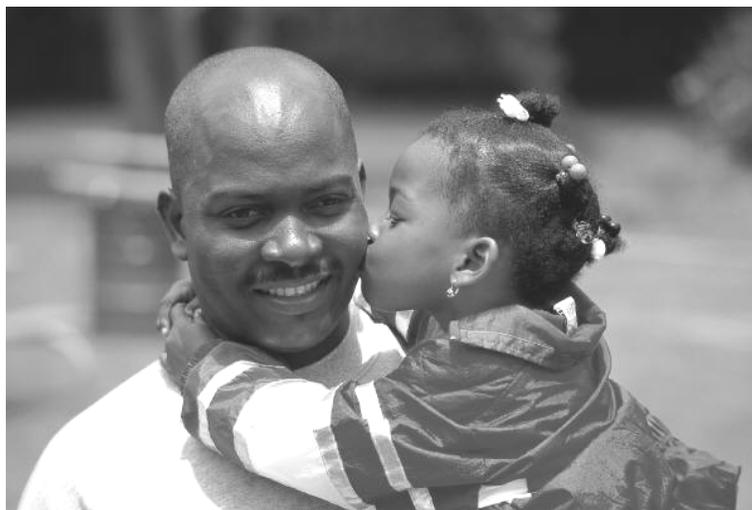


**Early Childhood  
Interagency Coordinating Council**

**Report to the Governor  
on the  
Status of Early Childhood**

**December 2004**



This report was prepared by the Early Childhood Interagency Coordinating Council  
Lea Ann Johnson, Chairperson  
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Early Childhood Training Center

For more information about ECICC see:  
<http://www.nde.state.ne.us/ecicc/>

**Early Childhood Interagency Coordinating Council  
2004 Governor’s Status Report on Early Childhood**

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# **I. Executive Summary**

The Early Childhood Interagency Coordinating Council (ECICC) is pleased to report improvements in the status of early childhood services over the last two years. Leadership from the ECICC, the State Board of Education, the state agencies, early childhood providers, educators, and the Early Development Network has helped move important early childhood initiatives contained within this report forward.

The expansion of the early childhood programs through Rule 11 has resulted in a higher quality of early childhood education services being available in Nebraska. The third year of the T.E.A.C.H (Teacher Education and Compensation Helps) Early Childhood ® NEBRASKA project has seen increased funding through private foundations and a higher number of early childhood teachers working toward an associate's degree in Early Childhood. Regional Training Coalition pilots in three regions in Nebraska have expanded the capacity of those coalitions to design professional development programs for all providers in the early childhood field.

The State Board of Education and Nebraska Department of Education (NDE) have undertaken an Early Childhood Education-Kindergarten Policy Study to address the increasing concerns about the early learning needs to prepare young children and the role the education system should play in young children's learning.

The collaborative development of the *Nebraska Early Learning Guidelines* through the Nebraska Department of Education and Health and Human Services System (HHSS) has established some common expectations and descriptions of what quality early childhood programs need to look like in Nebraska. Environment Rating Scale training over the last three years has prepared a variety of early childhood education providers to assess the quality of early childhood education environments in their programs and of others.

The implementation of the Licensing Information Service on the web provides the public with more complete information on licensed family child care homes and child care centers in Nebraska. The information available will include information on the type of license, the hours of operation, and any disciplinary action taken against the licensee.

The development of the *First Connections with Families* materials through the Nebraska Department of Education and in cooperation with Health and Human Services (HHS) provides families of newborns with key information on developmental milestones for young children.

The ILCD (Improving Learning for Children with Disabilities) process moved from an emphasis on procedural compliance to an emphasis on improved and sustained outcomes. The ILCD process includes self-assessment, which relies on surveys (parent, services coordinators/providers and Planning Region Teams) and file reviews to gauge the effectiveness of early intervention and early childhood special education services.

Finally, the ECICC has developed several sets of recommendations for the Governor and state agencies and has piloted an information gathering process through local Planning Region Teams on gaps and barriers in the early childhood service system.

Recommendations from the ECICC include:

Public Engagement Task Force Report and Recommendations—December 2003

URL link: [http://www.nde.state.ne.us/ecicc/TF\\_FinalReport\\_Dec2003.pdf](http://www.nde.state.ne.us/ecicc/TF_FinalReport_Dec2003.pdf)

Quality Child Care Worthy Wage Task Force Report—April 2004

URL link: [http://www.nde.state.ne.us/ecicc/QCCTask%20Force\\_%20Report.pdf](http://www.nde.state.ne.us/ecicc/QCCTask%20Force_%20Report.pdf).

The Early Childhood Interagency Coordinating Council as a whole has developed another set of recommendations related to early care and education systems in Nebraska.

The ECICC recommends:

- ❖ The racial/ethnic disparities in infant mortality rates continue to be monitored and effective strategies to address the disparities implemented.
- ❖ The \$15 million requested by the Nebraska Department of Education to expand the early childhood programs be fully funded.
- ❖ Articulation efforts between two-year and four-year colleges for early childhood education degrees continue and efforts be made to develop “2 plus2” degree programs so that students completing their associate’s degree enter the four-year college with junior standing and only 2 more years of course work.
- ❖ A quality rating system be established to help inform the public at large of the quality of early childhood programs across the state.
- ❖ Efforts be made to ensure that all children in Nebraska have a medical home. Nebraska should establish a system to determine the degree to which children currently have a medical home.
- ❖ The strategic plan for the Together for Kids and Families Maternal and Child Health Early Childhood Planning Project be fully implemented across Nebraska.
- ❖ Anticipated teacher shortages in Early Childhood Special Education be planned for and recruitment and incentives systems be put in place to ensure sufficient early childhood education teachers and early childhood special education teachers in the future.
- ❖ Nebraska’s child care subsidy system examine the cost and feasibility of providing financial incentives (not tied to market rate) for programs with higher quality.

- ❖ The *Nebraska Framework for Professional Development* (January 1998) be updated and revised.
- ❖ Determine the anticipated need for continued lead screening of children in Nebraska, and discuss potential funding options to continue the program across Nebraska.
- ❖ Further professional development around family-centered practices and working as a team be encouraged for all early childhood, early childhood special education, and early intervention providers.
- ❖ Further review and analysis by the Special Populations Office be done regarding the disproportionality of racial/ethnic populations among children with disabilities.
- ❖ The NDE Special Populations Office develop functional outcomes for children from birth to age 5.
- ❖ The NDE Special Populations Office develop a method for tracking the number of children (birth to age 5) referred from the HHS Protection and Safety System and of those children referred the number of children verified with a disability.
- ❖ The NDE Special Populations Office provide training and support to early childhood educators on strategies for providing positive behavioral supports to children birth to age 5.



## **II. Status of Early Childhood Health and Medical Support Services**

### **Children's Access to Health Services**

Kids Connection is health coverage for qualified children developed by the state of Nebraska. It includes both the Children's Health Insurance Program (CHIP) and the Nebraska Medical Assistance Program (also known as Medicaid).

Kids Connection provides well care for children in Nebraska by helping to prevent diseases, finding and treating problems early, and maintaining good health and development.

Nebraska had 80,524 children under the age of nine enrolled in Kids Connection in FY 2004 (July '03-June '04). The count was 82,297 for FY 2003. The 2000 Census indicated that there were 240,493 children under the age of nine in Nebraska which would mean that 33% of Nebraska's children under age nine are enrolled in Kids Connection.

*(Source: Medicaid Staff at HHSS-Finance and Support)*

### **Insured/Underinsured People in Nebraska**

Many people in both rural and urban areas of Nebraska have experienced difficulty in gaining access to timely health and medical services. A recent survey conducted by health and human services found there are more than 145,000 people in Nebraska without health insurance coverage. It is estimated that another 145,000 people in Nebraska are considered underinsured because their insurance policy includes a high deductible and coinsurance payments. In many cases, underinsured families fail to receive appropriate preventive care and may delay seeing a primary care practitioner until a medical problem becomes more serious. Racial and ethnic minorities are disproportionately represented among the uninsured. For many individuals, the lack of health insurance coverage is magnified by language and other cultural barriers. *(Source: HHSS staff and HHSS website, URL: <http://www.hss.state.ne.us/puh/TPstrat6.htm>)*

### **Health and Dental Professional Shortages**

Nebraska has several designated Health Professional Shortage areas where barriers exist to obtaining adequate health care. In 2003, over one-third of Nebraska's counties have been designated, either in full or in part, as primary medical care Health Professional Shortage Areas (HPSAs). Primary medical care HPSAs potentially affect more than 10 percent of Nebraska's total population. In addition, 67 of Nebraska's 93 counties have been designated, in full or in part, as containing Medically Underserved Areas (MUAs) or Medical Underserved Populations (MUPs). Over 28 percent of the state's population within these designated areas are potentially affected by a shortage of health services.

Within state-designated HPSAs, a high degree of shortage exists in each of the defined health specializations. Three-fourths of Nebraska's counties currently have a shortage of family practice physicians. 83 percent have a shortage of general surgeons, 91 percent have a shortage of internal medicine physicians, 94 percent have a shortage of psychiatrists, 95 percent have a shortage of pediatricians, and 92 percent have a shortage of obstetricians/gynecologists. Additionally, 34 percent of Nebraska's counties have a shortage of dental health professionals, 43 percent have a shortage of pharmacy professionals, 63 percent have a shortage of occupational therapists, and 41 percent have a shortage of physical therapists. *(Source: Nebraska Health Data Reporter, Volume 5, Number 1, December 2003)*

### **Medical Home**

A medical home is an approach to providing primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. In a medical home, a pediatric clinician works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met. Through this partnership, the pediatric clinician can help the family/patient access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child/youth and family.

Healthy People 2010 have a goal that addresses medical homes; the goal requires that all children have access to a medical home by 2010. There is limited information in Nebraska at this time on the extent to which Nebraska's children have access to a medical home. *(Source: American Academy of Pediatrics)*

The Head Start Program Information Report does provide some information on the children served in their program who have an ongoing source of continuous, accessible medical care. The 2002-2003 report for Nebraska indicates that 4,785 children had that resource at the time they enrolled in Head Start and 5,333 had that resource at the end of the enrollment year, which is 79% and 88.5% of enrolled children at the beginning and end of the Head Start year. *(Source: Head Start 2002-2003 Program Year Report)*

### **Health Status Indicators**

#### **◆ Live Births in Nebraska:**

In 2003, the number of resident live births in Nebraska increased for the ninth straight year, to 25,900. This number is the highest annual live birth total recorded in Nebraska since 1984. It also translates into a crude birth rate of 14.9 live births per 1,000 population. *(Source: Nebraska Vital Statistics Birth highlights)*

#### **◆ Low Birth Weight Rate**

Nebraska's low birth weight rate for 2003 was 69.3 per 1,000 live births, a decrease from the 2002 figure of 71.7. *(Source: Nebraska Vital Statistics Birth highlights)*

◆ **Prenatal Care**

Prenatal care began during the first trimester of pregnancy for 83.3% of all 2003 Nebraska live births. This figure represents a slight improvement from the 2002 rate of 83.1%, but it has not changed greatly in recent years. *(Source: Nebraska Vital Statistics Birth highlights)*

◆ **Birth Defects**

A total of 691 birth defects were diagnosed among 636 children born to Nebraska women in 2003. The latter figure translates into a rate of 24.4 cases per 1,000 resident live births and stillborns. Defects of the circulatory system were the most frequently diagnosed conditions in Nebraska in 2003, accounting for 177 (25.6%) of all defects reported. Musculoskeletal conditions were the second most frequently reported defects among Nebraska children in 2003. Nebraska's 2003 data also show that birth defects were reported three times more frequently among low birth weight babes than among those of normal weight. In addition, birth defects were more likely to be diagnosed among males, African-Americans, and children born to women 40 years of age and older. *(Source: Nebraska Vital Statistics Birth highlights)*

◆ **Infant Mortality**

A total of 141 infant deaths occurred among Nebraska residents in 2003, which translates into an infant mortality rate of 5.4 per 1,000 live births. The figure represents a substantial decrease from the 2002 rate of 7.0, and is the lowest infant mortality rate in the state's history. There continues to be a significant disparity in infant mortality rates for racial/ethnic minorities. In 2003, the infant mortality rate for African Americans was 15.9 per 1000 live births and 13.2 for Native Americans. The white infant mortality rate for 2003 was 4.8 per 1000 live births.

