

Nebraska Department of Health and Human Services (DHHS)
Division of Children and Family Services
Child Care and Development Fund

Request for Application (RFA) Child Care Start-Up and Expansion Grant

Send applications to:

DHHS
Attn: Marie Dutra Gross
PO Box 95026
Lincoln, NE 68509-5026

Submit an original and 3 copies. Please use 8.5" x 11" paper, stapled in the upper left corner. Do not enclose in binders.

Application Checklist

- An original and 3 copies of the proposal
- Signed and dated application
- Community needs assessment
- Two letters of support from the community on official letterhead
- Program description
- One letter of support to verify the quality of the program/provider
- Business plan and narrative
- Budget page and narrative
- Two written estimates attached for any single item over \$100
- Requested items are allowable expenditures
- Unique Entity ID (SAM) Form
- US Citizen Attestation Form
- W-9 Form and copy of voided check

Contact Us:



531-810-1792



PO Box 95026
Lincoln, NE 68509-5026



DHHS.ChildCareGrants@Nebraska.gov

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Child Care and Start-Up Expansion Grant Application Form

Agency/Program Name:		County:		Business Phone:	
Address:		City:		Zip Code:	
Is this property owned or rented:		If rented, list landlord's name:			
Email:					
Contact Person/Title:		Home Address:		Home/Cell Phone:	
Federal I.D or Social Security Number:		Congressional District:		County Population:	
Brief description of proposed projects:					
Number of children to be enrolled:		Infants:	Toddlers:	Preschoolers:	School-agers:
Total amount of funds requested:					
Please indicate which of the grant specifications this proposal fulfills:					
<input type="checkbox"/> New(not yet licensed) program <input type="checkbox"/> Current license capacity expanding from ____ to ____: ____ Increasing number of infants ____ Increasing number of school-agers ____ Increasing number of children with disabilities ____ Increasing number of children who may be ill <input type="checkbox"/> Expanding license from a Family Child Care Home I to a Family Child Care Home II <input type="checkbox"/> Expanding license from a Family Child Care Home II to a Child Care Center					

To the best of my knowledge, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances in the proposal if selected for funding. By signing and submitting this application, the applicant is giving permission for a preliminary background check to be completed.	
Signature:	Date:

Purpose

The purpose of the Child Care Start-Up and Expansion Grant is to provide assistance in new (not yet licensed) quality child care programs, or to increase the license capacity of existing quality child care programs. Applicants must be awarded the grant before they are awarded their Child Care License.

This may be done in one of the following ways:

- Assisting licensed providers who wish to expand their program with items required to meet licensing requirements with appropriate documentation;
- Making minor building modifications absolutely necessary to meet licensing requirements for new (not yet licensed) programs;
- Making Minor Building Modifications or purchasing equipment to increase the number of Infants, Children with Disabilities, Ill Children, and/or School-Aged Children served; or
- Making Minor Building Modifications for licensed providers changing from a Family Child Care Home I to a Family Child Care Home II, or a Family Child Care Home II to a Child Care Center.

Eligible applicants include:

- Individuals;
- Groups;
- Community-based organizations (those providing Full-Service Resource and Referral and child care services);
- Public and non-public schools; and
- Existing child care programs (including Family Child Care Home I/II and Child Care Centers).

Centers, community-based agencies, or other organizations with multiple sites are eligible to submit one application per site. Pre-school programs and programs that offer drop-in care only are not eligible.

Funding Opportunities

The Child Care Start-Up and Expansion Grants will be awarded based on need for the proposed services in the community. Grants will only be awarded to individuals or organizations that do not discriminate against children with disabilities and children whose care is funded by any state or federal funds (e.g. Child Care Subsidy).

Funding Source

The Child Care Start-Up and Expansion Grants are funded from the Child Care and Development Block Grant (CCDBG). These funds are specifically designated to improve the quality of child care, provide quality programs for low-income children, and to increase the availability of early childhood development programs and before and after school programs.

