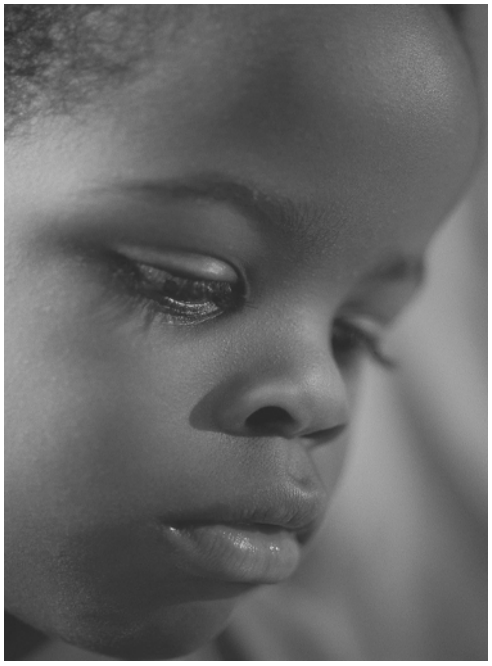
Early Childhood
Interagency Coordinating Council

Report to the Governor on the Status of Early Childhood

December 2006



"For the good of all children now and in the future, Nebraska must put a priority on developing a collective will among all stakeholders-schools, parents and families, taxpayers, policymakers, business and industry, civic organizations and the general public-to value, commit to, and establish a seamless continuum of early childhood care and education from birth through eight years of age".

State Board of Education
Statement of Commitment to
Partnerships for Early Childhood
October 7, 2005

This report was prepared by the
Early Childhood Interagency Coordinating Council
Ruth Miller, Acting Chairperson
Publication date: December 15, 2006

The report was prepared with the assistance of staff from the
Nebraska Department of Education
Head Start State Collaboration Office
Nebraska Health and Human Services System
Early Childhood Training Center
For more information about the ECICC see:
http://www.nde.state.ne.us/ecicc/

This report was printed with funds from grant awards:
H181A060033, 0G07CD000507, 0G0501NECCDF

Early Childhood Interagency Coordinating Council

2006 Governor's Status Report on Early Childhood

Table of Contents

I. Executive Summary 1

II. Early Childhood Comprehensive System Plan-Together for Kids and Families 5

III. Status of Early Childhood Health and Medical Support Services 9

IV. Status of Early Childhood Mental Health Services 20

V. Status of Early Childhood Education Services 26

VI. Status of Early Intervention and Early Childhood Special Education Services 35

VII. Status of Head Start State Collaboration Office and Local Head Start Programs 47

VIII. Status of Child Care Licensing 52

IX. Status of Early Childhood Professional Development 56

X. Status of Child Development Fund Initiatives and Early Childhood Child Care Subsidy Services 65

XI. Status of Abuse and Neglect in Young Children 69

XII. Important Cross Cutting Initiatives 71

XIII. Gaps and Barriers 76

XIV. ECICC Self-Assessment 77

XV. Actions in Response to ECICC Recommendations 78

XVI. 2006 Recommendations of the ECICC 81

XVII. Summary 84

Appendix: Appointed Members of the ECICC 85

Key to Report:

New Developments in Early Childhood
will be reflected with a shaded text box like this.

I. Executive Summary

Significant accomplishments have been made to improve the status of early childhood over the last two years. Key accomplishments have been:

- The completion of the *Together for Kids and Families* Strategic Plan.
- The completion of the Early Childhood Policy Study and adoption of the *Statement of Commitment to Partnerships for Early Childhood* by the State Board of Education.
- Passage of LB 577 in the 2005 legislative session to increase support for the early childhood education grants through the Department of Education and the opportunity after three years of funding to include four year olds in the school districts state aid formula.
- Implementation of financial incentives for license-exempt child care providers to improve the quality of care to children in programs that receive child care subsidies.
- Passage of LB 1256 and LB 1006 in the 2006 legislative session to create the early childhood endowment fund for programs to serve children from birth to age 3. Passing the constitutional amendment to further allow the establishment of the early childhood education endowment fund.
- Implementation of the Results Matter effort, a child and family outcome system utilizing observational assessments and collection of data that illustrates results of effective program practices.
- Publication of the Early Learning Guidelines for children from birth to age 3, and Early Learning Guidelines for children from ages 3 to 5. Professional development opportunities were also developed and delivered across the state to ensure programs utilize the guidelines.
- Implementation of the Learning from Day One public awareness campaign in response to ECICC recommendations.
- Conducting the Economic Impact Study, in response to ECICC recommendations, to determine the contributions made by early childhood programs into the state economy.
- Significant progress has been made to establish a common core of early childhood education courses at all community colleges, and to articulate coursework related to early childhood education degrees between two year and four year colleges. All of these efforts contribute to the state's professional development system and provide greater access to education for early childhood providers.
- Implementation of policies and procedures to address Keeping Children Safe Act of 2003 amendment to CAPTA, Child Abuse Prevention and Treatment Act (PL-109-36).

Promising New Initiatives

Several promising new initiatives have been developed over the last two years which offer great promise for continued efforts to improve the status of early childhood in Nebraska.

The promising new initiatives are:

- Integrating Positive Behavior Supports into early childhood programs to promote the social emotional development of young children and also to more effectively address challenging behavior that is increasingly being encountered with young children.

- Integrating more infant mental health practices into early intervention services to promote social and emotional development of young children, birth to age 3.

- Increasing the integration of nature education into early childhood programs to improve children's respect and appreciation for the natural world and to ensure that unstructured play remains in children's lives to encourage their own creative problem-solving skills and social and emotional development.

- Continued piloting of a voluntary Quality Rating System ("star rating system") for child care programs. The system will help inform providers and families regarding the levels of quality offered in child care across the state. Such a system would also promote more consistent standards of quality across early childhood settings throughout the state.

- Implementation of the T.E.A.C.H. Early Childhood® NEBRASKA Bachelors degree pilot offers new opportunities for those working in early childhood to improve their education, improve their compensation and offer a higher quality of care and education to young children. Increasing demands for early childhood teachers will warrant the expansion of this program as more people working in early childhood consider increasing their education.

- Core competencies development will help inform the early childhood field what everyone working with young children needs to know and be able to do. The drafting of the competencies helps early childhood caregivers/teachers, directors, colleges and universities and professional development staff better address strategies for improving the knowledge and skills of those working with young children.

- The scaling up of the Early Childhood Professional Development Partnerships through full-time coordination and expanded partnerships is strengthening the quality and accessibility of educational opportunities for early care and education providers throughout the state.

Recommendations

The Early Childhood Interagency Coordinating Council (ECICC) fully supports the recommendations made in the State Board of Education Statement of Commitment to Partnerships for Early Childhood. The ECICC also supports the five goals and nineteen strategies included in the Together for Kids and Families Strategic Plan. In addition, the Council makes the following recommendations with the belief that they are also important to the future development of quality early childhood services in Nebraska.

The Council recommends:

- A variety of best practice models be prepared for school districts to inform their work in developing applications for working with children from birth to age 3 through the early childhood endowment fund grants.

- Guidelines and criteria be further refined for evaluating the effectiveness of school districts and community-based programs partnerships necessary for the early childhood education grants and the early childhood endowment grants (birth to age 3).

- A database registry of training and education received by those working in early childhood education be developed to support efforts toward a quality rating system in Nebraska.

- Expanded support for early childhood scholarships in Nebraska in anticipation of increased demands for certified early childhood teachers related to increased numbers of programs.

- Adoption of child care licensing regulations proposed by Health and Human Services.

- Improving coordination of and planning for transportation regulations and procedures for children from birth to age five across all agencies.

- Better coordination and access to information on family support resources that can promote effective parenting.

- Close review of the disparities of children from low income families and from second language learners in health, mental health, and educational outcomes. Effective strategies will need to be developed to address any identified inequities.

- Resources to support full development of the Early Childhood Professional Development Partnerships throughout the state in order to offer more high quality professional development avenues and opportunities. This should result in enhanced quality learning environments, curriculum offered in early childhood programs, and instructional practices resulting in better outcomes for children.

- Expansion and enhancement of child care and early education that can effectively serve children with disabilities and provide responsive care to those at risk with social, emotional, and behavioral health issues.

- Strategies be developed and implemented across the state to increase the number of infants and toddlers served by the Early Development Network.

- Policies regarding reimbursement for early childhood mental health services supported through Medicaid be examined to determine their impact on the availability and accessibility of early childhood mental health services and to consider the implications of the increased risk to the confidentiality of services and limitations of privacy for young children and their families as compared to other groups.

- The Medicaid division and behavioral health managed care companies ensure that clinical expertise in early childhood mental health is regularly involved in the review of policies and procedures regarding children's mental health care prior to their implementation.

- A report on the financing of early childhood services be developed and sent to the Governor.

II. Early Childhood Comprehensive System Plan – Together for Kids and Families

Recent research on brain development indicates that early life experiences are critical to the emotional and intellectual development of a child. This window of optimal brain development is from the prenatal period through the first years of a child's life. This knowledge has led to a much deeper appreciation of the need to provide a comprehensive system of care, education and support for children and families. Early investment using a holistic, family centered approach gives children a positive start in life and reduces the need for later interventions.

Together for Kids and Families envisions safe and supportive communities where all children and their families are a top priority. Together for Kids and Families envisions a high quality, well-funded system of early childhood family services and supports. Families, communities, schools, service providers and policy makers are committed to and accountable for helping families and children succeed.

Strategic Planning

Together for Kids and Families is a grant awarded to Nebraska Health and Human Services System (HHSS) in 2003, funded through the State Early Childhood Comprehensive Systems (ECCS) Grant Program administered by the Maternal and Child Health Bureau, U.S. Health and Human Services. This project is designed to achieve optimum outcomes for Nebraska's young children and their families through comprehensive system planning and collaborative effort among stakeholders. Two years of planning produced a strategic plan to be implemented over the next three years (2006-2008). The ECCS planning project was designed to address comprehensive early childhood systems, inclusive of the following topic areas: (1) access to medical homes, (2) mental health and social-emotional development, (3) early care and education, (4) parent education, and (5) family support. Additionally, this project was required to address the sustainability of the Healthy Child Care America (HCCA) objectives, which Nebraska had implemented through the Healthy Child Care America grant from 1996 to 2005.

The comprehensive strategic planning effort was required to include:

- A needs assessment/environmental scan
- A clear vision and mission statement, priority areas of focus, and specific goals/objectives

- A set of indicators to track early childhood outcomes and a plan for collecting needed data
- Identification of best practice, evidence-based models and how they will be implemented
- Identification of key partners and the role each will play in carrying out the strategic plan
- Demonstration of how the plan links to and leverages other initiatives
- Evidence that the planning process is positioned to maximize the greatest policy impact
- A sustainability plan

The Together for Kids and Families (TFKF) planning initiative enabled early childhood stakeholders to avoid duplication of strategic planning and fostered collaboration to better meet the needs of Nebraska's youngest citizens. The organizational structure during the planning phase consisted of the Early Childhood Interagency Coordinating Council (ECICC) serving as the advisory committee. The ECICC is comprised of stakeholders in early childhood with members being appointed by the Governor. A Leadership Team consisting of 50+ members representing a variety of stakeholders from across Nebraska was formed to act as the working advisory group for the project. Additionally, eight Work Groups were formed; five Work Groups focused on the five essential component areas while three cross-cutting teams focused on the areas of data, policy alignment and family involvement.

The strategic plan that was submitted and approved for implementation identifies nineteen strategies whose selection was based on a completed environmental scan and research of best practices. Implementation of these strategies will proceed in order to accomplish the stated goals and achieve the outcomes we expect. Additionally, strategies specifically related to early childhood data collection, management and interpretation are included in order to

measure progress. The strategic plan can be viewed in its entirety at http://www.hhs.state.ne.us/hew/fah/Together-Kids-Families.htm.

From Planning to Implementation

As Together for Kids and Families has moved from planning to implementation, the project's organizational structure has been modified. The Leadership Team formed during the planning phase has been reformed as the Implementation Team which has been divided in to eight Strategy Work Groups, groups determined by common strategy objectives. These groups will begin to implement the strategies by carrying out the action steps laid out in the strategic plan. The Implementation Team meets quarterly to report on progress and problem solve regarding barriers to outcome achievement. The Strategy Work Groups will meet as needed between the quarterly Implementation Team meetings to advance strategy implementation. The ECICC will continue to advise project implementation.

The charge of the following eight work groups is the implementation of strategies chosen during the planning phase:

- Early Care and Education-Strategies 1, 5, 8
- Child Care Health Consultation-Strategies 2, 6, 7
- Mental (social, emotional, behavioral) Health-Strategies 4, 9, 10
- Medical Home-Strategies 13, 14
- Family Support Services-Strategies-3, 18
- Parent Education/Family Support-Strategies-11, 12, 17, 19
- Access Development-Strategies 15, 16
- Data-Cross-Cutting and data strategies 1,2

The groundwork for effective collaboration was laid during the planning phase. Collaborating on an early childhood strategic plan was widely embraced and key early childhood entities have adopted and aligned with the Together for Kids and Families plan. The work groups are meeting regularly and have kept the momentum that was achieved during the planning phase in motion.

TFKF Highlights

- Development by stakeholders of an Early Childhood Strategic Plan
- Inclusive and ongoing collaboration
- Early childhood indicator development
- The Early Childhood Programs and Funding sources report updated regularly to continue to inform early childhood systems work regarding resource availability and alignment
- Stakeholders' continued engagement throughout planning and now during implementation
- New partners engaging in implementation process
- Several strategies implemented

- The Head Start State Collaboration Office has provided staff support to assist with the development of an early childhood data management system.
  - This state agency partnership will allow the Nebraska Department of Education, Head Start-State Collaboration Office, and HHSS to address duplication in the early care and education system, support local program partnerships and access to comprehensive services for young children in Nebraska

In closing, challenges face us regarding building capacity in our extremely rural state. The needs assessment revealed that families often have difficulty accessing specialty services, such as dental care and mental health services. We not only lack providers, but also lack providers that are willing and qualified to serve preschool children. Strategies were developed with these facts in mind, such as replication of effective safety net programs and the use of Tele-health in the mental health arena.

In the present environment, professionals concerned with outcomes for young children and families are encountering persistent barriers to healthy, positive early childhood experiences for children all too often. Collaborative methodologies appear to hold the best promise in beginning to ameliorate these problems. Collaboration enables maximization of limited resources, diminishes duplication of efforts and assists in the creation of universal messages/services offered to families. The Together for Kids and Families initiative has achieved to date significant successful partnerships among early childhood stakeholders which will enable future positive collaborations, giving the best chance to achieve positive outcomes for children and families.

III. Status of Early Childhood Health and Medical Support Services

Children's Access to Health Services

Kids Connection is health care 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 81,208 children under the age of nine enrolled in Kids Connection in FY 2005 (July 2004-June 2005) and 82,602 in FY 2006 (July 2005-June 2006). The 2000 Census indicated that there were 240,493 children under the age of nine in Nebraska, which would mean that about 34% of Nebraska's children under the age of nine were enrolled in Kids Connection each of these fiscal years.
Source: Medicaid Staff, HHS-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. According to the U.S. Census Bureau there were 208,000 people (11.8%) in Nebraska without health insurance coverage in 2005. It is unknown how many are 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: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2006*

Health and Dental Professional Shortages

Nebraska has several designated Health Professional Shortage areas where barriers exist to obtaining adequate health care. In 2004, over one-half 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 8 percent of Nebraska's total population. In addition, 71 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 19 percent of the state's population within these designated areas is 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. 70 percent of Nebraska's counties currently have a shortage of family practice physicians. 89 percent have a shortage of general surgeons, 97 percent have a shortage of internal medicine physicians, 97 percent have a shortage of psychiatrists, 95 percent have a shortage of pediatricians, and 95 percent have a shortage of obstetricians/gynecologists. Additionally, 58 percent of Nebraska's counties have a shortage of dental health professionals, 75 percent have a shortage of pharmacy professionals, 66 percent have a shortage of occupational therapists, and 40 percent have a shortage of physical therapists. *Source: Nebraska Health Information Project: 2005 Data Book. (2005) Nebraska Center for Rural Health Research, University of Nebraska Medical Center.*

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 has 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* (PIR) does provide some information on the children served in their program who have an ongoing source of continuous, accessible medical care. The 2004-2005 report for Nebraska indicates that 5,866 families have a medical home. *Source: Head Start Program Information Report 2004-2005*

Health Status Indicators

- **Live Births in Nebraska**

  In 2004, the number of resident live births in Nebraska increased for the tenth straight year, to 26,324. This number is the highest annual live birth total recorded in Nebraska since 1982. It also translates into a crude birth rate of 15.1 live births per 1,000 population. *Source: Nebraska Vital Statistics Birth Highlights*

- **Low Birth Weight Rate**

  Nebraska's low birth weight rate for 2004 was 70.7 per 1,000 live births, an increase from the 2003 figure of 69.3. *Source: Nebraska Vital Statistics Birth Highlights*

- **Prenatal Care**

  Prenatal care began during the first trimester of pregnancy for 82.7% of all 2004 Nebraska live births. This figure represents a slight decrease from the 2003 rate of 83.7%, but it has not changed greatly in recent years. *Source: Nebraska Vital Statistics Birth Highlights*

- **Birth Defects**

  A total of 1,275 birth defects were diagnosed among 753 children born to Nebraska women in 2004. The latter figure translates into a rate of 28.4 cases per 1,000 resident live births and stillborns. Defects of the circulatory system were the most frequently diagnosed conditions in Nebraska in 2004, accounting for 311 (24.4%) of all defects reported. Musculoskeletal conditions were the second most frequently reported defects among Nebraska children in 2004. Nebraska's 2004 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, and children born to women 40 years of age and older. *Source: Nebraska Vital Statistics Birth Highlights*

- **Infant Mortality**

  A total of 173 infant deaths occurred among Nebraska residents in 2004, which translates into an infant mortality rate of 6.6 per 1,000 live births. The figure represents an increase from the 2003 rate of 5.4, which was 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 2004, the infant mortality rate for African Americans was 16.9 per 1000 live births and 11.4 for Native Americans. The white infant mortality rate for 2004 was 5.9 per 1000 live births.

