreement, and associated Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1-006.04B; 391 NAC 2-006.04B; and 391 NAC 3-006.08A.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement, and Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1-006.04, 391 NAC 2-006.04, 391 NAC 3-006.10, and 391 NAC 4-006.09.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

For all CCDF providers, this is covered in Prepare to Care and CCDF regulations. There are no standards for non-CCDF school-age only licensed providers.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Providers are required to create an emergency preparedness plan in each of the following areas: evacuation; relocation; shelter-in-place; lockdown, reunification with families; continuity of operations; accommodations of infants and toddlers; accommodations of children with disabilities; accommodations of children with special needs; and complete fire and tornado drills. Licensing includes children with chronic physical or mental conditions as part of the definition for children with special needs. This applies for licensed CCDF and non-CCDF.

The CCDF license-exempt emergency preparedness workbook requires all license-exempt providers to create an emergency preparedness plan in each of the following areas: evacuation; relocation; shelter-in-place; lockdown, reunification with families; continuity of operations; accommodations of infants and toddlers; accommodations of children with disabilities; accommodations of children with special needs; and complete fire and tornado drills.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Current Child Care Licensing regulations do not address lockdown as part of emergency preparedness. All CCDF licensed and CCDF license-exempt providers are expected to utilize subsidy regulations and standards. Alignment with licensing regulations is pending proposed Title 391 regulations for licensed providers, which will include lockdown as part of emergency preparedness.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

License-exempt and CCDF providers: 392 NAC 4-004G, subsidy enrollment agreement, and associated Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1-006.23; 391 NAC 2-006.23; 391 NAC 3006.30; and 4-006.27.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement, and Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1- 006.04, 391 NAC 2-006.04, 391 NAC 3-006.10, and 391 NAC 4-006.09.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

CCDF license-exempt child care providers complete an Emergency Preparedness Workbook. This workbook guides providers to complete a plan that includes: evacuation; relocation; shelter-in-place; lockdown; communication and reunification with families; continuity of operations; accommodations of infants and toddlers; accommodations of children with disabilities; accommodations of children with chronic medical conditions; and emergency preparedness training and practice drills, including natural- and man-made disasters such as active shooter/violent intruders, fires, and tornados. Resource Developers (RD) train all license-exempt providers at the initial subsidy enrollment meeting. RD workers then review the workbook and complete any updates at the annual subsidy renewal visit. Licensed Child Care Centers and Family Child Care Homes must have written plans that address emergency preparedness and can create this as best suited for their business.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.



Pre-Service



Orientation within three (3) months of hire

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



Yes



No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update.

The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Proper diapering and toileting procedures including appropriate hand washing and disposal of waste in licensed Family Child Care Home and Centers. Proper storage of poisonous materials and medications in a safe and locked area to prevent access by children. Waterproof storage must be used for soiled or wet clothing. Providers must follow sewer requirements to maintain sanitation and must properly dispose of garbage and rubbish. All CCDF licensed and license exempt providers must also complete Prepare to Care Pre-Service orientation training where additional training on handling and storage of hazardous materials, including biofluids, is discussed.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed Family Child Care Homes and Centers must meet additional standards outlined in Child Care Licensing regulations. CCDF license-exempt providers are expected to maintain and follow proper storage, handling, and disposal of poisonous or hazardous materials.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

License-exempt and CCDF providers: 392 NAC 4-004H, subsidy enrollment agreement, and associated Title 392 Guidance Document. Licensed CCDF providers:

391 NAC 1- 006.16A, 391 NAC 1-006.25E, 391 NAC 1-006.24A(5); 391 NAC 2-006.25E, 391 NAC 2-006.16A, 391 NAC 2-006.24A(5); 391 NAC 3-006.10A(2), 391 NAC 3-006.32(2), 391 NAC 3-006.23B(1), 391 NAC 3-006.31A(5); 391 NAC 4-006.24F, 391 NAC 4-006.29E(2), 391 NAC 4-006.29E (6)(c)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement, and Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1- 006.04E, 391 NAC 2-006.04E, 391 NAC 3-006.10A, 391 NAC 3-006.10D1, 391 NAC 4-006.09A, and 391 NAC 4-006.09D.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All CCDF providers and staff, both licensed and license-exempt, must complete the pre-service orientation training, Prepare to Care. License-exempt providers must complete the pre-service orientation before becoming enrolled in the subsidy program. Staff who work in a licensed setting must complete this within the first 3 months of employment. Supervision of staff is required until the training is completed. Handling, storage, and disposal of harmful, poisonous, or hazardous materials, including bio-contaminants and biofluids, is covered in Prepare to Care training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

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

- Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

CCDF transportation policies include: no child left alone in a vehicle; proper vehicle insurance and registration; appropriate car seats; written permission from a parent; and first aid kit in the vehicle. Additionally, a provider, household member, or staff member with two or more driving under the influence charges pending, or convictions occurring within the last five years, or two of any combination of driving under the influence pending or convictions occurring within the last five years will have their enrollment revoked or denied. Providers and staff must also complete Prepare to Care, which also covers Transportation training.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed Child Care Centers and Family Child Care Homes must have documentation and be able to show that additional standards outlined in Child Care Licensing

regulations are being met. School-age children only may be transported with no staff in addition to the driver. CCDF license-exempt providers are not reimbursed for travel services.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed CCDF providers: 391 NAC 1-006.19; 391 NAC 2-006.19; 391 NAC 3-006.26; and 391 NAC 4-006.23. License-exempt and CCDF: 392 NAC 4-004(I)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed CCDF providers: 391 NAC 1- 006.04, 391 NAC 2-006.04, 391 NAC 3-006.10, 391 NAC 3-006.10C, and 391 NAC 4-006.09, 391 NAC 4-006.09C. License-exempt CCDF providers: 392 NAC 4-005

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Transportation safety is covered in Prepare to Care training, which is required for licensed and license-exempt CCDF providers. Child Care Center and School-age Center regulations require additional training for individuals who transport children on behalf of the program.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) training and certification are required for all CCDF child care providers and staff that work directly with children.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Pediatric First Aid and CPR training and certification are required for all CCDF providers and staff working with children. CCDF providers and staff must maintain current certification during the period they are enrolled as a CCDF provider. Expiration dates are dependent upon the issuing entity, but recertification is typically required every two years. Current Child Care Licensing regulations for Child Care Centers and School-age Centers do not require all staff to have CPR training and certification, as

long as one staff member with current CPR training is on the premises at all times during operation. Current Licensing regulations for all license types do not specify that providers and staff must be certified in 'pediatric' first aid and CPR. Proposed Title 391 regulations for licensed providers will specify CPR to be 'pediatric' first aid and CPR to align with CCDF regulations. CCDF providers, licensed and license-exempt are expected to utilize subsidy regulations. License-exempt providers who meet the definition of 'relative' as defined in 392 NAC 1-001.24 may not be required to complete pediatric first aid and CPR certification if approved by the Lead Agency as a relative exempt provider.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

License-exempt and CCDF providers: 392 NAC 4-004J, subsidy enrollment agreement, and associated Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1-006.04A; 391 NAC 2-006.04A; 391 NAC 3- 006.10E; and 4-006.09E.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement, and Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1- 006.04A, 391 NAC 1- 006.04F, 391 NAC 2-006.04, 391 NAC 3-006.10, and 391 NAC 4-006.09.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

New Child Care Center and Family Child Care Home II staff may begin employment without pediatric first aid and CPR certification so long as the training is obtained within the first three months of employment and a provider or another staff member who has CPR certification supervises them.

iii. To demonstrate compliance, certify by checking below how the state/territory

requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Providers must practice and have an understanding of recognizing and immediately reporting any signs of child abuse or neglect. If a provider notices an injury that is unexplained or not consistent with the explanation given and does not appear to be accidental, they must document and report. A provider must call the Nebraska Child

Abuse and Neglect Hotline. A provider should gather all relevant information before calling the hotline (i.e., child's name, date of birth, parent's names, phone numbers, addresses, physical indicators noticed, behaviors observed, etc.). In compliance with section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)), all adults are mandatory reporters of child abuse and neglect in Nebraska under Neb Rev Stat § 28-711.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

License-exempt and CCDF providers: 392 NAC 4-004K, subsidy enrollment agreement, and associated Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1-006.04B; 391 NAC 2-006.04B; 391 NAC 3- 006.08A; and 391 NAC 4-006.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement and Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1- 006.04, 391 NAC 2-006.04, 391 NAC 3-006.10, and 391 NAC 4-006.07.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Prepare to Care includes training on milestones including four key development areas- physical, intellectual, language & social emotional. Upon completion of the training, providers should be able to recognize developmental milestones for children ages 0 to 3 years. The training also covers: special needs inclusions, cultural responsiveness, understanding how to be more inclusive through intentional use of activities, understanding benefits of active indoor and outdoor play, and how to create a nutritious meal plan.

License-exempt and CCDF Providers: 392 NAC 4-005, subsidy enrollment agreement, and Title 392 Guidance Document. Licensed CCDF providers: 391 NAC 1- 006.04, 391 NAC 2-006.04, 391 NAC 3-006.08, 3-006.09, 3-006.10, and 391 NAC 4-006.09D.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All CCDF providers and staff, both licensed and license-exempt, must complete Prepare to Care, Nebraska's Health and Safety Pre-Service Orientation. License-exempt providers must complete the pre-service orientation before becoming enrolled in the subsidy program. Staff who work in a licensed setting must complete this within the first 3 months of employment. Supervision of staff is required until the training is completed.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Updates are provided to child care providers from their Child Care Inspection Specialist and Child Care Resource Developer. Updates are also sent via email and mail. Updates are posted on the CCDF and Licensing webpages. Child care providers can subscribe to the website to receive a notification every time there is an update. The Lead Agency provides updates to Early Learning Coordinators with the CCR&R and the Early Childhood Training Center, who also communicate training updates with child care providers.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete 6 hours of annual training.

b. License-exempt child care centers:

N/A

c. Licensed family child care homes:

Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete

6 hours of annual training.

d. License-exempt family child care homes:

CCDF license-exempt providers are required to complete 4 hours of annual training, At least 2 hours of training must be from the required health and safety topics annually.

e.Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

CCDF license-exempt in-home providers are required to complete 4 hours of annual training, At least 2 hours of training must be from the required health and safety topics annually.

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

All staff in licensed center settings, who are responsible for menu planning, food preparation, and food safety must complete 4 clock hours of training in nutrition and food safety within 30 days of employment and annually thereafter. All licensed providers must meet USDA requirements regarding food groups and serving sizes, meals and snacks must be appropriate to the needs of children in care, and weekly menus must be given to parents upon request. License-exempt providers are required to serve nutritious meals and snacks. Keep cooking areas, eating areas, and equipment clean and in good repair. Perishable foods served to children must be covered in containers.

b. Access to physical activity:

Describe:

Licensed programs must include indoor and outdoor play areas.

c. Caring for children with special needs:

Describe:

Licensed providers are required to assess their ability and the ability of all staff to provide care for children with special needs while meeting the needs of other children enrolled. Providers must have a written plan on how the evacuation of children with special needs will be conducted in the event of a disaster, fire, or tornado. Providers must have toilets and sinks designed to accommodate children with special needs.

d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

To ensure providers are competent and use safe and adequate Health and Safety Standards as expected in applicable regulations and statutes, Child Care Inspection Specialists complete unannounced inspections at the child care program at least annually for a program licensed to provide child care for fewer than 30 children and at least twice every year for a program licensed to provide child care for 30 or more children under Neb. Revised Statute §71-1912 of the Child Care Licensing Act. At each unannounced routine inspection the applicable Regulations Compliance Review

Licensing Checklist is used to determine if a program is: in compliance, not in compliance, the regulation is not applicable or not observed. At Family Child Care Homes I and II and programs with less than 30 children, an entire checklist is completed during the annual inspection and all regulations must be documented as in compliance, not in compliance, or not applicable. At programs requiring 2 annual inspections, the Regulations Compliance Review Licensing Checklist is completed in its entirety between the 2 inspections. This means every regulation must be observed between the two inspections conducted annually. This is conducted for all licensed and licensed CCDF providers. To ensure providers are competent and use safe and adequate Health and Safety Standards as expected in applicable regulations and statutes, Resource Developers (RD) complete annual reviews of all CCDF license-exempt providers. RD workers also complete annual reviews with all CCDF licensed providers. At the time of review, for both CCDF license-exempt and CCDF licensed providers, compliance of Health and Safety Standards are discussed and reviewed as part of the subsidy agreement.

[b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.](#)

All CCDF providers and staff, both licensed and license-exempt, must complete Prepare to Care, Nebraska's Health and Safety Pre-Service Orientation. Resource Development requires the provider to submit a completion certificate of this course for each person who is responsible for the care and supervision of children before approving them.