Allocation of Funds

Awards are a maximum of \$5,000 for Family Child Care Homes I and Family Child Care Homes II and \$10,000 for Child Care Centers.

Application Requirements

Applications are accepted monthly and must be postmarked before the first of the month. Applications postmarked after the first day of the month will be reviewed the following month. The application must contain all of the required information and supporting documentation. All sections of the application must arrive together. Supporting documents will not be accepted after the application is submitted. Faxed applications are not accepted.

Application Sections: Each application must contain all of the eight sections described below:

- 1. Application Form:** Completed, signed, and dated. Applications submitted by non-profit centers or community agencies must be accompanied by a copy of the approval of exemption from federal income tax under section 501©3 of the Internal Revenue Code.
- 2. Background Check Release:** Primarily background checks on the applicant are completed and considered when selecting applications. Applicants will be cleared against the Nebraska Child Abuse, Neglect Central Registry, the Nebraska Adult Protective Services Central Registry, and any criminal records in Nebraska. Applicants whose names appear on the Central Registries or whose file contains serious non-compliance may not be processed. A preliminary background check will be completed on all applicants prior to a Child Care Grant being awarded. By signing and submitting the application, all applicants are giving permission for a background check to be completed.
- 3. Community Impact Statement (0-10 points):** This section should indicate how the program would support the community. The proposal should describe how many home and center-based child care programs are in the area, and the number of children that they serve. Please indicate if there are waiting lists and include the number of children needing care from the waiting lists. This section should also include how the facility will identify and survey potential customers, and a Market Plan. Indicate the number of Infants, Toddlers, Preschoolers and School-Agers that will attend your program, and how the program has surveyed the parents to obtain this number. The proposal should also explain how partnerships are or will be formed with other organizations in the community. If information from a previously conducted needs assessment is available, this should also be included. This section should be no more than 2 pages.
- 4. Program (0-50 points):** This proposal must describe the program that will be provided and how it will meet the needs of the children the program will serve. Explain how the program will provide services to children and families. Clearly discuss how your program will meet the children's individual needs and show how these individuals needs will be met when describing the daily routine. For each age group to be served, including Infants, Toddlers, Preschoolers and School-Agers, describe how each age group of the children will benefit physically, emotionally, socially, and intellectually from your program. Explain how the activities will

be age-appropriate. Include how you will incorporate Nebraska's Early Learning Guidelines in your program. This section should also detail your anticipated training needs for the next 12 months for all staff. Indicate the training needs you intend to address, and a calendar for the completion of training. Include new employee orientation, and staff growth and development. This section should be no more than 6 pages.

5. Business Plan (0-30 points): Applicants are required to complete the business plan form and provide a narrative explaining the form. This plan should include projected expenses and income for the next 12 months. The business plan must include a narrative describing the expenses of the program including wages, advertising, food, insurance, supplies, and maintenance of the building and all the income of the program, such as fees, Child and Adult Care Food Program, Child Care Subsidy income, and any other source of income. Programs that are starting or expanding should include a plan for recruiting new customers. New programs requesting start-up funds should present how the facility intends to meet these expenses for the next 12 months. Indicate any other financial resource available for the program. This section should be no more than 2 pages.

6. Budget (0-10 points): Applicants are required to complete the budget form and provide a narrative explaining the form. The budget form must include every item to be funded by this grant request. Every item must show a comparison between two vendors, and any item costing more than \$100 should also include two written estimates. When listing prices, list the actual price, do not round up. As applicable, documentation must be provided along with an explanation of how many building modifications will meet local codes, licensing requirements, and/or the American with Disabilities Act. Documentation should include statements from the city, county, or state regulatory agencies verifying the need for minor building modifications. Documentation should also be obtained at a regularly scheduled visit. Requests for start-up costs must include a narrative explaining how other cost will be met during start-up and continuing operation. A narrative must also be included to explain any requested items that fall under special circumstances category as listed on the allowable expenditures insert. A detailed explanation of what are considered start-up costs and special circumstances can also be found on this insert, included in the application packet. Grant funds cannot be used to reimburse for any item purchased before the grant has been awarded. Grant funds do not cover tax or shipping and handling costs.