  The two leading causes of infant deaths in Nebraska in 2004 were birth defects and prematurity, which resulted in 38 and 23 infant deaths, respectively. Low birth weight babies accounted for 110 (63.6%) of Nebraska's infant deaths, with 92 of these infants falling into the very low birth weight (<1500 grams) category. Neonates (infants less than 28 days old) accounted for about two-thirds of Nebraska's 2004 infant deaths, with a count of 110, while post-neonates (infants between 28 days and one year of age accounted for the remaining 63. *Source: Nebraska Vital Statistics Death Highlights*

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

  The Nebraska Child Death Review Report 2002-2003, published in July 2006, examined the deaths of 575 Nebraska resident children who died in the aforementioned years. The overall death rate of children in Nebraska continues to decline, from 82.6 deaths per 100,000 children in 1993 when child death reviews began, to 61 per 100,000 in 2003. Overall death rates for African-American, Native American and Hispanic children were higher than for White and Asian children, a pattern observed during the previous review period (1996-2001). However, all groups showed evidence of declining mortality over time.

Thirty-eight percent of all deaths were to infants less than 12 months of age; about two-thirds of these infants died in their first month. A total of 75% of deaths were to children under 10.

The leading causes of death for children were:

- Pregnancy related
- Birth defects
- Motor vehicle crashes
- Infectious, chronic and other medical conditions
- SIDS / Sleep-associated deaths

Pregnancy-related factors such as prematurity, maternal complications, and adverse events of labor and delivery accounted for 25% of all infant and child deaths during 2002 and 2003, the largest single cause of death category.

While the number of SIDS (Sudden Infant Death Syndrome) cases in Nebraska has dropped by 50% since the early 1990s, the trend appears to have leveled off, particularly among African-American infants. New "Safe Sleep" campaigns may be having greater success reaching the state's diverse racial and ethnic communities. Prenatal and infant exposure to cigarette smoke remains a problem in all groups. *Source: Nebraska Child Death Review Report 2002-2003*

- **Immunization Rates**

  The goal of the Childhood Immunization Program 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 83.9%. Many of Nebraska's children do not get the 4th DPT immunization which keeps Nebraska from reaching the immunization goal. *Source: National Immunization Program at the CDC, www.cdc.gov/nip*

- **Women, Infants, 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, postpartum, and breastfeeding 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 41,500 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.

  In 2004 Congress appropriated funds for a new WIC initiative, WIC Breastfeeding Peer Counseling projects. Each WIC state agency could elect to receive funding to implement or expand a comprehensive breastfeeding peer counseling program using the USDA Loving Support Peer Counseling curriculum. Since 2004, Nebraska has implemented three breastfeeding peer counseling programs across the state.

Breastfeeding Peer counseling programs provide encouragement and support for breastfeeding to women in the WIC program, provided by their peers.

- **Newborn Hearing Screening**

  Significant hearing loss is the most common birth defect with 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 and emotional development. Before newborn hearing screening, many hearing losses were not diagnosed until 2 ½ to 3 years of age. If detected early, however, the negative impacts can be diminished, and even eliminated, through early intervention. Recent studies have consistently shown that children who were identified with a hearing loss later in childhood have delays in the development of speech, language, social and academic skills compared with those identified during the first six months of age.

  In 2000, the Infant Hearing Act established newborn hearing screening in Nebraska. The statute requires birthing facilities to educate parents about newborn hearing screening, to voluntarily begin screening newborns for hearing loss, and, by December, 2003, to include hearing screening as part of the standard of care and to establish a mechanism for compliance review.

- **Hospitals Conducting Newborn Hearing Screenings**

  Since 2003, 100% of the birthing facilities have been conducting newborn hearing screening. The annual aggregate reports submitted by the hospitals in 2005 show that 99.4% of the 26,349 births registered with Vital Statistics were screened during birth admission. The numbers of newborns screened during birth admission has increased dramatically since reporting began in 2000, when only slightly more than one third of newborns received a hearing screening during birth admission.

Newborn Hearing Screening in Nebraska

Year	Number of Birthing Facilities in Nebraska	Number Conducting Newborn Hearing Screening	Percentage Conducting Newborn Hearing Screening	Number of Newborns Screened for Hearing Loss	Percent of Newborns Screened for Hearing Loss
2000	69	11	16%	8,978	36%
2001	69	24	35%	15,272	61%
2002	69	57	83%	22,615	89%
2003	67	67	100%	25,275	97%
2004	67	67	100%	25,966	98%
2005	65	65	100%	26,179	99%

Source: Nebraska Newborn Screening 2005 Annual Report

Audiologists reported identifying 52 infants born in 2005 with permanent hearing loss. The average age at diagnosis was 122 days and 47% of the evaluations occurred within 3 months of birth.

- **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 successfully prevents mental retardation, other disabilities and infant mortality for several newborns each year.

  Newborn screening starts with the collection of 5 drops of blood from a simple heel stick onto special filter paper. This specimen is sent overnight 6 days a week to the newborn screening laboratory and tested for several disorders. The number of babies spared the effects of the disorders screened, thanks to early identification and treatment, were: 30 in 2004, 25 in 2005, and 19 in the first half of 2006.

  In 2004 and 2005, nearly all babies received the screen for the 6 required disorders: biotinidase deficiency, congenital primary hypothyroidism, galactosemia, hemoglobinopathies, MCAD and PKU. In addition more than 95% of parents consented to their baby's being tested for the additional 20 + disorders screened on the supplemental newborn screen. The supplemental screen must be offered for all newborns, does not require more blood, and does not cost any more than the required screen.

  The newborn screening program staff worked throughout 2005 on the regulation changes and preparing hospital staff and physicians to begin required screening of all newborns for two additional disorders in 2006: congenital adrenal hyperplasia and cystic fibrosis. Updated patient education materials were available for new parents starting in December for the January 2006 births. An additional 9-10 new babies are expected be identified each year with these disorders (2-3 CAH, 7 CF), preventing infant mortality, and improving physical and developmental outcomes for these children. *Source: HHSS Staff*

- **Healthy Child Care Nebraska Program**

  Federal funding for this program ended in 2005, with its goals then incorporated into Nebraska's State Early Childhood Comprehensive Systems (SECCS) project, "Together for Kids and Families." See details of this project in Section II. *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	2006	Anticipated 2007
Federal Allocation	$4,167,938	$4,114,265
State Match	$2,370,000	$2,632,355
Local Match	$765,921	$1,047,604
Total	$7,303,859	$7,794,224

HHSS conducts a five year comprehensive needs assessment to establish funding priorities for the Maternal Child Health Block Grant. The next assessment is due in 2010. The HHSS is currently conducting a strategic planning process to address those priority needs identified through the needs assessment completed in 2005. *Source HHSS Staff*

- **Childhood Lead Poisoning Prevention**

The Centers for Disease Control and Prevention (CDC) has realigned its goals regarding childhood lead poisoning prevention. All focus is on primary prevention, i.e., healthy homes. Funding from CDC for prevention activities in fiscal 2006 was $254,555 with $182,407 going to Douglas County. None of the funding was allocated for screening children for elevated blood lead levels. In fiscal 2007 CDC is not funding the State of Nebraska at all, but has directly funded Douglas County Health Department (DCHD) $100,000 because of the Omaha Lead Superfund Site. However, this money cannot be used for screening children. Douglas County Health Department does have some limited funding for lead screening from Agency for Toxic Substances and Disease Registry (ATSDR), $20,000 for use after 2005 screening levels have been exceeded, and $18,000 for children with no insurance. DCHD also has $18,000 from the City of Omaha Housing Program and HUD. *Source: HHSS Staff*

New Program Developments in Early Childhood Health Services

➢ New Immunization Requirements

No new required vaccines for either school or child care were added during this period. There have been a number of new recommendations to the *Recommended Childhood and Adolescent Immunization Schedule*, including:

- Tetanus booster that includes pertussis (Tdap)
- Hepatitis A vaccine for children 12 to 23 months
- Meningococcal vaccine for adolescents
- A second dose of varicella vaccine
- Influenza vaccine age range increased to include children 6 to 59 months

➢ Early Head Start ECHO Project

To begin the process of implementing periodic early childhood hearing screening in Nebraska, the ECHO project, developed by the National Center for Hearing Assessment and Management and funded by the Head Start Bureau, has trained Early Head Start programs to conduct otoacoustic emissions (OAE) hearing screenings. A team, consisting of four audiologists, an educator of the deaf, an early childhood training coordinator, and the American Academy of Pediatrics Early Hearing Detection and Intervention Nebraska Chapter Champion, has been trained to conduct the ECHO trainings. OAE screening equipment is provided as part of this project. Six Early Head Start programs, serving a total of 531 children annually, have been trained since November, 2004, to conduct OAE screenings for the infants and toddlers enrolled in their programs.

➢ Improving Follow-up to Newborn Hearing Screening by Working through the Medical Home Learning Collaborative

Nebraska is one of eight states selected to participate in a Learning Collaborative sponsored by the National Initiative for Children's Healthcare Quality (NICHQ). The aim of the Nebraska Newborn Hearing Screening-Medical Home Learning Collaborative is to reduce delays and loss to follow-up by improving the systems of care for follow-up to the newborn hearing screening process. The Learning Collaborative will test strategies to strengthen the links between the components of newborn hearing screening by testing or adapting changes before implementing these changes throughout the system.

➢ Breastfeeding Promotion and Support Initiative

Recognizing that the decision to breastfeed or continue breastfeeding is influenced by a variety of factors, the Office of Family Health, Nebraska Department of Health and Human Services Regulation and Licensure launched a Breastfeeding Promotion and Support Initiative early in 2005. This initiative recognized that a joint effort will be

needed to address the wide scope of issues impacting breastfeeding rates, to develop appropriate strategies and to generate wide spread support.

An Initiative Steering Committee was formed to:

- review data describing breastfeeding initiation and duration among Nebraska women, current services/supports, the existing policy environment, and best practices for the promotion and support of successful breastfeeding,
- identify key issues to be addressed and recommend priority strategies for addressing these issues, and
- participate in the planning and implementation of statewide forums that will serve to gather additional input on priority strategies and options for implementation.

The Steering Committee met three times to develop a vision statement, goals, strategies and initial action steps, and it also helped organize and conduct two forums to gather additional input. These forums, held in Omaha on August 25, 2005 and Grand Island on September 21, 2005, yielded extensive information on how communities can better promote and support breastfeeding.

The Steering Committee's vision statement is: **"**Nebraska infants benefit from human milk and breastfeeding."

The goals identified by the Committee are:

- Increase communication and collaboration among persons committed to promoting and supporting breastfeeding.
- Increase the number of Nebraska "facilities" that are recognized as breastfeeding friendly. ("Facility" is broadly defined to include locations such as workplaces, childcare centers, retail establishments, health care facilities, etc.)
- Increase knowledge, skills, and positive perceptions related to breastfeeding and the value of human milk among Nebraska healthcare providers.
- Identify breastfeeding as a vital public health issue.
- Increase the positive messages about breastfeeding and the value of human milk in the media (TV, radio, newspapers, magazines, billboards, and newsletters).

➢ Safe Sleep Initiative

The reduction in Sudden Infant Death Syndrome (SIDS) that began in the early 1990s is one of the nation's public health successes. Nationally, the rate of SIDS dropped by 50% between 1983 and 2003. Similarly, Nebraska's high of 47 cases in 1993 (203 deaths/ 100,000 births) dropped to 24 in 2003 (92.7/100,000), although the decline appears to have leveled off recently. "Back to Sleep" campaigns that encourage caretakers to put young babies to sleep on their backs are credited with much of these declines.

However, concerns have been raised locally and nationally that cases of infant suffocation, metabolic disorders, known medical causes of sudden death and even homicide may be misdiagnosed as SIDS. Child death reviews and other studies have pointed to several risk factors associated with SIDS and other sleep associated infant deaths. Public health campaigns have thus begun addressing multiple safety issues rather than having a sole focus on SIDS prevention. Promoting "Safe Sleep;" improves the likelihood that the number and types of deaths may be reduced.

A Nebraska Safe Sleep Initiative Steering Committee was formed in 2005 to reach consensus on key risk reduction messages and the means for promoting Safe Sleep practices among parents, caregivers, health care providers, and others that influence where and how infants sleep. This committee made the following recommendations:

- Establish a shared definition of Safe Sleep and Safe Sleep Space for parents and general audiences.
- Tailor Safe Sleep messages for target audiences, including extended families, child care providers, health care providers, general public/work site, and religious organizations.
- Translate messages on Safe Sleep into suitable educational materials tailored for each audience.
- Provide training/education to a wide range of providers, professionals, paraprofessionals, and lay persons.
- Develop and support a network of safe sleep advocates across the state to include but not be limited to hospital-based consultants, local health departments, child care health consultants, health ministries, public health nurses, home visitation programs, prenatal/child birth educators, breastfeeding support groups, family and consumer science educators, cultural centers, WIC, Head start, senior centers and programs, media, and retailers.
- Assess and evaluate positive changes in safe sleep practices, including but not limited to implementation of safe sleep policies in hospitals and child care settings, safe sleep practices in homes and extended family settings, and safe sleep messages provided in various educational settings.

➢ Shaken Baby Syndrome and Sudden Infant Death Legislation

Passed by the Legislature and signed into law by the Governor in April 2006, LB 994 is a lengthy bill covering a wide range of public health and welfare issues. Included are provisions to reduce the risk of sudden infant death and shaken baby syndrome.

Section 62 of LB 994 amends an existing statute establishing training requirements for licensed child care programs. Specifically, training in the areas of health, safety, and developmental needs of children shall now include, but not be limited to, information on sudden infant death syndrome, shaken baby syndrome, and child abuse. The Child Care Licensing Program will include these new requirements in the proposed regulations that are being revised.

In Section 109, the statutory requirements for "Learning Begins at Birth," also known as "First Connections with Families," were amended to include information on sudden infant death syndrome and shaken baby syndrome. This booklet was first developed in 2003 by the Nebraska Department of Education, in cooperation with the Nebraska Health and Human Services System, in response to the READY Act of 2002. The booklet is provided to the families of all infants born in Nebraska, either at the birthing hospital or sent to the parents' home after discharge. The current version of the booklet includes the newly required information. "First Connections with Families – Learning Begins at Birth" may be found on the web at http://www.nde.state.ne.us/ech/fcwf.html.

Legislative intent to reduce the numbers of cases of SIDS and shaken baby syndrome is presented in Sections 147 and 148 of LB 994. Section 149 includes a new requirement for hospitals and other medical facilities discharging newborns. These facilities shall request parents of newborns to view a video and read printed materials, approved by the Department of Health and Human Services, on the dangers of shaking infants and children, the symptoms of shaken baby syndrome, the dangers associated with rough handling or the striking of an infant, safety measures which can be taken to prevent sudden infant death, and the dangers associated with infants sleeping in the same bed with other children or adults. This section also requires the birthing facility to request that parents sign a form after viewing or refusing to view the video and printed materials.

Staff with the Offices of Protection and Safety and Family Health in HHSS are coordinating the implementation of Section 149. Among the tasks carried out is the establishment of criteria for approval of materials, receiving and reviewing materials already in use, and obtaining, developing, and/or adapting materials to make available as needed.

Finally, Section 150 of LB 994 requires the Department of Health and Human Services to conduct public awareness activities designed to promote the prevention of sudden infant death syndrome and shaken baby syndrome. Again staff with Protection and Safety and Family Health are coordinating implementation of this section, along with staff of HHSS's Communications and Legislative Services.

IV. Status of Early Childhood Mental Health Services

Early Childhood Mental Health Initiative

The following examples illustrate the emerging strategies to address the optimum development of young children's social-emotional-behavioral health, the foundational elements of children's healthy development in all aspects (including language and cognitive development). This foundation also serves as the trajectory of optimum well-being and success in school and in life. These projects have all experienced notable successes and exemplify the recommendations that were highlighted in the March 2002 report to the Governor of the Early Childhood Mental Health Work Group. All continue to face the challenges of insufficient resources to fully implement the promise these projects hold. It is expected that the Early Childhood Comprehensive Systems Planning Grant (Together for Kids and Families) that has moved to implementation, and the State Infrastructure Grant (SIG) for Children's Mental Health and Substance Abuse Services and the NDE's State Personnel Development Grant (NSPDG), will more fully address issues related to this important work.