[c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.](#)

Before a provisional license is issued, Children's Services Licensing must receive documentation and/or letter of zoning approval or Certificate of Occupancy from the relevant jurisdiction at the time of application. To ensure the location of the program meets zoning codes for any child care license type, this documentation must be obtained from the local city planning department or county office which covers the location of the child care program. A program located on the premises of an operating school is not required to submit zoning approval but must submit a statement identifying this exemption. Each city has specific additional requirements, such as carbon monoxide detectors, impact fees, zoning information, and/or additional county/city health and safety training that are noted, when applicable, on the Children Care Licensing webpage. Per

Nebraska Revised Statute 71-1911.03, an applicant for a license under the Child Care Licensing Act shall provide to the department written proof of liability insurance coverage of at least one hundred thousand dollars per occurrence before issuance of the license. Failure by a licensee to maintain the required level of liability insurance coverage shall be deemed noncompliance with the Child Care Licensing Act. Liability ensures child care programs have insurance coverage if a health and safety incident occurred. Before the provisional license issuance, Children's Services Licensing must ensure a standard process for ensuring adequate documentation is maintained to support compliance with health and safety requirements specific to fire and sanitation inspections in licensed child care programs. Children's Services Licensing makes referrals for these mandatory pre-licensure inspections per policy. Fire Safety & Health Inspection approvals are a requirement before a provisional license is issued in most Nebraska communities. Every two years thereafter for Child Care Centers and School Age Only Child Care (not located in a school or hospital), Children's Services Licensing is required to make a referral for an updated fire and sanitation inspection. Children's Services Licensing has developed a robust policy and procedure to ensure the referrals are made timely and followed up on if the updated inspection is not received. The Nebraska Environmental Services office, State Fire Marshal office, and qualified delegated fire and local environmental health authorities receive these referrals and respond to Children's Services Licensing requests for two-year renewal health and safety inspections. All previously mentioned agencies also respond to any referrals made by Children's Services Licensing related to investigation support for any child care provider type. These requirements are located in 391 NAC 1, 2, 3, and 4; Neb. Revised Statute § 71-1913 and 71-1910; 81-502 and 81-505.01.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and

fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

A child care center cannot be used for a child care program until initial inspections have been completed. This inspection is scheduled with the Child Care Inspection Specialist and the applicant within 30 days of a completed application for a provisional license. A fire inspection completed by the fire marshal as well as a sanitation inspection completed by a designee of the Department must also be completed to ensure compliance. Any issues must be addressed and corrected before a license being issued.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Nebraska law requires at least one unannounced annual inspection to programs with capacities of less than 30. For those programs with capacities of 30 or more, the law requires at least 2 unannounced inspections. Additional inspections will occur based on complaints or discipline monitoring. A compliance review checklist is used at each unannounced inspection to determine if the provider complies with regulations and standards.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
 B. More than once a year

Describe:

Child Care Inspection Specialists complete unannounced inspections at the child

care program at least annually for a program licensed to provide child care for fewer than 30 children and at least twice every year for a program licensed to provide child care for 30 or more children under Neb. Revised Statute §71-1912 of the Child Care Licensing Act.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

391 NAC 3-005, 391 NAC 4-005

5.4.2 Inspections for licensed CCDF providers.

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

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

A family child care home provider cannot be a licensed child care program until initial inspections have been completed. This inspection is scheduled with the Child Care Inspection Specialist and the applicant within 30 days of a completed application for a provisional license. A fire inspection completed by the fire marshal as well as a sanitation inspection completed by a designee of the Department must also be completed to ensure compliance. Any issues must be addressed and corrected before a license being issued.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

Nebraska law requires at least one unannounced annual inspection to programs with capacities of less than 30. For those programs with capacities of 30 or more, the law requires at least 2 unannounced inspections. Additional inspections will occur based on complaints or discipline monitoring. A compliance review licensing checklist is used at each unannounced inspection to determine if the provider complies with regulations and standards.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

391 NAC 1-005; 391 NAC 2-005

5.4.2 Inspections for licensed CCDF providers.

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

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

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

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Child Care Inspection Specialist, administrated by Children's Services Licensing in the Division of Public Health.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

N/A; Nebraska does not have license-exempt center-based CCDF providers

i. Provide the citation(s) for this policy or procedure

N/A

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Nebraska's license-exempt population consists only of family, friends, and neighbors. License-exempt providers are all CCDF providers and are assigned a Resource Developer. The Resource Developer completes announced pre-inspections and annual inspections on the provider's home to ensure health, safety, and fire standards are met. Monitoring is completed by a physical walk-through of the home, completing a health and safety checklist. Any identified compliance issues require a follow-up inspection within an agreed-upon timeframe to continue being a provider. Resource Developers also complete unannounced inspections as necessary related to complaints related to the services being provided. Monitoring can occur more than once a year if the Resource Developer deems it necessary.

i. Provide the citation(s) for this policy or procedure

392 NAC 4-006

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

The Lead Agency funds in-home child care (care provided in child's home) with state dollars; no CCDF funds or state matching funds are used. The Lead Agency does not conduct inspections of in-home providers or post annual inspections and monitoring reports for in-home child care subsidy providers. The Lead Agency has policies and procedures in place to monitor in-home child care providers. These include initial and annual in-person meetings between the Lead Agency and the in-home provider to renew the child care subsidy provider agreement; signed checklist agreement between the provider and client stating they understand subsidy rules and regulations; annual state repository checks; required CPR and First Aid training; required to Prepare to Care (Health and Safety) training; completion of the emergency preparedness workbook; and required 4 hours of annual training.

b. Provide the citation(s) for this policy or procedure.

392 NAC 4-003

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

The Lead Agency is responsible for conduction inspections of the license-exempt CCDF providers.

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

State of Nebraska Class Specification for a Child Care Inspection Specialist states these individuals must graduate from an accredited 4-year college or university with a specialization in elementary/early childhood education, human development, sociology, psychology, child development, social work, nursing, or a related field. They must also have experience as an inspector/complaint investigator in human services licensing, child welfare investigator, and/or children's services provider at the level licensee, director, or assistant director of a child care center. During the first 6 months of employment, new Child Care Inspection Specialists are expected to learn regulations, statutes, policies, and procedures related to licensed child care providers. They shadow experienced Specialists for the first 6 months, and once they begin to complete their inspections, their reports are monitored by supervisors until it has been determined they are competent to complete inspections independently.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Child Care Inspection Specialists receive on-the-job health and safety training. Child Care Inspection Specialists take training throughout a year which must be equivalent to 12 hours of training. When a staff member is new, it has been the standard practice that they attend the in-person training orientation required for Family Child Care Home I and II licensees. Child Care Inspection Specialist and Child Care Licensing Supervisors hired after September 2020, must take the Prepare to Care module and Family Child Care Home orientation video within the first 6 months of employment. Child Care regulations and statutes are also part of the training materials and can be located on the Child Care Licensing home page.

c. Provide the citation(s) for this policy or procedure.

Class code for this position is X62710 and is a job specification that can be found on Nebraska Department of Administrative Services:

<https://das.nebraska.gov/personnel/classcomp/jobspecs/jobspecs-C.html>

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

The Lead Agency does not have a policy/procedure regarding the ratio of licensing inspectors to child care programs. Nebraska law states that all licensed child care programs must have at least one unannounced inspection if the program has a capacity of less than 30 and at least two unannounced inspections if the program has a capacity of 30 or more. These inspections must be done annually. Inspections are monitored monthly to ensure they are on track to be completed by the end of the year. If an area has had more complaints or staff vacancies inspections are re-assigned to another staff. Metro areas have larger centers which, if over a licensing capacity of 30 would require

two unannounced inspections within a year. An estimation of the number of annual/semi-annual inspections at the beginning of the year is made to adjust staff/program ratios for the year. Metro areas with larger centers can average 1:125 and rural areas in the state, where there are smaller facilities that do not require as many inspections but require more traveling, can average 1:55. Every January caseloads and supervisory caseload assignments are reviewed to account for any changes in child care provider populations and growth. Most caseloads have approximately 150 required annual routine inspections to complete within an average of 250 annual working days.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

N/A; this is based on agency procedure.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Neb. Revised Statute §71-1912

391 NAC 1-006.02A

391 NAC 2-006.02A

391 NAC 3-006.03A

All other providers eligible to deliver CCDF Services

Citation:

392 NAC 4-002.03 (A))(i)(1)(a), Neb. Revised Statute §68-1202 and §71-1912

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Sex Offender Registration Act (Neb. Rev. Stat. §§29-4001 to 29-4014)

Neb. Revised Statute §71-1912

391 NAC 1-006.02B

391 NAC 2-006.02B

391 NAC 3-006.03B

391 NAC 4-006.03B

All other providers eligible to deliver CCDF Services

Citation:

392 NAC 4-002.03(A)(i)(1)(b), Neb. Revised Statute §68-1202 and §71-1912

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

391 NAC 1-006.02B

391 NAC 2-006.02B

391 NAC 3-006.03B

All other providers eligible to deliver CCDF Services

Citation:

392 NAC 4-002.03(A)(i)(1)(c), Neb. Revised Statute §68-1202 and §71-1912

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

Neb. Revised Statute §71-1912

All other providers eligible to deliver CCDF Services

Citation:

Neb. Revised Statute §68-1202 and §71-1912

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

Neb. Revised Statute §71-1912

391 NAC 1-006.02B

391 NAC 2-006.02B

391 NAC 3-006.03B

All other providers eligible to deliver CCDF Services

Citation:

Neb. Revised Statute §68-1202 and §71-1912

392 NAC 4-002.03(A)

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

Neb. Revised Statute §71-1912

391 NAC 1-006.02

391 NAC 2-006.02

391 NAC 3-006.03

391 NAC 4-006.03

All other providers eligible to deliver CCDF Services

Citation:

Neb. Revised Statute §68-1202 and §71-1912

392 NAC 4-002.03(A)

392 NAC 4-002.03(A)(i)(1)

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

Neb. Revised Statute §71-1912

391 NAC 1-006.02B

391 NAC 2-006.02B

391 NAC 3-006.03B

All other providers eligible to deliver CCDF Services

Citation:

392 NAC 4-002.03(A)(i)(1),

Neb. Revised Statute §68-1202 and §71-1912

iii. Child abuse and neglect registry and database in any other state where the

individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

Neb. Revised Statute §71-1912

391 NAC 1-006.02B

391 NAC 2-006.02B

391 NAC 3-006.03B

All other providers eligible to deliver CCDF Services

Citation:

Neb. Revised Statute §71-1912 and §68-1202

392 NAC 4-002.03(A)

392 NAC 4-002.03(A)(i)(1)

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

Neb. Rev. Stat. §68-1202 and §71-1912 require all licensed, licensed CCDF and CCDF non-licensed child care staff members and individuals residing in a child care home who are 18 years of age or older to submit criminal history background checks. An application

must be completed for each required individual.

An applicant gives consent for Children's Services Licensing to check Nebraska and out-of-state registries and databases, as well as to disseminate the employment eligibility status to the identified child care program listed on the application. Applicants and household members over age 18 must submit to fingerprint-based national background checks that satisfy the requirement of completing a criminal registry and sex offender registry check. The process for requesting fingerprint checks can be found on the Children's Services Licensing webpage (<https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>) as well as on the Child Care Subsidy webpage (<https://dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx>).

Instructions for completing the application can be found on the application. Once a licensed child care provider determines they have a prospective employee and want to have them determined eligible for employment, they can initiate the background check process by using the Fingerprint Criminal History Check Application available on the Children's Services Licensing home page. New License Exempt providers will receive their fingerprint application in their Provider Packet from the Lead Agency once referred as a provider by the family for which they will be providing care. Additional copies of the fingerprint application are available on the Subsidy webpage listed above.

License Exempt providers who meet the definition of relative as defined in 392 NAC 1-001.24 may be exempt from fingerprint-based checks, but must still submit to criminal registry and sex offender registry checks by submitting a Consent and Authorization for Release of Information Form to their Resource Developer. A License Exempt relative is defined as a grandparent(s), great grandparent(s), step-grandparent(s), sibling(s) or stepsibling(s), aunt(s), or uncle(s). The exemptions must be approved by the Lead Agency.

The application for the national and in-state fingerprint based criminal background check is completed and submitted to the Nebraska State Patrol at the fingerprinting appointment. The Nebraska State Patrol completes a national and in-state fingerprint-based background check. The application is also submitted to Children's Services Licensing, who receives the background check results from the State Patrol and issues an eligibility determination based upon those individual results and in accordance with Child Care Licensing NAC 392 and Child Care Subsidy NAC 391.

