



# **2014 Report to the Governor**

**Nebraska Early Childhood  
Interagency Coordinating Council**

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## About the Nebraska ECICC

Over the past two decades, the development of Nebraska’s youngest children has become increasingly recognized as a matter of significant public concern. In that time, evidence has been growing steadily behind the notion that the quality of children’s earliest experiences has the most profound effect on their lifelong outcomes in terms of physical health, educational achievement, degree of economic self sufficiency, and even likelihood to enter the criminal justice system.

With that recognition comes the necessity for advisory bodies that are empowered to provide information and recommendations to key state agencies, state legislatures, and state governors to better inform the process of developing public policy. In Nebraska, the Early Childhood Interagency Coordinating Council has fulfilled this role, in accordance with the (1) Early Intervention Act, (2) Quality Child Care Act, and (3) Early Childhood Education Act. The ECICC is also designated as the Early Learning Council as required by the Improving Head Start for School Readiness Act, and serves as the State Advisory Council for Nebraska’s Early Childhood Comprehensive Systems program.

The ECICC submits a biennial Report to the Governor on the Status of Early Childhood in compliance with the Early Childhood Interagency Coordinating Council Act. In addition to providing a status update on the situation of Nebraska’s youngest, most vulnerable children, each biennial Report to the Governor also features a series of recommendations intended to address key issues related to the well-being of these children, and the efficiency and effectiveness of the systems that serve them.

# I What Quality Means: Narrative Overview

Children, especially the very young, are keenly sensitive to the interactions and environments they encounter in the earliest years of life. How children develop in terms of their physiological health, cognitive ability, and social-emotional competency is directly effected by the relative *quality* of these early experiences. We know from a broad range of neuroscientific, educational and even economic data that the relative quality of early childhood experiences can either advance children’s healthy development, or set it back in profound, possibly even catastrophic ways.

In 2014, the Nebraska Early Childhood Interagency Coordinating Council elected to focus on achieving the highest possible quality in children’s earliest experiences, particularly for those who already face significant risk factors that threaten their healthy development throughout the

## ***High-Quality Early Childhood Experiences***

The ECICC defines *high-quality* as those aspects of children’s early learning environments, interactions, and relationships that actively support healthy physiological, social-emotional and cognitive growth in their earliest years. Children realize the most persistent benefits when high-quality experiences, environments and relationships are consistent and coordinated throughout the first eight years of life.



first eight years of life. The ECICC defines *high-quality* as those aspects of children’s interactions, environments and relationships that support their physiological, social-emotional and cognitive growth. Said another way, *high-quality* does not simply imply the absence of openly harmful influences in children’s lives. Rather, it indicates the presence of resources, environments, and caregivers of a sufficient caliber to actively advance children’s healthy development and well-being.

Quality in children’s earliest experiences and environments is a matter of considerable urgency. Input from these experiences and environments is quite literally “hardwired” into the body’s physiology and neural architecture on the most fundamental level and is associated with a wide range of long-term educational, social and health outcomes. For example, research into the emergence of chronic diseases such as hypertension, cardiovascular disorders and depression in adulthood has drawn clear links between these conditions and unsafe, unstable, high-stress early childhood experiences and environments.

Similarly, our rapidly expanding understanding of how children build essential life skills indicates that a lack of dynamic, stimulating and supportive learning opportunities in the early years can interfere with the

development and performance of healthy synapses in the brain. This is especially crucial in the first three years, when children’s core neural architecture is taking shape, allowing for the emergence of increasingly complex cognitive, linguistic, social-emotional and behavioral competencies.

However, even high-quality early childhood experiences will have limited impact if they are not consistent and sustained throughout the first eight years of life. It is unlikely that a child who experiences a single year of high-quality preschool will arrive at kindergarten with the same advantages as a child who has enjoyed high-quality environments and interactions since birth. Similarly, early gains from experiences before kindergarten are unlikely to persist if children do not continue to have access to quality learning experiences after the transition into the K-12 system.

Absent coordinated, consistent opportunities for high-quality early development, children who are subject to major risk factors more often enter formal schooling already behind their more advantaged peers, and are likely to fall further behind each year. This widening gap manifests itself as disparities in linguistic aptitude, reasoning and problem-solving skills, emotional self-regulation and task focus. Studies of long-term outcomes of children who begin life on the wrong side of this “opportunity/quality gap” find that they are more likely to drop out of school, enter the criminal justice system, become reliant upon systems of public support, show increased incidence of chronic health problems and exhibit an overall lack of productivity that costs society millions of dollars per year.