The two leading causes of infant deaths in Nebraska in 2003 were birth defects and Sudden Infant Death Syndrome (SIDS), which resulted in 36 and 24 infant deaths, respectively. Low birth weight babies accounted for 88 (62.4%) of Nebraska's infant deaths, respectively. *(Source: Nebraska Vital Statistics Death Highlights)*

◆ **Mortality Information from the Child Death Review Team**

The Nebraska Child Death Review Report 1996-2001 published in July 2004 examined the deaths of 1,845 Nebraska resident children who died in the aforementioned years. The overall death rate of children in Nebraska has gone down significantly since 1980, from a high of 112 deaths per 100,000 children to 65 per 100,000 in 2001. Reasons for the decline were:

- Advancements in health care including diagnostics, medications and available treatments;
- Improved access to health care;
- Improved educational and preventive strategies for preventable diseases; and,
- Improved public education on the prevention of unintentional injuries. (Motor vehicle related incidents)

Pregnancy-related factors such as pre-maturity, maternal complications, and events of labor and delivery accounted for 29% of all infant and child deaths from 1996 through 2001.

Overall death rates for African-American, Native American and Hispanic children were higher than for White and Asian children, with this pattern generally true over the six year study period, 1996-2001.

Seventy-three percent of the children who died from 1996-2001 were under the age of 9. Fifty-seven percent of all deaths were infants less than 12 months of age. About two-thirds of the infants died in their first month.

The leading causes of death for children were:

- Pregnancy related
- Birth Defects
- Motor Vehicle Crashes
- SIDS

*(Source: Nebraska Child Death Review Report 1996-2001)*

◆ **Immunization Rates**

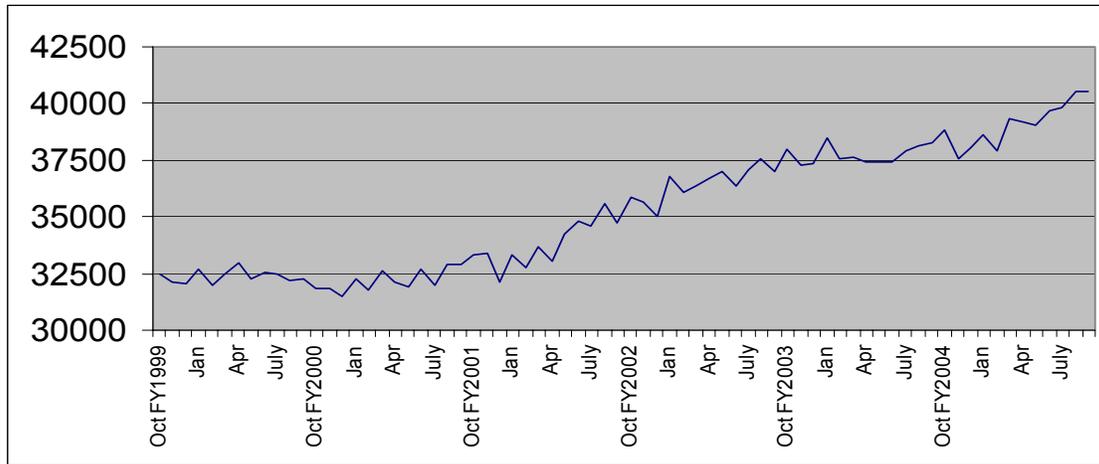
The goal of the Childhood Immunization Initiative is to have at least 90% of all children immunized by 2 years of age. Currently the immunization rate for 2-year olds in Nebraska is 80.4%. Many of Nebraska's children do not get the 4<sup>th</sup> DPT immunization which keeps the Nebraska from reaching the immunization goal.

*(Source: National Immunization Program at the CDC, [www.cdc.gov/nip](http://www.cdc.gov/nip))*

**Women, Infants and Children Program Developments**

The Nebraska Special Supplemental Nutrition Program for Women, Infants and Children's (WIC) provides nutrition and health information, breastfeeding support and healthy foods at no cost to help keep pregnant women, infants, and children under five healthy and strong. The WIC program is available at approximately 120 clinic sites located throughout Nebraska. The program currently serves about 40,000 participants each month. Participants shop for WIC approved foods at over 400 authorized stores across Nebraska. In addition, there are three tribal WIC programs that serve others beyond those indicated in this report.

There has been a steady increase in participation in the WIC program over the last four years. The table below reflects the change in WIC enrollment from 1999-September 2004.



Recent regulations passed by Congress have required greater emphasis on program integrity to prevent fraud and abuse in the program by WIC participants, WIC staff, or WIC-approved retailers. For example, participants who intentionally provide incorrect information to receive benefits may be terminated from the program and/or asked to repay the cost of benefits received.

The WIC program was reauthorized this summer by Congress. To help prevent childhood obesity, the new reauthorization language includes physical activity as a part of WIC nutrition education. The legislation also includes regular review of the WIC food package to include foods that promote health. *(Source: HHSS staff)*

### **Newborn Hearing Screening**

Significant hearing loss at birth has an estimated incidence rate of one to three per thousand live births. Left undetected, hearing loss in infants can negatively impact speech and language acquisition, academic achievement, and social emotional development.

In 2000, the Infant Hearing Act established newborn hearing screening in Nebraska. The statute requires hospitals to educate parents about newborn hearing screening, encouraged hospitals to voluntarily begin screening newborns for hearing loss, and by December, 2003, to include hearing screening as part of its standard of care and to establish a mechanism for compliance review. By the end of 2003, 100% of the birthing facilities were conducting newborn hearing screenings and 97% of newborns were screened prior to birth admission discharge.

### Hospitals Conducting Newborn Hearing Screenings (2000-2003)

Year	Number of Birthing Hospitals in Nebraska	Number of Hospitals Conducting Newborn Hearing Screening	Percentage of Hospitals Conducting Newborn Hearing Screening
2000	69	11	16%
2001	69	24	35%
2002	69	57	83%
2003	67	67	100%

*(Source: Nebraska Newborn Screening Program 2002 and 2003 Report)*

### Newborn Metabolic Screening

The goal of newborn screening for metabolic and inherited disorders is to identify newborns at risk for certain metabolic, endocrine, hematologic, and other disorders that would otherwise be undetected until damage has occurred, and for which intervention and/or treatment can improve the outcome for the newborn.

Newborn screening is initiated by collecting a blood specimen from a simple heel stick directly on to special filter paper. The filter paper blood spots are shipped to the newborn screening laboratory and tested for several disorders. Fifty-three (53) babies were spared the effects of disorders screened, thanks to early identification and treatment from blood-spot screening in 2002-2003.

In 2002, 69 Nebraska birthing hospitals sent specimens to one of two laboratories to be tested for five mandated disorders. By July 2003 all birthing hospitals in Nebraska were sending their specimens to one screening laboratory in Pennsylvania. Parent education packets were developed in July 2002. Since 2002 the percent of newborns having the supplemental screening has jumped from 34% to 94% due in part to parent education and because starting in July of 2003 there was no extra charge for the supplemental testing.

*(Source: Nebraska Newborn Screening Program 2002 and 2003 Report)*

### Healthy Child Care Nebraska Program

This is the final year of funding for the Healthy Child Care Nebraska funds. Funding for the program has been cut within the last two years from \$100,000 to \$50,000. During this final year Healthy Child Care Nebraska sponsored training with the Douglas County Health Department for new district health departments. The training encouraged the district health departments to establish child care health consultants in their local areas. The program offered district health departments that participated in the training mini-grants to implement training for local child care providers. Grant funds for this program end on January 31, 2005. *(Source: HHSS Staff)*

## **Title V—Maternal and Child Health Block Grant**

Title V of the federal Social Security Act is designed to improve the health of all mothers and children by providing and/or assuring access to quality maternal and child health services.

Title V also:

- Provides the funding for a toll-free helpline that links families to health services in every state;
- Establishes health programs in places where people need them;
- Provides access to health care;
- Creates guidelines and standards to assure that families get the appropriate, quality health care they need;
- Stresses and supports the enhancement of public health infrastructure including community collaboration to maximize scarce resources and improve access for clients with integrated services;
- Creates safe and healthy communities;
- Sets aside specific funding to ensure health services to women and children, including children with special health care needs.

Title V Funding	2004	Anticipated 2005
Federal allocation	\$3,940,800	\$4,288,566
State Match	\$2,624,091	\$2,615,918
Local Match	\$946,443	\$940,000
Total	\$7,511,334	\$7,844,484

*(Source: HHSS Staff)*

HHSS is in the process of conducting a five year comprehensive needs assessment to establish funding priorities for the Maternal Child Health Block Grant. The new priorities should be available in March 2005.

### **Lead Screening**

The Center For Disease Control (CDC) is moving away from providing funding for lead screening. The CDC will be moving toward a more primary prevention effort that focuses on healthy homes overall. Nebraska has seen a decrease in funding from CDC for lead screening over the last year. In 2002 HHS received \$378,000 for lead screening. In 2003 HHS received \$337,000 for lead screening. These funds provided 18,917 screenings for children age 6 or under. Douglas county which has been found to have a high level of lead in east Omaha yards received \$161,123 for lead screening. Lincoln/Lancaster county received no funding for lead screening last year. HHS anticipates that the lead screening funding will be reduced and entirely eliminated by 2010 if not sooner. Areas outside of Douglas county received \$36,000 for labs and \$18,150 for partners who are assisting with the lead screening effort. HHS in order to adjust to the decreased funding had to reduce reimbursement to the screening partners from \$11.00 per screening to \$8.00 per screening. *(Source:HHSS Staff)*

## **New Program Developments in Early Childhood Health Services**

### **New Immunization Required for Children:**

Beginning in July 2004 Nebraska required that all children in Nebraska schools, preschools and childcare facilities need to be immunized against varicella (chicken pox). Recent changes in immunization rules and regulations add the chickenpox vaccine to the list of required vaccinations.

All students enrolled in kindergarten or 7<sup>th</sup> grade and out-of state transfer students must either receive the vaccine or provide documentation that they've had chickenpox. Currently, more than 70% of Nebraska children have received the chickenpox vaccine according to the Centers for Disease Control.

*(Source: March 15, 2004 Press Release from HHSS)*

### **Head Start Hearing Screening Project (ECHO)**

Nebraska has been selected by the National Center for Hearing Assessment and Management to participate in the Head Start Hearing Project in 2004-2005. An Early Childhood Hearing Outreach (ECHO) team composed of professionals in the hearing field in Nebraska will train Early Head Start staff to screen the hearing of infants and toddlers using otoacoustic emissions (OAE) screening techniques. Three Early Head Start programs began participating in fall of 2004 with an additional two to three programs joining during the summer of 2005. This project will expand the early detection and intervention activities of the Nebraska Newborn Hearing Screening Program.

*(Source: Nebraska Newborn Hearing Screening Program 2002 and 2003 report)*

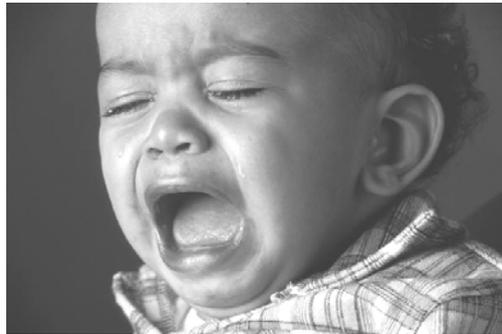
### **Comprehensive Breastfeeding Promotion Initiative**

Nebraska is in the process of implementing a comprehensive breastfeeding promotion initiative. The purpose of the initiative is to increase breastfeeding initiation and duration rates through multi-focal efforts, including consumer and provider education, community-based support, and state-level policy development.