Applicants must also complete and submit Abuse and Neglect Central Registry checks through the Lead Agency.

<https://dhhs.ne.gov/pages/abuse-and-neglect-central-registry.aspx>.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The fee for completing a fingerprint criminal background check is \$45.25. This fee covers the national fingerprint criminal history record check, State of Nebraska fingerprint criminal history record check, and state and national sex offender registry checks.

<https://statepatrol.nebraska.gov/services/fingerprinting>.

Children's Services Licensing completes checks in any other state where the individual has resided in the past 5 years. Currently, there is no additional fee for these checks.

In March 2020, the Lead Agency started paying the \$45.25 cost for national fingerprint criminal background checks for all CCDF providers and providers who were licensed before 10/1/19. Starting March 2021, the Lead Agency expanded this support and is paying the \$45.25 cost for all new and existing child care providers and household members. This is set to expire on 9/30/2021.

The Lead Agency charges a fee to process a Central Registry check within Nebraska.

- DHHS Central Registry check fee: \$2.50
- Online Identity Verification fee: \$1.00
- Online payment processing fee: \$1.50

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and

received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Prospective staff members must have completed fingerprint-based criminal background checks and been found eligible for employment in a child care program by Children's Services Licensing before they begin employment in a licensed or CCDF license-exempt program. Neb. Rev. Stat. §68-1202 and §71-1912.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Once a child care provider determines they have a prospective employee and want to have them determined eligible for employment, they can initiate the background check process by using the Fingerprint Criminal History Check Application available on the Child Care Licensing home page <https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>. Instructions for completing and submitting the form are on the Fingerprint Criminal History Application. Applications are submitted to Children's Services Licensing. By submitting an application, an applicant gives consent for Children's Services Licensing to check Nebraska and out-of-state registries and databases, as well as to disseminate the employment eligibility status to the identified child care program listed on the application. The applicant lists the previous states of residency in the last 5 years. Currently, Children's Services Licensing requests the background check information from the previous state(s) of residency for the applicant. If additional documentation is necessary from the prospective employee they are sent a request to complete the applicable paperwork or information from Children's Services Licensing. If there is no additional documentation necessary, Children's Services Licensing will complete the check. Currently, Children's Services Licensing pays for all fees for these checks.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

To ensure all necessary background check components are completed every 5 years,

Children's Services Licensing will use the License Issuance System to remind child care providers, staff, contract workers, and volunteers 90 days (earliest this will happen is July 1, 2024) before the expiration of the checks for:

- Criminal registry or repository using fingerprints in the current state of residency
- Sex offender registry or repository check in the current state of residency
- FBI Fingerprint Check
- National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search
- Child abuse and neglect registry and database check in the current state of residency
- Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.
- Sex offender registry or repository in any other state where the individual has resided in the past 5 years.
- Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years.

Children's Services Licensing will use the License Issuance System to send alerts to the designated background check team members when 1) a child care employee has 30 days until the employment eligibility expires (won't occur until September 1, 2024) and 2) the day the eligibility expires and has not been extended via a new eligibility determination based off of current background check results (the earliest this will happen is October 1, 2024). At 30 days, a letter will be sent to the child care program (via email) and the individual (via email if known otherwise via mail) reminding them that an eligibility determination needs to be made prior to the 5 year expiration date of the previous eligibility date. At the eligibility expiration date, the child care program and the individual will receive an employment ineligibility letter. During any routine inspection or complaint investigation, employee files are subject for review. If a Child Care Inspection Specialist determines an employment eligibility has expired, the child care program is considered non-compliant with the background check statute and must come into compliance. A non-compliance with this statute is grounds for immediate employment ineligibility for the employee and the child care program is subject to a negative action or disciplinary action issued against their license.

[f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.](#)

Once a child care provider determines they have a prospective employee and want to have them determined eligible for employment, they can initiate the background check

process by using the Fingerprint Criminal History Check Application available on the Children's Services Licensing home page. In the Questions and Answers document located at the Child Care Licensing home page, there is information about being separated from employment in child care and the requirement to be re-fingerprinted. Once the rollout for current providers ends September 30, 2021, the fingerprint application will indicate that anyone separated from employment for 180 days needs to re-submit fingerprints with an additional employment determination made. Child Care Inspection Specialists review the requirements for fingerprinting with the licensee, primary provider and/or director at the time of in-person provisional or primary provider/director approval. In addition, information related to background checks are included in the licensee, primary provider and/or director orientation.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>

<https://dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx>

<https://dhhs.ne.gov/licensure/CC%20Background/ChildCareCriminalHistoryCheckApplication.pdf>

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple

agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Criminal registry or repository using fingerprints in the current state of residency (non-fingerprint)

- The Lead Agency completes this check.

The Children's Services Licensing Program Manager or the Program Specialist make the prospective staff members in licensed child care employment determination using Regulations 391 NAC 1-006.02, 391 NAC 2-006.02, 391 NAC 3-006.03, and 391 NAC 4-006.03 specific to the disqualifying crimes and registry checks.

The Children's Services Licensing Program Manager or the Program Specialist makes the prospective staff members in a license-exempt program employment determination using Regulations 392 NAC 4-002.03 specific to the disqualifying crimes and registry checks.

When an application for background checks is received, the Children's Services Licensing staff immediately add the application detail into the License Information System and begin the necessary checks they are designated to complete. The Lead Agency's License Information System has been designed to connect with the Nebraska State Patrol System. This entry authorizes the Nebraska State Patrol to complete the necessary checks. Once the Nebraska State Patrol receives the fingerprint and payment they initiate the necessary check. The applicant submits the Child Abuse and Neglect Registry check form for Nebraska to the Department of Health and Human Services.

The Nebraska State Patrol completes all the necessary checks within 7-10 days. The Lead Agency completes the Child Abuse and Neglect Registry check within 7-14 days.

Children's Services Licensing completes the required in-state checks within 5 business days. If there are any out-of-state checks needed, Children's Services Licensing initiates this inquiry within 2 business days of receiving the application. In most situations, an eligibility determination can be made within an average of 25 days. Children's Services Licensing maintains documentation regarding the timeframes from initiation of the background check until the eligibility for employment is determined.

[b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.](#)

The Nebraska State Patrol completes the:

- Criminal registry or repository using fingerprints in the current state of residency
- FBI Fingerprint Check
- National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

The procedure for eligibility determination remains the same.

[c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. \(Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state\(s\) within the previous five years\).](#)

Children's Services Licensing completes:

- Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.
- Sex offender registry or repository in any other state where the individual has resided in the past 5 years.
- Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years.

At the time the application is entered into the License Information System, it is determined by reviewing the application that the applicant has resided in a different state. Children's Services Licensing designated staff begins the process for getting the registry and criminal checks. In most situations, an eligibility determination can be made within an average of 25 days. Children's Services Licensing maintains documentation regarding the timeframes from initiation of the background check until the eligibility for employment is determined. All notes and steps taken to get the information is documented systematically in an applicant-specific document.

Results from the various criminal record checks are reviewed and matched against the

disqualifying crimes in the child care licensing regulations or child care subsidy regulations (whichever applies) and an eligibility is determined. A letter stating "eligible" or "ineligible" is sent to the child care provider requesting the document and the applicant (prospective employee, household member, contract employee or volunteer OR through September 30, 2021, **existing** employee, household member, contract employee or volunteer). If an ineligibility is determined, the individual is given the reason(s) why this occurred and can appeal the Department's decision and proceed to an administrative hearing. If a hearing occurs, the final eligibility is determined by the applicable DHHS division director.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

Children's Services Licensing and ensure checks in-state are completed within the given timeframe, however, cannot guarantee that for out-of-state checks. Children's Services Licensing will issue an eligibility letter to the program and individual if the national and state fingerprint checks, national and current state sex offender checks, and in-state child abuse and neglect registry checks are complete. The eligibility letter will state that the individual must remain continuously supervised until all results are back. Throughout the 45 days, the Lead Agency is in communication with the applicant and may ask for their assistance in obtaining any documentation.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The procedures will be conducted the same as someone who has listed that they have resided in a different state within the last 5 years. This process will require checks of:

- Criminal registry or repository using fingerprints in the current state of residency
- Sex offender registry or repository check in the current state of residency
- Child abuse and neglect registry and database check in the current state of residency
- FBI Fingerprint Check
- National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search
- Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.
- Sex offender registry or repository in any other state where the individual has resided

in the past 5 years.

- Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Employees from state agencies outside of the State of Nebraska may request a criminal history through the Nebraska State Patrol.

<https://statepatrol.nebraska.gov/services/criminal-history-record-requests>

The Nebraska State Patrol will provide an Arrest and Prosecution (RAP) sheet for individuals by request as indicated on the provided webpage. Nebraska Statute 29-3523 requires certain information to be redacted from the public record if certain circumstances apply. These circumstances include the following:

- In the case of an arrest for which no charges are filed as a result of the determination of the prosecuting attorney the criminal history information shall not be part of the public record after one year from the date of arrest.
- In the case of an arrest for which charges are not filed as a result of completed diversion, the criminal history information shall not be part of the public record after two years from the date of arrest.
- In the case of an arrest for which charges are filed, but dismissed by the court on motion of the prosecuting attorney or a result of a hearing not the subject of a pending appeal, or following completion of drug, problem solving court or other approved court order program, the criminal history information shall not be part of the public records immediately upon dismissal or acquittal.

There are two types of criminal history reports that the Nebraska State Patrol provides.

1. Name-based criminal history reports - A name-based search is the most accessible method of obtaining a criminal history on an individual. You can request a criminal history report on anyone that you want if you are willing to pay the nominal fee. Nebraska criminal history information is provided based on a search of the name and date of birth provided on a request form. The requestor MUST provide at least the name and date of birth but additional information such as social security number and maiden or previous names is also helpful.
2. Fingerprint-based national background checks - Fingerprint-based background checks provide a nationwide criminal history record. This information is based on a search of the state and national criminal history database based on the subject's fingerprints. These checks are more costly than name-based checks and are also not available to just anyone. Nationwide fingerprint-based criminal history checks are only available if it is required by a state or federal law.

There are three ways in which to request a Nebraska criminal history report:

1. You may request an online criminal history for a fee of \$15.50.

<https://www.nebraska.gov/apps-nsp-limited-criminal/>

2. You may bring your completed Criminal History Record Request form along with a payment of \$12.50 (cashier's check, personal check, or money order) in-person to the Criminal Identification Division office.

3. You may mail a completed Criminal History Record Request form along with a payment of \$12.50 (cashier's check, personal check, or money order) to the Criminal Identification Division.

To submit in person or by mail, download and complete the Nebraska State Patrol Criminal History Record Request form.

For questions, contact the State Patrol General Information line at (402) 471-4545.

*Nebraska is not currently a participant in the National Fingerprint File or National Crime Prevention and Privacy Compact.

[b. Interstate Sex Offender Registry Check Procedures](#)

[Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose \(i.e., for purposes of determining employment eligibility\).](#)

Employees from state agencies outside of the State of Nebraska may conduct a name-based search through the Nebraska State Patrol. This process is outlined above in 5.5.5a.

Nebraska state law requires sex offenders to register with local law enforcement agencies as provided by the Sex Offender Registration Act. The Nebraska Sex Offender Registry is a free, public-facing site used to provide public notice and information about a registrant in an effort to protect communities.

Nebraska's public-facing Sex Offender Registry can be accessed at

<https://sor.nebraska.gov/>.

[c. Interstate Child Abuse and Neglect Registry Check Procedures](#)

[Provide a description of how the state or territory responds to interstate child abuse and](#)

neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency is also the agency responsible for maintaining records in the Nebraska Adult and Child Abuse and Neglect Central Registry. Requests for central registry checks should be submitted via the Child/Adult Abuse and Neglect Central Registry Portal.

Central Registry checks can be completed by the individual (self) or by the business/organization on behalf of the individual. Additional details can be found at <https://dhhs.ne.gov/Pages/Central-Registry-Applicant.aspx>.

Instructions for how to complete the background check on the portal can be found here: <https://dhhs.ne.gov/Pages/Central-Registry-Applicant.aspx>.