- **Central Nebraska Early Childhood Mental Health System of Care (CENEC)**

  Mary Lanning Healthcare Foundation in Hastings, was awarded a pilot project grant from the Department of Health and Human Services, Department of Education, and Nebraska Public Policy Center to carry out the Central Nebraska Early Childhood Mental Health System of Care Project (CENEC). The project awarding and oversight was provided by the University of Nebraska, Public Policy Center beginning February 1, 2004. The purpose was to develop a comprehensive and integrated system of care for young children with mental health needs and their families in a seven county area. The system of care developed through this agreement was intended to provide collaborative structures that coordinate service delivery for young children and their families, develop evidence-based services which effectively identify and address the unique behavioral health needs of young children, and create partnerships among families, service providers and policy makers across all systems that impact the lives of young children and their families. Goals include: centralized information regarding services, quality training and education for families and child care providers, training and research among health care professionals regarding screening and assessment for infant mental health and maternal depression, training in the faith based community to establish volunteers for home visitation, and expand the use and availability of telemedicine video-conferencing services to include consultations for mental health.

- **Omaha Pilot Project**

  In an effort to learn more about effective practices and realistic considerations in offering early childhood mental health consultation in early childhood classrooms, a pilot project was conducted in Omaha, Nebraska summarized in a November 2005 report submitted by Munroe-Meyer Institute, University of Nebraska Medical Center. It was sponsored by the Early Childhood Training Center, with partners, including an early childhood program, parents, private consultants, Heartland Family Service, Children's Hospital, Child Saving Institute, and the Munroe-Meyer Institute. Mental health consultants spent four hours a week in an assigned classroom where they worked with the master teacher, family members and other classroom staff to problem-solve together to promote social-emotional development of all children and also address concerns of particular children with more serious behavioral issues. The project participants had the opportunity to participate in statewide offerings on Positive Behavior Supports.

- **Lincoln Pilot Project**

  CEDARS Early Childhood Development Centers and Child and Family Counseling Program, "Therapeutic Child Care Project" in Lincoln, Nebraska, is a partnership between CEDARS, Lincoln Action Program Head Start and Early Head Start, Lincoln Public Schools Special Education, and the University of Nebraska Lincoln (UNL) Psychological Consultation Center, along with funding from the Nebraska Children and Families Foundation. The project is an effort to keep children in their natural environments and bring the therapeutic consultation to the child care center provider. The partnerships allow for use of already existing expertise in the community for consultation, combining training with family consultation. The effort is focused on preparing the child care teachers to better handle behavioral challenges in the classroom, arrange environments to support the social emotional development of children in care settings and at home, and allow children with behavioral challenges to remain in child care settings rather than experiencing multiple moves and disruptions in their child caring environments. The pilot has been operating since 2003 and uses the evidence-based approach known nationally as Parent-Child Interaction Therapy (PCIT), an approach which had been adapted specifically for Head Start classrooms include a Teacher-Child Interaction Training. The pilot also included an evaluative component using the Behavior Assessment System for Children (BASC) by observation and analysis provided through the UNL Psychological Consultation Center.

Safe and Secure Learners from the Start Training Through ECTC

A six-module series for child care providers and a workshop for parents (both available in English and in Spanish) was designed by the Early Childhood Training Center to promote important knowledge and skills about social-emotional-behavioral health. A critical aspect of understanding is that a child's healthy early development depends on nurturing and dependable relationships from birth to age five. Child care participants learn about the importance of relationships and attachment when caring for young children, assessment, screening and observation, the impact of violence on children, strategies for responding to behavior, and the importance of teaming with parents. Parents learn about how they influence children's social-emotional development and the importance of their relationship with their

child. A unique aspect of the delivery of this workshop series is that the teams of trainers located throughout the state include an early childhood specialist and also a mental health provider. There are currently 67 trainers located across the state, 30 representing mental health and 37 representing early childhood. This multi-disciplinary approach has been very enriching and informative in helping workshop participants learn the important characteristics of child development, the importance of a rich and experiential learning environment.

Perinatal Depression

Nebraska was one of five states to receive one time funding in 2005 from U.S. HHS, Health Resources and Services Administration, Maternal and Child Health Bureau. The grant period began June 1, 2005 and goes through May 31, 2007.

The Nebraska Perinatal Depression Project is coordinated in the Perinatal, Child and Adolescent Health Unit in the Office of Family Health, Nebraska Department of Health and Human Services Regulation and Licensure. There are two overarching goals for this project:

- To increase the identification and referral of women with perinatal depression through expanded and enhanced screening, referral and treatment, and
- To increase awareness among Nebraska women and their families of perinatal depression resulting in women recognizing symptoms and seeking appropriate care.

In order to reach these goals, a steering committee and four work groups met between October 2005 and January 2006. The steering committee made recommendations to the Department for provider education and public awareness. Based on these recommendations, contract deliverables were identified, and two contractors were competitively selected in May 2006. The Public Health Nursing Section of the Public Health Association of Nebraska received a contract for provider education and Snitily Carr received a contract for public awareness.

A request for proposals (RFP) was issued in September 2006 to support community-based programs in enhancing current or implementing new perinatal depression screening and referral activities, and outreach and information for women and their families. A total of $58,000 in grant funds is available for up to eight community-based projects in Nebraska.

Recognizing that the consequences of untreated perinatal depression can be devastating and have long-term adverse effects for the woman, her child and other family members, two other NHHSS grant funded projects include strategies to address these effects to further the work of this project. They are the Children's Mental Health and Substance Abuse Statewide Infrastructure Grant (SIG), and the State Early Childhood Comprehensive Systems Grant Program Together for Kids and Families. The Nebraska Perinatal Depression project is closely coordinated with these two projects.

New Developments in Early Childhood Mental Health Services

➢ Nebraska Infant Mental Health Association

In August 2005 the Nebraska Association for Infant Mental Health held its initial organizing teleconference. The mission of the Nebraska Association for Infant Mental Health is to promote and support nurturing relationships for all infant that provide the essential formative context in which every infant acquires basic emotional, cognitive, physical and social capacities and attitudes which, in turn influence later development.

The association engages in the following activities:

- Provides an interdisciplinary infant mental health organization that facilitates, supports and encourages cooperation, coordination and collaboration among those concerned with promoting the optimal development of infants and families;
- Provides a forum for interaction and study among mental health, public health, education, social services professionals, families, and others regarding scientific, educational, and clinical relationship-based work with infants and their caregivers;
- Advocates for infant mental health services and support to infants and young children and their families; and
- Publish and distribute educational newsletters, journals, and other materials which promote an increased understanding of infant mental health issues or which are otherwise consistent with the purposes of the Association.

The first Annual Meeting of the association was held April 6, 2006 in Hastings, Nebraska. The Symposium held as part of the annual meeting had Edward M. Hallowell, M.D. presenting on "Young Minds-Our Future."

There are currently five chapters of the association in Nebraska. Chapters are in Omaha, Southeast Nebraska (Lincoln, Beatrice, etc.), Northeast Nebraska (Columbus, Norfolk, etc.), Central Nebraska (Grand Island, Kearney, Hastings, etc) and Western Nebraska (Scottsbluff, Gering, Chadron, etc.)

➢ Training and Consultation in Child Care and Early Education

Challenging Behaviors and Young Children–Early Childhood Positive Behavior Support: Realizing the growing needs for a more systematic and comprehensive approach needed by early childhood programs to address increasingly challenging behaviors exhibited by young children and the stresses often experienced by young children in their homes and in their community, the Early Childhood Training Center (ECTC) embraced implementation of a nationally recognized model of *early childhood positive behavior support*. The ECTC partnered with the Nebraska Department of Education through a General Supervision and Enhancement Grant (GSEG) to promote and expand the use of the early childhood *teaching pyramid* that was designed and disseminated by the Center on the Social and Emotional Foundations of Early Learning.

The *positive behavior support* approach that was being implemented in selected schools in Nebraska through the GSEG could now be tailored for pre-kindergarten programs serving young children.

Several early childhood programs have adopted this approach and are engaged in ongoing professional development activities being offered through ECTC and partners. A convergence of local mental health efforts (described on page 20 of this report) and those of the state, including that of the Together for Kids and Families implementation through the mental health workgroup, the ECICC's Gaps and Barriers Committee emphasis on early childhood mental health and of NDE's NSPDG grant activities, state level planning efforts are proceeding to address implementation in other regions of the state.

➢ Early Childhood Mental Health Consultation

Growing attention is being given to the positive impact of early childhood mental health consultation in early childhood settings. Early childhood, health, mental health and other professionals are partnering in communities to give comprehensive and early attention to the social-emotional development of young children through supports to their families and particularly through supports offered directly to teachers and caregivers within the child care and early childhood classroom or program. Previously cited (page 23) examples and of others that include Early Head Start and Head Start (that have a long history of early childhood mental health services) have shown significantly positive results that include less disruption in the early childhood program, earlier interventions and fewer referrals needed for specialty services, fewer expulsions from child care, greater involvement of parents and others in parenting roles and more well-adjusted young children who now experience success in their relationships and in their learning. One significant barrier that impedes more widely available consultation is that of funding/staffing such consultation. Few resources currently exist to address the increasing needs for such broader classroom consultation as well as that of consultation for specific individuals whose services may not be covered by private or other insurance. Another critical need is that of adequate preparation of mental health personnel who fully understand both the needs of very young children and who also have the partnership skills to work effectively directly in the child setting rather than in more traditional and typical office-based therapy.

➢ Medicaid Reimbursement Rates for Mental Health Services for Young Children

Over the last two years, Magellan Health Services, the behavioral health care management service for Medicaid in Nebraska, has established new policies that make obtaining authorization to provide early childhood mental health services increasingly arduous and invasive of children's and their families' privacy.

These policies have impacted the accessibility and availability of mental health care for children under the age of 5. Many providers have found the process so restrictive that they have limited the number of young children they serve or discontinued caring for young children. Those providers who do offer early childhood mental health services

must provide privileged and confidential assessment and treatment information to Magellan for children under 5 that is not required for other age or disorder groups.

These reimbursement authorization policies have already decreased the availability of mental health providers who serve young children. The only child psychiatrist in south central Nebraska has left the area and the only remaining therapist who primarily serves young children (less than five years of age) has been so impacted by the Medicaid reimbursement changes in 2006 that she feels she must significantly limit her work with these young patients and increasingly shift her practice to the adult population. In addition, the policies provide a disincentive for clinicians who do not have expertise in the specialized area of early childhood mental health to obtain additional training and develop the skills needed to serve young children.

Examples of specific policy and procedure changes of concern are the following:

- The number of visits that Magellan will approve for young children is half the number of approved visits for other groups, initially, and requests for authorization require a higher level of review.
- Requests for additional visits require submission of the confidential information noted above and frequently result in authorizations for fewer visits and restricted time periods for services.
- Another request process with a longer period of review is required when clinicians determine that sessions with parents of caretakers without the child present are needed for a particular child.
- The earliest age at which multi-systemic therapy can be approved has been raised twice this year (and now is 8 years of age).

Overall Medicaid and Magellan staff has limited recognition of the importance of identifying and correcting social and emotional problems in young children early to prevent them from developing into serious behavioral health problems later. In addition, there is little recognition that in issues of physical or sexual abuse the course of therapy might require mental health sessions with family members without the child present in order to best assist the child. In addition, the level of detail of mental health session notes required in getting authorization goes well beyond what should be needed to approve reimbursements. The current Medicaid and Magellan policies and practices are actively discouraging serving children under the age of 5 with social and emotional problems. These policies could potentially cost the state more in the long run as behavioral health problems become greater and require more costly interventions to correct.

V. Status of Early Childhood Education Services

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 1995-1996.

All-day Kindergarten in Nebraska

School Year	Percent	Number
1995-1996	2.69%	18
2000-2001	28.30%	163
2003-2004	54.25%	281
2005-2006	64.56%*	306

Source: NDE State of the Schools Report SOSR 2005-2006

* Of the 454 school districts operating in the 2005-2006 school year, 387 offered kindergarten. Of the 387 districts offering kindergarten, 306 (79%) reported offering full-day kindergarten. *Source: NDE 2005-2006 Annual Statistical Summary*

Of the 21,824 children enrolled in kindergarten in Nebraska public schools during 2005-2006, a total of 17,545 children (80%) were enrolled in full-day kindergartens. *Source: NDE 2005-2006 Average Daily Membership Report*

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. Eleven new state Early Childhood Education Program grants were awarded in 2005-2006 with additional funding appropriated by the Nebraska Legislature. Some of the funding was awarded to expand existing early childhood education programs funded through district, federal, or parent fees, and many programs are in partnership 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 a range of abilities and disabilities of the children and the social, linguistic, and economic diversity of the families.

The programs target at-risk children meeting one or more of the following criteria:

- those whose family income qualifies them for participation in the federal free or reduced lunch program;

- those who reside in a home where a language other than spoken English is used as the primary means of communication; and/or,
- those who were born prematurely or at low birth weight as verified by a physician; and/or,
- those whose parents are younger than eighteen or who have not completed high school.

Nebraska currently has 38 early childhood education grant programs across the state with a typical classroom size of 16-20 children. The information below identifies the total enrollment and demographic information of children served during 2004-2005 and 2005-2006 year.

Children in Nebraska's Early Childhood Education Grant Programs

Program enrollment & demographic information	2004-2005	2005-2006
Enrollment	1,068	1,483
% age 4 at time of enrollment	57%	58%
% age 3 at time of enrollment	25%	34%
% age 2 at time of enrollment	5%	3%
% age 1 or less at time of enrollment	13%	3%
% Hispanic by enrollment	22%	27%
% black by enrollment	12%	9%
% white by enrollment	55%	54%
% American Indian by enrollment	10%	8%
% Other racial/ethnic group	1%	2%
% eligible for free-reduced lunch programs	66%	63%
% who were premature or low birth weight children	6%	5%
% with home language other than English	22%	23%
% with parents who were less than 18 years of age or were not high school graduates.	17%	11%

Source: 2004-05 and 2005-06 Nebraska Early Childhood Education Grant Program Annual Reports

Quality early childhood programs have been linked to immediate, positive developmental outcomes, as well as long-term positive academic performance. In order to evaluate the quality of the Nebraska programs, a number of different evaluation tools were used, including the Early Childhood Environment Rating Scale-Revised (ECERS-R) and the Early Language and Literacy Classroom Observation (ELLCO), or the Infant/Toddler Environment Rating Scale-Revised (ITERS-R). The Environment Rating Scales measure quality on a seven-point scale, with seven being the most positive. Baseline information was obtained by completing these observational environment rating scales at a sampling of classrooms (at least one from each program). The Nebraska Department of Education has established standards for quality based upon each tool.

Cross Year Comparisons. The preschool classrooms have steadily improved in quality ratings over time until this program year when new grants were awarded. Programs not meeting the established state quality indicator level submit action plans for improving program quality.

Grant Program Classroom Rating Scores

Environment Rating Scale Scores (Range 1-7)	ECERS-R Overall Ratings
2002-2003 Average	5.91
2003-2004 Average	6.05
2004-2005 Average	6.21
2005-2006 Average	5.98

Source: 2005-06 Nebraska Early Childhood Education Grant Program Annual Evaluation Report

Short-Term Developmental and Long-Term Outcomes of Early Childhood Education Grant Programs

Both short-term and long-term developmental outcomes were assessed to determine the extent that children's development was positively associated with participation in the program. Programs used one of several developmental assessments to evaluate child outcomes, including the High/Scope Child Observation Record (COR), for Infants and Toddlers or Preschoolers, Work Sampling System, or Creative Curriculum Continuum. To the extent possible, data was collected for children who had participated in early childhood grant programs and remained within the same school district.

In 2005-2006 data were analyzed for twenty programs that all used the High/Scope Child Observation Record (COR). COR outcome data provide scores for children on a 5-point scale, with 5 being most positive. Programs reported on the number of children with observation data for both fall and spring, and the number who made minimal, small, moderate, or substantial gains in language/literacy and math/logic. The gain scores were categorized as follows: minimal (less than .49 gain), small (.5 to .99 gain), moderate (1.0 to 1.49 gain), large (1.5 to 1.99), substantial (2.0 to 2.49), and very substantial (2.5 or greater gain).

The annual evaluation focused on gains in language/literacy, and math/logic. As a group, preschool children achieved better than anticipated gains. Forty-one percent (41%) of the children obtained "large" or greater gains in language and literacy skills and 52% of the children obtained "large" or greater gains in math and logic skills. Four programs used the Creative Curriculum Continuum in 2005-2006, and similar language and cognitive gains were found in those programs. *Source: 2005-2006 Nebraska Early Childhood Education Grant Program Annual Evaluation Report*

The grants for new programs were awarded in August 2005 and programs were allowed the first semester to get a program in place. Programs were required to be in operation by January 2006. The child assessment data on children in the new start-up grant programs was collected for instructional purposes, and not for pre- and post-data.

The Early Childhood Education Grant Program is designed to assist schools and education service units in providing high quality programs that lead to positive long-term outcomes for young children, including ongoing success in school. Long-term outcomes have been tracked for children in state-funded programs that have been in operation sufficient years for follow-up of those children who have remained in the same school district. Based on the targeted population, which would be characterized as "at-risk", the goal is to have children achieve at

levels comparable to or higher than their peers. Therefore, those at or above the 50th percentile or those meeting or exceeding district objective would be considered equal to or above their peers.

The long-term impact of the Early Childhood Grant Program experience was evaluated by collecting mathematics and reading achievement scores and the state STARS assessment system outcomes for those grant program children who could be tracked long-term. One of the challenges of collecting data for long term is the mobility of families, which creates attrition of numbers of children remaining in the school district.