The development and implementation of the initiative is to be inclusive of the Nebraska Health and Human Services System (HHSS) and key stakeholders, including and not limited to primary care providers (physicians and mid-level practitioners), other health professionals (nurses, dietitians, lactation consultants), employers, businesses/retailers, child care providers, hospitals, breastfeeding support organizations, and current, former and prospective breastfeeding women. The initiative is to yield priority strategies that involve the wide range of stakeholders listed above and is not to be exclusive to the HHSS or any of its programs.

A steering committee of 20-30 persons representing the previously described stakeholder groups will be formed. This committee will review quantitative and qualitative data describing breastfeeding initiation and duration among Nebraska women, current

services/supports, the existing policy environment, and best and promising practices for the promotion and support of successful breastfeeding. The committee will then assist in identifying key issues to be addressed and recommend priority strategies for addressing these issues. This steering committee will have a time-limited charge, with its work completed upon the conclusion of a public input forum to be held in 2005. *(Source: HHSS Staff)*



### **III. Status of Early Childhood Mental Health Services**

#### **Early Childhood Mental Health Initiative**

On September 2, 2003 the Nebraska Department of Health and Human Services, Nebraska Department of Education and the University of Nebraska Public Policy Center issued a Request for Proposals to develop a community-based system of care for young children (birth through 5 year of age) with behavioral/emotional issues and their families. Funding under this initiative is \$400,000 over two years. This effort is based on research indicating that the emotional wellness of young children is fostered in secure, warm relationships with parents and other caregivers and critical to healthy early development and later school success. For children with early signs of distress and behavioral challenges, appropriate and early intervention strategies can prevent a lifetime of increasingly intense and complex problems.

The development of integrated systems of care is part of a statewide initiative to improve the lives of young children with behavioral/emotional issues and their families. The system of care developed through this Request for Proposals incorporates the following principles:

- Child focused and family centered
- Culturally responsive
- Community based
- Comprehensive, coordinated and integrated
- Committed to continuous improvement and reflective supervision

The Central Nebraska Early Childhood Mental Health System of Care Project through Mary Lanning HealthCare Foundation was selected as the grant recipient.

The project will develop an integrated system of care using a collaborative network of existing providers and new services that fill critical gaps in the current system. New services to be developed through the project include:

- Depression screenings for mothers in the perinatal period through obstetrical caregivers
- Home visitation for families of children six weeks to 3 months by training volunteers from churches and other community organizations
- Capacity for early childhood assessments by training primary health nurses
- An early childhood center with resource library, a 1-800 number, and telehealth capacity for mental health consultations
- On-site mental health consultation and training for child care providers and preschools
- Coordination of wraparound and family support training of child care providers
- A community advisory board and executive board to coordinate early childhood mental health services in the seven county area

Key partners in the project are Mary Lanning HealthCare Foundation, Monroe Meyer Institute, Region III Behavioral Health Services, Mary Lanning Memorial Hospital, County Central District Health Department, South Heartland District Health Department, Head Start Child & Family Development Program, Inc., Families CARE, and Hastings College

The geographic area the project serves is the seven-county area of Adams, Clay, Hall, Hamilton, Merrick, Nuckolls, and Webster, and includes the towns of Hastings and Grand Island.

The project works in partnership with a state-level advisory committee that provides technical assistance to the project, documents the findings from the project and assists in identifying strategies to sustain the initiative and replicate early childhood mental health best practices statewide. The project began January 1, 2004 and runs through December 31, 2005.

#### **Accomplishments of the Early Childhood Mental Health Project to Date:**

- The perinatal depression project has evolved into a collaboration of several partners and has resulted in the submission of an IRB (institutional review board) for research.
- The two most strongly identified needs of providers in the project is the need for telehealth services and the need for early childhood mental health training.
- There has been an expansion in the amount of mental health training and consultations provided to child care providers.
- Training has been provided to mental health providers for assessing social/emotional development in young children. (Training was specific to the Brief Infant Toddler Social Emotional Assessment)
- A plan was developed for establishment of a telehealth site at the Hastings Head Start Child and Family Development Center.

*(Source: UNL Public Policy Center Staff)*

#### **Safe and Secure-Learners from the Start Training through ECTC**

The Early Childhood Training Center (ECTC) developed training focusing on young children's social and emotional development through collaboration with the Omaha Public Schools Safe Schools/Healthy Students grant. A training of trainers was held in the Omaha area to fulfill the grant requirements. An additional Train the Trainer session supported with funding from the Head Start State Collaboration Office and supplemental funding was held in Kearney to take the training statewide. There have been three Train the Trainer sessions to date, there are 64 trainers across the state. Two trainers, one a specialist in early childhood and the other a specialist in mental health, deliver the training. The training brings together the two disciplines and provides the participants with rich information to apply in their settings.

The Safe and Secure–Learners from the Start curriculum is based on the belief that a child’s healthy early development depends on nurturing and dependable relationships from birth to age five. There are six - two hour modules designed for child care providers. In addition, there is 1½ hour training for parents. This training explores with parents ways to support their child’s social/emotional development.

To date, 2664 participants have been involved in the training (duplicated count, one person may have attended more than one training event). There have been 468 hours of training provided to parents and child care providers.

## **New Developments in Mental Health Services**

### **Nebraska Infant Mental Health Association**

Organizational planning (structural format, by-laws development, leadership capacity and incorporation processes) continues following the three explanatory meetings that were held across the state ( Omaha, Kearney, Scottsbluff/Gering) and attended by nearly 100 persons during the summer of 2004. This organization is intended to provide interdisciplinary educational opportunities and interaction among mental health, public health, education and social service professionals and others about best practices in the provision of services and support that promotes the optimal development of young children. *(Source: ECTC Staff)*

### **A Framework for Assessment and Support of Social-Emotional-Behavioral Health**

The *Framework for Assessment and Support of Social-Emotional-Behavioral Health*, originally written in January 2001, was revised and republished in December 2004. This resource is intended to inform early childhood and mental health practitioners about non-clinical tools that would assist in the early identification of potential infant/toddler/preschooler mental health concerns. Information about effective screening and assessment practices is also highlighted. *(Source: ECTC Staff)*



## IV. Status of Early Childhood Education Services

### Number of Districts Providing All Day Kindergarten

The number of districts offering all day kindergarten programs has increased dramatically over the last several years. The table below shows the increase in all day kindergarten programs since 1992-1993.

1992-1993		1997-1998		2001-2002		2002-2003	
Percent	Number	Percent	Number	Percent	Number	Percent	Number
2.61%	19	6.41%	41	37.12%	206	47.01%	252

*(Source: 2002-2003 State of the Schools Report, A Report of Nebraska Public Schools)*

### Early Childhood Education Grants

The Nebraska Department of Education awards state funds to public schools or educational service units to assist the operation of comprehensive center-based early childhood programs. The programs are intended to support the learning and development of children in the birth to kindergarten age range. In most cases the projects expanded and/or combined existing pre-kindergarten programs funded through district, federal, or parent fees, and involve collaboration with Head Start.

The purpose of the Early Childhood Education Grant Program is to provide high quality early childhood programs to assist children in reaching their full potential and increase the likelihood of their later success in school. The early childhood programs are required to serve children in inclusive classrooms that represent the range of abilities and disabilities of the children and the social, linguistic, and economic diversity of the families.

The programs target prekindergarten children:

- 1) whose family income qualifies them for participation in the federal free or reduced lunch program;
- 2) who were born prematurely or at low birth weight as verified by a physician;
- 3) who reside in a home where a language other than spoken English is used as the primary means of communication; and/or,
- 4) whose parents are younger than eighteen or who have not completed high school.

Nebraska currently has 28 programs across the state with a typical classroom size of 16-20 children. In 2002-2003, a majority of the 1,098 children enrolled were low-income, as was reflected by the 78 percent of children who were eligible for free/reduced lunch. The programs served a very small number of children (4%) who were premature or low birth

weight. Many children (26%) had a home language other than English and had parents (27%) who were less than 18 years of age or were not high school graduates.

The 28 early childhood programs were required to evaluate the quality of their programs using a variety of different evaluation tools, including the Infant/Toddler Environment Rating Scale-Revised (ITERS-R), the Early Childhood Ratings Scale-Revised (ECERS-R), or the High/Scope Program Quality Assessment (PQA). The Nebraska Department of Education expects early childhood programs to achieve an overall rating of 5 or higher for the ITERS-R or ECERS-R or 4 or higher for the PQA. The table that follows indicates the results of these evaluations.

Evaluation Tool	% of Classrooms Meeting Quality Indicator
Infants-ITERS-R	76%
Preschool ECERS-R	83%
Preschool-PQA	100%

These findings suggest that quality early childhood programs are available for children who participate in the state-funded Nebraska early childhood programs.

### **Short-Term Developmental Outcomes in the Early Childhood Education Grant Programs**

Assessment of short-term child development outcomes indicated that children demonstrated improvement over the course of the year. Programs used one of three assessments (High/Scope Child Observation Record, Work Sampling System, Creative Curriculum Developmental Continuum) to evaluate child outcomes. Specific results of the three assessment measures are described below.

Developmental skills of preschool children in 16 programs were monitored through the use of the Preschool or Infant And Toddler High/Scope Observation Record (COR) and found that:

- The most growth for preschool children occurred in the areas of language and literacy, creative representation, music and movement, and initiative (moderate gain of at least .5 level).
- Overall scores were rated as a moderate gain (.4 level) based on High Scope normative data.
- The smallest gains for preschool children were found in the areas of social relations and logistics and math.
- Infants demonstrated consistently large level gains (all greater than .9) No normative data from High/Scope is available for this age of children.
- Infants scored the most gains in the areas of language and exploration/early logic.

*(Source: July 1, 2002-June 30, 2003 Early Childhood Education Grant Program Evaluation Progress Report)*

## Accreditation Programs

Accreditation by the National Association for the Education of Young Children (NAEYC), National Association for Family Child Care (NAFCC), or National After School Association (NAA) is verification that a child care center, family child care home or school age program is operating at a high level of quality and that the children enrolled in the program have a greater opportunity to grow and develop to their highest capacity. One goal of the Nebraska Department of Education Accreditation Project is to increase the number of accredited programs throughout Nebraska. As the number of early childhood programs across the state engaging in a national accreditation process continues to grow, so does the need to provide support to programs to complete the process and be successful in achieving and maintaining accredited status.

The Nebraska Department of Education has developed a support system to assist early childhood providers as they work toward accreditation. The types of support provided include group meetings and individual meetings.

The numbers of programs currently accredited in Nebraska are:

Type of accreditation	Number of programs
National Association for the Education of Young Children (NAEYC)	61*
National Association for Family Child Care (NAFCC)	7
National After School Association (NAA)	1

*(Source: NDE staff)*

In 2004, Nebraska had a total of 4,217 licensed child care programs with 75\* of those programs meeting standards for high quality early care and education by achieving national accreditation.

\* The total number of programs exceeds the number in the table because some programs are accredited in more than one category.

## New Developments in Early Childhood Education

### Early Childhood Policy Study

The State Board of Education requested that the Nebraska Department of Education conduct an early childhood policy study, beginning in June 2004. The study is an outgrowth of the State Board's early childhood recommendations in *Providing Equitable Opportunities for an Essential Education for All Students*.

The purpose of the study is to compile data and research resources, collect input from stakeholders across the state, and develop recommendations to inform future early childhood policy decisions of the Board and its policy partners. An Early Childhood Policy Study Leadership Team comprised of representatives from across the state assisted with the study.