## Who Are Nebraska’s Youngest, Most Vulnerable Children?

According to the Nebraska Department of Education—Office of Early Childhood, children are considered “at risk” when they possess one or more of the following factors



Born prematurely or at low birth weight



Teen parents or parents with low educational attainment



Reside in households where English is not the principal spoken language



Households that are at or below 185% of the federal poverty level

*(For a family of 4, this equates to a total household income of about \$44,000 annually)*

Approximately **62,287 (41%)\***

of Nebraska’s 153,000 children aged birth-to-five fit the “at risk” definition established by NDE based on household income alone

An additional **1,672**

infants and toddlers with disabilities were served by the Early Development Network between 2012 and 2013

\*Based on U.S. Census Bureau Data, American Fact Finder: 2008-2012 American Community Survey 5-Year Estimates “Age by ratio of income to poverty level in the past 12 months.”



## How Nebraska Can Deliver Quality Early Experiences

### *Professional Development for Early Childhood Workers*

Even programs and services that are built upon recognized best practices and a solid base of evidence are only as good as the professionals who deliver them to children and families. Currently, thousands of early childhood and school-age instructors and administrators participate in programs offered annually throughout the state that are designed to increase their knowledge base and improve their overall professional caliber.

These programs are offered through Nebraska’s Early Childhood and School-Age Professional Development System, comprised of the Nebraska Department of Education Early Childhood Training Center and the Early Learning Connection Partnerships including the Department of Health and Human Services, regional and county public health departments, the Early Development Network, University of Nebraska–Lincoln Extension program, community colleges and universities, Nebraska Children and Families Foundation and the Sixpence Early Learning Fund.

### *The Disconnect in Nebraska’s Early Childhood Programs*

The professionalization of early childhood education and higher expectations put upon the field have increased the demand for more highly-skilled, credentialed workers. Yet, there remain significant challenges in connecting high-quality teaching and administrative talent with available positions in Nebraska’s early childhood programs where qualified staff is greatly needed. Far too many of these positions remain unfilled each year, meaning that more and more of the state’s most vulnerable children do not benefit from care and instruction of high-caliber professionals.



Current regulations for early childhood and school-age providers mandate that staff in both child care centers and home care environments participate in these opportunities to develop skills in program administration, parent interaction, health and safety, child development and prevention of abuse and neglect. Nevertheless, it is clear that the professionalization of the field has increased the level of scrutiny paid to the qualifications of front-line staff. Given the growing numbers of children at risk in the state, and the more stringent qualifications demanded of front-line staff, Nebraska faces a steadily increasing shortfall in its quality early childhood workforce.

It is clear that more professionals must either be brought into the early childhood workforce with the necessary qualifications, or given sufficient and realistic opportunities to develop them. This does not only apply to current or potential staff who already have a certain amount of training

and experience, or hold relevant credentials. In order to meet demand, Nebraska must also open pathways to child care workers who may have the requisite skills, but do not hold formal degrees in early education or child development. Currently, the system faces significant challenges in meeting the professional development needs of this potentially rich source of talent.

### ***Where Will Nebraska Find Its Early Childhood Workforce?***



In order to meet the developmental needs of its youngest children, Nebraska must attract the necessary qualified early childhood workers to the field. This means opening new and feasible pathways to credentials for those already working in early childhood care and education programs throughout the state. Given the serious challenge we face in staffing these positions with qualified candidates, Nebraska cannot afford to overlook the existing workers who possess the necessary skills and experience to deliver quality services, but do not yet hold formal degrees in early education or child development.

Whichever strategies Nebraska pursues to meet the mounting demand for quality early childhood staff, these professionals will need to be competent in encouraging children’s social-emotional growth, improving learning environments for children with special needs, delivering developmentally-appropriate curricula, and assessing children’s overall progress.

Given the fact that most evidence-based models for quality programs feature strong teacher-parent partnerships as a critical factor in their effectiveness, special attention must also be paid to how prepared providers are to involve families in children’s early education. Accordingly, early education programming will need to focus increasingly on effective home visiting and parent coaching practices, teaching parents how to recognize quality in early care environments, and improving the competence of staff in dealing with cultural identities of the families they serve.