Analysis of the data on reading and mathematic achievement scores of students who had participated in an early childhood grant program showed that most of the fourth-grade children were in the 50th percentile or greater group (66% reading and 66% math). The eighth grade sample showed that most (81%) of these children were in the 50th percentile or greater in math. Fewer eighth graders (39% were in the 50th percentile or greater in reading.

Three programs provided Nebraska STARS outcome data for children who had participated in an early childhood grant program. The data from those programs is promising: a) the majority of the fourth-grade students were scoring at least 'proficient' in the areas of math (88%), writing (63%), and reading (78%); b) the majority of the eighth-grade students were scoring at least 'proficient' in the areas of math (79%), writing (81%), and reading (90%); and c) the majority of eleventh-grade students were scoring at least 'proficient' in the areas of math (80%), writing (70%), and reading (90%). It is expected that more long-term data will be available in the future with increased capacity to collect data for children moving across school districts. *Source: 2005-2006 Nebraska Early Childhood Education Grant Program Annual Evaluation Report*

Accreditation of Early Childhood Programs

Accreditation by the National Association for the Education of Young Children (NAEYC), National Association for Family Child Care (NAFCC), or the National After School Association (NAA) is a 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. The Nebraska Department of Education Accreditation Support Project's goal is to increase the number of accredited programs throughout Nebraska.

The Nebraska Department of Education working with state professional associations has developed a support system to assist early childhood providers as they work toward accreditation.

The types of support provided include:

- Financial assistance in covering a portion of the fees for accreditation.
- Individual assistance in working toward accreditation.
- Training and workshops on accreditation.

- Connections to other accredited programs or people who have worked toward accreditation to assist them with ideas for meeting standards.

Accredited Programs in Nebraska from 2004 to Present

Type of accreditation	2004	2006
National Association for the Education of Young Children (NAEYC)	61	104
National Association of Family Child Care (NAFCC)	7	15
National After School Association (NAA)	1	1

Source: NAEYC 2006 newsletter

New Developments in Early Childhood Education

➢ Early Childhood Policy Study

At the request of the Nebraska State Board of Education, the Nebraska Department of Education (NDE) conducted an Early Childhood Policy Study addressing kindergarten and prekindergarten issues. The study began in June 2004 with the initial meeting of the leadership team comprised of stakeholders from throughout the state. The policy study was an opportunity to listen to the thoughts, ideas, and concerns of Nebraskans to help determine the direction of early childhood policy in the state.

Five themes emerged as a catalyst for continued discussion:

- access to services
- quality/best practices
- early childhood partnerships
- community support
- financing

In October 2005 the State Board of Education approved the *Statement of Commitment to Partnerships for Early Childhood*. The vision included in the Statement of Commitment states:

> "*For the good of all children now and in the future, Nebraska must put a priority on developing a collective will among all stakeholders-schools, parents and families, taxpayers, policymakers, business and industry, civic organizations and the general public-to value, commit to, and establish a seamless continuum of early childhood care and education from birth through eight years of age*".

Five partnership priorities were endorsed by the State Board of Education to improve early childhood education. The five priorities and recommendations related to the priorities are:

> ***Partnership Priority 1: Equitable opportunities*** for access to high quality, inclusive programs and services are provided for all children from birth through age eight and their families.

Recommendations:

1) Implement statewide full day/every day kindergarten.
2) Expand the Nebraska early childhood grant funded program to increase the availability of collaborative community based prekindergarten for all 3 and 4 year olds.
3) Establish expectations for supporting best practices which encompass class size and active learning environments in kindergarten through third grade.
4) Ensure access to high quality early childhood education and care services for all children birth to age three whose families would choose to access such services.
5) Establish a system for exchanging information with families about the development and learning of young children from birth through age eight.

Partnership Priority 2: High quality environments are created in order to achieve maximum benefits for all children from birth through age eight.

Recommendations:

1) Strengthen state and local infrastructure to address all aspects of the early childhood system including: governance, accountability, and regulations/standards; staff preparation, professional development, and compensation; and family information and support.
2) Require highly qualified staff with current knowledge to implement early childhood programs for children from infancy through third grade.
3) Ensure best practices are implemented in all settings across prekindergarten, kindergarten and primary level programs in areas including, but not limited to, teaching, standards, curriculum, assessment, inclusion, diversity, transitions, and adult/child ratios.

Partnership Priority 3: Community partnerships are established to achieve efficient use of resources and optimum outcomes for children.

Recommendations:

1) Coordinate and share resources to facilitate collaboration and partnership at the state and local level to achieve high quality early childhood services that meet the unique needs of young children who are typically developing or who have disabilities.
2) Encourage regional partnerships to establish Early Childhood Specialist positions within each regional area to provide technical assistance to local early childhood programs.

Partnership Priority 4: Community support is strengthened to address and respond to the needs of young children and their families.

Recommendations:

1) Support and join the efforts of other state agencies and groups to create a common knowledge base throughout Nebraska of the importance of the early years and related issues regarding early education and care.
2) Create a statewide network to collect and disseminate information regarding early education and care issues.

Partnership Priority 5: Adequate financing is provided to implement quality services that support the healthy development and learning of young children.

Recommendations:

1) Develop an early childhood endowment fund to support the implementation of quality programming throughout Nebraska.
2) Identify public funding streams and maximize their use to provide quality services to all children birth through age eight.

Source: State Board of Education, Statement of Commitment to Partnerships for Early Childhood October 7, 2005

➢ Rule 11 Revisions, State Aid Rollover

Rule 11 regulates early childhood education programs established by school boards or education services units (ESUs) which serve children younger than kindergarten age, including categorical programs (e.g. Early Childhood Special Education, Title I, etc.).

LB 577, passed during the 2005 legislative session, provided funds to expand the early childhood education grant program and also changed the state aid formula (TEEOSA) to provide a weighting factor for early childhood education programs and to include the membership of children enrolled in early childhood grant funded programs in the calculation of state aid. The membership of those who will be eligible to attend kindergarten in the following year is included in the state aid formula, if the program has received an early childhood grant for three years. With the passage of LB 577 new regulations needed to be drafted for public review and comment. A hearing draft of Rule 11 has been prepared and was approved by the State Board of Education on November 3, 2006. Following approval, a public hearing was scheduled for December 13, 2006. A report of the hearing will be presented to the State Board of Education in January 2007, and if the Board approves, the regulations will be sent to the Attorney General, Governor, and Secretary of State for approval and signature.

➢ Early Childhood Endowment Fund

LB 1256, passed during the 2006 session of the Nebraska Unicameral, established an Early Childhood Endowment to fund quality birth-to-3 services for at-risk children all across Nebraska. It establishes a public-private partnership to support the endowment.

Funding Partnership:
The State designates earnings (approximately $2 million annually) from a $40 million endowment fund, and the private endowment provider designates earnings (approximately $1 million annually) from a $20 million endowment funded by donations from private entities.

- Until July 1, 2007, the State funding is designated as earnings from $40 million in the state cash reserve fund. After July 1, 2007, funding will be generated from the permanent Education Lands Fund, pursuant to passage of the Constitutional Amendment as outlined in LB 1006. The measure passed in the November 2006 election. Only the earnings from the public endowment fund will be deposited in the Early Childhood Endowment Cash Fund to be used for grants to schools to provide services for at-risk birth-to-age 3 children and their families.
- For the private funding, NDE selected the Nebraska Children and Families Foundation (NCFF) as the private endowment provider through a competitive application and review process. NCFF was approved as the endowment provider by the State Board of Education on December 6, 2006. NDE entered into the agreement with NCFF, which will leverage $20 million in private funds within five years. Only the earnings from the private endowment fund will be deposited in the Early Childhood Endowment Cash Fund to be used for grants to schools to provide services for at-risk birth-to age 3 children and their families.

Decision-making partnership:
An Early Childhood Board of Trustees will be established and will include the Commissioner of Education or designee, the Director of Health and Human Services or designee, and four Governor-appointed members which include two persons nominated by the endowment providers, one early childhood professional representing an urban at-risk area, and one early childhood professional representing a rural at-risk area. The Board of Trustees will recommend rules and regulations for the Birth-to-3 grant program to the State Board of Education for adoption.

Grant Awards:
The Board of Trustees will make grant awards based on an agreement between NDE and the Endowment Provider, with requirements consistent with current grants issued according to Rule 11. Revisions to Rule 11 specific to Birth-to-3 programs and services will be considered based on recommendations of the Board of Trustees and stakeholder input. Grants will be awarded to school districts to partner with local agencies or programs in their communities for Birth-to-3 services for at-risk children. Grants will be competitive and will require a match of at least 50% of the total program costs.

The Constitutional Amendment related to the permanent Educational Land Fund passed

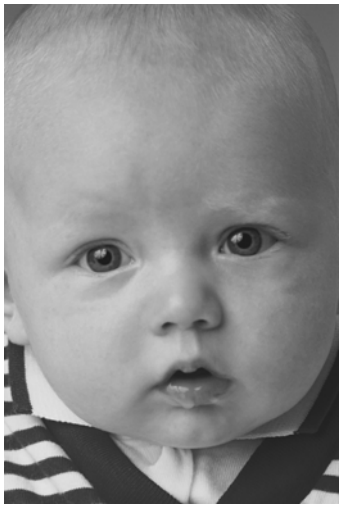
in the November 2006 election:

- adds early childhood education to the educational purposes for which the fund can be used;
- defines early childhood education as programs for children from birth to kindergarten entrance age;
- establishes an early childhood endowment of $40 million; and
- designates that only the interest or income from the endowment fund can be appropriated for early childhood programs.

VI. Status of Early Intervention and Early Childhood Special Education

Children Served Through Part C of the Individuals with Disabilities Education Act (IDEA)

- **Child Count to Identify Infants and Toddlers with Disabilities**



Nebraska has implemented a comprehensive Child Find System resulting in the identification, evaluation and assessment of all eligible infants and toddlers. Child Find is a state-led, regionally implemented set of activities to get early intervention information to the public, medical providers, schools, child protection services, Migrant and Early Head Start, tribal populations and child care providers. Regional implementation of Child Find occurs through the 29 Planning Region Teams (PRTs) in Nebraska, which were established as local interagency coordinating councils. Systems Support Change grants are provided to the Planning Regions to supplement funding for training and special projects, including Child Find activities. Regions use several public information strategies for Child Find.

Count of Verified Infants and Toddlers

	2000	2001	2002	2003	2004	2005
Under age 1	105	163	184	176	192	164
Age 1-2	375	327	354	374	427	390
Age 2 >	705	625	623	710	684	709
Total	1185	1115	1161	1260	1302	1263

Source: Special Education Student Information System (SESIS)

For the 2005-2006 year, 1263 infants birth to age three were served by the Early Development Network (EDN). Nebraska had consistently shown an increase in the numbers of infants and toddlers, birth to age 3, and their families receiving early intervention services. Nebraska's decrease from 1.73% in 2004 to serving 1.67% of the birth-to-age-three population in the Early Development Network for 2005 is under review. The benchmark for infants and toddlers receiving early intervention services is 2% as determined by the U.S. Office of Special Education Programs (OSEP), a 0.33% difference. Nebraska is examining the decrease of infants receiving early intervention services. Strategies will be developed and implemented across the state to increase the number of infants and toddlers served by the Early Development Network.

- **Child Abuse Prevention and Treatment Act (CAPTA)**

The Child Abuse Prevention and Treatment Act (CAPTA) addresses the growing awareness of the problem of child abuse in the United States and promotes collaboration

between Early Intervention Services and Protection and Safety Services Systems. The Keeping Child Safe Act of 2003, signed into law on June 25, 2003, amended CAPTA, the Child Abuse Prevention and Treatment Act (PL 109-36). This law requires Protection and Safety staff to refer children under the age of three, who have been involved in a substantiated case of child abuse or neglect, to the Early Development Network (EDN) for early intervention services. Referrals at the local level come from Health and Human Services Protection and Safety Workers. Although such referrals to early intervention services are mandated, a family may decline to participate, as participation in early intervention is voluntary. The process for early intervention evaluation, eligibility, and services remains the same as it would for any child referred to the EDN, which is funded under Part C of the Individuals with Disabilities Education Act.

In Nebraska, policies and procedures have been developed through collaboration of Early Development Network Co-Leads, Health and Human Services System and Nebraska Department of Education with the Protection and Safety Services System. The policies and procedures guide the referral of all substantiated cases of young child abuse to the EDN. The Nebraska Department of Education Rule 51 incorporated language regarding CAPTA referrals.

First year implementation data on CAPTA referrals, indicate that 57.5% maltreated children birth to age three were referred from Protection and Safety to the Early Development Network. 73.4% of referred families accept early intervention services from the Early Development network. 26.6% of families refused services or could not be located.

In order to continue building on a strong first year implementation, technical assistance from Co-Lead Agencies, Health and Human Services and Nebraska Department of Education is available to each of the local Early Development Network Agencies in order to enhance collaboration with Protection and Safety offices regarding CAPTA. From June 2006-September 2006, 16 Early Development Network Agencies and 25 Protection and Safety Offices met to discuss strategies, methods and procedures for improving CAPTA referrals. There were 68 Services Coordinators and 128 Protection and Safety Workers that participated in these collaborative visits.

In October 2006 an Infant Mental Health Conference was sponsored by the Early Development Network in collaboration with the Early Childhood Training Center. The conference was provided in order to promote and support the collaborative relationships between agencies as it relates to CAPTA referrals. Services Coordinators, Protection and Safety Workers along with Mental Health Providers were invited to attend this conference series. The conference addressed the importance of relationships in infants' social and emotional development, and attachment theory in relation to infant social, emotional, physical and cognitive development.

Health and Human Services and NDE will continue to monitor progress made related to CAPTA referrals and identify regions of the state where there are a low number of referrals in order to offer technical assistance to Planning Region Teams.

- **Natural Environments**

  Since 1998 the state has provided on-going training and technical assistance to Early Intervention Service (EIS) agencies on providing support services to infants and toddlers in their natural environments. A technical assistance and training project has been ongoing with the Planning Region Teams using the Primary Provider Model over the past five years. The model combines the elements of coaching, conducting evaluation and assessment, developing IFSP outcomes, and provision of services in natural environments. Annual training along with quarterly teleconferences has been held to provide support and training to services providers and EDN Services Coordinators.

  The SESIS (Special Education Student Information System) provides setting information for all infants and toddlers through an annual school district count to capture the percent of children receiving services in the home or program for typically developing children.

  Nebraska 2005-2006 baseline data for settings in natural environments for infants and toddlers

Source	Total children served	Children served in homes		Children served in programs for typically developing children	
		Number	Percent	Number	Percent
SESIS Count 12/1/05	1263	1112	88.2%	35	2.8%

  The most common types of services provided to children birth to age 2 were:
  - Special instruction
  - Speech and language services
  - Physical therapy
  - Occupational therapy

- **Improving Learning for Children with Disabilities (ILCD) for Part C**

  The Nebraska Departments of Education and Health and Human Services are responsible for ensuring that Part C, of the Individuals with Disabilities Education Act (IDEA) is fully implemented for all infants and toddlers and their families. As a birth mandate state, Nebraska's stakeholders requested that the lead agencies for Part C and the State Education Agency (SEA) for Part B develop a monitoring process that would allow the Local Education Agency (LEA) and Early Intervention Services (EIS) to work more effectively together. The Co-leads for Early Intervention collaborated with Part B to bring the two monitoring systems together in the Improving Learning for Children with Disabilities (ILCD) Process.

  The ILCD Process is a comprehensive, self-assessment and improvement monitoring process, which relies on multiple sources of data to gauge the results of Early Intervention and Special Education services and supports. ILCD indicators analyze services coordination, early intervention services in natural environments, Child Find, the Individuals Family Services Plan process, early childhood and family outcomes, effective transition and family rights. The ILCD process includes families, Services Coordinators/providers, Planning Region Team surveys, and file reviews to gauge the effectiveness of early intervention services for infants and toddlers with disabilities. The

ILCD also requires information from file reviews, complaint investigations, mediations and information from due process hearings.

The Educational Service Unit (ESU) ILCD facilitator provides assistance to school districts in the Individual Family Service Plan (IFSP) review process. IFSP files are reviewed by the co-lead agencies for compliance with IDEA and Medicaid. The percentage of files reviewed is based on the percentage described in the ILCD workbook as shown in the following table.

ILCD File Review Rate for Part C

Total number of infants and toddler with disabilities in an EIS agency	Suggested IFSP file selection rate
1-20	40%
21-60	30%
61-100	20%
101-500	10%
500+	5%

Source: ILCD Workbook

Monitoring for Early Intervention Services (EIS) is on a three-year cycle. The state's 29 planning region teams have been divided into three geographical areas, which allow for one geographical area a year to be monitored by the Co-Leads.

When compliance issues are detected through the ILCD process, the EIS agency is required to correct an identified deficiency within one year of the date of determination of noncompliance. The ILCD process examines the following indicators: timeliness of services, natural environments, 45-day timeline, and transition.

- **Family Assessments of Early Intervention System Responsiveness**

  Nebraska revised the former family survey to comply with the new Early Childhood Outcomes requirements of the Individuals with Disabilities Education Act. Overall, responses are being measured about families knowing their rights; effectively communicating their children's needs, and helping their children develop and learn.