Focus groups were convened to gather input about prekindergarten and kindergarten issues. A report will be prepared by the Leadership Team with recommendations going to the State Board of Education in December 2004.

Issues that the group is studying include:

- Kindergarten entrance age, age-range, compulsory attendance age
- Full-day kindergarten
- Condition of children at kindergarten entry
- Best practices across prekindergarten, kindergarten, and primary level programs (teaching, standards, curriculum assessment, inclusion, diversity, transitions)
- Staffing (teacher endorsements/qualifications, professional development)
- Access to high-quality early childhood programs and services
- School outreach and collaboration (communication, information resources, family-school-child care/early childhood program-community partnerships)
- Resources and public investment to support early childhood education.

During the spring of 2005 the draft policy document will be distributed and State Board Policy Forums will be held across the state. A final document based upon public feedback and including State Board of Education policy recommendations is planned for fall of 2005.



## V. Status of Early Childhood Special Education

### Number of Children Served through Part C

Each year Nebraska reports to the U.S. Department of Education Office of Special Education how many infants and toddlers have been verified with a disability for Early Intervention Services (in Nebraska called the Early Development Network). The number of infants, under the age of one, with disabilities and their families that have been determined eligible for early intervention services has increased nearly 163% from 1998 to 2002. Comparing the last two years, 2001 through 2002, the number has increased by nearly 13%.

The number of toddlers who are at least one year of age but not more than two years increased by 34% from 1998 to 2002. From 2001 through 2002, Nebraska is serving 8% more toddlers with disabilities in this age group. Toddlers in Nebraska older than two but less than three years of age in the Part C program has increased by 26% since 1998.

### Count of Verified Children for Part C

Ages/Years	1998	1999	2000	2001	2002
Under Age 1	70	121	105	163	184
Age 1-2	264	283	375	327	354
Age 2-3	494	548	705	625	623
Total	828	952	1185	1115	1161

*(Source: Part C Annual Performance Report)*

Overall, Nebraska has increased serving infants and toddlers with disabilities and their families in the Part C program by 40% since 1998 and from 2001, by a little over 4%. Nebraska is serving 1.62% of the general population in the birth to three age group.

#### ◆ **Infants under Age 1**

For infants under the age of one year who are referred to the Early Development Network, “Other Health Impaired” is the primary verification for 137 infants who are being referred primarily by hospitals (39) and physicians (17) followed by parents (19).

#### ◆ **Age 1**

Toddlers one year of age are verified as having a Development Delay (113), with parents making 33 of the referrals, followed closely by physicians making 27. Speech Language Impairments was the second highest verification 112 with parents making 42 referrals.

#### ◆ **Age 2**

Speech-Language Impairments (262) become the highest primary verification for toddlers two years of age followed by Developmental Delay (153). Parents referred their toddlers 109 the majority of the time, with physicians referring 55 times.

## **Services Coordination System**

There are 22 agencies contracted to provide services coordination to Nebraska families. These agencies include four hospitals, nine Educational Service Unites, three public school districts, one home health agency, one health department, two community action agencies, and one Head Start agency. Currently in Nebraska there are 111 service coordinators. Services coordinators are required to have a caseload of no more than 30.

Analysis of surveys conducted from 1999-2003 suggests that services coordination is working well in Nebraska. Services coordinators are meeting with the family within seven calendar days of the referral, and are making the delivery of services for children and families easier. *(Source: Part C Annual Performance Report)*

## **Family Assessments of the Early Intervention System Responsiveness**

Nebraska conducted three surveys and several focus groups to collect data for the state self-assessment. The 2003 Family Survey found:

- Most families (84.6%) reported that they found it easy to find out about early intervention services in their community.
- Most families (87.1%) reported that they have received information about early intervention services for their child in their native language.
- Most families (86.4%) reported that the early intervention staff show respect for their families ethnic and cultural background.
- Most families (96.82%) reported that the results of their child's assessments or evaluations were explained in ways they understood.
- Most families (96.36%) felt the early intervention system that evaluated the child listened to them and respected them.
- Most families (92.%) indicated that they were asked about areas in the Individualized Family Service Plan (IFSP) and where the family felt they needed help.
- Most families (92.05%) have given many family ways to improve their child's development.
- Most families (86.4%) indicated that the services provided on the IFSP were helping their child to develop and progress.

*(Source: Part C Annual Performance Report)*

The perceptions from Planning Region team members and service providers/services coordinators are in high agreement (56.4-58%) believe that families are prepared to coordinate their own services at the time of transition.

An additional family partner was hired to work with the co-lead agencies. Now Munroe-Meyer and PTI-Nebraska serve as family partners. Family partners continue to help keep the co-lead agencies in closer contact with family concerns and priorities across the state.

### Children with Disabilities, Part B Ages 3-8

Age	3	4	5	6	7	8
Number of children	1123	1524	1798	2247	2780	3465

The largest numbers of children with special needs (ages 3-8) are found in the following disability areas:

- Speech and language impairments
- Other health impairments (includes chronic or acute health problems)
- Developmental delay
- Above age 6—specific learning disabilities and mental retardation

*(Source: February 2, 2004 Report of Children with Disabilities)*

### Supervision of Part B Requirements

The Nebraska Department of Education conducted an analysis of file reviews related to children served with Part B funds (note: Part B addresses children ages 3-21) . Only two standards had an implementation rate of less than 80% which required corrective actions. All other standards reviewed revealed an implementation rate of 89% or higher. The two standards with an implementation rate of less than 80% both fall within the category of IEP development for children with disabilities ages 3-21:

- (1) Need to include the projected date for the beginning of services, and the anticipated frequency, location and duration of those services and modifications;
- (2) Need to include the extent to which the child’s progress is sufficient to enable the child to achieve the goals by the end of the year.

In addition to the Corrective Action activities required of the local school districts, the Special Populations Office conducted statewide training activities to address these IEP issues. A series of regional workshops were conducted at four locations through the state. In addition to IEP development, topics addressed at the regional workshops included: transition, standards and assessment, extended year services, state and federal updates, and data collection and reporting. The workshops were well attended by approximately 450 participants in 2003. *(Source: Part B Annual Performance Report March 2004)*

### Shortages of Special Education Teachers and Related Personnel

Shortages of special education teachers and related service personnel (e.g. physical therapists, occupational therapists, speech/language therapists, etc.) have not been significant in Nebraska according to Personnel Reports and surveys conducted by the University of Nebraska-Lincoln (UNL) Teacher’s College. Data from the NDE 1998 Special Education Statistical Report showed less than a 4% vacancy rate for special education teachers. UNL conducted three surveys of vacancies. The first was conducted in February of 2001, the second the following October, and third in the fall of 2002.

In February of 2001, 28 positions (including speech-language pathology and early childhood special education) were vacant. This figure reduced to 17 positions in October 2001 and Fall 2002.

Although currently there may be limited personnel shortages in the state, there is evidence that this will likely change significantly within the next 5 to 10 years, with greater personnel shortages anticipated due to the following:

- (1) Changes in the teacher retirement system (The Rule of 85) combined with large number of teachers in the retirement age range are expected to affect 31% of special education teachers who will be eligible to retire in the next 10 years;
- (2) Like the national trend there is some evidence that increasing numbers of special education teachers are choosing to “move” to general education positions or leave teaching;
- (3) Deans of many of Nebraska’s teacher education programs have reported smaller enrollment of students in undergraduate and graduate teacher programs in the past three years. Thus, fewer teachers across all endorsed areas will be graduating and seeking employment. *(Source: Part B Annual Performance Report March 2004)*

### **Parent Input into the Individual Education Program (IEP)**

Data was collected during parent focus groups conducted by the Nebraska Department of Education at four locations: Ogallala, Kearney, Mahoney State Park, and Norfolk. Additional data was collected during parent focus group meetings conducted at each of the 18 regional educational service units. Approximately 150 parents participated in each of these focus groups, which were held between January and March of 2003. There was consensus from all focus groups that their (parent/family) participation in the special education process and their community at large has improved in recent years. Parents were notified of meetings and accommodations for meeting times were provided to them. Parents stated that they were valued members of the Multidisciplinary team and the IEP team, and viewed themselves as the primary advocate for their child.

Parent concerns included the content and readability of the Parental Rights pamphlet provided to parents. Many found the information difficult to understand and apply to their individual situation. The type of information should be more “family friendly”. Parents acknowledged that more services were being provided in inclusionary settings, and that innovative and effective practices are being implemented, however, they indicated that many times those services were not available to all and may be limited by the school’s location and the community’s financial resources. A final area of concern was the need to have strategies and options in place to minimize conflict between school and home. In 75% of the regional workshops, training of parents and staff was identified as an effective tool for bringing them together as a team. Teamwork was identified as a positive strategy to build “ownership” in the process, and to lessen fears of conflict. *(Source: Part B Annual Performance Report March 2004)*

A parent satisfaction survey was conducted in four larger districts within the Metro Omaha area. The results were analyzed by the districts to gather baseline information and generate more parental involvement within their own districts. The districts followed the survey with parent focus groups. Parent focus group meetings were conducted at Educational Service Unit #19 (Omaha) and Educational Service Unit #3 (Metro Omaha), parents, overwhelmingly indicated that they did participate in the Multidisciplinary Team Meetings and the Individual Education Plan process. However, parents in the focus groups felt participation could be improved via team building training for parents and other team members.

The Department of Education intends to develop a database regarding the level of parent participation in meaningful school improvement activities and to develop a database regarding the level of parent participation in the special education process, both from a parent perspective and a school district perspective. *(Source: Part B Annual Performance Report March 2004)*

### **Settings and Environments**

In 2002-2003, children with disabilities ages 3 through 5 were underrepresented in regular Early Childhood settings by 32.9% compared to the national average (Nebraska 2.52% vs. Nation 35.39%). This discrepancy is the result of Nebraska's web based data collection codes for Settings. The setting codes will be updated in May 2004 and training will be implemented throughout the 2004-05 school year.

In 2001-02, 58.1% of all children with disabilities ages 6 to 21 were reported as being educated in the least restrictive environment. Nebraska increased this percentage to 58.5% in 2002-2003. The 2002-03 rate is 10.4% higher than the national average of 48.1%. These data are consistent throughout the educational environment for children ages 6 to 21. *(Source: Part B Annual Performance Report March 2004)*.

### **Disproportionality**

The disproportionality of children with disabilities continue to show significant overrepresentation of Black children in the categories of Mentally Retarded, Emotionally Disturbed, and Other Health Impaired. An underrepresentation of Black and Hispanic children in the category of Developmental Delay (DD) is documented as well.

## **New Developments in Early Childhood Special Education Services**

### **Improving Learning for Children with Disabilities (ILCD)**

The Nebraska Department of Education has developed a new system of self-assessment for Improving Learning for Children with Disabilities (ILCD). The five-phase ILCD process replaces the old “monitoring system” previously used by the state’s school districts for improving special education programs for children, birth to age 21.

The new ILCD system is closely linked to the School Improvement Process, in which school districts plan, implement, evaluate and generate activities to help them meet local and statewide goals and priorities. The ILCD process includes a self-assessment that relies on multiple sources of data (parent, services coordinator/provider and Planning Region Team survey) and file review to gauge the effectiveness of early intervention services for infants and toddlers with disabilities. The ILCD also requires information from file reviews, complaint investigations, mediation, and information from due process hearings.

School districts have been given the opportunity to develop a plan for how they will implement the new ILCD self-assessment process in conjunction with their school improvement process.

### **Implementation of PDFI**

Each of Nebraska’s 29 Planning Regions Teams have active Personal Development Facilitator Institute (PDFI) teams that work with families and practitioners to support young children with disabilities (birth to age five) in natural and inclusive environments with typically-developing peers. During 2002-2003, all PDFI teams were trained in three intensive 3-day Institutes. One-day follow-up meetings focused on honing team member coaching skills with families and service providers, engaging in ongoing development of team action plans, and networking with colleagues from across the state.