## **Improving Program Quality in Subsidized Child Care**

According to data derived from U.S. Census Bureau figures, approximately 73 percent of children under the age of six in Nebraska had all available parents participating in the workforce as of 2012. This means the majority of Nebraska's youngest children are in someone else's care during the work day. Families with sufficient financial resources are generally in a favorable position to seek out and select high-quality child care environments. Less resourced families, however, often depend on services provided through Nebraska's child care subsidy. Historically, subsidized child care in Nebraska has been obliged to meet basic health and safety standards, but not to ensure the quality of service associated with strong cognitive, social-emotional, and executive function skills.

This means approximately \$92.6 million in combined state and federal dollars is spent annually on child care programs that have not been held accountable for contributing to the school-readiness of children from low-income families – that is, those most likely to fall on the wrong side of the widening achievement gap.

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Nebraska spends approximately \$92.6 million annually in state and federal dollars on subsidized child care services. Historically, providers receiving these funds have not been required to meet standards of quality associated with strong growth in children's cognitive, social-emotional or executive function skills.

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In 2013, LB507 established the *Step Up to Quality* Child Care Act in Nebraska to encourage child care providers to improve the quality of the services they offer to low-income families, beginning with those programs receiving the greatest amounts in subsidy dollars. The program implements a tiered reimbursement scale based on quality rating scores, creating an incentive for providers to strive for affordable, higher quality programs. While *Step Up to Quality* is intended to hold providers to a higher degree of accountability for the public dollars they receive for subsidized services, it does so by giving them access to resources and training opportunities for staff, making improved service quality an attainable goal.

*Step Up to Quality* also delivers on its promise through robust technical assistance and core infrastructure that makes it possible to more effectively collect and track data, coordinate efforts and personnel between state agencies, and improve administrative policies at the provider level. As an information resource for families, *Step Up to Quality* is designed to help parents recognize the signs of quality services, understand which providers meet them, and make more informed decisions about early learning environments for their youngest children. By creating a more educated

## **Educating Parents About Quality**

The more familiar parents are with the signs of quality early care and learning opportunities, the more likely they are to seek out those characteristics in providers.

When there is a market-driven incentive for providers to improve the quality of their services, families benefit from having more options for safe, stimulating, developmentally positive child care environments, while children benefit in terms of stronger cognitive and social-emotional skill formation and better overall health.

Nebraska should consider methods for communicating the quality message through coordinated efforts that would combine an engaging public messaging campaign with clear, user-friendly family toolkits and online information resources.