7. Letters of Support: Each application must include the following letters of support:

- A. Two letters documenting the need for child care in the community. These letters must be on official letterhead, and should be from community agencies and/or representatives.
- B. At least one, but no more than three letters, which support the applicant's ability to provide a developmentally appropriate program.

8. Required Forms: Each application must include the following forms, which will be utilized upon approval of your grant application. In the event that the application is not selected by the review panel, all forms will be returned to the applicant.

- A. W-9 and ACH Enrollment Form, must include a voided check, or a photocopy of a voided check.
- B. Unique Entity ID (SAM) Form
- C. US Citizen Attestation Form

1. Responsibility/Participants:

- A. The selection process will be a joint responsibility of the DHHS, Division of Children and Family Services and the Division of Public Health. Applications are reviewed monthly by a panel of DHHS staff.
- B. Upon receipt of an application, the application will be inventoried for:
 - a. Number of copies (an original plus three copies - each applicant must submit four complete sets of the application);
 - b. Forms inclusion and completion, including the 501 (c) (3) documentation, if applicable;
 - c. Signatures on all application forms.
- C. Proposals requesting funds beyond the specified budget range will be considered non-responsive to the RFA and will not be considered. Please be very specific about the items requested, list only items that can be considered for funding.
- D. The licensing history and files of each applicant will be reviewed, if applicable. The names of all applicants will be cleared against the Nebraska Child Abuse and Neglect Central Registry and the Nebraska Adult Protective Services Central Registry. Applicants whose names appear on either registry or whose file contains serious non-compliance may not be processed. These applications will be reviewed on a case-by-case basis. DHHS reserves the right to decide if and when such applicants may reapply for funding.

2. Priorities: The selection process will give priority to the following:

- A. Programs serving families who receive Child Care Subsidy;
- B. Areas of need for child care providers serving families who receive Child Care Subsidy;
- C. Areas of high poverty and/or very high or low population densities; and
- D. Proposals that would increase the number of Infants, Children with Disabilities, Ill Children, or School-Aged Children served.

3. Scoring: Proposals will be scored on a total point system of 100. Proposals must score at least 75 points to be considered eligible for funding. Applicants ranking highest in competitive order shall be selected for funding, subject to the amount of funds available for each category. DHHS reserves the right not to award any grants during any particular cycle.

Proposals will be rated according to the following scoring criteria:

- A. 0-10 points for Community Needs and Impact Statement;
- B. 0-50 points for Program;
- C. 0-30 points for Business Plan; and
- D. 0-10 points for Budget

4. Additional Assurances:

- A. Zoning:

- a. When requesting changes that are directly related to community zoning requirements, the applicant may be required to provide additional documentation to substantiate the specific request.
 - b. Successful applicants may be required to provide documentation of approval by their local zoning authority prior to release of funds.
- B. Handicap Accessibility:
- a. When requesting adaptations to make the facility handicap accessible, the applicant will be required to enable their children to access and use this facility.

Time Frames

Notification

Depending on the availability of funds, the money will be awarded to qualifying applicants each month. Notification of the grant award may take at least 6-8 weeks following the submission of the grant proposal. All applicants will receive a written notice of approval. Applicants whose proposal is not recommended for funding will receive their original proposal, along with written notice, including a summary of reviewers' comments.

Acceptance

Successful applicants will have 60 days to execute a subaward agreement that contains a number of stipulations, which indicates to DHHS that they are accepting the grant and the terms of the grant. An extension may be granted with prior written approval from DHHS. Successful applicants will have one year to complete all expenditures, unless an extension is approved by DHHS.