  A stakeholders group was convened to review surveys that could be used to gather information. A survey was selected that had been approved by the OSEP. All families that have received early intervention services up to June 30, 2006 were sent a survey. Survey information will be available by February 2007.

- **Services Coordination**

  Early Intervention provides services coordination for infants and toddlers, birth to age 3, with a disability and their families. The goal of services coordination is to assist families in supporting their children with disabilities and to develop their own skills in accessing information, utilizing information, developing skills through coordination of informal and formal supports within their natural environments.

  Planning Region Teams select the services coordination contract agency and make their recommendation to the Co-Lead agencies–the Nebraska Health and Human Services

System (HHSS) and the Nebraska Department of Education (NDE). HHSS contracts with twenty-one agencies for the delivery of services coordination to Nebraska families. These agencies include four hospitals, nine educational service units, three public school districts, two health departments, two community action agencies and one Head Start agency. Currently there are a total of ninety-seven Early Development Network (EDN) services coordinators and Early Development Network supervisors in Nebraska.

In FY 2005, services coordinators served 4,860 infants and toddlers at an annual cost of $3,772,225. *Source: 2005 Annual Report Nebraska Health and Human Services System*.

Children Ages 3-5 with Disabilities Served through Part B of IDEA

- **Child Count**

The Child Count of young children with disabilities, ages 3-5, served under Part B of the Individuals with Disabilities Act in 2005 was 4,665. The age break down of children served in that year is indicated in the following table.

Nebraska children served through Part B in 2005

Age	Number served in 2005
3	1,159
4	1,573
5	1,933

Source: SESIS 2005-2006

The most frequently verified disabilities for young children (ages 3-5) are found in the following disability areas:

- Speech and language impairments
- Other health impairments (includes chronic or acute health problems)
- Developmental delay

Source: SESIS Data reports for 2005

- **Natural and Least Restrictive Environments**

One of the monitoring priorities for early childhood special education services is that free and appropriate public education takes place in the least restrictive environment. The monitoring indicator is the percent of preschool-aged children with Individual Education Plans (IEPs) who received special education and related services in settings with typically developing peers (e.g. early childhood settings, home, and part-time early childhood/part-time early childhood special education settings). The natural and least restrictive setting is indicator #6 in the State Performance Plan. Current data on the state performance plan indicators can be found after February 2007 at: http://www.nde.state.ne.us/SPED/sppindex.html.

From 2001-2004 the Nebraska Department of Education, as part of the Nebraska Primary Provider Model Project for Providing Child and Family Supports, gathered data on natural and least restrictive environments. The information gathered came from

training participants, services coordinators, practitioners (birth-3 and 3-5), administrators (birth-3 and 3-5) and families with children enrolled in early intervention and preschool services.

Some of the findings from the data gathered are:

- At the conclusion of the project, representatives from 13 planning regions report an average of 99% of children birth to three years of age and their families receive their supports in natural learning environments compared to 85% prior to the project.
- At the conclusion of the project, representatives from 15 planning regions report an average of 64% of children three to five years of age receive their support in natural learning environments as compared to 31% prior to the project.
- 82% of program administrators surveyed report it is always or almost always their responsibility to promote inclusion of children with disabilities birth to five in community programs for all children rather than segregated school-based preschools.
- 99% of parents of children from birth to three and 89% of parents of children from three to five surveyed report that evaluation, assessments, and intervention always or almost always occur in natural learning environments.
- 89% of parents of children from birth to five surveyed report that practitioners always or almost always work to promote the child's skill development.

Source: Part B State Performance Plan 2005-2010

New Developments in Early Intervention and Early Childhood Special Education Services

➤ New State Performance Plan Required under IDEA, Parts C and B

In response to the reauthorization of the Individuals with Disabilities Education Act (IDEA), states refined State Performance Plan (SPP) indicators. All states are required to submit annual performance reports (APR) on the developed State Performance Plan submitted to the U.S. Office of Special Education Programs (OSEP). The Nebraska Department of Education and Department of Health and Human Services drafted initial indicators for both Part B and C. In August of 2005 the Gaps and Barriers Committee of the ECICC (Early Childhood Interagency Coordinating Council) met to review the proposed indicators for the Part C State Performance Plan. From September through October of 2005 the indicators were distributed to stakeholder groups. State Performance Plan indicators were finalized and submitted in December 2005.

A summary of the indicators and the data sources for Part C is shown in the following table.

Summary of State Performance Plan (SPP) Indicators: IDEA-Part C

Indicator	Topic	New Indicator*	Sampling Allowed?	Data from:
1	IFSPs in timely manner	No	Yes	Monitoring
2	EI services at home or with typically developing children	No	No	618 (annual federal data report—SESIS)
3*	Infant-toddler outcomes ▪ Positive social-emotional skills (including social relationships); ▪ Acquisition and use of knowledge and skills (including early language/communication); ▪ Use of appropriate behaviors to meet their needs	Yes	Yes	Results Matter Assessment
4*	Family outcomes ▪ Know their rights; ▪ Effectively communicate their children's needs; and ▪ Help their children develop and learn	Yes	Yes	Results Matter Parent Survey
5	Birth to age 1 children served	No	No	618
6	Birth to age 3 children served	No	No	618
7	Evaluation and initial IFSP within 45 days	No	Yes	Monitoring
8	Transition at age 3 ▪ IFSPs with transition steps and services ▪ Notification to the local education agency, if child is potentially eligible for Part B; and ▪ Transition conference, if child potentially eligible for Part B	No	Yes	Monitoring
9	Noncompliance corrected within one year	No	Yes	Monitoring
10	State complaints resolved within 60 days	No	No	Part C Attachment 1
11	Due process completed within 45 days	No	No	Part C Attachment 1
12	Resolution sessions that result in agreements	Yes	No	Part C Attachment 1
13	Mediations that result in agreements	No	No	Part C Attachment 1
14	618 data on time and accurate	No	No	618 and state selected sources

*For new indicators, baseline data is to be collected in 2005-06. Baseline and targets are due February 1, 2007 in FFY 05 APR.

Source: Part C State Performance Plan 2005-2010

Part B Indicators that relate specifically to children ages 3-5 include:

- Percent of preschool children with Individual Education Plans (IEPs) who received special education and related services in settings with typically developing peers (e.g. early childhood settings, home, and part-time early childhood/part-time early childhood special education settings).
- Percent of preschool children with IEPs who demonstrate improved:
  A. Positive social-emotional skills (including relationships);
  B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
  C. Use of appropriate behaviors to meet their needs.
- Percent of parents with a child receiving special education services who report that schools facilitate parent involvement as a means of improving services and results for children with disabilities.

Data related to all of these Indicators will be reported in the February 1, 2007 Annual Performance Reports for Part B and Part C.
Source: Part B State Performance Plan 2005-2010

➢ Results Matter in Nebraska

Results Matter in Nebraska is responsive to the federal mandate of the Individuals with Disabilities Education Act (IDEA) Part C (birth to age three) and Part B, 619 (three to five year olds), as well as the state requirements of Nebraska Department of Education (NDE) Rule 11, Regulations for Early Childhood Programs.

Activities/Timelines to Develop Results Matter in Nebraska
January-February 2005: Nebraska established a state management team and statewide stakeholder network to develop a framework for designing and implementing a statewide early childhood outcomes (ECO) measurement system of young children with disabilities, birth to age 5 and their families.

March-August 2005: Three sets of meetings were held for state management team and state stakeholders to begin drafting a state work plan, facilitated by the National Early Childhood Technical Assistance Center (NECTAC) and using the NECTAC state planning framework. The work plan addresses the following EC outcomes system components: state infrastructure, personnel development, local infrastructure, implementation/practice, and families.

August-October 2005: An ECO measurement task force was established. The task force met in September and October to (1) review and recommend three to five child assessment tools to be used statewide for measuring child progress, and (2) examine and recommend a process for gathering child assessment data and reporting it to the Nebraska Department of Education (NDE).

September-October 2005: Informational meetings for broad stakeholder input regarding State Performance Plan (SPP) EC Outcome Indicators and timelines held throughout

Nebraska (NDE/Educational Service Unit (ESU) Collaborative, Special Education Advisory Council (SEAC), Nebraska Association of Special Education Supervisors (NASES), NDE Special Education Regional Workshops, ESU forums/meetings). State management team met to continue planning and development of the statewide system, with facilitation provided by NECTAC.

October 3, 2005: NDE submitted a proposal for a General Supervision Enhancement Grant (GSEG) from OSEP for B-5 child and family outcomes work.

November 2005-March 2006: The state management team, in conjunction with the ECO measurement task force, conducted a pilot test of scoring and data analysis strategies related to child outcomes in selected pilot data sites. NDE reviewed and revised state data and monitoring systems to include child outcomes; new NDE State Student Records System (SSRS), and Improving Learning for Children with Disabilities (ILCD). NDE and stakeholders plan for school district phase-in.

November 8, 2005: Informational live/video conferences were held at 13 interactive satellite sites statewide to overview and describe child assessment tools selected by state for use by school districts to measure child progress. Based on recommendations made by ECO measurement task force, NDE, selected the following tools:

- Assessment, Evaluation, and Programming System (AEPS) for Infants and Children (2002)
- High/Scope Child Observation Record for Infants and Toddlers (2002)
- High/Scope Child Observation Record for Preschool Children (2003)
- The Creative Curriculum Developmental Continuum Assessment Toolkit for Ages 3-5 (2001)
- The Creative Curriculum Developmental Continuum Assessment Toolkit for Ages B-3 (currently under development and consideration-not yet available)

December 23, 2005: School districts chose one or more of the state-selected child assessment tools to be used in their district for measuring child progress towards outcomes.

January-March 2006: Statewide practitioner two-day training institutes on child assessment tools and data collection/reporting at the four locations across the state, in collaboration with the Early Childhood Training Center.

April-June 2006: Selected school districts, with family participation began to collect and report child outcomes data to NDE. NDE reviewed quality assurance practices to verify accuracy of data and make any necessary data collection or programmatic changes.

June 30, 2006: Due date for selected school districts to report first round of child outcomes data at entry.

July-December 2006: All school districts will be phased into the NDE child outcomes data collection and reporting process. NDE, school districts and statewide stakeholders establish child outcomes baseline and targets for FFY 2006-2010.

February 1, 2007: NDE report entry data for children who are part of Nebraska's phase-in process in FFY2005 Annual Performance Report.
Source: Part B and C State Performance Plans 2005-2010

Purpose of Results Matter in Nebraska

Results Matter in Nebraska is a child and family outcomes system designed to improve programs and supports for all young children birth to age five served by school districts, the Early Development Network (EDN) and their partners. The family, child and program outcomes apply to all school-based early childhood programs. The purpose of the system is to:

- Improve experiences, learning, development and lives of young children, birth to age five, and their families.
- Inform program practices.
- Demonstrate program effectiveness.
- Guide the development of local and state policies and procedures.
- Provide data to demonstrate results.

Results Matter in Nebraska calls for child outcomes assessment that:

- Is based on ongoing observation of children engaged in real activities, with people they know, in natural settings.
- Reflects evidence-based practices.
- Engages families and primary care providers as active participants.
- Integrates information gathered across settings.
- Is individualized to address each child's unique ways of learning.
- Informs decisions about day-to-day learning opportunities for children.
- Reflects that development and learning are rooted in culture and support by the family.

Family, Child and Program Outcomes Built into Results Matter

- Family Outcomes:
  - Families can effectively communicate their children's needs
  - Families help their children develop and learn
  - Families know their rights

  The family outcome measurement tool has been distributed to Nebraska families who received early intervention services. Survey findings will be available in February 2007.

- Child Outcomes:
  - Children have positive social relationships
  - Children acquire and use knowledge and skills
  - Children take appropriate action to meet their needs
  - Children obtain optimal health

  Schools have selected one of three measurement tools that they will use to measure children's progress related to the above outcomes. The three tools are:
  - The High/Scope Child Observation Record (COR)
  - Creative Curriculum Development Continuum
  - Assessment, Evaluation, and Programming System (AEPS)

- Program Outcomes:
  - Achieve and maintain overall high quality
  - Have qualified staff
  - Are consistent with federal and state guidelines

  Program quality measurement tools that are used include:
  - Environment Rating Scales (ITERS-R, ECERS-R)
  - Early Language and Literacy Classroom Observation (ELLCO)
  - NDE Rule 11 reporting and approval for early childhood education programs

Preparing Teachers and Administrators for Results Matter

Between January and May 2006 a series of training events on Results Matter child measurement tools resulted in over 700 individuals being trained at five sites across the state. The training was offered to prepare teachers and administrators for measuring the early childhood outcomes using the measurement tools described above.

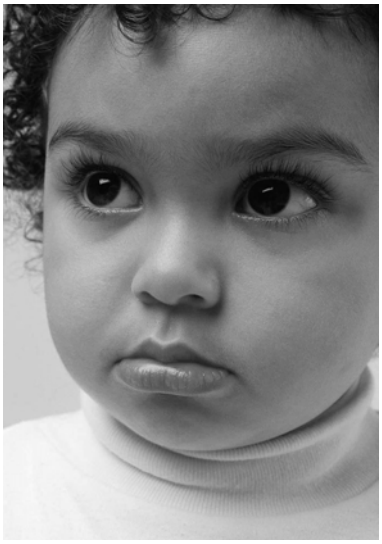
The Department of Education and Early Childhood Training Center designed a comprehensive Results Matter personnel development plan for 2006-07. The plan includes:

- Three training-of-trainer cadres that include:
  - Training on curriculum and observational child assessments
  - Online navigational training for CreativeCurriculum.net and Highscope.net and for the Assessment, Evaluation and Programming System (AEPS)

- Practitioner professional development workshops held at five locations across the state.
- Results Matter State Conference in March of 2007.
- Early Childhood Summer Inclusion Institute in June of 2007.

VII. Status of Head Start State Collaboration Office and Local Head Start Programs

Head Start State Collaboration Office



The purpose of the Head Start State Collaboration Office 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 involvement of Head Start in state policies, plans and processes and decisions affecting the Head Start target population and other low-income families.

In 1994, amendments to the Head Start Act provided direction for the Head Start State Collaboration Offices to:

- Involve the State Head Start Association in determination related to ongoing direction of the Collaboration project and be involved in the selection of the Head Start-State Collaboration Director.
- Coordinate Head Start services with health care, welfare, child care, education, national service activities, family literacy services, and activities relating to children with disabilities. Overall priority should be given to building stronger linkages between Head Start, child care and health care systems in order to build an effective early childhood system.
- Assure the Collaboration Director has sufficient authority and access to ensure that the collaboration is effective and involves a range of State agencies.

Head Start and Early 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 while programs support the comprehensive needs of enrolled families, the primary focus is to prepare young children for kindergarten entrance.

- **Head Start Services for Preschool Children**

  Academic Services: Head Start prepares children for school by teaching them to listen, speak clearly, follow directions, problem-solve, and use numbers and words.

Social Services: The program teaches children to respect others and how to cooperate and resolve differences. Programs also provide connections of children and their families to social-emotional-behavioral supports as needed.

Health Services: All children receive medical and dental screenings as part of the Head Start program. Head Start programs teach personal and oral hygiene and provide daily nutrition and health screenings and follow-up care by medical and dental professionals.

Children may also receive medical treatment as part of the Head Start program. The most common conditions found in preschool age children enrolled in Head Start are:

- Asthma
- Hearing difficulties
- Vision problems

Services for Children with Disabilities**:** Children with disabilities receive services from specially trained teachers in the Head Start classroom. Federal regulations require that 10 percent of the Head Start funded enrollment is reserved for children who have physical, mental or emotional disabilities, or developmental delays.

- **Early Head Start Services for Families**

Early Head Start serves pregnant women and children birth to 3, providing guidance, information and direct services to foster healthy development of children and their families during these children's most formative years.

Early Head Start:

- Teaches families healthy parenting skills.
- Assesses children for appropriate physical, social and emotional development.
- Provides referrals to appropriate health care and social service providers.
- Identifies resources in areas such as job training, medical/dental care, family counseling.
- Provides support for pregnant women to address prenatal and post partum care.

- **Enrollment by Age in Head Start and Early Head Start Programs**

Head Start programs serve low-income families as part of their federal funding requirements. Eligibility for Head Start is based upon income. Federal regulations require that a family's income is based on 100% of the Federal Poverty Guidelines. A family of four must earn less than $19,350 a year to qualify for Head Start services.

Enrollment in Head Start of Children in Nebraska by Age

Age	Number Enrolled
3 years old	2,114
4 years old	2,732
5 years old	151

Source: Nebraska Head Start Program Information Report, 2004-2005

Enrollment in Early Head Start of Children in Nebraska by Age

Age	Number Enrolled
Less than 1 year old	452
1 year old	325
2 years old	368
Pregnant women	178

Source: Head Start Program Information Report 2004-2005

- **Enrollment by Diversity in Head Start Programs**

  The Nebraska Head Start programs serve a racially/ethnically diverse population. The chart that follows indicates the enrollment in Nebraska Head Start program by race/ethnicity.