DHHS charges a fee to process a Central Registry check. Payment is required before any Check Request can be submitted to DHHS.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>: Under Federal Mandate Requires National Criminal History Record Checks, select Out of State Request for Nebraska Child Abuse and Criminal Record

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>: Under Federal Mandate Requires National Criminal History Record Checks, select Out of State Request for Nebraska Child Abuse and Criminal Record

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number

- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>: Under Federal Mandate Requires National Criminal History Record Checks, select Out of State Request for Nebraska Child Abuse and Criminal Record

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

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

Licensed Child Care: In all regulations 391 NAC Chapters 1-4

Permanent Child Care Disqualification: An individual is permanently disqualified from holding a child care license or working as a staff member or volunteer in a CHILD CARE if s/he has a criminal history that includes conviction of any unlawful act endangering the health or safety of another individual. Such convictions include crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the sale, distribution, or procurement of a controlled substance, or crimes involving moral turpitude on the part of the individual. These crimes include, but are not limited to: 1.) Aggravated or armed robbery; 2.) Assault, first or second degree; 3.) Child abandonment; 4.) Child abuse; 5.) Child molestation or debauching a minor; 6.) Child neglect; 7.) Commercial sexual exploitation of a minor; 8.) Domestic violence; 9.) The exploitation of a minor involving drug offenses or conviction of drug offenses that involved a minor; 10.) Felony controlled substances offenses, other than possession; 11.) A felony violation of custody; 12.) Incest; 13.) Kidnapping; 14.) Murder, first or second degree; 15.) Sexual abuse of a minor; 16.) Sexual assault; 17.) Sexual exploitation of a minor, including child pornography; or 18.) Voluntary manslaughter.

Twenty-Year Disqualification: An individual is disqualified from holding a child care license or working as a staff member or a volunteer in a Family Child Care Home II if s/he has a criminal history that includes a conviction in the last 20 years of 1.) Arson; 2.) Criminal non-support; 3.) Felony possession of controlled substance offenses; 4.) Felony theft; or 5.) Robbery. The 20-year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility, is not included in the calculation of the 20 years of disqualification. If the individual has more than one conviction, the 20-year disqualification begins the date the most recent conviction became final.

Five-Year Disqualification: An individual is disqualified from holding a child

care license or working as a staff member or a volunteer in a Family Child Care Home II if s/he has a criminal history that includes a conviction in the last five years of 1.) Burglary; 2.) Driving under the influence: two or more convictions; 3.) Felony bad check writing; 4.) Misdemeanor controlled substances offenses; 5.) Misdemeanor contributing to the delinquency of a child; or 6.) Misdemeanor theft. The five-year disqualification begins the date the conviction became final.

Any time the individual is incarcerated, either in jail or a state or federal correctional facility, is not included in the calculation of the five years of disqualification. If the individual has more than one conviction, the five-year disqualification begins the date the conviction became final.

An applicant, licensee, staff member, volunteer, or household member, must not have had his/her rights as a parent terminated by a Court because of a finding of abuse or neglect of a child or inability to care for a child.

CCDF Subsidy and License Exempt Child Care: In 392 NAC Chapter 4

SPECIAL CRIMINAL HISTORY. Child care provider enrollment will be revoked or application denied when the child care provider, staff member, or household member has a conviction in any of the following areas: 1.) Child pornography; 2.) Child or adult abuse or endangerment; 3.) Driving under the influence: two or more driving under the influence charges are pending, or convictions have occurred within the last five years, or two of any combinations of driving under the influence charges pending or convictions occurred within the last five years; 4.) Domestic abuse or assault, including spousal abuse; 5.) Shoplifting after age 19 and within the last three years; 6.) Felony fraud within the last 10 years; 7.) Misdemeanor fraud within the last five years; 8.) Termination of provider status for cause from any Department program or Child and Adult Care Food Program within the last 10 years; 9.) Possession of any controlled substance within the last five years; 10.) Possession of a controlled substance with intent to deliver within the last 10 years; 11.) Manufacture of any controlled substance within the last 10 years; 12.) Assault or battery with or without a weapon; 13.) Prostitution or solicitation of prostitution within the last five years; 14.) Felony or

misdemeanor robbery or burglary within the last 10 years; 15.) Rape or sexual assault; 16.) Murder, including manslaughter; 17.) Is a registered, or is required to be registered on a State or National Sex Offender Registry or repository; 18.) Any crime against a child; 19.) Kidnapping; 20.) Animal cruelty, abuse, or neglect; 21.) Arson; or 22.) Any other crimes jeopardizing the safety of a child or vulnerable adult.

ADDITIONAL CRIMES. Child care provider enrollment will be revoked or application denied when the child care provider, staff member, or household member has a conviction or pending charges for crimes including, crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, or crimes involving moral turpitude.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Applicants and the requesting child care program receive a copy of the letter notifying them eligible for employment. The eligibility letter does not list any criminal convictions or registry findings. Individuals who are deemed ineligible are sent the ineligible letter noting the criminal offenses and regulations noting the criminal disqualification. The letter will also state how the individual can appeal the determination. A letter is sent to the requesting child care program noting the prospective employee is not deemed eligible. Details will not be shared about the specific disqualifications. In addition, a child care program requesting this detailed information will not be given convictions of any eligible or ineligible regarding the applicant.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

The State of Nebraska has an appeal hearing process for people ineligible for employment for any disqualifying crime listed in the regulations, which includes felony drug offenses.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal

Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

If the prospective employee chooses to challenge the ineligibility decision, the letter they receive gives them instructions to appeal. Requesting this appeal includes an appeal regarding the assessment of the: criminal registry or repository using fingerprints in the current state of residency; sex offender registry or repository check in the current state of residency; child abuse and neglect registry and database check in the current state of residency; FBI Fingerprint Check; National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search; criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional; sex offender registry or repository in any other state where the individual has resided in the past 5 years; or child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years.

The letter states:

"This determination decision will become final unless you request a hearing to appeal the determination. Such hearing request must be made in writing and received by the Department within thirty (30) days of the date of this letter.

If you request a hearing, you will be notified of the date, time, and place of the hearing and other pertinent information as required by law. You may request a copy of the Department's Rules of Practice and Procedure that further explain your rights in relation to that hearing. Following the hearing, the Director will enter an order setting forth the decision. The Director may:

1. Uphold the Program's determination; or
2. Modify the Program's determination.

If you do not respond in writing requesting a hearing, your eligibility determination is upheld without further notice, effective 30 days from the date of this letter.

If you have questions, please contact Lindsay Braddock, Program Manager, Children's Services Licensing, Licensure Unit, Division of Public Health, P.O. Box 94986, Lincoln, NE 68509-4986; phone 402-471-9193; e-mail lindsay.braddock@nebraska.gov"

If an appeal hearing is requested the Hearing Office will follow requirements pursuant to

184 NAC 1 and 465 NAC 6.

https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-184/Chapter-1.pdf

https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-465/Chapter-6.pdf

If the ineligible determination is based on alleged inaccurate information, the applicant must contact the Nebraska State Patrol about the: criminal registry or repository using fingerprints in the current state of residency, sex offender registry or repository check-in Nebraska, FBI Fingerprint background check, and the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR). The Nebraska State Patrol will assist the person with identifying the source and provide an additional point of contact.

If the ineligible determination is based on alleged inaccurate information, the applicant must contact the original state for criminal registry or repository in any other state where the individual has resided in the past 5 years (non-fingerprint based), sex offender registry, or repository in any other state where the individual has resided in the past 5 years and child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years. The Department of Human Services will assist the person with identifying the source and provide an additional point of contact.

If the child abuse and neglect registry and database check in Nebraska is alleged to be inaccurate, the applicant must contact the Central Registry staff. Details can be found at: <https://dhhs.ne.gov/Pages/Abuse-and-Neglect-Central-Registry.aspx>

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

The appeals process is the same. The Lead Agency will assist the applicant in determining a contact person for any non-Nebraska check if the information the Lead Agency received is alleged to be inaccurate.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

The appeals process is the same. The Lead Agency will assist the applicant in

determining a contact person for any non-Nebraska check if the information the Lead Agency received is alleged to be inaccurate.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.

- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.

- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.

- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

- i. Criminal registry or repository using fingerprints in the current state of residency

- ii. Sex offender registry or repository in the current state of residency

- iii. Child abuse and neglect registry and database check in the current state of residency
- iv. FBI fingerprint check
- v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
- vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
- vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
- viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

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

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to

work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Nebraska's Core Competencies for Early Childhood Professionals:

Core Competencies are what all adults who work with children need to know, understand, and be able to do. Following the voluntary guide will provide practical, usable, and reasonable goals to assist early childhood educators in supporting each child's development and school readiness in any setting or capacity

Bloom's Taxonomy (Revised) was used to guide the revision of the Nebraska Core Competencies. The four levels advance in difficulty as each builds upon the previous one. There is an expectation that a person working at any level should have the skills of the previous levels in that specific area. This framework provides a roadmap for professional learning design. It does not equate to any specific credential, license, or certification.

There are nine areas of knowledge and skill in Nebraska's Core Competencies:

A. Child Growth and Development.

B. Health, Safety, and Nutrition

- C. Learning Environments
- D. Planning, Learning Experiences, and Curriculum
- E. Relationships and Social-Emotional Guidance
- F. Observation, Documentation, and Assessment
- G. Partnerships with Families and Communities
- H. Professionalism and Leadership
- I. Administration, Program Planning, and Development

To assist educators in achieving their professional goals, a self-assessment tool is available in both English and Spanish. It helps the practitioner identify strengths and areas for improvement.

The following is a link to the English Self-Assessment tool:

<https://www.education.ne.gov/oec/core-competencies/>

Once areas for growth are identified, then resources and professional development opportunities can be explored to meet those needs.

The Core Competencies were revised in 2018 and training on their use has been created. The training is virtual and is hosted on the Nebraska Department of Education's CANVAS platform.

ii. Career pathways. Describe:

Nebraska's Career Pathways are described in the Early Childhood Education Career Advising Guide. The pathway begins as early as a Career and Technical Education (CTE) concentration in high school or with a high school diploma, and progresses through individual training/workshops, the Child Development Associate Credential, certificate/diploma programs, Associate Degrees, Bachelor's Degrees, Post Bachelor's Degree specializations and endorsements, Master's Degrees, and graduate-level teaching endorsements, and ends at Doctoral Degrees. Lifelong learning is stressed at all levels and all start with a strong foundation in early childhood education in which research-informed practices are embedded. The Career Advising Guide is being updated to reflect the revised Core Competencies and updates in the field.

iii. Advisory structure. Describe:

The Nebraska Early Childhood Interagency Coordinating Council (ECICC) provides recommendations for the professional development system. The ECICC is charged with advising the Governor and state agencies with issues related to early childhood education and care. It is the designated State Advisory Council (SAC) for Nebraska, as

well as the state Interagency Coordinating Council (ICC) for IDEA Part C.

ECICC prepares a biennial report with recommendations for the Governor and the state agencies. The ECICC also advises state agencies on strategic plans, is responsive to federal agencies and state regulations and policies. ECICC meets four times per year and the Governor appoints members from applicants meeting criteria for membership.

[iv. Articulation. Describe:](#)

The Early Childhood Career Development Coordinator, housed at the Early Childhood Training Center (ECTC) facilitates a group of early childhood educators representing Nebraska two-year colleges. This group coordinates and aligns early childhood course offerings across the campuses of the Nebraska Community College system. Additionally, the Career Development Coordinator works with representatives of the state college system, the campuses of the University of Nebraska, and the Buffett Early Childhood Institute to attempt to bring two- and four-year institutions together to improve articulation agreements for students transferring between or among colleges and universities.

[v. Workforce information. Describe:](#)

Nebraska has created a professional registry for early childhood education and care providers. The Nebraska Early Childhood Professional Record System (NECPRS) is available for early childhood education and care providers to create and maintain their personal education and training records. In March of 2021, there were 13,018 active users with professional education and training records in NECPRS. The system also contains a statewide, searchable training calendar in which early childhood training approved by the Early Childhood Training Center (ECTC) is posted. NECPRS is tied to Step Up to Quality, Nebraska's Quality Rating and Improvement System and tracks the progress of programs participating in Step Up to Quality. NECPRS can track salaries and benefits for early childhood education and care providers. This information is voluntary and is self-reported by programs. There is no way for the Nebraska Department of Education (NDE) and the Lead Agency to verify the self-reported financial data. The system will eventually be able to link to the Teacher Education certification system.

[vi. Financing. Describe:](#)

The Lead Agency provides CCDF funding to Support TEACH Early Childhood Nebraska® scholarships. Other private and public funding sources support TEACH

scholarships.

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

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Nebraska's seven regional Early Learning Connection Partnerships (ELCs) cover the entire state and are comprised of a coordinator, employed by an Educational Service Unit (Nebraska's intermediate service agencies), and paid for by CCDF sub-grant funds. Other partners in ELCs who are stakeholders in the early childhood education and care system of Nebraska include representatives from 2- and 4-year institutions of higher education, Head Start grantees, community child care providers (both center-based and family child care), health care providers, trainers, school district early childhood, primary, and out of school time programs, and other related service providers. All training that is advertised in ELC partnership newsletters, email, social media blasts, or on the statewide training calendar, lists the area of core competency that the training relates to as well as the level of complexity of the training.

- iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

As reported previously, ECICC is the statewide advisory body identified by the Governor as

the SAC. ECICC provides recommendations for the professional development system. Due to the COVID pandemic, three out of the four ECICC meetings in 2020 could not be accomplished. Because of this, the 2020 Report to the Governor has not been created. However, professional development is always a section in the report recommendations. The next report to the Governor will include thoughtful recommendations as having happened in previous reports.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Nebraska provides TEACH Early Childhood® Nebraska scholarships. Federal CCDF funds support approximately 90 TEACH scholarships quarterly. State funding supports approximately 25 scholars each quarter who work in programs participating in Step Up to Quality. Finally, private funder(s) support approximately 10 scholarships quarterly. TEACH Early Childhood® is an evidence-based strategy for increasing the education of child care providers and reducing turn-over in child care settings. TEACH Early Childhood® is the most successful avenue Nebraska has found to engage a diverse group of scholars in higher education. TEACH Early Childhood scholarships are available to an infant, toddler, and preschool providers, family child care operators, and directors of center-based programs.

Nebraska is piloting the implementation of Child Care WAGE\$® Nebraska. WAGE\$ is a wage supplement program that provides a monetary supplement based on the provider's level of education. Providers who are not at a state-determined level of education must continue their education to continue to receive the wage supplements. At the end of 2020, WAGE\$ was serving 26 recipients, all family child care providers.

The ECTC and ELC system focuses specifically on recruiting trainers whose primary language is not English and who are representative of the populations of providers around the state.

Nebraska uses CCDF funds to assist early childhood education and care providers in beginning a pathway of education through the Child Development Associate Credential

(CDA). The NDE pays an individual's fees for applying for the Initial CDA assessment and renewal of a CDA. In the last fiscal year, the NDE used CCDF funds to pay fees for 126 early education and care recipients.

Individuals working in programs participating in Step Up to Quality may be eligible to receive a refundable tax credit based on the provider's level of education, the number of clock hours of training received annually, and length of time employed in a Step Up to Quality program. A level 1 tax credit is eligible for \$500, a level 4 tax credit is \$1,500 per year. Providers working in a family child care home, or in a center-based program are participating in Step Up to Quality are eligible for the tax credit unless the provider is a certificated teacher working a public school-operated early childhood program. This distinction is made because Birth-5 teachers in public schools in Nebraska are paid on the district teacher pay scale and as such are receiving salaries significantly above those of early educators in most Head Start and child care programs. For the 2019 tax year, 369 providers applied for the tax credit, 352 were approved by the Nebraska Department of Revenue. Seventeen were denied because of an ineligible applicant or incomplete application. For the 2020 tax year, 475 attestations were submitted to ECTC to process (the first step – as outlined in state statute - in applying for the tax credit). At this time, information is not yet available from Revenue regarding how many applications were received or approved. This information will not be available until after the Nebraska State Plan is submitted.

Coaching as quality improvement and retention support is available to staff in programs participating in Step Up to Quality, and Nurturing Healthy Behaviors. Step Up to Quality is coaching in 165 programs. Nurturing Healthy Behaviors coached in 118 programs in 2020 (the last available period for which data is available) Coaches in both these initiatives have been trained in reflective practice and make use of it to reduce provider stress and improve provider capacity to improve care.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Nebraska statutes and child care licensing standards require providers to take training on the Early Learning Guidelines: Nebraska's Birth to Five Learning and Development Standards. Over time providers are required to take a 6-hour training on each of the 7 domains of Nebraska's ELGs. Those domains are Language and Literacy Development; Health and Physical Development; Approaches to Learning; Social and Emotional Development; Creative Arts; and Mathematics. Each domain training includes the growth and development of children birth to 5 in that domain as well as ways to incorporate child learning in that domain area. This is offered virtually with trainers adept at both training adults and using a variety of electronic meeting platforms. This is also available face-to-face in group training in every area of the state.

Nebraska statutes and regulations also require a training entitled “Safe with You”. It is a four-hour training that includes the following modules: Safe Sleep for Infants (1-hour module), Never Shake a Baby-Preventing Abusive Head Trauma (1-hour module), and Power to Protect: Preventing Child Abuse and Neglect (2- hour module). This training also is offered through distance learning and in-person across the state.

Prepare to Care – This is a virtual training (on the CANVAS LMS platform) that is required for providers before licensing and all CCDF providers and staff. It is free and covers each of the federally required health and safety topics.

School Age Connections is an online training for staff in out-of-school time programs. It is a multifaceted online set of modules offering education about school-age children to teachers and caregivers across Nebraska and beyond. It consists of three modules: Understanding the Development of the School-Age Child; Successful Programming for School-Age Children; and Guidance for Working with School-Age Children. This is not a required training but is popular with out-of-school time providers.

Behavior Intervention is not a “stand-alone” required topic for Child Care Licensing. However, it is a highly sought-after training topic. Nebraska had used multiple sources of funding to invest in statewide opportunities to implement the Pyramid Model. Many schools and Head Start Programs implement the Pyramid Model system-wide. Finally, a combination of CCDF funding, state general funds, and private sources provide the Pyramid model (plus other social, emotional initiatives) to community child care programs. It is called Nurturing Healthy Behaviors and it is implemented through grants to a statewide foundation.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Tribal lands and early childhood education and care programs are located within two ELC regions. The Northern ELC partners with the following entities on tribal lands: Oman’hon

Nation Head Start and Walthill Public Schools, Santee Sioux Head Start, Isanti (formerly Santee) Community Schools, and Educare in Winnebago. The following Tribal Health Departments are also part of the northern ELC partner network: Winnebago, Oman'hon, Santee Sioux, and Ponca. The Northern ELC partners with the Nebraska Indian Community College. Through these partnerships, training is scheduled to meet the needs of tribal child care providers, and Head Start/Early Head Start programs and schools serving children of Native American heritage. Finally, the Iowa Tribal early childhood program is located in the extreme southeast corner of Nebraska. That program as well as the Isanti Community Schools and Educare in Winnebago participate in Step Up to Quality and receive coaching and technical assistance through that initiative.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

The ECTC works with several community centers in the Omaha metro area (the largest metropolitan area) to ensure training is accessible to providers for whom English is not their primary language. Two of the community centers predominately work with the Spanish-speaking population, a third, Heartland Family Service serves a clientele of families and child care providers from Myanmar and speak Burmese or Karen, or Southeast Asia and speak Hmong. The ECTC approves training for these entities and provides as many translated resources as possible. The Midlands Latino Community Development Corporation works with the ECTC to provide training and resources for non-English speakers wanting to work in child care to get licensed and trained. This work will continue. The NDE/ECTC translates training materials for child care providers. Spanish is the most requested language, others are Arabic and Hmong. Step Up to Quality materials are translated into Spanish. Additionally, the NDE works with schools and ELC's across the state with large ELL populations to try to identify multi-lingual persons, preferably from non-English speaking cultures who are interested in becoming trainers.

b) who have disabilities

The NECPRS has modified processes for persons with disabilities to ensure their successful participation. Web materials are created to be ADA compliant. Interpreters for providers who are deaf or hearing are available to sign for required training.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

Materials and concepts taught in licensing required training are inclusive. Materials are created to support inclusivity, with regard to socioeconomic level, culture, language, and ability. Training is provided throughout the state at times when providers can attend. Trainings are held evenings, weekends, and by distance learning when appropriate.

Nebraska has an Early Childhood Inclusive teaching certificate. This credential prepares teachers to meet the needs of children in an inclusive setting who are birth through grade 3 and who are either typically developing or who have a range of abilities. Institutions of Higher Education offer concentrations of either Birth to age 5, or age 3 through grade three, for students choosing this endorsement.

Nebraska has revised an introductory training entitled SpecialCare which is intended to provide an overview of supports and resources for child care providers who are hesitant about caring for children with disabilities. SpecialCare can be provided either in-person or via technology. The current version of SpecialCare was revised within the past year and includes current resources for providers. This was revised using a combination of CCDF and non-CCDF funds.

Other resources such as CARA's Kit are available to child care providers through training

across the state. CARA's Kit: Milbourne, S.A., and Campbell, P.H. (2007). Cara's Kit: Creating adaptations for routines and activities. Philadelphia, P.A.: Child and Family Studies Research Programs, Thomas Jefferson University.

CARA's Kit is a practical resource written with specific common challenges that young children with disabilities may encounter in a group setting. The assistance provided outlines ways to help the child be successful with suggested adaptations in one or more of the following five categories: Environment, Activity, Materials, Requirement/Instruction, or Assistance.

Additionally the ELC's partner with local Early Childhood Planning Region Teams to coordinate training for providers serving children with disabilities and their families.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The ECTC has created a training entitled Working with Children and Families experiencing Homelessness. It is planned to be converted to a virtual learning format and available for early education and care providers to access in either face-to-face or virtual format.

Additionally, the ECTC and the Head Start Collaboration Office are both parts of the NDE Office of Early Childhood Education. The Office of Early Childhood staff work with both the NDE ESEA team which houses McKinney Vento services to assist early childhood education and care providers, including child care, Head Start grantees, and school districts locate and serve children birth through age 12 who do not live in stable housing.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

Lead Agency staff who may work with homeless children and their families receive extensive training on all Economic Assistance Programs offered by ACCESSNebraska. This allows staff to provide all resources for all programs to homeless families. The Lead Agency also offers an array of trainings to staff to help them understand diversity in the population they are working with. Questions specific to homelessness are asked by Lead Agency staff when interviewing and working with families applying for services

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

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

The Management Training Program-for directors of child care centers and the Getting Down to Business training series for family child care providers are business trainings. They are required for child care licensing and embedded into Step 2 of Step Up to Quality. The training series' are offered in each region of the state multiple times per year and are now offered via distance learning.

Leadership Academy Project increases knowledge, skills, and abilities of child care program directors within Nebraska by building upon their strengths, presenting new research and resources, and cultivating new leaders for early childhood care through the quality improvement services of the Nebraska Association for the Education of Young Children Inc. (NeAEYC) Leadership Academy.

The Nebraska Early Childhood Collaborative business training is a non-profit out of Omaha that provides several levels of business training for family child care providers.

<https://nebraskaearly.org/businessseries/>

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

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

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

Early Learning Guidelines: the creation of ELGs, Training Curriculum for ELGs, and training of trainers is funded by CCDF. Training of providers is funded by state and private funds.

Go NAPSACC: nutrition and physical activity training, training of providers are funded by CCDF, other federal funds, and state funds.

First Connections: the creation of curriculum and proctoring of course participant work, funded by CCDF.

School Age Connections: the creation of curriculum and proctoring, of course, participant work, funded by CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Pyramid Model training: private funds, State funds, Federal IDEA funds, and Federal Head Start funds

PTR-YC: Federal IDEA funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

Circle of Security for parents: private funds. Family learning activities are held in communities across the state-funded with CCDF funds, Federal Title I and local school district funds, Federal Head Start/Early Head Start, and Sixpence (Nebraska Early Childhood Education Endowment state and private funds).

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

Teaching Strategies Creative Curriculum: funded with State general funds and CCDF.

Curriculum 101: training about identifying developmentally appropriate, aligned curriculum, funded with CCDF and State general funds.

Whole Body Classroom: implementing developmentally appropriate curriculum, funded with State funds and CCDF.

Which type of providers are included in these training and professional

development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

1. Special care training includes sections on getting information and referral of children with suspected disabilities and delays. (Part C - IDEA and state Step up to Quality funds)
2. Local Planning Region Teams and the Early Development Network provide training throughout the state to discuss what services they provide and how families can benefit. (Part-C IDEA funds)
3. Individual ELC regions include community impact initiatives as vendors to provide information at conferences.(funding varies)

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

ERS (structural quality), CLASS (Adult/Child Interaction) tools, funded with State funding and CCDF.

Home Visit Rating Scales: Adaptive and Extended (HOVRS-A+2.1), Sixpence, funded with State and Private funding.

TPOT and TPITOS (Pyramid aligned): funded with State and private funds.

Early Childhood training is evaluated by participants at each training session. Data are used to give feedback to the trainer, also ECTC staff and contracted individuals observe and provide feedback on strengths and areas for improvement. Funded with State, Federal, private, and CCDF funds.

Coaches for Step Up to Quality are evaluated through surveys to Step Up to Quality participants. Data is used to reinforce strengths and provide feedback on areas of improvement. Funded with State and CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

Omaha and Lincoln have the largest population of families living in poverty and families experiencing unemployment. The Omaha area Superintendent's plan provides training for child care providers and school districts. The training is provided by Buffett Early Childhood Institute. Equity training, Developmentally Appropriate Practice, and intentional teaching are funded with State/Local Tax levy, state general funds, and private funds.