Reapplying

Successful applicants are eligible to apply for any additional Child Care Grants after three years. Applicants not funded may reapply during future funding cycles.

Receiving Funds

There are several steps in this application and grant process. Once notified of the grant award, it may take at least 10-12 weeks before the grant payment is received.

Expenditure Report

If your grant is selected for funding, you will be required to submit an audit report or Expenditure Report. This report will be mailed to you six months after you have received the grant funds. If all of the funds have not yet been spent after six months, an additional report form will be sent to you on which to report how the remaining funds have been spent. All funds awarded must be spent within one year, unless a written request for an extension of time has been submitted and approved by DHHS. Receipts for purchases made with the

entire grant amount must be submitted with the Expenditure Report. Grant funds do not cover tax or shipping and handling costs.

The Expenditure Report will request the following information:

- Statistical Information: Name of provider/facility, contact name, license capacity, number of children enrolled, number of years licensed, date and amount of grant award;
- Intent of the award: Why did you apply for the grant?;
- Expenditures: Receipts for any spent funds, the status of any remaining funds, and documentation of any trainings funded by the grant with completion date;
- Letters of Support: One letter from a community leader which documents how the program has addressed the community need, and two letters from parents describing the quality of the program;
- Status of the Project: Brief explanation of the project, whether or not it is complete, and if not, a description of the plan to finish the project;
- Project Effectiveness: Brief narrative statement as to how the funds assisted you in providing quality child care to your community. Include any information regarding how your program has expanded, changed, progressed, etc. This section should also include whether the grant funds have enabled your program to provide additional child care slots for your community;
- Training: A description of any training sessions attended by you and/or your staff since receiving the funds.

Hints for Preparing Applications

Tips

- Read all directions carefully before beginning proposal preparation. If you do not understand something, please call for clarification. Not following the directions may result in your proposal being disqualified.
- Please avoid using confidential information. (e.g. do not use either first or last names of children or families).
- We strongly suggest that you use headings for each section of your proposal (e.g. Community Needs and Impact Statement, Program, Business Plan, Budget, etc.).
- Be sure you provide all the information that is requested. Leaving out information may result in your proposal being disqualified.
- Be as specific as possible when preparing your budget. All items should be clearly identified.
- Please number the pages of your proposal and appendix consecutively.
- Make sure that your name and/or program name are included on all attachments, including estimates.
- Make sure that you have signed all necessary forms.

- Proofread your proposal for spelling, punctuation, and grammar. Be sure your proposal is neat and easy to read.
- Before submitting your proposal, double-check to be sure that your proposal is complete.
- Your original and each of the three (3) copies must be correctly collated and include all supporting documentation. Supporting materials will not be accepted after the proposal is submitted.
- Please use 8.5 x 11 paper. Staple your proposal in the upper left corner. Please do not enclose in binders.
- Keep a copy of the proposal for your reference and records.
- When asking persons to write letters of support, you might want to provide them some direction as to the content of the letter.
- Questions and requests for additional information should be directed to: Child Care Grants, DHHS, P.O. Box 95026-5026, Lincoln, NE 68509-5044, (402) 471-9754.

Meeting Needs of Children

When writing the program section, you should describe how your child care program meets individual and age appropriate needs of each child. You should explain how your program helps the children in the following areas.

Intellectual Development

Natural curiosity, meaningful learning experiences, language to promote thinking and learning, communicating effectively, becoming independent and lifelong learners.

Physical Development

Learn and practice safety procedures, awareness of good nutrition, wide variety of motor skills, social skills in an activity setting.

Development of Responsibility

Respect cultural identity and heritage, learn cooperative and independent social skills, care and respect the environment, adapt to changing world, value and respect individual differences in people.

Aesthetic and Artistic Development

Develop enthusiasm for the arts, imagine and visualize through arts, create through the arts, learn. Communicate, express and respond through arts.