Head Start Enrollment in Nebraska by Race/Ethnicity

Race/Ethnicity	Enrollment
American Indian/Alaska Native	173
Asian	51
Black or African American	965
Hispanic or Latino Origin	1,591
Native Hawaiian/Pacific Islander	9
White	3,580
Bi-racial or multi-racial	347
Other	57
Unspecified	1,138

Source: Head Start Program Information Report, 2004-2005

- **Enrollment of Children with Disabilities in Head Start Programs**

  Nearly 1,000 of the preschool and infant/toddler children served in Head Start programs have been diagnosed with a disability. Head Start programs are the largest provider in the state for preschool children with verified special needs. The most commonly occurring disabilities found in children served by Head Start are:
  - Speech or language impairment
  - Non-categorical developmental delay
  - Multiple disabilities (including deaf-blind)

- **Head Start Services for Families**

  The total funded enrollment number of Head Start or Early Head Start families served in 2004-2005 program year was 5,098. The total actual enrollment was 6,320. The number of two-parent families served in Head Start was 2,746 and the number of single-parent families was 2,818. Families of children in Head Start receive a variety of family services.

  The following chart reflects the types of services received and the number of families that accessed those services.

Head Start Services for Families

Services Received in 2004-2005	Number of Families Receiving Service
Emergency/crisis intervention (addressing immediate need for food, clothing or shelter)	1,371
Housing assistance (subsidies, utilities, repairs, etc.)	905
Transportation assistance (subsidizing public transportation, etc.)	905
Mental health services	714
English as a second language (ESL training)	570
Adult education (GED programs, college selection, etc.)	792
Job training	486
Substance abuse prevention or treatment	135
Child abuse and neglect services	206
Domestic violence services	199
Child support assistance	207
Health education (including prenatal education)	2,635
Marriage education services	112
Number of families with Medical Home	5,866
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	3,231

Source: Head Start Program Information Report, 2004-2005

- **Head Start Services for Homeless Families**

  Nebraska Head Start programs serve and coordinate services for families who are homeless. In the 2004-2005 program year, Head Start programs served 270 families who were identified as homeless. One hundred eighty-five (185) families acquired housing during the year.

- **Head Start Teacher Requirements**

  By September 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 exceeds this federal requirement. The chart that follows details the qualifications of the Head Start child development staff as of program year 2004-2005.

Qualifications of Head Start Child Development Staff

Staff Qualifications	Teachers	Assistant Teachers	Home Visitors	Family Child Care Providers	Child Development Supervisors	Home Based Supervisors
Total number by category	375	360	86	1	59	14
Associate's degree, ECE related	84	28	18	0	9	4
Bachelor's degree, ECE related	141	20	20	0	31	7
Graduate degree, ECE related	6	0	1	0	4	0
CDA credential or equivalent	62	37	8	1	7	2

Source: Head Start Program Information Report, 2004-2005

Head Start Reauthorization

The federal funding for Head Start has been due for reauthorization since 2002. Funding for Head Start continues through a series of continuing resolutions since October 1, 2003. Due to federal priorities and budget policies, the federal reauthorization is projected to occur sometime in 2007.

Head Start Bureau Priorities for Programs

The federal Administration of Children and Families, under the umbrella of the Department of Health and Human Services, has undergone reorganization over the last year. The process was finalized early October, 2006. As part of the organization, the Head Start Bureau was renamed to the Office of Head Start with the new director, Channell Wilkins, reporting directly to the assistant secretary, Wade Horn. This reorganization implicates changes in procedures and policies at the federal level and the federal regions level [Region VII, Kansas City offices], and for the local grantees.

The current priorities of the Office of Head Start include:

- Fatherhood
- A quality teacher in every classroom
- Health-with particular emphasis on oral health and obesity
- Accountability-streamlined triennial monitoring process called PRISM
- Early literacy
- Faith-based and community collaborations

VIII. 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

The tables below show the number of licensed programs by license type and the total license capacity for each type of license in March 2005 and November 2006:

Child Care Licenses in Nebraska: March 2005

Type of License	License Type/ # of Programs	License Capacity
Family Child Care Home I (licensed for 4 – 10 children)	2,442	23,968
Family Child Care Home II (licensed for 11 – 12 children)	589	7,011
Child Care Center (license capacity based on facility size and staff)	857	62,090
Preschool (license capacity based on facility size and staff)	291	5,914
TOTAL	4,179	98,983

Child Care Licenses in Nebraska: November 2006

Type of License	License Type/ # of Programs	License Capacity
Family Child Care Home I (licensed for 4 – 10 children)	2,299	22,581
Family Child Care Home II (licensed for 11 – 12 children)	629	7,481
Child Care Center (license capacity based on facility size and staff)	852	64,563
Preschool (license capacity based on facility size and staff)	280	5,935
TOTAL	4,060	100,560

Source: HHSS

This compares to 4,337 programs with a license capacity of 96,642 in November 2003 and continues the trend of a decrease in the number of small programs and an increase in the license capacity of larger programs.

Inspections Completed by Child Care Licensing Staff

- **Routine Inspections**

  All licensed programs receive a minimum of 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 of Child Care

Type of Child Care	Number of Inspections FY 2005 (7/1/04 – 6/30/05	Number of Inspections FY 2006 (7/1/05 – 6/30/06)
Family Child Care Home I	4,254	4,939
Family Child Care Home II	947	1,246
Child Care Center	2,154	2,446
Preschool	446	472
TOTAL	7,801	9,103

Source: HHSS

- **Complaint Inspections**

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

Child Care Complaint Investigations

Type of Child Care	Number of Complaints FY 2005 (7/1/04 – 6/30/05)	Number of Complaints FY 2006 (7/1/05 – 6/30/06)
Family Child Care Home I	313	328
Family Child Care Home II	123	188
Child Care Center	503	496
Preschool	4	5
Unlicensed Care Investigations	301	396
TOTAL	1,244	1,413

Source: HHSS

Internet Access to Child Care Licensing Information

- **Child Care Licensing Webpage**

  The Child Care Licensing webpage had 27,335 hits in FY 2006. The webpage 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 of 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
- E-mail link to child care resource specialists and supervisors

The Child Care Licensing webpage can be found at:
http://www.hhs.state.ne.us/crl/childcare/childcareindex.htm

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

  A roster of licensed child care and preschool programs has been available on-line for the past 2 ½ years. The list of licensed Family Child Care Home I, Family Child Care Home II, Child Care Centers, and Preschools is in zip code order and is now updated each week. The link for the roster can be found on the Child Care Licensing webpage.

  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, licensed programs are in alpha order. The names, 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.

  In 2006, two additional fields were added to the roster: whether or not the licensed program accepts the HHS Child Care Subsidy Program and whether or not the licensed program participates in the Child Care Food Program.

License 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, adult day services and respite care services and consumer services (i.e. cosmetology salons, nail technology). 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 Website**

  The Nebraska Online (NOL) website:

  – provides a search capacity for a licensed early childhood programs by city, county, and zip code;

  – provides general information about licensed early childhood 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 early childhood programs; and,

  – allows people to purchase a list of names and addresses of licensed early childhood programs.

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

  In 2006, three additional fields were added to the data on each individual early childhood program:

  – Whether or not the program accepts HHS Child Care Subsidy

  – Whether or not the program participates in the Child Care Food Program

  – Whether or not the program has national accreditation with NAEYC, NFCCA, or NSACA

- **Child Care Licensing Act Report**

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

71-1917 Report

Required Data	FY 2005 (7/1/04 – 6/30/05)	FY 2006 (7/1/05 – 6/30/06)
Number of license applications received	335	705
Number of licenses issued	307	633
Number of license applications denied	12	19
Number of complaints investigated	1,244	1,413
Number of licenses revoked	71	45
Number of civil penalties levied	25	27
Dollar amount of civil penalties levied	$18,405	$33,870

Source: HHSS

IX. Status of Early Childhood Professional Development

Increased Access and Participation in Training and other Professional Development Activities

The professional development needs of the broad field of early childhood services are many and varied. The expectations grow for knowledge and skills of those who work in any aspect of early childhood and families to insure that higher levels of quality are present throughout the state. Not only is specialty expertise needed, but increasingly the core of common knowledge across the many and diverse aspects of the field is essential if service delivery to young children and their families is comprehensive and also of continuity. New levels of coordination and partnership skills are called for.

The "cross-training" opportunities have expanded at the local/regional level through the evolution of the Early Childhood Regional Training Projects to that of Early Childhood Professional Development Partnerships. The original three pilots located in ESUs 1, 7, and 13 have been joined by ESUs 3, 6, and 16. Much of the state is now integrated through these partnerships that are characterized by:

- full-time coordination,
- housing within an Educational Service Unit to capture the advantages of the ESU infrastructure, which includes technology,
- outreach to schools,
- intentional planning with early intervention providers, and
- formal partnership with health partners.

The middle section of the state is functioning under the coalition structure, with planning toward future restructuring to the partnership status as resources can be secured for that purpose.

These Partnerships, along with the Early Childhood Training Center, have increasing responsibility for expanded and collaborative delivery of professional development programs. Examples of recent regional workshops include:

- The voluntary implementation of the Early Learning Guidelines domain training (relevant to all who support the optimum development of children's growth and learning across the seven domains, more information available on page 71).
- The new, federally-mandated collection of child and family outcomes has resulted in a comprehensive design of ongoing training about observational child assessment and child-focused curriculum, known in Nebraska as *"Results Matter."*

- Increased attention to the foundational nature of social-emotional-behavioral health of young children has resulted in development of statewide efforts that include *Safe and Secure: Learners from the Start,* emerging opportunities for workshops and consultation regarding the *Teaching Pyramid and Positive Behavior Support.*
- A healthy menu of workshops that have been developed about early relationships and attachments, infant/toddler development, inclusive practices, and methods to address challenging behaviors continue to be emphasized.

These examples cited are but a few of the topics and issues that will continue to have relevance. It is imperative that the state's early childhood professional development system, as described in the document, "Nebraska Early Childhood Professional and Career Development System," receive new attention to insure a statewide infrastructure exists and supports that the expertise of all in early childhood, whether in home-based child care, center or school-based child development, or in home visitation settings (to name just a few) is enhanced at the entry level as well as continuously through the life of the early childhood professional.

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. T.E.A.C.H. Early Childhood® NEBRASKA is operated by the Nebraska Association for the Education of Young Children (NeAEYC).The project provides financial support to people who work full-time in early childhood programs as they take and complete college courses toward a degree in Early Childhood Education. 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 in 41 counties across Nebraska and work in a variety of early childhood education settings. Types of programs scholarships recipients work in include: Head Start, Family Child Care Homes, and private and public child care centers. The program supports early childhood teachers, family child care home providers, and directors as they work to improve the quality of their programs by pursuing increased education. The chart bellows reflects the distribution by type of provider for one quarter of the last two years.

Distribution of Early Childhood Providers

	Teachers	Family Home Providers	Director Employees	Director Owners
% by type of early childhood position	58%	26%	10%	6%

Source: 3rd Quarter Report April-June, 2006 TEACH Early Childhood

T.E.A.C.H. Early Childhood ®NEBRASKA has offered the Associates degree scholarship since 2001. Beginning in 2005-2006 TEACH piloted a new scholarship for those seeking a Bachelors degree scholarship after completing their two year degree in Early Childhood Education. Eleven students were part of the pilot.

The chart below provides information on the number of scholars, the outcome measures and the number of scholarship recipients who have completed enough credit hours to graduate with their degree in Early Childhood Education.

Scholarship Recipients with degree in Early Childhood Education

Scholarship Recipients	**2004-2005**	**2005-2006**
Total # of recipients	168	191
Number of associate's degree students	168	180
Number of bachelor's degree students	0	11
Average number of credit hours earned per student	14.45	12.68
Total number of credit hours earned	1018.75	1025.75
Average wage increase	6.16%	6%
Average turnover (Number of students not completing their commitment year)	9.5%	3%
Number of graduates with associate's degree	10	16
Number of graduates with bachelor's degree	Not applicable	1

Source: 2003-2004 and 2004-2005 Annual Reports. Submitted to Child Care Services Association (the T.E.A.C.H. licensing organization)

T.E.A.C.H. Early Childhood ® NEBRASKA also surveys scholarship recipients and their sponsoring early childhood program. 100% of both the sponsoring program and scholarship recipients indicate that they would recommend the T.E.A.C.H. Early Childhood ® NEBRASKA program to others.

- **Spanish Project**

  In 2004 Nebraska AEYC working in partnership with Metropolitan Community College initiated a scholarship program to assist early childhood teachers working in primarily Spanish speaking early childhood education centers. Nebraska AEYC recognized that the Latino population of Nebraska is rapidly growing. In Douglas County, this population comprises 6.7% of the population, but is 12% of the 0-4 age category resulting in over 4,000 Douglas County Latino children. Many of these children are receiving care in a handful of large child care centers in South Omaha and from family child care providers.

  Through a collaborative effort with Metropolitan Community College, six early childhood college credit courses were taught in Spanish. The courses offered include:
  - Children's Health and Nutrition
  - Observation, Assessment and Guidance
  - Infant Toddler Development
  - Preschool Development

- Early Language and Literacy
- Infant/Toddler Practicum

Twelve to fifteen students participated in the classes.

- **Quality Enhancement Project**

  Nebraska AEYC developed a new pilot project to improve the quality of the learning environments at a sampling of those programs that have TEACH scholarship recipients. The Quality Enhancement project uses information from the Environment Rating Scales and provides a coach/mentor for some of the T.E.A.C.H. Early Childhood® NEBRASKA recipients.

  The Environment Rating Scales provide an objective assessment of classrooms and family child care facilities, and generate results in eight areas. The Ratings Scales are completed by evaluators who have achieved reliability and validity in use of the instrument. Scores range from one to seven, with seven being the high score for each area.

  Once the rating scale is completed, the coach/mentor meets with the family child care provider or teacher (and director) to discuss the results of the scales and together they develop a plan to work toward improved quality. A limited amount of funds are provided for supplies and/or training. The coach will have contact with each of the individuals three times a year.

  Preliminary data from the first year of the pilot indicate that those areas where programs had a score below 4 have improved by an average of 3 levels for each area.
  Source: Report on Quality Enhancement Pilot Project to NDE 10/31/2006

Early Head Start Infant/Toddler Initiative

The overall purpose of the Early Head Start Infant/Toddler Quality Initiative (I/TQI) continues to focus on the improvement of the quality of infant and toddler care in Nebraska. The initiative is funded exclusively with Child Care and Development Funds (CCDF) from a portion of the federal Child Care and Development Block Grant Funds earmarked specifically for improvement of infant and toddler child care, authorized by the Administration for Children and Families (ACF), and administered by the Nebraska Department of Health and Human Services.

The key component of the Infant/Toddler Quality Initiative rests in the partnerships established between Early Head Start (EHS) and their community child care partners. Through these partnerships, EHS Grantees:

- Provide professional development opportunities and other support to family child care and center-based partners;
- Assist in training and mentoring for their child care partners on infant and toddler issues and development; and

– Observe and report the best outcomes, greatest challenges for child care partners who participated in the initiative, and measures of quality within the child care partners' child care environments.

- **Key Findings**

Seven Early Head Start grantees across rural and urban Nebraska submitted data that indicated a total of 1285 families and 961 children, including 25 infants and toddler, were served by the Early head Start Infant Toddler Quality Initiative community child care partners. A total of 70 child care partners were associated with the Infant Toddler Quality Initiative.

Grantees categorized their relationships with child care partners according to three options. The options are detailed below.

Infant/Toddler Quality Initiative Options

Option Levels	Components Included:
Option I	Pretest and posttest environment rating scales Goals established Program visitation Support group activities provided Access to program trainings, mailings, etc.
Option II	Same as Option I but only one environment rating scale conducted Assets Index for Child Care Providers also included
Option III	Access to technical assistance, informational resources, and program training and resource access Assets and Index for Child Care Providers included

Grantees report observing 137 initiative-related outcomes within their child care partners' program, including such things as professional and educational advancement, program operational improvement, personal growth of child care partner and community and professional partnerships and network building.

Grantees reported that 22 of their child care partners were associated with a member of a training coalition or a support group.

Quality was measured and assessed in three ways within the Infant Toddler Quality Initiative. Changes in the overall quality of child care program environments during the year were measured using the *Infant Toddler Environment Rating Scale (ITERS)* for center-based programs and the *Family Day Care Rating Scale (FDCRS)* for family child care programs.

Center-based Option I partner programs reflected a statistically significant increase between their pretest and posttest ITERS scores. This finding indicates that program environment quality improved in meaningful ways over the year. Similarly, there was also a statistically significant change in the environment quality of family child care programs, as measured by the FDCRS pretest and posttest scores.

Looking at the Asset Index for Child Care Providers (AICCP) scores overall, it can be seen that the number of assets increased over the program year. Slightly over two-thirds of child care partners increased their number of assets from beginning to end of the year. There was a statistically significant increase between overall pretest and posttest modified total AICCP scores.

Fifteen partners had positive changes on the ITERS and the AICCP and 18 partners had positive changes on the FDCRS and the AICCP. This indicated an impressive, substantial, demonstrable impact on the quality of the programming provided by participating child care partners. *Source: Nebraska Department of Health and Human Services Early Head Start Infant Toddler Quality Initiative Evaluation Report FFY 2005*

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 2004-2005 a total of $4,050 was expended to reimburse child care providers, in 2005-2006 $5,100 was expended to reimburse child care providers. The total spent over the two years was $9,150.