Each team’s action plan also included scheduling SpecialCare workshops for child care providers in their region to include young children with disabilities in their settings. In 2002-2003, SpecialCare trainings were held in 16 locations for 375 participants, in addition to three overview sessions attended by 27 participants.

*(Source: What’s Up? Fall 2004)*

### **PDFI Intensive Coaching**

An intensive two-day master coaches training was held March 1-2, 2004. The training brought together 29 individuals nominated and selected from the state’s 29 Personal Development Facilitator Institute (PDFI) teams.

The training included extensive evidence-based practice, followed by coaching practice and feedback using case studies, role plays and simulations based on content from the initial PDFI sessions and follow-up institutes.

The training sponsored by the Nebraska Department of Education and Health and Human Services System prepared a small cadre of coaches to provide “next level” ongoing coaching and support to more than 150 PDFI team members across Nebraska.

*(Source: What’s Up? Fall 2004)*



## **VI. Status of Head Start State Collaboration Office and Local Head Start Programs**

### **Head Start State Collaboration Office (HSSCO)**

The purpose of the Head Start State Collaboration offices is to:

- Help build early childhood systems and access to comprehensive services and support for all low income children;
- Encourage widespread collaboration between Head Start and other appropriate programs, services and initiatives and augment Head Start's capacity to partner in State initiatives on behalf of children and families;
- Facilitate the involvement of Head Start in State Policies, plans processes and decisions affecting the Head Start target population and other low-income families.

The Nebraska Head Start State Collaboration Office (HSSCO) has been involved for more than a decade in supporting the development of statewide early childhood initiatives that lead to a more comprehensive early care and education system. In Nebraska, eight of the nine Community Action Agencies are the umbrella organizations for Head Start programs. The remaining seven Head Start grantees are operated by single purpose agencies, public schools, or other community-based organizations. Nebraska is also host to one Migrant and three American Indian Head Start grantees.

### **Enrollment in Head Start Programs in Nebraska**

Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.

According to the 2002-03 Head Start Bureau Program Information Report, 6,159 children and/or pregnant women are enrolled in Nebraska's Head Start programs. The funded enrollment for these programs from the federal HHS Administration for Children and Families was 4,990. There are currently 1,092 children served in full day (5 days per week) Head Start programs. The total 2003 federal allocation for all Head Start programs including the Tribal and Migrant programs was \$34,580,417. There has been no new expansion of Head Start program or program improvement funds made available to local grantees.

*(Source: HSSCO materials)*

### **Head Start and Children with Disabilities**

Fifteen percent of the actual enrollment in Head Start are children with verified disabilities. In addition the program makes hundreds of referrals to early intervention and

early childhood special education. Head Start programs are the largest provider in the state for preschool children with verified special needs.

*(Source: October 2003 information packet prepared by HSSCO)*

### **Head Start and Diversity**

The Nebraska Head Start programs serve a racially/ethnically diverse population. Currently 21% of families served are Latino or Hispanic, 16% African American, 3% American Indian, 1% Asian or Pacific Islander and 50% Caucasian. Of children enrolled 17% have a language other than English as their primary home language.

*(Source: October 2003 information packet prepared by HSSCO)*

### **Teacher Requirements**

By Fall 2003, fifty percent, nationally of lead center-based Head Start teachers were required to have at least an associate's degree in Early Childhood. Nebraska currently has 60.23% compared to 53% in Region VII, the four-state Head Start region.

*(Source: Head Start State Collaboration Office)*

### **Parents and Head Start**

Nearly 16% of Head Start's staff are people who first became involved in the programs as parents of children in the program. This outcome is achieved due to Head Start's strong emphasis on active involvement of parents in the programs.

*(Source: Head Start State Collaboration Office)*

### **Head Start Reauthorization**

In the 2002 Governor's Status Report the Head Start Reauthorization was pending. The Head Start Reauthorization is still pending. Funding for Head Start programs has continued due to continuing resolutions since October 1, 2003. As of November 2004 Head Start Reauthorization is on hold.

### **Head Start Bureau Priorities for Programs**

In addition to ongoing work in child outcomes, other federal Head Start Bureau priorities for 2003 were:

- 1) Oral health
- 2) AA/BA mandate
- 3) Father involvement
- 4) Healthy marriage
- 5) Early literacy

New management initiatives required for Head Start programs during 2003-04 were related to issues of under-enrollment, fiscal, and governance. These priorities continue to be addressed in the 2004-2005.

## **Head Start State Collaboration Office Supplemental Grant**

This one-year supplemental grant supported two goals: 1) the enhancement of statewide resources and professional development relative to early childhood mental health and to advance the work of bilingual teacher participation in T.E.A.C.H. Early Childhood® NEBRASKA; and, 2) strengthening the partnership efforts of leaders of the state's early childhood professional associations, including the Nebraska Head Start Association.



## VII. Status of Child Care Quality and Status of Child Care Licensing

### Midwest Consortium Study on Quality Of Child Care

In June of 2002, the Midwest Child Care Research Consortium conducted a study of child care quality and characteristics of the child care work force in Nebraska, Iowa, Kansas and Missouri to help establish a baseline for tracking quality over time, following initiatives, policy and other changes. The measures used in the study are research-based measures of quality, they assess the extent to which quality indicators are present among the child care settings and in the work force. The study included a random survey of 2022 Midwestern child care providers (508 from Nebraska), conducted in the late spring and summer of 2001 by the Gallup Organization. Follow-up in-depth observations of 365 providers (85 from Nebraska) were conducted by four Midwestern state universities.

Some of the key findings from the 2002 Midwest Child Care Research Consortium Report were:

- In Nebraska a majority of providers regard child care as their profession, have been providing child care for over five years and intend to stay in the field. This is despite low full-time earnings (averaging \$14,700 a year in Nebraska), which for many providers is below poverty level.
- About 37% of Nebraska's child care was found to be "good" quality. 49% was of "minimal" quality and 14% was "poor" quality.
- In Nebraska, the child care *literacy environments* are substandard.
- Care in family child care for Nebraska's children who receive *subsidies* is lower quality than care observed in family child care at large.
- *Early Head Start child care partners* had higher observed quality care than other providers on average, and, in Nebraska the relationship held up for infant/toddler center-based partners.
- The relationship between child care quality and high levels of education, found in many other studies, also exists within most groups of providers for Nebraska. The relationship is strong for family child care and less strong for center-based care.

(Source: *Child Care Characteristics and Quality in Nebraska*)

### Status of Child Care Licensing

Nebraska requires any individual or agency providing child care to four or more children, at the same time, from different families, for compensation to be licensed. Licensing regulations focus on minimum standards of health and safety. Fire safety inspections are conducted on all licensed programs.

### Number and Capacity of Licensed Child Care/ Preschool Programs

As of November 2003, Nebraska had licensed 4,337 programs with a total licensed capacity to serve 96,642 children. This compares to 4,367 programs with a licensed capacity of 96,897 in September 2002. The table below shows the number of licensed programs by license type and the total license capacity for each type of license:

License Type	Number of Programs	License Capacity
Family Child Care Home I (licensed for 4-10 children)	2,626	25,728
Family Child Care Home II (licensed for 11-12 children)	581	6,909
Child Care Center (licensed capacity based on facility size and staff)	831	57,890
Preschool (license capacity based on facility size and staff)	299	6,115

As of December 2004, Nebraska had 4,217 licensed programs with a total license capacity of 99,414 children. This compares to 4,337 programs with a license capacity of 96,642 in November 2003. The table below shows the number of licensed programs by license type and the total license capacity for each type of license:

License Type	Number of Programs	License Capacity
Family Child Care Home I (licensed for 4-10 children)	2,470	24,227
Family Child Care Home II (licensed for 11-12 children)	596	7,093
Child Care Center (licensed capacity based on facility size and staff)	854	62,045
Preschool (license capacity based on facility size and staff)	297	6,049

### Inspections Completed by Child Care Licensing Staff

All licensed programs receive one unannounced inspection each year. Programs licensed for 30 or more children receive two unannounced inspections each year. Routine inspections include: 60 day inspections to Family Child Care Home I programs carried out within 60 days of the issuance of a provisional or operating license; annual and semi-annual inspections; follow-up inspections to determine compliance after violations have been observed; and, monitoring inspections to determine compliance while programs are on corrective action status or some level of discipline.

Routine Inspections	Number of Inspections 2003 (1/1/03-12/31/03)	Number of Inspections 2004 (1/1/04-12/31/04)
Family Child Care Home I	4,966	4,621
Family Child Care Home II	1,136	1,058
Child Care Center	2,401	2,151
Preschool	508	478
<b>TOTAL</b>	<b>9,011</b>	<b>8,308</b>

*(Source: HHSS Regulation and Licensure Staff)*

### Complaint Inspections

All complaints alleging violations of licensing regulations and complaints alleging illegally operating child care are investigated with an on-site inspection.

Complaint Investigations	Number of Complaints 2003 (1/1/03-12/31/03)	Number of Complaints 2004 (1/1/04-12/31/04)
Family Child Care Home I	221	418
Family Child Care Home II	95	173
Child Care Center	315	470
Preschool	0	3
Unlicensed Care Investigations	257	326
<b>TOTAL</b>	<b>888</b>	<b>1,390</b>

### Child Care Licensing Act: 71-1917

The Child Care Licensing Act (at 71-1917) requires the following information be included in the biennial report:

Required Data	2003 (1/1/03-12/31/03)	2004 (1/1/04-12/31/04)
Number of license applications received	574*	1,015
Number of licenses issued	FCCHI-259 FCCHII-61 CCC-83 PRE-5	FCCHI-527 FCCHII-142 CCC-140 PRE-36
Number of license applications denied	FCCHI-11 FCCHII-2 CCC-0 PRE-0	FCCHI-20 FCCHII-3 CCC-2 PRE-0
Number of complaints investigated	888	1,390
Number of licenses revoked	31	47
Number of civil penalties levied	1	28
Dollar amount of civil penalties levied	\$300	\$15,045.30

\* Data for entire calendar year is not available.

## New Developments in Child Care Licensing

### Internet Access to Child Care Licensing Information

#### ◆ **Child Care Licensing Web Page**

In January 2003, the Child Care Licensing Web Page went on-line. The Web Page includes:

- Description of licensing process for each license type: Family Child Care Home I, Family Child Care Home II, Child Care Centers, and Preschools
- Contact information for Child Care Licensing staff
- Information about all Specialists and Supervisors and their caseloads
- Monthly listing of all licensed child care and preschool programs
- The “Right Place” brochure—A Guide to Choosing Quality Child Care

The Website includes these important features:

- Download all forms for licensure of Family Child Care Homes I and II, Child Care Centers, and Preschools
- Link to Regulations for Family Child Care Homes I and II, Child Care Centers, and Preschools
- Process to file complaints on-line
- Email Child Care Resource Specialist

The Child Care Licensing Web Page can be found at:

<http://www.hhs.state.ne.us/crl/childcare/childcareindex.htm>

#### ◆ **On-Line Roster of Licensed Child Care/Preschool Programs**

As of February 2004, a roster of licensed child care and preschool programs has been available on-line. The list is in the zip code order and is updated each month. The Internet address for the roster is: <http://www.hhs.state.ne.us/crl/ChildCareRoster.pdf>.

The roster is long, but all programs are in zip code order, starting with the lowest zip code in the state. Within each zip code, the licensed programs are in alphabetical order. The name, address, phone number, license type, license capacity, days/hours of operation and license number are included. The entire roster or specific pages of the roster can be printed.

#### ◆ **Licensing Information System**

Since November 2003, all child care and preschool licenses have been issued on the HHS Regulation and Licensure Credentialing Division’s License Information System (LIS). This is the same information system that is used for all health care and occupational licenses and more recently, Health Care Facilities and Services (i.e. Adult Day services, Mental Health Centers) and Consumer Services (i.e. Cosmetology Salons, Pharmacies).