Emotional and Social Development

Develop a positive self-concept, develop independence, set appropriate goals, cope with change, share and cooperate, develop friendships, learn from others and enjoy living and learning.

Source: "The Primary Program. Growing and Learning in the Heartland." The Nebraska Department of Education, 1993. This book is available at the Early Childhood Training Center in Omaha, NE. at (402)-557-6880 or 1-800-892-4453.

Management Training Program

The Early Childhood Care and Education Management Training is offered in several sites throughout the state during the year. This is excellent training to learn more about the “business side” of child care. The Department of Health and Human Services will reimburse the cost of the management training for some employees of facilities that provide child care for families who receive Child Care Subsidy. For more information about Early Childhood care and Education Management Training Center at 1-800-892-4423 or in Omaha, NE at (402) 557-6889.

Additional Resources

Information on currently licensed childcare programs
<http://dhhs.ne.gov/publichealth/Documents/ChildCareRoster.pdf> or by calling 1-800-600-1289.

Child and Adult Care Food Program
<https://www.education.ne.gov/ns/cacfp/index.html>

Nebraska Early Learning Guidelines
<https://www.education.ne.gov/oec/elg.html>

Early Childhood Training Center
<https://www.education.ne.gov/oec/ectc.html>

Template

This Table of Contents is provided to assist applicants in organizing their proposals, to help assure page limitations are addressed and to list all required information.

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(US Citizen Attestation Form, W-9 & ACH Enrollment Form, Unique Entity ID (SAM) Form)	

APPENDIX

A. Letters of Support for Community Need

B. Letters of Support for a Developmentally Appropriate Program

C. Cost Estimates

Child Care Start-Up and Expansion Grant
BUSINESS PLAN FORM

Please complete the following form to indicate expenses and income for your child care facility for the next 12 months. You will also want to explain your estimated numbers below in the Business Plan Narrative section.

Expenses

Director's salary: \$/hour and \$/year		Assistant Director salary: \$/hour and \$/year	
Head Teacher salary: \$/hour and \$/year		Teacher salary: \$/hour and \$/year	
Aid salary: \$/hour and \$/year		Other staff salary: \$/hour and \$/year	
		TOTAL SALARIES	
Advertising	\$	Mileage	\$
Insurance	\$	Training	\$
Transportation Insurance	\$	Food	\$
Legal and Professional	\$	Interest on Bonds	\$
Educational Supplies	\$	Enrichment Activities	\$
Cleaning Supplies	\$	Repairs and Maintenance	\$
Retirement Program	\$	License Fees and Permits	\$
Mortgage	\$	Utilities	\$
Rent	\$	Real Estate Taxes	\$
Quarterly Taxes	\$	Petty Cash	\$
Other	\$	Prof. Organizations	\$
		TOTAL EXPENSES	

Income

Infant fees: \$/year		Toddler fees: \$/year	
Preschool fees: \$/year		School age fees: \$/year	
Part-time/drop-in \$/year		TOTAL FEES	
Child Care Subsidy	\$	Grants	
Loans		Other	
USDA Food Program			
		TOTAL INCOME	
*include the hourly and/or weekly rates in the narrative section or elsewhere in the proposal.			

Discounts for Additional Children

1 st Child	
2 nd Child	
3 rd Child	

TOTAL PROFIT/LOSS \$ _____

CHILD CARE GRANT FUND BUDGET PAGE (continue)

MINOR BUILDING MODIFICATIONS *Two written itemized estimates must be attached	Vendor #1 Name	Estimate price per item	Vendor #2 Name	Estimate price per item	Quantity	Lowest Estimate Amount Requested (total should include quantity)

START-UP COSTS (Attach written justification)	Vendor #1 Name	Estimate price per item	Vendor #2 Name	Estimate price per item	Quantity	Lowest Estimate Amount Requested (total should include quantity)

TOTAL AMOUNT REQUESTED: _____

If more space is needed, please use an additional sheet of paper, keeping the same format. Grant funds do not cover shipping and handling costs or tax.