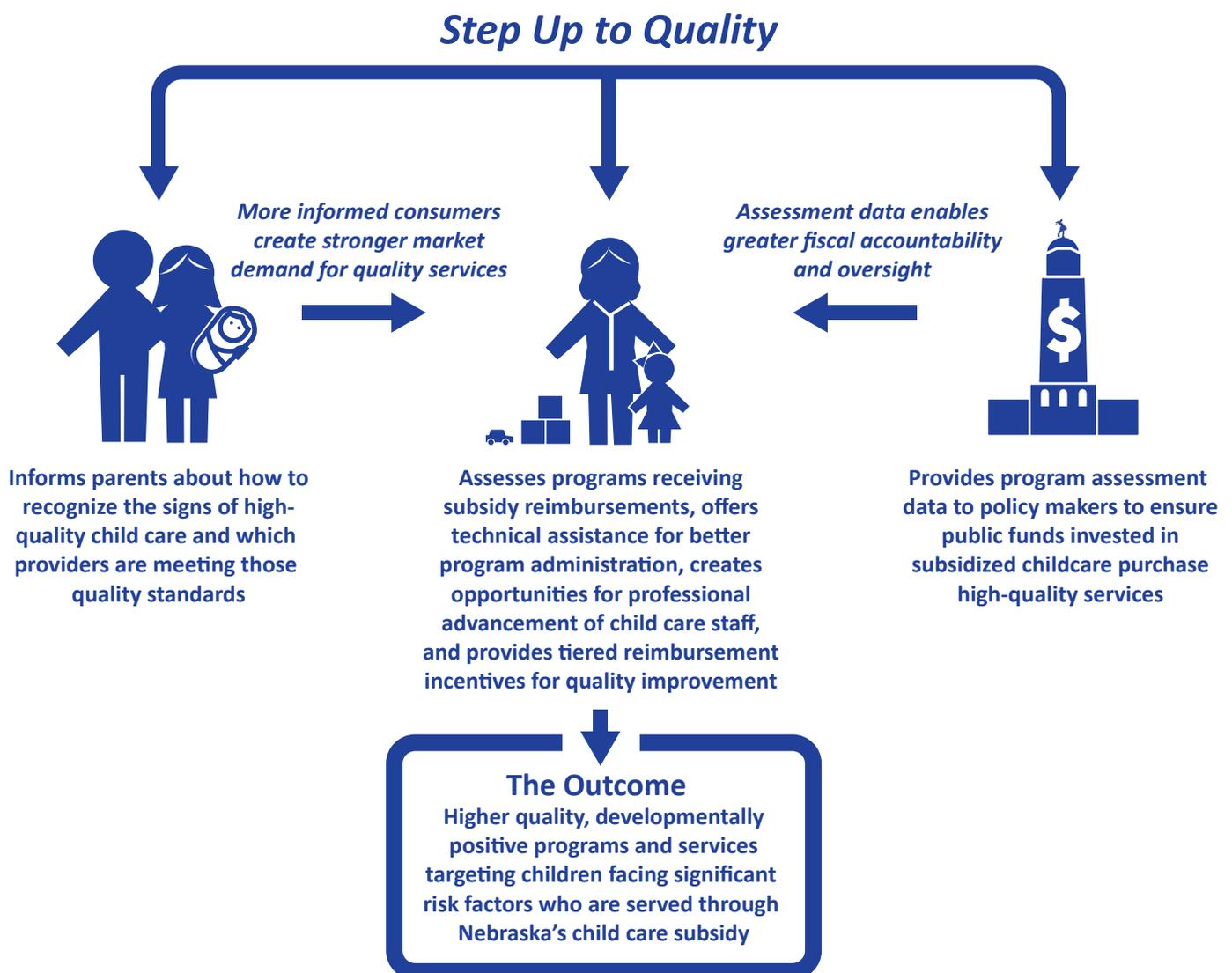


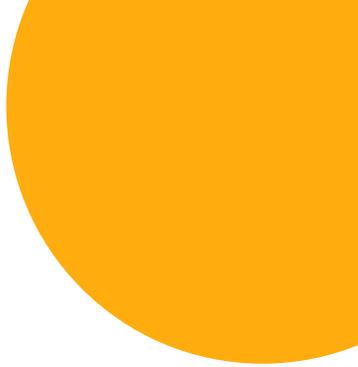
consumer base, *Step Up to Quality* spurs improvements in subsidized childcare by increasing demand for programs and services that actively advance the healthy cognitive and social-emotional development of children.

Much has been achieved in the months leading up to the official launch of *Step Up to Quality* in July, 2014, but there is still more to be done if we are to realize the caliber of service we should expect for our significant public investment in child care. Because the physiological health of children in subsidized child care is a matter of some urgency, particular emphasis should be placed on improving the knowledge base of front-line staff in health-related issues. *Step Up to Quality* may provide a means for connecting participating child care programs

with early childhood specialists in Nebraska’s District Public Health Departments as a way of better educating front-line staff, and ensuring that children’s cognitive and social-emotional development occurs in the context of good physical health.

Given problems with staff retention and turnover that are particularly endemic to the field, *Step Up to Quality* may also provide a mechanism for attracting new personnel to programs where it is greatly needed. Offering expanded TEACH Early Childhood NEBRASKA scholarships through *Step Up to Quality* can provide a more stable source of talent for these child care programs, while offering an avenue toward the necessary credentials for new personnel entering the field.





## ***Involving Early Childhood More Closely in Nebraska's P-16 Initiative***

Longitudinal studies of model early childhood programs show that children who are given consistent, high-quality learning opportunities throughout their formative years are more likely to become skilled, productive and self-sufficient citizens. There is also a growing consensus that this goal is more attainable when children's ongoing educational development is sustained through interconnected networks of support that unite resources and expertise from the public and private sectors.

In recent decades, a wide variety of P-16 initiatives to advance a seamless, integrated educational spectrum extending from pre-kindergarten to college age have gained momentum throughout the country. Nebraska's own P-16 initiative, involving a coalition of partners spanning education, business and government, was specifically created to increase participation in higher education, advance the educational attainment of the active workforce, and to retain more highly-skilled citizens in the state. The Nebraska P-16 partnership recognizes the key to achieving these goals is to widen educational opportunities for children facing serious risk factors that all too often undermine their lifelong trajectories.

While the focus of Nebraska P-16 centers on children's educational experiences from preschool onward, it is also true that the foundations for learning begin to take shape at birth, or arguably even in the prenatal period. Expanding the scope of P-16 to include the developmental experiences of infants and toddlers supports the priorities of the initiative on their most fundamental level.