Effective November 2004, all individuals and facilities licensed with LIS are listed on the Nebraska Online (NOL) Website. Family Child Care Home I, Family Child Care Home II, Child Care Centers, and Preschools are included under the profession, “Early Childhood” at <http://www.nol.org/LISSearch/search.cgi>

Nebraska Online:

- Provides a search capacity for a licensed child care program by city, county, and zip code;
- Provides general information about licensed child care programs, including when the program was licensed and whether there has been disciplinary action against the program’s license;
- Allows people to obtain a roster of licensed child care programs; and
- Allows people to purchase a list of names and addresses of licensed child care programs.

Information for each licensed program includes: name of program, name of licensee, address of program, phone number, license type, license capacity, days/hours of operation, and discipline. Over time, other features will be added such as license capacity, dates and findings of inspections, and complaint findings.

*(Source: HHS Regulation and Licensure staff)*



## VIII. Status of Early Childhood Professional Development

### Increased Access to and Participation in Training

Nebraska has an extensive array of professional development programs offered by the Nebraska regional training coalitions and the Early Childhood Training Center (ECTC). Nebraska's thirteen regional training coalitions are charged with building an effective, coordinated system for preparing, supporting, and recognizing the early childhood care and education workforce in order to provide high quality programs for young children and their families. The regional training coalitions are designed to:

- Meet training needs identified in their areas.
- Coordinate existing and new training opportunities.
- Collaborate to provide training that is open to staff and parents from all types of early childhood settings.
- Promote professional development and program improvement.
- Increase the use of technology to facilitate collaboration and professional development.
- Support the *Nebraska Framework for Early Childhood Professional Development*.

Each coalition consists of local partners who work to support professional development for early childhood caregivers/teachers in home, center, and school-based programs. *(Source: NDE, Office of Early Childhood website)*

The Early Childhood Training Center provides training, consultation, information and resources regarding best practices in early childhood care and education. During 2002 the Early Childhood Training Center provided 1,585 hours of training and conference events to 10,046 participants. From October 1, 2003 through September 30, 2004 the Early Childhood Training Center provided 570 trainings or facilitated meetings across Nebraska to 12,509 people. Specialized training is provided to respond to the needs of all types of early childhood programs including family child care programs, child care centers, early childhood special education programs, school-based early childhood programs, and Head Start agencies.

Trainings offered through the Early Childhood Training Center included:

- SpecialCare training
- Home Visitation training
- Infant/Toddler training
- Read for Joy training
- Environmental Rating Scale Training
- Management Training

During 2002, the ECTC Child Line responded to 1,168 phone inquiries from 74 counties. Calls related to training, designing programs, meeting standards, and practices with children. Five percent of these callers were first time callers. From October 1, 2003 through September 30, 2004 the Child Line responded to 1,304 calls.

The Media Center at the Early Childhood Training Center loans articles, books, videotapes, and annotated bibliographies regarding early childhood care and education. In 2002 the Media Center loaned 5,800 print and video materials to 1,700 patrons from 71 counties in Nebraska. From October 1, 2003 through September 30, 2004 the Media Center provided 4,907 loaned items to over 1,393 patrons from 72 counties in Nebraska. (Source: ECTC 2001-2002 Annual Report and ECTC reporting forms)

### **Full Implementation of T.E.A.C.H. Early Childhood ® NEBRASKA**

T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® NEBRASKA was initiated in 2001. The project provides financial support to people who work full-time in early childhood programs as they take and complete college courses toward an associate’s degree in Early Childhood. The purpose of the T.E.A.C.H. early childhood program is to improve the quality of early childhood programs by achieving three outcomes:

- Increase the education of early childhood teachers/caregivers
- Reduce the turnover rate in early childhood programs.
- Improve the compensation of early childhood teachers/caregivers.

Scholarship recipients are located throughout the state. The chart that follows indicates the distribution of the 2001-2003 scholarships by region of the state as compared to the population of children ages birth-5 in those regions.

<b>Population Comparison</b>	<b>Douglas/Sarpy</b>	<b>Lincoln/Lancaster</b>	<b>Rural NE</b>	<b>Totals</b>
Percentage of T.E.A.C.H. recipients	39%	13%	48%	100%
Percentage of the 0-5 population	38%	14%	48%	100%

During the first two years of the T.E.A.C.H. program 212 scholars signed contracts to further their education. From Spring 2002 through September 30, 2003 a total of 158 scholars were involved in the project.

The racial/ethnic breakdown for the 158 scholarship recipients from 2002 through September 30, 2003 was:

Caucasian	African American	Hispanic	Asian American	Native American	Other	No Answer	Total
69	21	8	1	3	6	50	158

Students are participating in a variety of community colleges across the state. The breakdown for the 158 scholars by college was:

Metropolitan	Southeast	Central	Northeast	McCook	Western	Total
69	26	48	4	1	10	158

The types of providers participating in T.E.A.C.H. in 2002-2003 were:

Teacher/Teacher aide	Family Child Care provider	Director/Owner	Director/Employee	Total
88	52	3	15	158

*(Source: Nebraska AEYC 2003 Annual Report)*

The July 1, 2004-June 30, 2004 Quarterly Report for T.E.A.C.H. Early Childhood® NEBRASKA indicates that 122 scholars were currently under contract and another 41 people have applied for and been approved for a scholarship pending receipt of their signed contract.

### **Early Head Start Infant/Toddler Initiative**

The Early Head Start Infant/Toddler initiative involves seven Early Head Start programs across the state, each of whom receives \$18,975.85 to work with home based and center based child care providers in their geographic areas. It involves professional growth activities, progress towards accreditation or licensing, program improvement, and building community partnerships and networks. At the end of last year's contract, these child care partners served 552 families and 1158 children.

### **Reimbursement for Management Training**

Health and Human Services offers reimbursement for the cost of training materials and mileage for programs that complete the Management Training Program offered through the Early Childhood Training Center. The program is to serve as an incentive to benefit child care programs, and children and families who receive subsidized child care. Reimbursement of \$120 for training materials and \$30 for transportation is available for licensed programs who have a current contract with HHSS to serve children whose care is subsidized by the Department. In calendar year 2004, \$5,250 was reimbursed to 35 providers.

## **New Developments in Early Childhood Professional Development**

### **Midwest Consortium Study and Professional Development**

The Nebraska Professional Development system is using the findings from the Midwest Child Care Consortium (See Quality of Child Care and Child Care Licensing Section) to address current professional development efforts. Efforts are underway to examine ways to improve the education and professional development of child care providers in Nebraska. In addition, professional development efforts have been developed to address quality concerns specific to types of providers.

### **Regional Training Coalition Pilots**

Over the last two years, Nebraska has established three Regional Training Coalition pilot projects. In each of these pilots a full-time person has been established to serve the regional areas. The goals and objectives of the projects are similar to those of other regional training coalitions, but with the added benefit of a full-time person who can devote time and bring resources to the early childhood regional training partnerships in those specific regions. Preliminary information from the regional coalition pilots indicates improved working relationships among the partners, new educational programs done collaboratively within the area, and more refined needs assessment in the pilot areas.

### **T.E.A.C.H. Early Childhood® NEBRASKA**

#### **Private Funding**

Over the last two years, T.E.A.C.H. Early Childhood® NEBRASKA has received funding from private foundations in Nebraska. Private foundations have provided an additional \$100,000 for the last two years, allowing the Nebraska Association for the Education of Young Children to expand the number of people on scholarships in the Metro Omaha area and across the state of Nebraska. The additional funds will allow 59 additional early childhood teachers/caregivers to take college courses toward an associate's degree in Early Childhood.

#### **Spanish Project**

The Nebraska Association for the Education of Young Children working with Metro Community College are developing and offering several early childhood education courses in Spanish. Ten students from early childhood programs in South Omaha that serve primarily Spanish speaking families have completed their first class. A second class was begun in the fall of 2004. T.E.A.C.H. Early Childhood® NEBRASKA scholarships provide part of the bulk of the costs for tuition, textbooks, and a small travel stipend.

The South Omaha centers indicate that they have seen quality changes occur in their programs due to the fact that these Spanish-speaking teachers/caregivers can now take college courses on early childhood development and curriculum.

## **School-Age Connections**

The Nebraska Department of Education established distance education training for people working with school-age children. School-Age Connections is a comprehensive, interactive Internet-based training project providing information about working with school-age children. The training is designed to assist providers in the development and implementation of school-age programming for before and after school, during non-school days, and during summer vacation. The program includes fifteen modules that cover a wide range of topics, and can be used individually or with a group. Each module provides two hours of in-service credit and will take approximately two hours to complete. A certificate of completion is mailed to each participant after the completion of each module.

## **Higher Education—Community Colleges**

Nebraska's Community Colleges have worked together over the last two years to define and develop a set of core courses that would be included in every associate's degree with an early childhood emphasis. Collaborating colleges were: Metro Community College, Southeast Community College, Central Community College, McCook Community College, Northeast Community College, Nebraska Indian Community College, and Little Priest Tribal College. In September of 2004 thirteen courses were completed and signed by all participating community colleges. The core courses that will now be part of all early childhood education degrees at community colleges are:

- Infant/Toddler Development
- Preschool Child Development
- School-age Child Development
- Children with Exceptionalities
- Early Childhood Education Curriculum Planning
- Expressive Arts
- Family and Community Relationships
- Introduction to Early Childhood Education
- Early Language and Literacy
- Observation and Assessment
- Pre-Practicum Seminar
- Infant/Toddler Practicum
- Preschool/School-age Practicum

In addition, the courses will be offered on-line so that students anywhere in Nebraska can take the courses. The community college system has designated which college will offer which course on-line, but students at any community college can take the on-line course for college credit regardless of which college is offering it.

*(Source: ECE Common Core Courses)*

## **Higher Education—Articulation**

Significant progress has been made over the last two years to articulate early childhood courses from the community colleges with courses offered at four year higher education institutions. The University of Nebraska-Lincoln has worked with Southeast Community College to articulate courses toward their Unified Early Childhood Education degree. The University of Nebraska at Kearney (UNK) has worked with all of Nebraska's community colleges in the last two years to articulate courses from the two-year degree programs to the four-year degree at UNK. UNK now has articulation agreements with Metro Community College, Northeast Community College, Central Community College, and McCook Community College.

*(Source: Community College faculty and ECTC staff)*

## **IX. Status of Child Care Development Fund Initiatives and Early Childhood Child Care Subsidy Services**

### **Child Care Subsidy**

Eligibility: The Nebraska Department of Health and Human Services (HHS) provides financial assistance with child care expenses to families with children 12 years of age or younger, and/or with special needs. There are two categories of eligibility:

- Families transitioning from Aid to Dependent Children (ADC) assistance are eligible for up to 24 consecutive months of Child Care Subsidy with income up to 185% of the Federal Poverty Level (FPL). Families beyond the two year period are served at 120% of the FPL with no time limits.
- Families who are not transitioning off of ADC are eligible with income up to 120% of the FPL for an unlimited time period.

Income before any deductions is used to calculate eligibility. Both earned income (e.g., wages) and unearned income (e.g., child support) are counted. The Child Care Subsidy Program is funded by the federal Child Care and Development Fund and the state's matching share.

Need for child care subsidy is based on:

1. Employment
2. Attendance in school or training sessions
3. Going to medical or counseling appointments for parents and children
4. Incapacitation (must be verified by a physician)

Generally, child care financial assistance is available to families with children who are 12 years of age or younger. Families with children who require extra care due to an acute or chronic physical or mental condition may receive assistance for children up to the age of 19.

Depending on income, families may be responsible for a monthly fee for each child for whom assistance is provided. That fee is paid directly to the child care provider. The provider then bills HHS for the remainder of the bill.