Higher Education/Teacher Preparation Programs

The Nebraska early childhood teacher preparation programs at colleges and universities have worked closely together over the last four years to improve the availability of early childhood education courses, the ease of transfer for those courses, and to align their courses around a common set of agreed upon competencies. In July of 2005 early childhood education faculty in two year and four year colleges came together to agree on a common set of competencies that anyone completing a degree in early childhood education needed to be able to demonstrate upon graduation. The competencies were drafted utilizing the guidance from the Nebraska Department of Education Rule 24 and the National Association for the Education of Young Children's Professional Development Standards.

In addition, there has been a tremendous increase in the number of early childhood education courses offered online or through hybrid formats, where students might meet on campus for a few classes and do the remainder through distance education or online formats.

Articulation between two year and four year colleges has also progressed significantly in the past two years. Articulation agreements have been drafted and some have been signed and finalized. We are very near the point where all community colleges will have articulation with at least one four year institution that will recognize at least 60 credit hours from an Associate of Arts degree with an emphasis in early childhood education to transfer to a four year early childhood education degree program.

In addition, Nebraska now has five colleges/universities offering the early childhood education unified degree. The four colleges are: University of Nebraska-Lincoln, University of Nebraska-Kearney, Chadron State College, College of St. Mary's, and Wayne State College. The early childhood education unified degree is a field endorsement to work with all young children from birth until grade 3.

New Developments in Early Childhood Professional Development

- **Professional Development Partnerships**

  The Early Childhood Professional Development Partnerships along with the Early Childhood Training Center form the backbone of the state's early childhood professional development system. An ever expanding role is being expected of the Partnerships for expansion of training delivery, to support early childhood standards, increasing local and regional community collaboration, maximizing resources and improving early childhood public awareness.

  A recent evaluation of the original three of these partnerships points to success of the pilots through important improvements in the quality, availability and accessibility of early childhood training. The role of these partnerships in the expansion of training opportunities is also referenced in introductions to Section IX (page 56). There was also evidence of the significant contribution played by the individual coordinators, the cooperation and resources of the host Educational Service Units and the cooperation/collaboration of community agencies and individuals associated with the partnerships. These successes have been crucial to the "scaling up" of similar partnerships throughout the state as financial resources are discovered.

- **Early Learning Guidelines**

  The dissemination of the newly developed *Nebraska Early Learning Guidelines for Ages Birth to 3* and the *Nebraska Early Learning Guidelines for Ages 3-5* has heightened the awareness of and desire for implementation workshops throughout the state. This cross-cutting document describes the basic knowledge of development needed by those caring for and educating young children. The document also provides a curriculum and program activity framework that when implemented supports children's growth and learning. The Early Childhood Training Center offers on-site workshops, independent study modules and a website of resources (http://www.esu3.org/ectc/ELG/elg.htm).

  The dissemination of the Guidelines is described more fully on page 71–10,000 copies of the *Nebraska Early Learning Guidelines for Ages Birth to 3* were disseminated; 8,000 additional copies are printed and will be distributed as needed; and 20,000 of the *Nebraska Early Learning Guidelines for Ages 3-5* were disseminated along with posters and other print materials.

➢ Core Competencies

A statement of the core knowledge and core competencies that are expected of the adults who work with children across the many roles in the early childhood care and education field is under currently under development. This document will help guide the development of and describe the professional development experiences that must be prioritized for delivery across the state. This seminal work will help advance the understanding of and professionalism that is necessary to achieve quality services for young children and their families. The development process is more fully described on page 75 of this report.

➢ Environment Rating Scale Training

An extensive workshop schedule, sponsored by the Early Childhood Training Center, continues to be available throughout the state so that ample opportunities exist to learn about these program quality rating scales that are nationally recognized for program improvement and also as program evaluation instruments. The scales, include the Early Childhood Environment Rating Scale (ECERS-R), Infant Toddler Environment Rating Scale (ITERS-R), Family Day Care Rating Scale (FDCRS), School-age Care Environment Rating Scale (SACERS) and Early Language and Literacy Classroom Observation (ELLCO). The more advanced levels of the training also prepared "gold-standard" observers who have achieved levels of inter-rater reliability that is necessary to accomplish evaluation-credible observations and ratings.

➢ Nature Education

The Nebraska Department of Education, The Early Childhood Training Center, the Dimensions Educational Research Foundation, and the National Arbor Day Foundation are partnering to provide on-going support and assistance to the participants in the Nebraska Day at the Working Forum on Nature Education for Young Children: Connecting the World's Children with Nature. These partners welcome others to engage in this journey to make nature education a sustaining and enriching part of the daily lives of Nebraska's children, and indeed, the world's children. Activities include:

- Nature Classroom Pilot Sites - Six early childhood classrooms and two family child care homes will be recipients of mini-grants to begin implementation of nature education environments and curriculum in their programs.
- Nebraska Nature Education Network -This network brings together a wide variety of individuals and organizations to promote more connection of children and families with nature.
- Nature Education Technical Assistance – The technical assistance providers offer ideas to help in the development or modification of outdoor spaces in schools or early education facilities – to begin in early 2007. Opportunities will be provided to interact with experts in landscape design, city planning, environmental and other related fields. Local nurseries are being encouraged to participate, as well, in this effort.

- Nature Explore Workshops - One day workshops will first be offered Dec. 1 and 2, presented by Dimensions at the Nature Classroom at Arbor Day Farm in Nebraska City. A schedule of future workshops is also being developed.
- Nature Education Train the Trainers - Dimensions, in collaboration with the Early Childhood Training Center, will offer a series beginning in 2007. Participation is welcome to qualified individuals, not limited to Nebraska.
- Nebraska Early Learning Guidelines – a nature education supplement - The Nebraska Department of Education, along with the Early Childhood Training Center, is supporting the preparation of supplemental materials to encourage the use of nature education curriculum in the implementation of the state's voluntary early learning standards in programs birth through age five.
- Nature Education Position Statement - The urgency for greater connection of young children and nature has spurred the development of a position paper on nature and young children.
- Nature Education Website - The Early Childhood Training Center hosts dedicated webpages to bring current events and links to local, state and international resources to support nature education www.esu3.org/ectc/nature/nature.htm

➢ Power of Documentation: Children's Learning Revealed

The Power of Documentation traveling exhibit, which was hosted in Nebraska from April through June, 2006, was very successful in highlighting important aspects of learning for young children and also inspired early childhood teachers, caregivers, parents and community leaders. The funding contributors included: Cooper Foundation, Susan A. Buffet Foundation, Lincoln Children's Museum, Nebraska Children and Families Foundation, Nebraska Association for the Education of Young Children, Nebraska Head Start State Collaboration Project, Nebraska Department of Education, Nebraska Early Childhood Training Center, University of Nebraska- Lincoln College of Education and Human Sciences.

This museum-quality exhibit, developed by the Chicago Children's Museum and the Chicago-Metro Association for the Education of Young Children, provided visual portrayals of children engaged in high-quality experiences and through the evidence of the adults' documentation of that learning. A leadership group was convinced of the positive influence this exhibit had and is now planning for development a Nebraska-designed exhibit, that can travel throughout Nebraska.

X. 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, TANF transfer funds, and the state's matching share.

Need for child care subsidy is based on:

- Employment
- Attendance in school or training sessions
- Going to medical or counseling appointments for parents and children
- 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 15,326 children received child care through the HHS Child Care Subsidy Program each month expending $51,611,888 in SFY 2005. In SFY 2006 an average of 16,031 children received care through the program each month expending $60,035,909.

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 and support the number of licensed child care slots that are available to families who are receiving Child Care Subsidy. There are three categories of grants:

1. Start Up/Expansion child care grants
2. Child Care Mini Grants
3. Quality Improvement Grants

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

- New (not yet licensed)
- Expanding (increasing the license capacity)
- 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 start up/expansion 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.

Quality Improvement Grants are available to both home-based and center-based licensed child care programs currently serving low-income families. These grants fund items which will increase the quality of care provided. Maximum grant awards are $500.

In SFY 2005, HHS awarded 22 Start Up/Expansion Grants and 67 Mini-Grants, totaling $173,969, and in SFY 2006, HHS awarded 21 Start Up/Expansion Grants and 72 Mini-Grants totaling $198,805, and creating 384 additional child care slots across the state. HHS awarded 48 Quality Improvement Grants since their inception in May of 2005 totaling $23,492.

New Developments in Child Care Subsidy Services

➢ Overpayment Collection Activities

The HHS Issuance and Collections Center (ICC) is continuing to audit and investigate 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 Year 2005, ICC has collected $245,859.26 from providers and clients; for SFY2006 the total is $417,295.72.

➢ Resource and Referral Pilot

In June, 2006, Dena Johnson was hired to be a central child care Resource and Referral person who will be available to assist families statewide. The two computer systems that store information about child care providers–N-FOCUS has Child Care Subsidy information and the Licensing Information System (LIS) has licensing information–are not integrated; therefore, Dena was given security to update LIS to indicate which licensed child care providers have Child Care Subsidy Agreements. In addition, she entered information indicating which providers are enrolled with the USDA Child and Adult Care Food Program and are accredited by an accrediting body recognized by the Department of Education. An individual who is searching for a provider can now view this information from LIS on the Nebraska Online Website. The Subsidy Agreement and Food Program information are displayed on the Child Care Roster. Dena can be reached at the Early Childhood Training Center 800 number (1-800-89CHILD) to help families find child care. She can print a list of providers tailored to the parent's specifications, i.e., by provider type and location and by age of child.

➢ Quality Incentive Payment to License Exempt Providers

A study on Child Care Characteristics and Quality in Nebraska, published in June 2002 by the Midwest Research Consortium, found:

- Using research based instruments for observation (ECRS, ITERS, FDCRS) of child care providers in NE; 34% of care observed was "good" quality, 48% was rated as minimal or mediocre quality, and 18% was rated poor quality.
- License-exempt providers in Nebraska had lower observed quality than providers in general. (This is understandable since there are no training requirements for

license-exempt care. These providers frequently are friends, neighbors, or relatives who may not have any background in child care.)

- Of particular concern, half of license-exempt providers reported that they were not current in CPR or First Aid.

In an effort to encourage license exempt providers in NE to seek information that would increase the opportunity for improvements in practices regarding health, safety, and overall quality, HHS began a program in February, 2006 to make an annual payment to license-exempt child care providers who engage in certain activities. A provider will be paid $125 for being certified in CPR and First Aid; $100 for participating in the USDA Child and Adult Care Food Program, and $50 for attending a workshop related to child care, attending a conference, or summarizing a book or video from the Early Childhood Training Center. This criteria was established by selecting from 14 provider assets identified by the Midwest Consortium Research as increasing the quality found in child care settings. For the six months remaining in SFY2006, 112 providers had taken advantage of the program, at a cost of $17,950.

XI. Status of Abuse and Neglect in Young Children

Overall reports for child abuse and neglect in Nebraska for calendar year 2005:

Investigations

In 2005, HHS investigated 13,897 reports of child abuse or neglect, compared to 7,858 investigated reports in 1995. This represents a 76.9 percent increase in the total number of reports investigated since 1995. Compared to 9,296 in 2003, this represents a 49.5 percent increase in the total number of reports investigated.

Substantiated Cases

There were 3,324 allegations of abuse or neglect that were substantiated, compared to 2,072 in 1995. This is a 60.1 percent increase in substantiated cases since 1995. Compared to 2,423 in 2003, this is a 37.2 percent increase in substantiated cases.

Number of children involved

	1995	2005	2003	2005
Number of children	3,510	4,925	3,610	4,925
% of change			36.4% increase	

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 4,856 (74.7%) of all substantiated allegations in 2005.

Physical and emotional abuse was the second most frequently substantiated form of child abuse or neglect and accounted for 1,120 (17.2%) of all substantiated allegations in 2005.

Sexual abuse, the third major category of child abuse or neglect, had 523 (8.0%) substantiated allegations in 2005.

The following table shows the numbers of children involved in substantiated reports of abuse statewide by age and sex:

Children Involved in Substantiated Reports of Abuse Statewide by Age and Sex

Age at Report Date	Female	Male	Total	Percent*
<2	348	430	778	15.8
02	188	211	399	8.1

Age at Report Date	Female	Male	Total	Percent*
03	159	202	361	7.3
04	164	183	347	7.0
05	171	159	330	6.7
06	164	160	324	6.6
07	142	154	296	6.0
08	128	135	263	5.3
Total	1464	1634	3098	62.9
Percent	47.3%	52.7%	100%	

***** *Percent of substantiated investigations of child abuse and neglect*

The average age for the involved children was 7.08 years.

The median age of the involved children was 6.0 years.

Source: Child Abuse and Neglect Annual Report for Calendar Year 2005, Nebraska Health and Human Services

XII. Important Cross Cutting Initiatives

Creation of the Nebraska Early Learning Guidelines

Nebraska Early Learning Guidelines for *Ages 3 to 5*, and the *Nebraska Early Learning Guidelines* for *Ages Birth to 3* have been created to assist early childhood caregivers/teachers and other adults with information about supporting the learning and development of young children. The guidelines were written in response to President Bush's early childhood initiative, *Good Start, Grow Smart,* which stresses supporting learning so every child can reach his or her full potential.

Nebraska's early learning guidelines were created through a joint effort between the Nebraska Department of Education and the Nebraska Health and Human Services System. In March of 2005, the *Nebraska Early Learning Guidelines for Ages 3 to 5* was published and distributed to all licensed early childhood programs, NDE early childhood grantees, training professionals, and others working in the early childhood field. In March of 2006, the *Nebraska Early Learning Guidelines for Ages Birth to 3* was released and distributed to the same groups.

The seven domains covered in both sets of the early learning guidelines are:

1. Social and Emotional Development
2. Approaches to Learning
3. Health and Physical Development
4. Language and Literacy Development
5. Mathematics
6. Science
7. Creative Arts

A series of professional development programs have been developed over the last two years. A training of trainers was held in 2005 for overview training on the early learning guidelines that could be provided as part of child care conferences around the state or for local in-services in early childhood programs. In 2006 a training of trainers was held to develop a cadre of trainers who could provide one 6-hour training for each of the domains in the early learning guidelines. Trainers are offering at least one full series of the domain trainings in each of the Regional Training Coalition/Early Childhood Development Partnership regions of the state.

Most recently both sets of the Nebraska early learning guidelines have been translated into Spanish. The Spanish version of the *Nebraska Early Learning Guidelines for Ages 3 to 5*

have been printed and distributed. The Spanish version of the *Nebraska Early Learning Guidelines for Ages Birth to 3* will be printed and distributed soon.

Learning from Day One: Nebraska's Statewide Initiative to Promote Positive Outcomes for Young Children through Public Awareness

In January 2006, Nebraska Children and Families Foundation launched *Learning from Day One,* a statewide communications initiative, through a partnership and grant from Nebraska Department of Health and Human Services and the Nebraska Department of Education. This initiative is based upon the foundation of work and recommendations of the ECICC Public Engagement Task Force that began their work in the fall of 2002.

The *Learning from Day One* initiative is designed to promote positive outcomes for young children through quality learning experiences. It promotes the investment of time and resources by all Nebraskans toward improving life outcomes for young children, especially during the most critical years of growth and development.

Recent brain research indicates that all children are born ready to learn. Promoting quality care and learning experiences for children has been supported by the National Research Council and Institute of Medicine. According to these research bodies, "From birth to age 5, children rapidly develop foundational capabilities on which subsequent development builds. In addition to their remarkable linguistic and cognitive gains, they exhibit dramatic progress in their emotional, social, regulatory, and moral capacities." (Shonkoff & Phillips, 2000).

Because learning begins at birth, the *Learning from Day One* initiative is a vital part in educating and promoting early childhood development. The National Research Council and Institute of Medicine also concluded that "striking disparities in what children know and can do are evident well before they enter kindergarten," and that "these differences are strongly associated with social and economic circumstances, and they are predictive of subsequent academic performance" (Shonkoff & Philips, 2000).

Economic impact studies have also determined that investing time and resources in our future workforce is crucial. Studies of high-quality early childhood programs agree that positive early experiences for the very young yield enormous economic and social benefits. Findings have shown that such programs can yield up to a $17 return on every dollar invested by reducing crime, healthcare costs, welfare dependency, and the need for special education and job training.

Yet in Nebraska, 35 percent of all Nebraska children under the age of three, the most critical period of development, do not have access to high quality early childhood experiences. This is why the *Learning from Day One* campaign seeks to educate persons currently or soon to be in a parenting or care-giving role for children aged 0 to 8 years of age.

Nebraska's *Learning from Day One* initiative is a key component of the nationwide *Born Learning* campaign, developed by United Way of America, Civitas, the Families and Work Institute, and the Ad Council. *Born Learning* materials, including handouts, public service

announcements and other tools are being disseminated statewide. To learn more about *Born Learning*, visit bornlearning.org.

Local *Learning from Day One* community efforts are being developed and supported across the state to increase the capacity to inform the public. This is all being coordinated through the Nebraska Children and Families Foundation. Learn more about the Foundation on their website, www.nebraskachildren.org or contact them by phone (402-476-9401), or e-mail (infor@nebraskachildren.org.