Educare Network: Educare schools are located in Omaha, Lincoln, and Winnebago (located on tribal lands. Poverty and unemployment are significantly greater than in other areas of the state.). Educare Network has a variety of training topics, funded with Federal Head Start, CCDF, and private funds.

Nebraska Early Childhood Collaborative (NECC): Serves Omaha area, business

practices, and adult/child interaction. Funded with private funding.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

Special Care: Reducing barriers to providing care for children with disabilities. Funded with Federal CCDF and IDEA Part C funds.

Planning Region Teams: Disability-specific training, helping families of children with special needs know their rights, funded with Federal IDEA Part C funds.

Cara's Kits: Providing appropriate adaptations for children with special needs, funded with Federal IDEA-Part C and Part B 619 funds, and State funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

Beyond School Bells: network for providers of out-of-school time offering various training topics. Funded with private funds and CCDF.

NDE 21st Century Learning Communities Staff: various content including integrating academic areas through play, STEM activity-based learning. Funded with Federal 21st Century (Title) funds. School Age Connections: Funded with CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

Describe:

The ECTC has a Career Development Coordinator who can provide resources to

providers who need assistance. Referrals are made to 2- and 4- year colleges and universities. Information is given about the CDA. Career Development Coordinator also works with colleges and universities on articulation agreements so students have a "no wrong door" approach to beginning their post-secondary education.

TEACH Early Childhood® Nebraska provides scholarships covering a large percentage of tuition, fees, and books. It also covers release time (and subs) so providers can take the time away from the classroom to attend class.

Nebraska also uses CCDF funds to pay for application fees for providers to get a new or to renew their Child Development Associate Credential (CDA).

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Nebraska will track the number of 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.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required

essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Early Learning Guidelines (ELGs), Nebraska's Birth to Five Learning and Development Standards, are aligned with the Head Start Child Development and Early Learning Framework, Nebraska's Kindergarten Standards in English Language Arts, Mathematics, and Science. The revision was led by Dr. Michelle Rupiper, retired Associate Professor and Assistant Chair of the Child, Youth and Family Studies Department at the University of Nebraska-Lincoln. The revisions were then reviewed by early childhood/early childhood special education specialists; K-12 English language arts and Mathematics specialists; and infant/toddler specialists. Additionally, research-based information was added to assist adults working with children who are dual language learners, and/or children with special needs to ensure that all children are included and served appropriately.

ii. Developmentally appropriate.

The ELGs are a framework to guide decisions about planning developmentally appropriate activities for young children and the early childhood setting to assist in achieving the learning and development standard. The ELGs identify typical ranges and indicators of development as well as suggestions for adults to meet each child's individual needs based on a wide range of abilities, languages spoken, and diverse backgrounds. Suggestions include activities, environment/setting, intentional teaching strategies, assessment strategies, interactions with families, and more. The ELGs are broken into seven domains each standard within a domain is shown in a continuum of overlapping age ranges from birth to five years to help educators navigate child development and effective teaching practices. The contents are crosswalked with the Head Start Framework, Teaching Strategies Gold, and other state/national standards, and they are closely aligned with the Nebraska K-12 standards. The guidelines were also reviewed/revised by experts in early childhood development, English language

acquisition, and serving children with special needs. The guidelines have accompanying training for educators to explore and understand application practices in-depth for each domain.

[iii. Culturally and linguistically appropriate.](#)

The guidelines were reviewed by specialists in English language acquisition and teaching dual language learners.

[iv. Aligned with kindergarten entry.](#)

The ELC's were reviewed by English language arts and Mathematics specialists, crosswalked and aligned with the Head Start Child Development and Early Learning Framework and research-based documents regarding kindergarten entry prepared by the NDE Office of Early Childhood to assist schools and families transition children to kindergarten successfully.

[v. Appropriate for all children from birth to kindergarten entry.](#)

The ELGs identify typical ranges and indicators of development as well as suggestions for adults to meet each child's individual needs based on a wide range of abilities, languages spoken, and diverse backgrounds. The ELGs are broken into seven domains; each standard within a domain is shown in a continuum of overlapping age ranges from birth to five years to help educators navigate child development and effective teaching practices. The contents are crosswalked with the Head Start Framework, Teaching Strategies GOLD, and other state/national standards and are closely aligned with the Nebraska K-12 Standards. After a recent revision, the ELGs were again reviewed/revised by experts in early childhood development, English language acquisition, and serving children with special needs. Additional resources are referenced to provide practical support adapting routines and activities for children with a range of abilities. While several supports are included in the guidelines themselves other resources are provided to assist providers in meeting the needs of high-ability learners, and children from diverse backgrounds.

[vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

The creation of the ELGs was led by the NDE (Nebraska's SEA). Updates were provided to the ECICC periodically about the revision process for the new Guidelines.

ECICC members were also asked to provide comments regarding the new content.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

Mathematics, Science, and Language and Literacy development are each topic of a specific domain. Information about typical developmental progression is included in each domain.

- Mathematics Domain includes Number and Operations; Geometry and Spatial Sense; Patterns and Measurements; and Data Analysis
- Language and Literacy Development Domain includes Listening and Understanding; Speaking and Communicating; Phonological awareness; Book Knowledge and Appreciation; Print Awareness and Early Writing
- Science Domain includes Scientific Knowledge and Scientific Skills and Methods.

ii. Social development.

This section includes self-concept; self-control; cooperation and prosocial behavior; social relationships; and knowledge of families and communities.

iii. Emotional development.

See Social development

iv. Physical development.

Health and Physical Development include Fine (small) Motor Skills; Gross (Large) Motor Skills; Health and Safety Practices; and Nutrition.

v. Approaches toward learning.

This domain includes initiative and curiosity; sensory exploration; reasoning; and problem-solving.

vi. Describe how other optional domains are included, if any:

Creative arts are included as a domain in the ELGs. This domain includes Music; Visual art; Movement; and Dramatic Play.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The Nebraska Early Learning Guidelines for Children Ages 3 to 5 was first published in 2003 and The Nebraska Early Learning Guidelines for Children Birth to Age 3 was first published in January of 2005. Several minor revisions had been made over the past years. The ELGs then underwent a significant revision, were combined into one document, and renamed Early Learning Guidelines: Nebraska's Birth to Five Learning and Development Standards. This document was completed and published in 2018.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

Not applicable, however, the Nebraska State Board of Education adopted the Expanded Learning Opportunities Position Statement on October 6, 2017, which includes a Quality Framework that describes the ten principles of a quality out-of-school-time program. Nebraska afterschool and summer school-based programs funded by a 21st Century Community Learning Centers federal grant must align with this quality Framework. The Expanded Learning Opportunities Position Statement is due to be reviewed by the State Board in 2022.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

<https://www.education.ne.gov/oec/early-learning-guidelines/>

<https://www.education.ne.gov/21stcclc/quality-framework/>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

Nebraska Early Learning Guidelines (ELGs) are considered a foundational child development resource for early childhood education and care providers.

- The Lead Agency requires early education and care staff who work in licensed programs receive training on the ELGs.
- Early Childhood Education and Care programs (for children from birth to Kindergarten entrance age) operated by schools or ESUs are required to use curricula that are aligned to the ELGs.
- Training on the content and the uses of the ELGs is written into Step 2 (out of 5) of Step Up to Quality: Nebraska's QRIS.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

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.

7 Support Continuous Quality Improvement

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

investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

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

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome

measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

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

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The Statewide Early Learning Connection Partnerships engage in an annual needs assessment. The ELC's use information from training evaluations, as well as surveys of partners, and annual partnership engagement to determine the saturation level of state-required training, as well as the training needed in local areas to increase provider competency and program involvement. CCDF funds also support the work of some of the coaches contracted to guide programs participating in Step Up to Quality. Programs completing the work to meet the requirements to be rated Step 2 complete a coaching

questionnaire. Based on the needs identified, the Step Up to Quality Coach Specialist contacts the program director/owner to assess the program's need for support. The Coach Specialist offers the service of a coach. If the program wants coaching services, the Coach Specialist matches the program with a coach with skills to match the needs identified in the coaching questionnaire. The Lead Agency and Nebraska Department of Education will expand this annual assessment to explore needs beyond training needs and interests.

Through the work of the Preschool Development Grant (PDG) a comprehensive statewide needs assessment was conducted in 2019. PDG resources supported this large comprehensive assessment, which provided valuable information to help the states PDG strategic plan. This will be used to guidance the Lead Agency in quality investments.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

The following items were most often reported as needs/barriers to professional development.

State actions to ameliorate the barriers follow each point.

- Distance to in-person training in very rural parts of the state.
 - Increase the capability of virtual/distance-based training.
- Interest, ability, and/or availability of computers and internet access.
 - Provide opportunities to assist providers to learn distance-based technology and find access to computers and the internet near the provider.
- Few Spanish-speaking trainers or trainers fluent in other languages are available throughout the state.
 - Partner with ELC Coordinator to conduct outreach into communities and schools with bilingual individuals and train individuals who work in related fields (if bilingual ECE providers are not available).
- Electronic evaluations have a low return rate.
 - Examine the return rate of distance-based training evaluations vs. In-person training. The state will plan alternate evaluation opportunities for training participants.

Results from the PDG comprehensive statewide needs assessment were categorized into four goals for access, quality, collaboration, and alignment.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

- a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Federal IDEA Part C and Part B-619 funds also provide some funding for inclusive training.

University funding is also used to support some trainers who are on the staff of the Extension -Learning Child Team

- b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Early Childhood Endowment (public/private funds support some coaching in Sixpence Child Care Partnership, and Step Up to Quality programs).

- d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

- ii. State general funds

Other funds. Describe:

Local Tax levy in Omaha Metro area for Superintendent's Early Childhood plan, private funding, and Early Head Start federal funds.

- e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

- i CCDF funds

- ii. State general funds

Other funds. Describe:

Regional partner funding, including Extension, School District funds, Educational Service Unit funds and, IHEs.

- f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

- i CCDF funds

- ii. State general funds

Other funds. Describe:

- g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

- i CCDF funds

- ii. State general funds

Other funds. Describe:

- h. Accreditation Support (Related Section: 7.8). Check all that apply.

- i CCDF funds

- ii. State general funds

Other funds. Describe:

- i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

- i CCDF funds

- ii. State general funds

Other funds. Describe:

- j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

- i CCDF funds

- ii. State general funds

Other funds. Describe:

Federal IDEA Part C and Part B funds are used along with private funds that are braided with the Nebraska Department of Education (NDE) state general funds to provide social, emotional, and behavioral training through the state Pyramid Implementation Team and local and regional Pyramid/ Nurturing Healthy Behaviors initiatives.

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Step Up to Quality: Nebraska's QRIS is co-administered by the Lead Agency and the Nebraska Department of Education. It is a statewide system.

<https://www.education.ne.gov/StepUpToQuality/>

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.
Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the

relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Step Up to Quality is mandatory for programs receiving \$250,000 or more annually in child care subsidy. Additionally, the Early Childhood Education Endowment Sixpence center-based and Sixpence Child Care Partnership programs are required to participate.

Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Nebraska's QRIS has been designed to offer an opportunity for a variety of environments. Step Up to Quality standards and indicators are flexible in that programs

opt-in or -out of particular items which represent quality. This gives programs the ability to highlight best practices that are implemented in that particular program. Programs have the ability and responsibility to develop action plans that are most relevant and appropriate in their journey to continuous quality improvement, which is the goal for all program types. Additionally, the quality indicators include several separate items for which programs can earn points, based on the applicability of the item as appropriate for family child care homes, or center-based settings. The scoring systems for each type of setting are equitable.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

- d. Programs that meet all or part of state/territory school-age quality standards.
- e. Other.

Describe:

N/A

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - b. Embeds licensing into the QRIS
 - c. State/territory license is a "rated" license
 - d. Other.

Describe:

Some training requirements for licensing are embedded into Step 2 of Step Up to Quality.

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- No
- Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

N/A

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

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.

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

Sixpence early childhood education endowment grants- for center-based services and child care partnerships are designed to meet local needs, providing support and activities to improve the supply and quality of infant and toddler care.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

Sixpence early childhood education endowment grants- for center-based services and child care partnerships are designed to meet local needs, providing support and activities to expand the supply of quality infant and toddler care.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

First Connections, which is an online professional development regarding development and strategies for teaching and caring for children birth to age 3.

Sixpence early childhood education endowment grants- for center-based services and child care partnerships provide professional development to early childhood professionals providing education and care for infants and toddlers.

Early Learning Connection Partnerships in every part of the state provide training for infant and toddler professionals.

Step up to Quality provides training to programs serving children birth to kindergarten including infants and toddlers; as described elsewhere in this plan.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

Sixpence child care partnerships provide a trained coach available to each early childhood center or family child care home.