All families eligible for child care assistance may select the provider of their choice. However, child care can only be subsidized for care that is "legal." In addition, the provider must meet established standards and have an agreement with HHS.

Parents can select providers from the following:

- Licensed Family Child Care Home I or II programs
- Licensed Child Care Centers
- License Exempt Family Child Care Homes: Care provided to three or fewer children from more than one family, or not more than six children from one family in the provider's home.

- In-Home Care: Care provided in the parent's home (this type of care can only be approved under certain conditions)

An average of 13,575 children received child care through the HHS Child Care Subsidy Program each month expending \$45,567,467 in SFY 2003. In SFY 2004 an average of 14,208 children received care through the program each month expending \$47,488,619.

### **Child Care Grants**

Health and Human Services (HHS) has established a grant fund from Child Care Development Funds to award grant funds to child care facilities in order to increase the number of licensed child care slots that are available to families who are receiving Child Care Subsidy. There are two categories of grants:

1. Start Up/Expansion child care grants
2. Child care mini grants.

Start Up/Expansion grants are available for programs that are:

1. New (not yet licensed)
2. Expanding (increasing the license capacity)
3. Expanding 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.

Maximum grant awards are \$5,000 for home-based child care programs and \$10,000 for center-based child care programs.

Mini-grant awards are available to assist licensed home-based and center-based child care facilities with items that are required to maintain licensure. To be eligible for grant funds, a child care facility must have both a child care license and a child care subsidy agreement. Maximum grant awards are \$1,000 for a child care program with a provisional license, and \$2,000 for a program with an operating license.

In FFY03 HHS awarded 102 grants, totaling \$250,000, and created 573 additional child care slots across the state.

## **New Developments in Child Care Subsidy Services**

### **Overpayment Collection Activities**

Beginning in July, 2003, the HHS Issuance and Collections Center (ICC) began actively auditing and investigating suspected overpayments in the Child Care Subsidy Program.

ICC has investigators who audit billings, comparing them to attendance calendars, work schedules, school attendance, and Child and Adult Care Food Program calendars. If it

appears that the overpayment was due to fraud on the part of the provider and/or the parent, ICC makes a referral to the Special Investigation Unit that handles fraud cases. The Special Investigation Unit will make the determination whether to pursue prosecution of fraud. If SIU feels that it is a case worth pursuing, they will either set up a repayment plan or make a referral to the county attorney.

If the case does not appear to be fraud, or SIU does not feel it is a good case to take to the county attorney, ICC establishes an overpayment recovery plan. For the State Fiscal Year04, ICC has collected \$138,093.31 from providers and clients.

### **Intentional Program Violation**

In January, 2004, an administrative disqualification process for Intentional Program Violation (IPV) took effect as a result of legislation passed in 2003. When HHS has sufficient documentary evidence that an individual intentionally:

- Made a false statement, either verbally or in writing to obtain child care benefits to which the individual was not entitled;
- Concealed information to obtain benefits to which the individual was not entitled; or,
- Altered one or more documents to obtain benefits to which the individual was not entitled; a period of disqualification is imposed. The individual is entitled to an administrative hearing after which, if IPV is determined to have been committed, the family is ineligible for Child Care Subsidy benefits for: up to a year for the first violation; up to two years for the second violation; and permanently for the third violation.

This IPV provision applies to Child Care Subsidy and Aid to Dependent Children.



## X. Status of Abuse and Neglect in Young Children

Overall reports for child abuse and neglect in Nebraska for calendar year 2003:

- **Investigations:** 9,296 reports of child abuse or neglect were investigated by Health and Human Services, compared to 8,405 in 1994. This represents a 10.6 percent increase in the total number of reports investigated since 1994. Compared to 7,200 in 2002, this represents a 29.1 percent increase in the total number of report investigated.
- **Substantiated Cases:** 2,423 allegations of abuse or neglect were substantiated, compared to 2,605 in 1994. This is a 7.0 percent decline in substantiated cases since 1994. Compared to 2,316 in 2002, this is a 4.6 percent increase in substantiated cases.
- **Number of children involved:** 3,610 children were involved, compared to 4,514 in 1994. This is a 20.0 percent decline compared to 3,434 in 2002.

Statewide, physical and emotional neglect together with neglect of medically handicapped infants was the most frequently substantiated form of child abuse or neglect and accounted for 3,939 (71.7%) of all substantiated allegations in 2003.

Physical and emotional abuse was the second most frequent substantiated form of child abuse or neglect and accounted for 1,192 (21.7%) of all substantiated allegations in 2003.

Sexual abuse, the third major category of child abuse or neglect, had 363 (6.6%) substantiated allegations in 2003.

### Characteristics of Children Involved in Abuse or Neglect-Statewide Sex and Age of Involved Children (2003-- Age birth-8)

Statewide Age at Report Date	Children Involved in Substantiated Reports by Sex and Age				
	Female	Male	Unknown	Total	%*
<2	312	328	0	640	17.7
02	162	160	3	325	9.0
03	111	123	0	234	6.5
04	136	124	1	261	7.2
05	120	122	0	242	6.7
06	109	109	0	218	6.0
07	111	93	0	204	5.7
08	99	79	0	178	4.9
Total	1160	1138	4	2302	57.76
Percent	50.5%	49.4%	.1%	100%	

\* Percent of substantiated investigations of child abuse and neglect

The average age for the involved children was 7.2 years.

The median age of the involved children was 6.4 years.

*(Source: Child Abuse and Neglect Annual Report for Calendar Year 2003, Nebraska Health and Human Services)*



# **XI. Important Cross Cutting Initiatives**

## **Creation of the Nebraska Early Learning Guidelines**

The federal Child Care Development Fund requires all states to develop a set of early learning guidelines in literacy and math for children ages 3-5 years old. The guidelines are to align with the state's K-12 standards and must be implemented by Fall 2005.

Nebraska established a strong partnership to respond to this federal requirement. Partners in the development of the *Nebraska Early Learning Guidelines* were:

- Nebraska Health and Human Services
- Nebraska Department of Education
- Nebraska Head Start Association
- Head Start State Collaboration Office
- Early Childhood Training Center

The partners determined that there were several critical components of early learning and development that the early learning guidelines needed to address. The critical components were:

- Safe and supportive environments
- Health and nutrition needs met
- Relationships support positive social and emotional development
- Experiences that support curiosity and exploration; development of language and literacy, math and all areas of intellectual development within the context of all domains
- Support and respect for family/cultural context

Nebraska elected to expand the work on the development of early learning guidelines. The partners felt it was important that the guidelines serve as a resource for planning. Partners wanted the guidelines to help early childhood caregivers/teachers, parents and others who work with young children better understand what to expect in the development and learning of young children. Most importantly they wanted people to understand what adults can do to support learning for all children across domains of development and learning.

The *Nebraska Early Learning Guidelines* will:

- Include guidelines for birth-age 5
- Include multiple domains
- Align with multiple standards
- Develop a comprehensive support system
- Build on current early childhood initiatives.

## **Status to Date of the Nebraska Early Learning Guidelines**

At the time of this report, the *Nebraska Early Learning Guidelines for Ages 3-5* have been completed. The *Nebraska Early Learning Guidelines for Birth to Age 3* are under development. The complete *Nebraska Early Learning Guidelines* can be viewed at the website: <http://www.nde.state.ne.us/ech/ELGuidelines/index.htm>.

(Source: NDE and HHS presentations on Nebraska Early Learning Guidelines)

## **Expanding the Use of the Nebraska Early Learning Guidelines**

The Early Childhood Training Center will host a training of trainers for approximately 40 people across Nebraska to provide overview training at local early childhood conferences and trainings on the *Nebraska Early Learning Guidelines*. The trainers are expected to provide training across Nebraska to deepen early childhood providers' and parents' understanding of the *Nebraska Early Learning Guidelines*.

The Early Childhood Connections Conference in March of 2005 will focus sessions on expanding people's knowledge in each of the domains of the *Nebraska Early Learning Guidelines*.

(Source: ECTC staff)

## **First Connections with Families**

First Connections with Families is a statewide initiative developed by the Nebraska Department of Education, in cooperation with the Health and Human Services System, to meet the requirements of LB 326, the Nebraska Read Education and Develop Youth Act. First Connections with Families materials contain information about child development, reading to your child, and child health and safety. First Connections with Families materials are distributed to families in Nebraska with newborn babies. The materials can be found at <http://www.nde.state.ne.us/ECH/fcwf.html>.

## **Together for Kids and Families**

Nebraska's Health and Human Services System received an Early Childhood Planning grant from the federal Maternal and Child Health Bureau. The Early Childhood Interagency Coordinating Council serves as an advisory body to the early childhood planning project titled, "Together for Kids and Families". The planning project will address comprehensive early childhood systems, including at minimum:

- (1) Access to medical homes
- (2) Mental health and social-emotional development
- (3) Early care and education/child care
- (4) Parent education
- (5) Family support

Together for Kids and Families established a leadership team and eight working groups to determine the plan's priorities, goals and strategies. The full plan should be developed in early 2005 and will be available for comment.

*(Source: Together for Kids and Families planning manual)*

### **Mott Grant for After School Care**

The Nebraska Children and Families Foundation on behalf of the Nebraska Department of Education, the Nebraska Health and Human Services Agencies, the Nebraska School-Aged Care Alliance, the Early Childhood Training Center and the Lincoln Community Learning Center Program submitted a grant application to the Mott Foundation to support the expansion of the Community Learning Centers in Nebraska.

Community Learning Centers are a way to improve student learning and to strengthen schools, families and communities. Schools become centers of the community and are open to everyone. By sharing expertise and resources, school and communities act in partnership to education children.

Child Care Development Funds administered through Health and Human Services have a specific earmark to address school-age care. The Early Childhood Training Center receives those earmarked funds to help support, promote and work with the community learning center network and the efforts funded through the Mott grant.

The grant supports the following activities:

- A staffed infrastructure for Nebraska's Community Learning Center Network
- Web site links to local programs
- A listserv to facilitate the sharing of information
- Regional and statewide conferences and meetings
- Technical assistance to communities to enhance their capacity to develop school-community partnerships
- Collection of data on children served and results achieved
- Securing resources needed to sustain new and existing after-school programs.

*(Source: Mott grant and program materials)*



## **XII. Identified Gaps and Barriers in the Current System**

In June of 2002 the Early Childhood Interagency Coordinating Council established the Gaps and Barriers Standing Committee (GBC). The standing committee was established to provide an ongoing structure and process for communication about gaps and barriers between state, regional and local entities as mandated in statute and regulations. The purpose of the GBC is to focus on the needs of children with disabilities and their families but will encompass gaps and barriers for all children and their families.

Beginning in January 2004, the Gaps and Barriers Standing Committee piloted the use of a report form for Planning Region Teams to submit quarterly to inform the co-lead agencies, the GBC/ECICC, and other state programs of the gaps and barriers that local and regional programs were experiencing. During the 2004 pilot project (January-December) a total of 77 reports were submitted and reviewed. Letters of response were sent to all Planning Region Teams submitting a report. An evaluation of the pilot project and form will be conducted in January 2005.

Key gaps and barriers reported by Planning Region Teams are:

- Transportation issues and conflicting policies between federal, state and local regulations.
- Medical community awareness of the Early Development Network (early intervention services)—Some work has been done to send out informational materials to the medical community, but more may be needed.
- Financing services for low income families.
- Services for immigrant populations including:
  - Accessible housing
  - Respite care for non-English speaking families
  - Translators and interpreters—Some work has been done to translate materials for services into Spanish and Vietnamese, but more work should be done to respond to these growing needs.