Economic Impact Study of Early Care and Education

The ECICC Finance Task Force has been focusing their efforts on studying funding sources for the early care and education system. As part of this research, the task force recommended that an Economic Impact Study of Early Care and Education be conducted in Nebraska and set about efforts to launch this study. Such studies have been completed in 31 other states, with a number of additional states in the process of completing a study.
Source: http://government.cce.cornell.edu/doc/reports/childcare/matrix.asp

Under the leadership of the Nebraska Children and Family Foundation, in a public/private partnership that also includes the Nebraska Department of Health and Human Services, the Nebraska Department of Education, the Nebraska Association for the Education of Young Children, and the Bureau of Business Research–University of Nebraska-Lincoln, an Economic Impact Study on Early Care and Education is underway. The Bureau of Business Research–University of Nebraska-Lincoln, under the direction of Dr. Eric Thompson, is conducting the study that will address the following research questions:

- What is the current size and level of activity of the Nebraska early care and education industry?
- What is the economic impact of the Nebraska early care and education industry?
- How does the economic impact of the early care and education industry compare with other Nebraska industries?
- To what extent do expenditures by state and federal government, and implicit donations by non-profit early care providers, help lower the cost of early care and education services, and therefore allow more parents to enter the labor force?

Upon completion of the study, informational materials will be developed to share the results of this study.

Quality Rating System Pilot

Quality Rating Systems are a method to assess, improve and communicate the level of quality in early care and education settings. Quality Rating Systems build on the foundation of child care licensing regulations and add multiple steps between licensing and higher quality criteria. Thirteen states have statewide Quality Rating Systems (QRS) and more than twenty-five states are exploring, designing, or piloting a QRS. Some QRS use stars to designate the level of quality similar to those used to rate the quality of hotels.

Some of the review criteria typically used in the QRS are:

- Provider training and education
- Director training and education
- Learning environments
- Health, safety and nutrition
- Parent involvement
- Administrative practices and policies

Nebraska is participating in a five-state (Iowa, Kansas, Missouri and Mississippi) pilot in two geographic areas per state (one rural and one urban). Each of the five states develops its own QRS and researchers from state universities will measure the "star rating" at the beginning of the project and one year later. Nebraska will compile data about how a QRS could be implemented in the state, how training affects star levels, and how providers and parents feel about this Quality Rating System. The two areas of Nebraska participating in the pilot are northeast Nebraska (Wayne, Thurston, Madison, Stanton, Cuming, Burt, Platte, Polk, Colfax, and Butler counties) and Lincoln/Lancaster County.

The QRS pilot is being conducted by the Midwest Child Care Research Consortium and is funded by the Child Care Bureau, U. S. Department of Health and Human Services. The Midwest Research Consortium is a team of researchers and program partners from Iowa, Kansas, Missouri and Nebraska. Researchers in Nebraska are from the University of Nebraska-Lincoln. The research in Nebraska is reviewed by the University of Nebraska Institutional Review Board.

Nebraska's sample according to the *July 2006 Preliminary Report* includes*:*

Program Type	N	Observations	Surveys	Complete data
Urban Family Child Care	29	29	24	24
Rural Family Child Care	21	20	19	15
Hispanic Urban Family Child Care	9	9	9	9
Urban Child Care Center	29*	53	196	9
Rural Child Care Center	9*	10	34	2

* Multiple classrooms observed

Source: Nebraska Midwest Quality Rating System Pilot Study Year 1 Preliminary Report, July 2006

Average ERS and Star Ratings by Program Type and Component Area

Note: ERS scores are on a scale from 1 to 7, other scores are on a scale from 1 to 5.

Program Type	N	Environ. Rating Scale	Provider Teacher Educ.	Director Educ.	Learning Environ.	Health, Safety, Nutrition	Parent Involvm't	Admin. Policies Practices
RFCC	16	4.11	3.21	N/A	2.43	1.94	2.38	2.06
UFCC	22	3.19	2.14	N/A	1.50	1.23	3.00	1.82
FCC Total	38	3.59	2.54	N/A	1.91	1.54	2.73	1.92
Centers	7*	5.05	2.14	3.71	1.43	1.71	3.00	2.71

* The Center ERS is an average for all classrooms observed.

Source: Nebraska Midwest Quality Rating System Pilot Study Year 1 Preliminary Report, July 2006

The pilot project will continue through 2007. Criteria have been revised based upon stakeholder input and programs will be reviewed using both the first year and second year criteria to determine what system best reflects quality program improvements.

Core Competencies Development

In May 2006 the Nebraska Department of Education, Health and Human Services System, and Early Childhood Training Center convened a group of early childhood professionals to develop Nebraska's core competencies for early childhood care and education.

Core knowledge and core competencies are what all adults who work with children need to know, understand, and be able to do to support children's development and school readiness. Core knowledge and core competencies apply across all roles in the early childhood care and education field.

The Core Competencies Leadership Team indicated that multiple levels would be needed to address all roles and levels of experience and education in the early childhood field. Nebraska's core competencies will have between five and eight levels as recommended by the Core Competencies Leadership Team. The Leadership Team also identified the nine knowledge areas they would like included in Nebraska's core competencies. The knowledge/competency areas are:

- Partnerships with Families and Communities
- Learning Environments
- Child Growth and Development
- Health, Safety and Nutrition
- Professionalism and Leadership
- Planning Learning Experiences/Curriculum
- Observation, Assessment and Documentation
- Administration and Program Planning
- Interacting with Children, Guidance and Positive Behavior Support

The competencies will be drafted by a writing committee, reviewed by a review committee of early childhood providers, educators, and administrators, and a final draft prepared by early 2007. Focus groups will be held across the state to gather public input into the draft competencies, revisions will be made, and then the document will be finalized.

XIII. Gaps and Barriers Identified in the Last Two Years

A variety of gaps and barriers have been identified in the last two years. Planning Region Teams, Head Start Programs, and other early childhood providers have informed the Council on areas needing attention.

Gaps and Barriers identified are:

- Limited service availability for children with disabilities including child care, day care, respite services, behavioral health services.
- Availability of interpreters for children and families whose language is other than English.
- Need for greater collaboration between the medical community and the Early Development Network related to Child Find.
- Need for increased collaboration between the Protection and Safety system and the Early Development Network (EDN) in order to achieve 100% mandated referrals to EDN from Protection and Safety in substantiated cases of abuse of children under the age of 3.
- Need for increased support for payment of services for families due to financial need, which is often due to inadequate or nonexistent health insurance, or when family income barely exceeds financial guidelines.
- Transportation—there are many issues related to transportation of young children. The Nebraska Department of Education transportation requirements only apply to children from kindergarten through grade 12. Now that school districts and others are transporting children younger than five, there are many issues of transportation that present gaps and barriers in the system. The transportation issues include:
  - Access to transportation.
  - Cost of transportation.
  - Partnerships between school districts and early childhood programs governed by other transportation regulations.
  - What constitutes acceptable equipment for transporting children.
  - Conflicting regulations around transportation.
  - Accessibility for children with special needs including equipment needs.

XIV. ECICC Self-Assessment

Every two years the Early Childhood Interagency Coordinating Council (ECICC) conducts a self-assessment to determine whether the Council, as perceived by its members, is meeting its requirements as defined in state and federal statutes, and to examine whether there are areas for improvement.

Key Findings:

For the most part members of the Council strongly agree or agree that:

- The early childhood system is better as a result of the work of this Council.
- The Council provides advice and recommendations related to statute.
- The Council encourages collaboration across the early childhood field.
- The Council members are actively involved in Council meetings.
- The Council hears the views of others during the meetings.
- The Council feels more informed about the early childhood system of services including early intervention, early childhood education, and child care services.
- The task forces and sub-committees of the Council are valuable for generating recommendations.
- The establishment of the Family Leadership Team has been a good addition to the Council.

Opportunities for improvement include:

- Members more regularly attend meetings.
- Developing better partnerships between the public and private sector.
- Improving mechanisms for identifying gaps and barriers.
- Providing a better overview when giving information to Council members on state and federal legislation.
- Developing more mechanisms for communicating with policy makers and others about ECICC.
- Examining opportunities for adding broader representation from Head Start, Extension Services, and Mental Health.
- Finding ways to involve local programs more in Council work.

XV. Actions in Response to ECICC Recommendations

Implementation of Recommendations made in the 2004 Report to the Governor:

The 2004 Report to the Governor on the Status of Early Childhood identified ECICC recommendations. Several recommendations were addressed by the state agencies involved in early childhood services. These 2004 recommendations and subsequent actions include:

- **Recommendation:** A public awareness campaign be developed to emphasize the importance of early care and education for young children's development and learning.

  Action: The Health and Human Services Department in collaboration with the Nebraska Department of Education contracted for development of the campaign. The *Learning from Day One* campaign is a direct result of that recommendation.

- **Recommendation:** 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.

  Action: The Together for Kids and Families Strategic Plan is completed and implementation has begun.

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

  Action: The Economic Impact Study has been conducted. A report on the findings will be completed by January 2007.

- **Recommendation:** Develop an entry level credential with identified core competencies for early childhood teachers as a requirement to work in a licensed program.

  Action: Core competencies are currently under development for early childhood professionals. Several levels of competency are being developed. Discussions and decisions regarding additional credentials in early childhood may be considered after the development of the core competencies is completed.

- **Recommendation:** Articulation efforts between two-year and four-year colleges for early childhood education degree continue and efforts made to develop "2 plus 2" degree programs.

  Action: Articulation between two-year and four-year colleges for early childhood education has greatly improved over the last two years. Continued efforts to finalize negotiated agreements continue.

- **Recommendation:** The NDE Special Populations Office develops functional outcomes for children from birth to age 5.

  Action: The NDE Special Populations Office has established a process and reporting mechanism for gathering information on child outcomes for children from birth to age 5 and their families. The Results Matter effort discussed in this report details this work.

- **Recommendation:** 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.

  Action: Positive Behavior Support training, conducted by the Early Childhood Training Center, is being implemented in several early childhood education programs and in several school districts with early childhood education programs. A statewide planning committee is currently designing a statewide implementation plan.

Implementation of Recommendations from the 2004 Self Assessment:

Several recommendations were developed in response to the ECICC Self Assessment. The recommendations and subsequent actions include:

- **Recommendation:** Short meeting summaries be developed within a few days of Council meetings to be provided to others about the work of the ECICC.

  Action: Meeting summaries are developed within a few days of Council meetings. The summaries are forwarded to Council members, Planning Region Teams, and services coordinators.

- **Recommendation:** The ECICC establish a Legislative and Communications sub-committee to follow state and federal legislation and improve working relationships with policy makers related to the Early Childhood Interagency Coordinating Council work.

  Action: The Legislative and Communications sub-committee has been established. Regular meetings and conference calls are scheduled. Information updates are provided to Council members on federal and state legislation related to early childhood. Two meetings have been held with the Governor related to the work of the ECICC.

- **Recommendation:** The ECICC establish a Family Leadership Team to review and discuss issues that need to be brought to the attention of the ECICC and develop recommendations that reflect family perspectives in the actions of the Council.

  Action: The Family Leadership Team has been established and recommendations and activities of the team are brought to the Council for action.

- **Recommendation:** Family Story Guidelines be provided to parents and families who present their story to the ECICC.

  Action: Family Story Guidelines were developed and distributed to families for presentation of their story to the ECICC.

- **Recommendation:** A pictorial directory of the ECICC membership be developed for new members of the Council to identify the various members and state agency representatives at Council meetings.

  Action: A pictorial directory was developed and distributed to Council members.

XVI. 2006 Recommendations of the ECICC

In the development of this report, the Early Childhood Interagency Coordinating Council as a whole approved the following recommendations as important to the future development of quality early childhood services in Nebraska.

Statement of Commitment to Partnerships for Early Childhood

The Early Childhood Interagency Coordinating Council supports the recommendations from the State Board of Education's *Statement of Commitment to Partnerships for Early Childhood.* Recommendations re-emphasized due to their importance are:

- Implement statewide full day/every day kindergarten.
- Expand the Nebraska early childhood grant funded program to increase the availability of collaborative community based prekindergarten for all 3 and 4 year olds.
- Establish expectations for supporting best practices, which encompass class size and active learning environments in kindergarten through third grade.
- Ensure access to high quality early childhood education and care services for all children birth to age three whose families would choose to access such services.
- Require highly qualified staff with current knowledge to implement early childhood programs for children from infancy through third grade.
- Ensure best practices are implemented in all settings across prekindergarten, kindergarten, and primary level programs in areas including, but not limited to, teaching, standards, curriculum, assessment, inclusion, diversity, transitions, and adult/child ratios.
- Develop an early childhood endowment fund to support the implementation of quality programming throughout Nebraska.

Strategies from Together for Kids and Families

The Early Childhood Interagency Coordinating Council continues to support the implementation efforts of the *Together for Kids and Families* Strategic Plan. Strategies from the *Together for Kids and Families* Strategic Plan that are of particular importance to the ECICC include:

- Continue to implement the quality incentive program for license-exempt providers who are serving children on child care subsidy.
- Continue to work on the child care health consultation and the implementation of the Healthy Child Care Nebraska Project.
- Further develop respite services to meet the needs of families of young children.
- Continue work to develop a voluntary quality rating system for early childhood care and education.
- Integrate parent to parent peer support systems into existing and new programs and services for families.
- Promote voluntary universal home visitation services for parents of newborns on a statewide basis.

Other Recommendations

- A variety of best practice models be prepared for school districts to inform development of grant applications for working with children from birth to age 3 under the new early childhood endowment program.
- Guidelines and criteria be further refined for evaluating the effectiveness of school districts and community-based partnerships necessary for the early childhood education grants and the potential early childhood endowment grants (birth to age 3).
- A database registry of training and education received by those working in early childhood education be developed to support efforts toward a quality rating system in Nebraska.
- Expand support for early childhood scholarships in Nebraska in anticipation of increased demands for certified early childhood teachers related to increased numbers of programs.
- Adoption of the child care licensing regulations proposed by Health and Human Services System.

- Improve coordination of and planning for transportation regulations and procedures for children from birth to age five across all agencies.

- Better coordination and access to information on family support resources that can promote effective parenting.

- Close review of the disparities of children from low income families and from second language learners in health, mental health, and educational outcomes. Effective strategies will need to be developed to address any identified inequities.

- Resources to support full development of the Early Childhood Professional Development Partnerships throughout the state in order to offer more high quality professional development avenues and opportunities. This should result in enhanced learning environments, curriculum offered in early childhood programs, and instructional practices resulting in better outcomes for children.

- Expansion and enhancement of child care and early education that can effectively serve children with disabilities and provide responsive care to those at risk with social, emotional, and behavioral health issues.

- Strategies need to be developed and implemented across the state to increase the number of infants and toddlers served by the Early Development Network.

- Policies regarding reimbursement for early childhood mental health services supported through Medicaid need to be examined to determine their impact on the availability and accessibility of early childhood mental health services and to consider the implications of increased risk to the confidentiality of services and limitations on privacy for young children and their families as compared to other groups.

- The Medicaid division and behavioral health managed care companies need to ensure that clinical expertise in early childhood mental health is regularly involved in the review of policies and procedures regarding children's mental health care prior to their implementation.

- A report on the financing of early childhood services should be developed and sent to the Governor.

XVII. Summary

The Early Childhood Interagency Coordinating Council (ECICC) has established new sub-committees and task forces in the last two years. The current sub-committees and task forces are:

- The Gaps and Barriers Standing Committee
- The Financing Task Force
- The Family Leadership Team
- The Legislative and Communications Standing Committee

The new task force and sub-committee structure of the Council has resulted in greater ability to deal with the breadth and depth of issues that encompass the early childhood field. The Family Leadership Team has engaged families much more in the business of the Council; family members have actively pursued recommendations that have improved the work of the Council and the early childhood field overall.

There have been many challenges to address the multitude of issues included in this report, but through tremendous collaboration between the Department of Education, the Head Start State-Collaboration Office, and the Nebraska Health and Human Services System the Council has been able to stay positively focused on ways to improve early childhood services across all program areas.

Appendix
Early Childhood Interagency Coordinating Council

Appointed Members
November 2006

Ruth Miller
Acting Chairperson
Neligh, NE

Sue Adams
HHSS-Behavioral Health

Mary Afrank
Lincoln, NE

Kathy Anderson
Hastings, NE

Michelle Bartlett
Papillion, NE

Christine Carr
Neligh, NE

Kim Peterson Chase
Papillion, NE

Marcia Corr
NDE: Office of Early Childhood

Eric Dunning
NE Department of Insurance

Kris Elmshauser
Ogallala, NE

Mary Fran Flood
Lincoln, NE

Sali Gale
North Platte, NE

Kathy Halverson-Rigatuso
Omaha, NE

Mary Jo Iwan
HHSS: Co-Leads Early Intervention

Barbara Jackson
Omaha, NE

Lea Ann Johnson
Lincoln, NE

Marjorie Kostelnick
Lincoln, NE

Susan Kringle
Loup City, NE

Terri Lewis
O'Neill, NE

Kim Madsen
Chadron, NE

Paul Matson
Columbus, NE

Betty Medinger
HHSS-Child Care Administrator

Tammy Mittelstaedt
Ravenna, NE

Louise Hall Mountain
Omaha, NE

Mary Phillips
Lincoln, NE

Mary Alice "Mike" Queen
Omaha, NE

Todd Reckling
HHSS-Protection and Safety

Roger Reikofski
NDE-Programs for Homeless

Senator Dianna Schimek
Lincoln, NE

Barbara Schliesser
NDE-Co-Leads Early Intervention

Connie Shonka
Omaha, NE

Joyce Thomas
Niobrara, NE

Derek Weimer
Gering, NE

Carey Winkler
Lincoln, NE

Carrie Witte
North Platte, NE

Denise Wright
Scottsbluff, NE

Linda Zinke
Lincoln, NE