The Nebraska Association for the Education of Young Children operates an

Infant/Toddler Quality Initiative (ITQI) as a partnership between Early Head Start, Nebraska AEYC, and center-based and family child care providers in Lancaster and Saunders counties focused on improving the Quality of infant and toddler settings in Lancaster and Saunders counties

Step Up to Quality provides coaching, to programs serving children birth to kindergarten, including infants and toddlers as described elsewhere in this plan.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

Nebraska is a "birth mandate" state, meaning that appropriate services to meet the needs of a child with a disability from birth or age of diagnosis is a right of families. The Early Development Network is designed to ensure that young children with disabilities are referred for appropriate evaluation and verification of a disability. Local Planning Region Teams, funded through IDEA Part C, are tasked with outreach to families through direct contact with families, and through partnering with community child care providers including providers accepting CCDF Child Care Subsidy. Additionally, the Planning Region Teams and the Regional Early Learning Connection Partnerships are required to work together to ensure that child care providers receive information related to serving infants and toddlers with disabilities.

- Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

Nebraska uses the ITERS-3, the Infant CLASS, and the Toddler CLASS as program quality measurement tools in classrooms participating in Step Up to Quality and school-based infant-toddler classes, including in Sixpence center-based programs. Training in the use of these tools is also provided across the state to child care providers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

Specific information about the development of Infants and toddlers and appropriate ways to respond to their growth and development needs are included in the Early Learning Guidelines.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

Step Up to Quality has created materials to help families choose a quality program. Messages on social media, and local radio and TV stations are continuing to be created and aired to assist families, including families with infants and toddlers.

Nebraska's guide for finding high-quality child care, including Infant and toddler care, is being updated and will be completed during this State Plan period.

- Licensed center-based
 License exempt center-based
 Licensed family child care home
 License- exempt family child care home
 In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

In addition to Early Learning Guidelines Training in each of the 7 domains, which each include specific information for caregivers of infants and toddlers, Nebraska also requires a training entitled Safe with You which provides specific information for child care providers working with infants and toddlers regarding safe sleep, among other topics.

Sixpence uses CCDF infant toddler quality set aside dollars to grant funds to

selected school districts to partner with community child care homes and/or child care centers to improve the quality of child care for infants and toddlers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

The Nebraska Child Care Referral Network enables families to locate licensed child care providers in communities across the state. Child care providers can update their 'provider page' to indicate the number of available slots by age.

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

Early Head Start Infant/Toddler Quality Initiative (I/TQI) improves the quality of infant and toddler care in Nebraska. The program: 1) provides professional development opportunities and other support to family and center-based partners; 2) assists in training and mentoring for their child care partners on infant and toddler issues and development; and 3) observes and reports the best outcomes, greatest challenges for childcare partners who participated in the initiative, and measures of quality within the childcare partners' child caring environments.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

Nebraska tracks the number of infant and toddler caregivers who have taken training through the Early Learning 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.

7.5 Child Care Resource and Referral

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

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The Early Childhood Training Center operates a toll-free resource and referral line for families inquiring about available child care. The Step Up to Quality website has an interactive map of participating centers and family child care homes. This information has a variety of information available to families looking for quality child care.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The 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.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

CCDF quality funds are used to support the Lead Agency's Children's Services Licensing unit. This unit is comprised of Child Care Inspection Specialist who inspect, monitor, train and ensure compliance with health and safety standards and licensing standards. Child Care Inspection Specialists are located statewide to cover all counties of the state.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers

Other

Describe:

CCDF Quality funds are used to reimburse 50% of the cost for first aid and CPR costs for licensed CCDF child care centers.

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The 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.

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

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Nebraska does this for programs participating in Step Up to Quality. The Family Child Environment Scales - 3 will be used for assessing quality improvements in family child care homes during this State Plan period. The Infant Toddler Environment Rating Scale - 3, Early Childhood Environment Rating Scale - 3 as well as the Classroom

Assessment Scoring System for Infant, Toddler, and Pre-K are each used in participating centers. The assessments are used for baseline observations. The data from these tools are then used by coaches to identify areas of strength and areas to target for improvement and coaching. Observations using these tools are then made for program rating.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The percentage of Step Up to Quality programs 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.

7.8 Accreditation Support

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

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Nebraska 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.

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

The NDE led and the Lead Agency actively participated in the revision of the criteria for Step Up to Quality, and the revision of the Nebraska Core Competencies for Early Childhood Professionals. The NDE and the Lead Agency participated in the revision and ongoing implementation of Go NAPSACC (nutrition/physical activity standards). Finally, representatives of both state agencies are voting designees for agency heads who are members of the Sixpence Board of Trustees which is responsible for creating and implementing quality criteria for quality infant and toddler Sixpence programs.

b. Preschoolers

The NDE and the Lead Agency actively participated in the revision of the criteria for Step Up to Quality, and the revision of the Nebraska Core Competencies for Early Childhood Professionals. The NDE and Lead Agency participated in the revision and ongoing implementation of the Go NAPSACC (nutrition/physical activity standards).

c. and/or School-age children.

The 21st Century Community Learning Centers' team at the NDE has participated in the creation of the Quality Framework for Expanded Learning Opportunities.

<https://www.education.ne.gov/21stccclc/quality-framework/>

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the

state or territory has met these measures.

Nebraska will increase the number of programs rated at a level 3, 4, or 5 by 25% by the end of this three-year State Plan. Go NAPSACC, and Sixpence have annual evaluations completed.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

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%.

8 Ensure Grantee Program Integrity and Accountability

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

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

Child Care providers are set up to use an online billing portal that creates records to show when payments have been issued. Those who do not use online billing use paper billing and these can be tracked to see when payments have been processed via the Nebraska Eligibility System. The paper billing process has to go through the claims department and can take up to 20 days to issue the payment. Electronic payments are issued within 2-3 business days once a claim is filed. The Lead Agency runs monthly reports to review billings to ensure that billings are done accurately. If billing is not done accurately the lead agency can make a claims adjustment to ensure the correct payment is submitted.

b. Fiscal oversight of grants and contracts

Describe:

Subawards and contracts are reviewed at the time of startup or renewal by the CCDF Lead Agency Grant Program Coordinator and CCDF Administrator, Legal Services, Support Services, and Financial Services. Ongoing monitoring is with the CCDF Grant Program Coordinator and CCDF Administrator. Monthly CCDF Grant meetings are held with CCDF staff, administration, and finance staff. The Internal Audit Unit also conducts internal audits on a selection of the Subrecipients.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

All sub-awards and contracts are approved with language stating the Department agrees to pay the Subrecipient for actual, allowable, and reasonable costs of the activities described in the agreed-upon budget. Reimbursements (payment) requests from the Subrecipient are reviewed and tracked on an Excel spreadsheet. The CCDF Grant Program Coordinator also works closely with the Lead Agency's finance and grant departments when reviewing and making payments.

d. Other

Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. In 2020 there were 6,469 Child Care Cases reviewed, 35,135 Child Care Elements reviewed, and 32,518 Child Care Elements correct with a statewide Child Care elemental accuracy of 92.55%. All cases that did not have a correct element are sent to the supervisor of the field staff worker to correct within 10 days of receipt. PAS, CCDF Staff, and trainers have monthly meetings discussing trends in policy questions and errors, which helps identify if additional training or policy/process tips are needed.

b. Establish checks and balances to ensure program integrity

Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. In 2020 there were 6,469 Child Care Cases reviewed, 35,135 Child Care Elements reviewed, and 32,518 Child Care Elements correct with a statewide Child Care elemental accuracy of 92.55%. All cases that did not have a correct element are sent to the supervisor of the field staff worker to correct within 10 days of receipt. PAS, CCDF Staff, and trainers have monthly meetings discussing trends in policy questions and errors, which helps identify if additional training or policy/process tips are needed.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. In 2020 there were 6,469 Child Care Cases reviewed, 35,135 Child Care Elements reviewed, and 32,518 Child Care Elements correct with a statewide Child Care elemental accuracy of 92.55%. All cases that did not have a correct element are sent to the supervisor of the field staff worker to correct within 10 days of receipt. PAS, CCDF Staff, and trainers have monthly

meetings discussing trends in policy questions and errors, which helps identify if additional training or policy/process tips are needed.

d. Other

Describe:

If there is a suspected client caused overpayment or suspected fraudulent activity there is a referral sent to the overpayment or Special Investigations Unit to complete a review of the case to determine if there was an overpayment or fraudulent activity that occurred in the case.

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

When policy changes occur, a letter is sent to each CCDF provider by mail as well as email. CCDF Resource Developers also are knowledgeable about the change and update providers during required contacts.

ii. Issue policy manual.

Describe:

All CCDF providers are given a Child Care Subsidy handbook and links to Nebraska's CCDF policies. CCDF Resource Developers offer printed versions of policy at the provider's request.

iii. Provide orientations.

Describe:

All providers must meet in person with CCDF Resource Developers to review CCDF requirements and train them on processes required to be successful. At that time, forms and documents are signed by the provider who acknowledges they were given the information.

iv. Provide training.

Describe:

Providers are given a link to the Health and Safety training to complete at their convenience. Providers are given initial training on CCDF requirements and processes. CCDF Resource Developers provide ongoing training as requested by providers, yearly at renewal time, and when billing or procedural errors are identified by the lead agency.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

CCDF Resource Developers monitor the providers on an annual basis, and more as prompted by a complaint received. Provider billing and authorizations are monitored throughout the year through requesting calendars, reviewing household members, and referencing other programs providers participate in.

vi. Meet regularly regarding the implementation of policies.

Describe:

vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices.

Describe:

The Lead Agency issues policy change notices by sending out memos to all field

staff, supervisors and administrators via e-mail. The Lead Agency also keeps all updated documents in a Resource Library where it can be easily located for future reference by all staff. If the policy change is substantial the Lead Agency has CCDF Program Specialists that will hold training sessions for all staff on the changes.

[ii. Train on policy change notices.](#)

[Describe:](#)

If the policy change is substantial the Lead Agency has CCDF Program Specialists that will hold training sessions for all staff on the changes. The Lead Agency will also issue guidance documents and Q&As that relate to the policy changes to ensure that all questions that are asked can be answered. If a policy related question is not answered on these documents the worker can send a question to a policy mailbox to be reviewed and answered accordingly by the CCDF Program Specialists.

[iii. Issue policy manuals.](#)

[Describe:](#)

Policy manuals are issued to all field staff by sending out a memo with the updates to the policy memo and where the new policy manual is located. The policy memo is then kept on the Resource Library that all staff have access to. Policy manuals are also located on the public website for the public to see any changes that are made and if substantial changes are made a news release is sent out to the public for a notice of public hearing for these changes and what changes will be occurring. A news release is also sent out when the changes are implemented to the public. A letter is sent to providers when these changes occur informing them of what changes have occurred to the policy manuals.

[iv. Train on policy manual.](#)

[Describe:](#)

If a policy manual has a substantial change the Lead Agency has CCDF Program Specialists that will hold training sessions for all staff on the changes. The Lead Agency will also issue guidance documents and Q&As that relate to the policy manual changes to ensure that all questions that are asked can be answered. If a policy manual related question is not answered on these documents the worker can

send a question to a policy mailbox to be reviewed and answered accordingly by the CCDF Program Specialists.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The CCDF Program has a mailbox where any ongoing questions about changes in policies and procedures can be sent to ask the CCDF Program Specialist. The Training Department has also updated all of their Child Care Subsidy materials to reflect these changes for staff that is newly trained in the Child Care Subsidy program.

vi. Meet regularly regarding the implementation of policies.

Describe:

The CCDF Program Manager and CCDF Program Specialists meet monthly with Program Accuracy Specialist (PAS) who conduct case reviews on Child Care Subsidy cases to discuss any trends in errors that they are seeing or any program clarification that might be needed. The PAS department will regularly send out Quality Quick Tips to all field staff, supervisors, and administrators of these trends they are seeing to ensure the policies are still being implemented correctly.

vii. Other.

Describe:

Regular communication and meetings are held with the CCDF Administrator, the Licensing Program Manager, and the Administrator of Early Childhood. These administrators and managers hold regular meetings with their staff to review and evaluate current policies/procedures.