Other issues addressed by the Gaps and Barriers Standing Committee were:

- The need for the ILCD process to better engage families in the assessment process and keep local perspective in the early intervention process.
- Changes in funding for Part C and 619.
- Part C Annual Performance Report
- 10<sup>th</sup> Anniversary of the Early Development Network
- Memorandum of Agreement between Head Start and Early Childhood Special Education
- CAPTA (Child Abuse Prevention and Treatment Act)
- ChildFind term—many feel the name of the program causes confusion since it implies lost children rather than identifying children with disabilities. Some states have renamed the effort to decrease confusion.

## **XIII. Recommendations**

The Early Childhood Interagency Coordinating Council developed two sets of recommendations in 2003-2004 based on the work of two task forces:

- A. Public Engagement (Awareness) Task Force
- B. Quality Child Care/Worthy Wage Task Force

Each set of recommendations is included in this report for information purposes. Full copies of the reports from the task forces can be found at:

Public Engagement Task Force Report and Recommendations—December 2003  
URL link: [http://www.nde.state.ne.us/ecicc/TF\\_FinalReport\\_Dec2003.pdf](http://www.nde.state.ne.us/ecicc/TF_FinalReport_Dec2003.pdf)

Quality Child Care Worthy Wage Task Force Report—April 2004  
URL link: [http://www.nde.state.ne.us/ecicc/QCCTask%20Force\\_%20Report.pdf](http://www.nde.state.ne.us/ecicc/QCCTask%20Force_%20Report.pdf)

### **A. Recommendations for a Public Awareness Campaign for the State of Nebraska**

The public engagement (public awareness) task force recommended that Nebraska needed to develop a public awareness campaign that would help all people in Nebraska better understand the importance of early care and education for young children's development and learning.

The suggested theme for the public awareness campaign was, "Can Children Wait?" The theme helps keep this important question about the welfare of our children in the forefront of the minds of all Nebraskans. Consistent with research-based information about child development and education, the Early Childhood Interagency Coordinating Council recommends that the following key points be included in a public awareness campaign.

#### **Key Points**

1. Recent brain research indicates that:
  - All children are born eager to learn.
  - Birth to age 3 is the most critical period for child development.
2. Care and education must be viewed as one and the same.
3. Family and community responsibility:
  - Children need supportive families and communities.
  - Parents are a child's first and most important teacher.
  - Communities share the responsibility for developing healthy children.

Research has indicated a strong link between the quality of early care and education and later success—not just for the individual children involved, but also for the community at

large. It has also indicated that strong partnerships among parents, schools, child care providers and the community are critical in this success. The theme, “Can Children Wait?” begs the question of whether we can continue to make children wait while the debate continues. A number of other states have already launched significant public awareness campaigns to increase the public’s engagement in responding to the immediate needs of children. It is Nebraska’s turn to take action—NOW.

### **Recommendations for Implementation**

1. Create and fund a task force that designs and implements the public awareness campaign with assistance from a professional marketing firm using the theme “Can Children Wait?” Utilize a multi-media approach including:
  - Cable and network television ads,
  - Radio,
  - Newspaper,
  - Billboard advertising,
  - PowerPoint presentations, and
  - Webpage with links to other parent-child interaction websites.
2. Create a pool of local spokespersons, including parents and persons that represent the “big picture.” Recruit interagency groups that work with families, such as law enforcement, hospitals, mental health clinics, etc, to assist with local dissemination of messages and materials.
3. Use a corps of local spokespeople trained on the campaign’s core messages to increase the campaign’s reach and influence with audiences in communities throughout the state. The basic premise is that audiences would be more engaged if the campaign’s messages came from people they already knew and trusted.
4. Use voter registration drives, community meetings, and postcard campaigns to inform gubernatorial and legislative candidates that all children should be healthy, eager to learn, and ready to succeed by the time they enter school.

*(Source: ECICC Public Engagement (Awareness) Task Force Report and Recommendations)*

### **Action Taken to Date:**

The Health and Human Services agency has convened a group of people who are working on the development of a public awareness campaign related to the recommendations from the task force.

## **B. Recommendations of the Quality Child Care/Worthy Wage Task Force**

The Quality Child Care/Worthy Wage Task Force worked for over two years to examine possible ways to improve the quality of early childhood care and education and ways that might improve the wages paid to teachers and caregivers who provide important services to young children across Nebraska. The task force focused its recommendations around four key areas. The recommendations relate to:

1. Governance
2. Public/Private Partnerships
3. Credentialing
4. Compensation

### **1. Recommendations related to Governance:**

- a. Continued support from the Governor for a strong and effective leadership team with collaborative working relationships between the Nebraska Department of Education and Health and Human Services System related to the strategic planning and administration of early childhood services and support systems in Nebraska.
- b. Recognition by the Governor of the Together for Kids and Families strategic planning effort as a comprehensive strategic planning effort for early childhood services and support systems in Nebraska. This initiative is funded by the U. S. Department of Health and Human Services and is collaboration between NDE and HHS. The Together for Kids and Families strategic planning effort should be embraced as an important vehicle through which Nebraska will establish one “vision” for all young children.
- c. Recognition by the Governor of the 2004-2005 Nebraska Early Childhood Policy Study as an important initiative for developing recommendations to inform future policy decisions by the State Board of Education and its policy partners. The study’s leadership team and process will assure coordination of state level efforts through cross-representation of the early childhood field and schools, including the Early Childhood Interagency Coordinating Council, the Together for Kids and Families advisory team, HHS and NDE.

### **2. Recommendations related to Public/Private Partnerships and Economic Impact of Early Care and Education**

- a. Establish a task force to conduct a Child Care Economic Impact Study using the Cornell Methodology.

- 1) The task force should include representatives from the Department of Labor, Department of Economic Development, Department of Education, the Health and Human Services System, and the State Chamber of Commerce.
  - 2) The study should include an examination of public/private partnerships that currently exist in Nebraska and provide best practice information on those successful partnerships.
- b. Appoint representatives from the Department of Labor and the Department of Economic Development to the Early Childhood Interagency Coordinating Council.
  - c. Enact the tax credits for businesses related to child care (Nebraska Revised Statutes 77-27,222) earlier than 2007.
  - d. Provide a progress report on actions taken in response to the Governor's Business Council on Child Care Financing report.
  - e. Develop private sector funding to support incentives for early childhood programs that have achieved accreditation.
  - f. Recruit representatives for the Governor's Business Council on Child Care Financing and other knowledgeable business leaders to educate other business leaders on the importance and value of investments in quality early childhood care and education.

### **3. Recommendation related to Credentialing**

Develop an entry level credential with identified core competencies for early childhood teachers as a requirement to work in a licensed program. The entry level credential should be obtained within one year of beginning work in a child care program. The entry level credential should allow providers to complete a designated training/education program or an option for testing out of the program based upon a caregiver/teacher's current knowledge and expertise.

### **4. Recommendations for Salary Model and Supplemental Compensation System:**

- a. Establish a voluntary, worthy wage model recognizing both years of service and level of education for staff in child care and early childhood education programs.
- b. Implement a wage supplementation program based upon education and years of service that helps pay early care and education teachers' better wages.

### **Action Taken to Date**

There has been no indication that the recommendations have been acted upon to date.

## C. Other Recommendations

The Early Childhood Interagency Coordinating Council as a whole has developed another set of recommendations related to early care and education systems in Nebraska.

The ECICC recommends:

- ❖ The racial/ethnic disparities in infant mortality rates continue to be monitored and effective strategies to address the disparities implemented.
- ❖ The \$15 million requested by the Nebraska Department of Education to expand the early childhood programs be fully funded.
- ❖ Articulation efforts between two-year and four-year colleges for early childhood education degrees continue and efforts made to develop “2 plus2” degree programs so that students completing their associate’s degree enter the four-year college with junior standing and only 2 more years of course work.
- ❖ A quality rating system be established to help inform the public at large of the quality of early childhood programs across the state.
- ❖ Efforts be made to ensure that all children in Nebraska have a medical home. Nebraska should establish a system to determine the degree to which children currently have a medical home.
- ❖ The strategic plan for the Together for Kids and Families Maternal and Child Health Early Childhood Planning Project be fully implemented across Nebraska.
- ❖ Anticipated teacher shortages in Early Childhood Special Education be planned for and recruitment and incentives systems be put in place to ensure sufficient early childhood education teachers and early childhood special education teachers in the future.
- ❖ Nebraska’s child care subsidy system examine the cost and feasibility of providing financial incentives (not tied to market rate) for programs with higher quality.
- ❖ The *Nebraska Framework for Professional Development* (January 1998) be updated and revised.
- ❖ Determine the anticipated need for continued lead screening of children in Nebraska, and discuss potential funding options to continue the program across Nebraska.

- ❖ Further professional development around family-centered practices and working as a team should be encouraged for all early childhood, early childhood special education, and early intervention providers.
- ❖ Further review and analysis by the Special Populations Office be done regarding the disproportionality of racial/ethnic populations among children with disabilities.
- ❖ The NDE Special Populations Office develop functional outcomes for children from birth to age 5.
- ❖ The NDE Special Populations Office should develop a method for tracking the number of children (birth to age 5) referred from the HHS Protection and Safety System and of those children referred the number of children verified with a disability.
- ❖ The NDE Special Populations Office provide training and support to early childhood educators on strategies for providing positive behavioral supports to children birth to age 5.



## **XIV. Summary**

The Early Childhood Interagency Coordinating Council (ECICC) continues to provide advice and recommendations regarding early childhood services across Nebraska. The ECICC continues to be challenged to address the breadth and depth of services for which the Council is responsible. The Early Childhood System overall is well run and there is tremendous collaboration that occurs between the Department of Education and Health and Human Services System. Much of the success found in this report is due to those strong working relationships.

The Council itself has gone through a large change in membership this last year. Ten new members have been appointed in 2004 (out of 40 members). Staff have been challenged to inform new members of the Council's purpose and mission, while pursuing the work of committees that have met over the last few years.

In December of 2004 the ECICC completed its own self-assessment. The self-assessment survey was sent to 39 members of the Council; 25 members returned them. The Council determined that the ECICC is meeting the responsibilities defined in statute.

New efforts will be made in the coming years to engage the family representatives of the Council; encourage more child care providers to participate in the Council; increase the diversity of parents both ethnically and economically who participate on the Council; and strategically identify and address one or two targeted areas of concern to the Council.

APPENDIX

**Early Childhood Interagency Coordinating Council  
Members  
December 2004**

Lea Ann Johnson, Chair July 2003-Current Lincoln, NE	Sally Hansen Hastings, NE	Kimberly Peterson Lincoln, NE
Mary Afrank Lincoln, NE	Ali Hettenbaugh Lincoln, NE	Cindy Prater Elgin, NE
A. Kathryn Anderson Hastings, NE	Mary Jo Iwan Lincoln, NE	Senator Marian Price Lincoln, NE
Christine Carr Neligh, NE	Barb Jackson Omaha, NE	Mary Beth Rathe Lincoln, NE
Dora Chen Omaha, NE	Chris Kline Omaha, NE	Todd Reckling Health and Human Services
Marcia Corr Lincoln, NE	Susan Kringle Loup City, NE	Barbara Schliesser Lincoln, NE
Patrick Donaldson Norfolk, NE	Kim Madsen Chadron, NE	Patti Waltman North Platte, NE
Eric Dunning Omaha, NE	Paul Matson Columbus, NE	Christine Weber Norfolk, NE
Carolyn Edwards Lincoln, NE	Betty Medinger Lincoln, NE	Derek Weimer Gering, NE
Jolaine Edwards Columbus, NE	Ruth Miller Neligh, NE	Sandra Willett Omaha, NE
Kris Elmshauser Ogallala, NE	Tammy Mittelstaedt Ravenna, NE	Carey Winkler Lincoln, NE
Tom Fortune Lincoln, NE	Pat Nauroth South Sioux City, NE	Carrie Witte North Platte, NE
Mark Hald Scottsbluff, NE	Suzan Obermiller Loup City, NE	Denise Wright Scottsbluff, NE