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

(first, middle, last)

SIGNATURE

DATE

UNIQUE ENTITY ID (SAM)

New Federal regulations require that anyone receiving Federal Grant money must obtain a Unique Entity ID (SAM). If you don't already have a Unique Entity ID (SAM), you will need to follow the instructions below to get one:

UEI (SAM) Request On-Line:

Go to <https://sam.gov>

**Please complete this process, and return this form with your
UEI (SAM) information:**

Name: _____

Address: _____

City, State, Zip: _____

Unique Entity ID (SAM): _____

RETURN TO:

Marie Dutra Gross, Program Specialist
Nebraska Department of Health & Human Services
P.O. Box 95026
Lincoln, NE 68509

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following boxes:

 Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate Non-Profit Entity Government (Local, State or Federal) Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) Other (see instructions)

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) Exemption from FATCA reporting code (if any)

5 Address:

Remit Address (if different):

6 City, state, and ZIP code

City, state, and ZIP code

Taxpayer Identification Number (TIN):

Social Security Number (SSN):

OR

Employer Identification Number (EIN):

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.Signature of US Person: Date: Printed Name: Contact Phone:

Comments or Business/Entity Notes:

ACH Enrollment: (Rev. December 2014) Initial Setup Change Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: E-mail:

(Used for ACH payment notifications.)

Authorized Individual or Entity Signature: <input type="text"/>	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Title:	<input type="checkbox"/> Letter or statement from your financial institution
Date	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

Internal Use Only:

Definitions

Family Child Care Home I	A licensed child care operation in the provider’s place of residence, which serves at least four but no more than eight children at any one time. A Family Child Care Home I provider may be approved to serve no more than two additional school-age children during non-school hours.
Family Child Care Home II	A licensed child care operation in the provider’s place of residence which serving 12 or fewer children at any one time.
Child Care Center	A facility licensed to provide child care for 13 or more children.
Infant	A child 6 weeks to 18 months.
Toddler	A child age 18 months to 3 years.
Pre-School	A child age 36 months to school age.
School-Age Child	A child who attends kindergarten or above.
Children with Disabilities	Children who are eligible for special education services according to the Department of Education Rule 51 or 474 NAC 7-006.01 Definitions Special Needs.
Ill Children	Children who are excluded from a regular child care program due to illness/disease, symptoms of illness, or who are recuperating from a serious illness, accident, or surgery requiring such exclusion.
Child Care Subsidy	The purpose of the Child Care Subsidy Program is to assist low-income families with child care.
Child Care Subsidy Provider Agreement	The Child Care Subsidy Provider Agreement is the formal agreement of rates and policies that is signed by both you and your assigned DHHS staff person so that you may be approved to provide child care services.
Expansion Grant	Increasing the license capacity of an existing child care program.
Full Service Resource and Referral	Agencies that provide a wide range of services to families including, but not limited to, health, social services, mental health, parent education, and child care resource and referral.
Market Plan	A well-defined approach to informing families that the child care program exists. This may include using local advertising, the child care program, resource and referral systems, and local support groups.
Minor Building Modifications	Improvements required by licensing by the Nebraska Department of Health and Human Services and/or other state, county, or city regulatory agency that does NOT involve the construction/removal of a load bearing wall. Building modifications shall also mean any improvements necessary to serve additional infants, children with disabilities children who may be ill, and/or school-aged children.
Early Childhood Training Center	The Early Childhood Training Center offers training to individuals who provide education and development activities for infants and young children and their parents.
Nebraska Early Learning Guidelines	The Nebraska Early Learning Guidelines is a resource to provide information about young children’s learning and development.
Child and Adult Care Food Program	A Federal program that provides reimbursement to providers who provide healthy meals and snacks to children and adults receiving day care.