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. In 2020 there were 6,469 Child Care Cases reviewed, 35,135 Child Care Elements reviewed, and 32,518 Child Care Elements correct

with a statewide Child Care elemental accuracy of 92.55%. All cases that did not have a correct element are sent to the supervisor of the field staff worker to correct within 10 days of receipt. These internal controls have shown to be effective in that they provide information to the Lead Agency on areas that might need to be re-trained on. The Lead Agency has used these tools to provide refresher trainings to staff on elements that have high error rates to ensure an improvement in that error occurs. The CCDF program specialist will also do reads in targeted areas where there are high errors to send to workers to make sure they know the correct procedures in those areas moving forward which has shown in increase in accuracy rates.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

Nebraska currently shares data with the following programs: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Housing Energy Assistance Program (LIHEAP), Aid to the Aged, Blind, and Disabled (AABD) and Social Services for the Aged and Disabled (SSAD) as all

of these programs share the same eligibility system. This allows the Child Care program to have access to data that may be shared with another program that is not shared with the Child Care program. This helps prevent fraud and intentional program violations because it can show information that is required to be reported for the Child Care program but may have not been reported such as over the SMI limit for income or moving to another state. Nebraska also uses the PARIS system to determine other state benefits to ensure that applicants are not already receiving Child Care in another state or that recipients don't have cases in multiple states such as those who live on the borders to other states. Nebraska also receives interface information from Social Security Administration, Department of Labor, Child Support Enforcement, and Vital Statistic to help prevent fraud and intentional program violations by receiving information from these systems that may be required to be reported for the program but was not reported. Please note: The Child Care program only acts on information from these other programs if the recipient is required to report it or if it will benefit the household.

ii. [Run system reports that flag errors \(include types\).](#)

[Describe the activities and the results of these activities:](#)

Nebraska runs monthly reports through the eligibility system that flag cases for clients who are receiving transportation when they should not be eligible for it, co-payments that are being deducted from payments to the provider to make sure the co-payment has been deducted from the bill the provider submits to the Lead Agency, providers that have billed over 180 hours in one month to ensure they are billing the correct hours and providers that make an excess of \$250,000 per fiscal year. This allows monitoring and timely actions and/or corrections to be made.

iii. [Review enrollment documents and attendance or billing records](#)

[Describe the activities and the results of these activities:](#)

CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly then calendars will be requested for review. Once these calendars are received if the provider is

overbilling they will receive an overpayment in the amount they overbilled. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months they further actions are taken at that time.

iv. [Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. In 2020 there were 6,469 Child Care Cases reviewed, 35,135 Child Care Elements reviewed, and 32,518 Child Care Elements correct with a statewide Child Care elemental accuracy of 92.55%. All cases that did not have a correct element are sent to the supervisor of the field staff worker to correct within 10 days of receipt. PAS, CCDF Staff, and trainers have monthly meetings discussing trends in policy questions and errors, which helps identify if additional training or policy/process tips are needed.

v. [Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly then calendars will be requested for review. Once these calendars are received if the provider is overbilling they will receive an overpayment in the amount they overbilled. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months they further actions are taken at that time.

- vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Eligibility staff are trained on program requirements at new hire and as needed by Supervisory staff. Eligibility staff are also trained by CCDF Program Staff when there are any major program changes such as updates to policies or procedures. Resource Development staff also receive new employee training and ongoing training as needed. Audit results are shared with all staff that works the Child Care Subsidy program so they are aware of what audit issues have become larger concerns.

- vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

Nebraska currently shares data with the following programs: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Housing Energy Assistance Program (LIHEAP), Aid to the Aged, Blind, and Disabled (AABD) and Social Services for the Aged and Disabled (SSAD) as all of these programs share the same eligibility system. This allows the Child Care program to have access to data that may be shared with another program that is

not shared with the Child Care program. This helps unintentional program violations because it can show information that is required to be reported for the Child Care program but may have not been reported directly to the program as we are a multi-program system such as over the SMI limit for income or moving to another state. Nebraska also uses the PARIS system to determine other state benefits to ensure that applicants are not already receiving Child Care in another state or that recipients don't have cases in multiple states such as those who live on the borders to other states. Nebraska also receives interface information from Social Security Administration, Department of Labor, Child Support Enforcement, and Vital Statistic to help prevent unintentional program violations by receiving information from these systems that may be required to be reported for the program but was not reported. Please note: The Child Care program only acts on information from these other programs if the recipient is required to report it or if it will benefit the household.

ii. [Run system reports that flag errors \(include types\).](#)

[Describe the activities and the results of these activities:](#)

Nebraska runs monthly reports through the eligibility system that flag cases for clients who are receiving transportation when they should not be eligible for it, co-payments that are being deducted from payments to the provider to make sure the co-payment has been deducted from the bill the provider submits to the Lead Agency, providers that have billed over 180 hours in one month to ensure they are billing the correct hours and providers that make an excess of \$250,000 per fiscal year. This allows monitoring and timely actions and/or corrections to be made.

iii. [Review enrollment documents and attendance or billing records](#)

[Describe the activities and the results of these activities:](#)

CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly then calendars will be requested for review. Once these calendars are received if the provider is overbilling they will receive an overpayment in the amount they overbilled. The provider will also be given additional training by the Resource Development worker

on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months they further actions are taken at that time.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. In 2020 there were 6,469 Child Care Cases reviewed, 35,135 Child Care Elements reviewed, and 32,518 Child Care Elements correct with a statewide Child Care elemental accuracy of 92.55%. All cases that did not have a correct element are sent to the supervisor of the field staff worker to correct within 10 days of receipt. PAS, CCDF Staff, and trainers have monthly meetings discussing trends in policy questions and errors, which helps identify if additional training or policy/process tips are needed.

v. Audit provider records.

Describe the activities and the results of these activities:

CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly then calendars will be requested for review. Once these calendars are received if the provider is overbilling they will receive an overpayment in the amount they overbilled. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months they further actions are taken at that time.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Eligibility staff are trained on program requirements at new hire and as needed by

Supervisory staff. Eligibility staff are also trained by CCDF Program Staff when there are any major program changes such as updates to policies or procedures. Resource Development staff also receive new employee training and ongoing training as needed. Audit results are shared with all staff that works the Child Care Subsidy program so they are aware of what audit issues have become larger concerns.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Housing Energy Assistance Program (LIHEAP), Aid to the Aged, Blind, and Disabled (AABD) and Social Services for the Aged and Disabled (SSAD) as all of these programs share the same eligibility system. This allows the Child Care program to have access to data that may be shared with another program that is not shared with the Child Care program. This helps prevent agency errors because it can show information that may have been reported to another program that is a change that will benefit the recipient for the Child Care program. Nebraska also uses the PARIS system to determine other state benefits to ensure that applicants are not already receiving Child Care in

another state or that recipients don't have cases in multiple states such as those who live on the borders to other states. Nebraska also receives interface information from Social Security Administration, Department of Labor, Child Support Enforcement, and Vital Statistic to help prevent agency errors to act on information that will benefit the recipient but may have not been directly reported to the program.

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Nebraska runs monthly reports through the eligibility system that flag cases for clients who are receiving transportation when they should not be eligible for it, co-payments that are being deducted from payments to the provider to make sure the co-payment has been deducted from the bill the provider submits to the Lead Agency, providers that have billed over 180 hours in one month to ensure they are billing the correct hours and providers that make an excess of \$250,000 per fiscal year. This allows monitoring and timely actions and/or corrections to be made.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly then calendars will be requested for review. Once these calendars are received if the provider is overbilling they will receive an overpayment in the amount they overbilled. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months they further actions are taken at that time.

iv. Conduct supervisory staff reviews or quality assurance reviews.

[Describe the activities and the results of these activities:](#)

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. In 2020 there were 6,469 Child Care Cases reviewed, 35,135 Child Care Elements reviewed, and 32,518 Child Care Elements correct with a statewide Child Care elemental accuracy of 92.55%. All cases that did not have a correct element are sent to the supervisor of the field staff worker to correct within 10 days of receipt. PAS, CCDF Staff, and trainers have monthly meetings discussing trends in policy questions and errors, which helps identify if additional training or policy/process tips are needed.

[v. Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly then calendars will be requested for review. Once these calendars are received if the provider is overbilling they will receive an overpayment in the amount they overbilled. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months they further actions are taken at that time.

[vi. Train staff on policy and/or audits.](#)

[Describe the activities and the results of these activities:](#)

Eligibility staff are trained on program requirements at new hire and as needed by Supervisory staff. Eligibility staff are also trained by CCDF Program Staff when there are any major program changes such as updates to policies or procedures. Resource Development staff also receive new employee training and ongoing training as needed. Audit results are shared with all staff that works the Child Care Subsidy program so they are aware of what audit issues have become larger concerns.

vii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

The Lead Agency has a Special Investigations Unit that reviews and pursues any potential fraudulent activity. There is also an Overpayment team that referrals are sent to for any suspected overpayments. Once the overpayment team determines if there is an overpayment if the case meets the definitions of fraudulent activity a referral is then made to the fraud departments. The Issuance and Collections Department also reviews and determines provider overpayments for the Lead Agency.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

iii. Recover through repayment plans.

Describe the activities and the results of these activities:

If a CCDF provider has an improper payment due to fraud the Lead Agency will set up a payment plan with the provider if they are not active. They have the option to pay in full or make payment arrangements.

iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

If a CCDF provider has an improper payment due to fraud the Lead Agency will reduce the subsequent payments made to the provider by a percentage each month until the improper payment has been paid in full. If the provider fails to make payment arrangements the entire fraud amount will be taken at the next billing cycle.

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vi. Recover through other means.

Describe the activities and the results of these activities:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Special Investigations Unit is made up of fraud investigators who will investigate the IPV or fraud, decide and attempt to collect an overpayment. They will also be key witnesses in any criminal hearings related to IPV or Fraud.

viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the

description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

If a CCDF provider has an improper payment due to an unintentional program violation the Lead Agency will set up a payment plan with the provider if they are not active. They have the option to pay in full or make payment arrangements.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

If a CCDF provider has an improper payment due to an unintentional program violation the Lead Agency will reduce the subsequent payments made to the provider by a percentage each month until the improper payment has been paid in full. If the provider fails to make payment arrangements the entire unintentional program violation amount will be taken at the next billing cycle.

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Issuance and Collections unit is made up of Fiscal Compliance Analysts who will investigate the unintentional program violations, decide and attempt to collect an overpayment.

ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

- ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Overpayments caused by recipient error will be recouped or collected by any lawful means. When the overpayment appears to be the result of fraud, the case will be referred to the Special Investigations Unit, Central Office, or the Omaha Special Investigations Unit for Omaha cases. An individual who is found to have committed an intentional program violation is disqualified from receiving Child Care Subsidy Services. If an individual is found to have committed an intentional program violation, a period of disqualification must be imposed. The disqualification applied to the individual found to have committed the intentional program violation and the household. These penalties will also be imposed if the individual is found by a court to have committed an intentional program violation. The period will be determined by the Department after an administrative hearing, or without a hearing, if the individual waives his or her right to a hearing. The period of disqualification is: (i) For a first violation, the individual is disqualified for one year; (ii) For a second violation, the individual is disqualified for two years; and (iii) For a third violation, the individual is permanently disqualified. A client has 90 days to file an appeal if they do not agree with the actions taken to determine and overpayment or intentional program violation. The appeal must be filed in writing to the

hearing office or on a DA-6 form provided by the Lead Agency.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

If a CCDF provider breaches their Subsidy agreement, they may lose the ability to be a CCDF provider for 10 years. CCDF providers do not have the right to appeal Department decisions, except when an overpayment has been assessed or the termination or denial was the result of a criminal background check. If the provider disagrees with a Department decision other than an overpayment or background check they can request their case to be re-evaluated by the Lead Agency. If the Lead Agency finds that the decision was made in error the Lead Agency will overturn the decision. If the provider disagrees with the Department's determination regarding an overpayment or background check, the provider has 30 days from the date of mailing to appeal.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

- d. Other.

Describe the activities and the results of these activities:

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

numbered year. The Lead Agency has concluded the 2021 MRS, which did not include a Narrow Cost Analysis due to the COVID-19 pandemic. The 2021 MRS was originally slated to start February - March 2020 and was delayed due to the pandemic. There were a fair amount of child care providers temporarily closed through the pandemic, especially the first part of the year. Due to the pandemic and change in the child care provider landscape, efforts were focused on completing the 2021 MRS. The Lead Agency is currently working with a contracting entity for the 2023 MRS and others consultants who will assist with the planning and development of a Narrow Cost Analysis and the 2023 MRS. The Narrow Cost Analysis will be completed by September 30, 2022.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

As noted above, the Lead Agency and consultants will start the planning and development of a Narrow Cost Analysis. This additional time will allow the Lead Agency ample time to thoroughly develop a Narrow Cost Analysis, ensuring high provider participation and robust data collection and analysis, which can provide better outcomes for children. The Narrow Cost Analysis will be completed by September 30, 2022.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Allowing this waiver will not weaken the current standards in any way nor will it compromise the health, safety, and well-being of children served through the CCDF program.