Nebraska has the opportunity to broaden the impact of P-16 by opening membership to early childhood specialists from the Department of Health and Human Services. These professionals are well qualified to relate the developmental needs of infants and toddlers to the wider discussion of children's ongoing education and life trajectories, and provide valuable insight into how to involve other state systems constructively in networks of support for Nebraska's children at risk.

Similar opportunities exist for integrating early childhood into P-16's efforts to collect and analyze longitudinal data about Nebraska's education system. Including information related to the learning experiences of infants and toddlers provides a more coherent picture of the state of education in Nebraska. In so doing, we can track more effectively children's performance as they approach and cross the school entry threshold, assess the effectiveness of different programs, identify opportunities for collaboration between systems and reduce redundancy in services, among other efficiencies in the way we invest public dollars.

## ***Using Data to Deliver Quality Services***

Integrating information about the developmental experiences of infants and toddlers into P-16's focus on longitudinal data collection and analysis can provide a more coherent picture of the state of education in Nebraska.

A more comprehensive data system plays a significant part in delivering quality programs and services by encouraging collaboration across multiple agencies, reducing redundancy and waste, and providing a clearer picture of what kind of interventions perform most strongly in advancing the healthy development of young children.

## A Solid Return on Investment

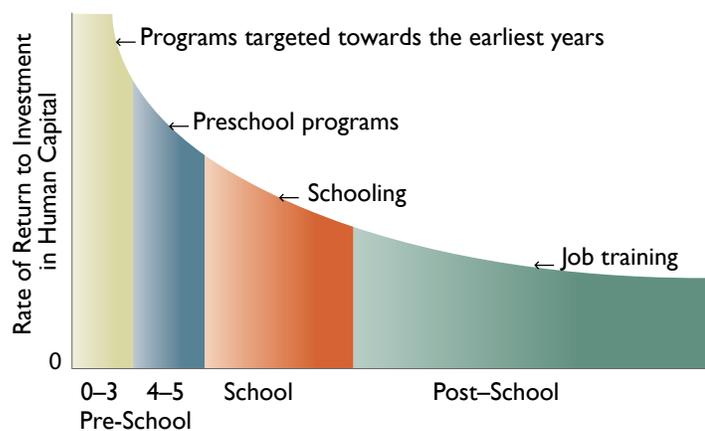
Nebraska has good reason to take pride in its reputation for responsible stewardship of its fiscal resources. Our state chooses its investments in public systems on the weight of evidence and sound data.

Given that investments in the infant and toddler years meet and even exceed some of the most stringent cost-to-return criteria used to shape public policy today, Nebraska would be hard pressed to find a more fiscally prudent and socially constructive purpose for its resources.

## Capitalizing on Nebraska's Investment in Infants and Toddlers

Investments in quality care and education are necessary across the entire early childhood continuum if lasting gains are to be achieved in terms of children's lifelong outcomes. As mentioned at the beginning of this report, however, the infant and toddler years are particularly crucial given children's physiological and neurological sensitivity at this stage of life. Concentrating a significant portion of our early childhood investment in these years is both developmentally sound and fiscally prudent. Economic analyses of model early childhood programs demonstrate that the greatest returns in terms of cost savings and increased human productivity are associated with investments in the first three years of life.

### Returns per Annum to a Unit Dollar Invested



Source: Heckman, J. J. (2008), Schools, Skills, and Synapses. *Economic Inquiry*, 46: 289-324.  
This paper is also available as a discussion paper through IZA at <http://ftp.iza.org/dp3515.pdf>.  
<http://www.heckmanequation.org/>

Given that more than one third of Nebraska's infants and toddlers are considered at risk based on standard NDE definitions (see page 4) Nebraska can congratulate itself on its foresight in creating and supporting an innovative public-private funding mechanism to advance quality early learning for our state's youngest children. The Early Childhood Education Endowment Fund, also known as Sixpence, was created in 2006 to serve children at risk across the state by funding programs and services built on evidence-based practices, and held to rigorous quality standards by third-party evaluators associated with the Munroe-Meyer Institute at the University of Nebraska Medical Center.

Parent engagement is particularly crucial to Sixpence. Longitudinal studies of the most successful early childhood programs indicate that these involve parents closely in guiding the early development of their youngest children. Parents are their children's first and most important teachers, but social and economic changes in our culture pose serious challenges to many families in meeting the developmental needs of their children, putting at hazard the crucial parent-child relationship upon which many skills and competencies are built. Home visiting programs, in which trained professionals spend time with families to model positive parent-child interactions and help parents cultivate their children's overall development, are proven to be effective in countering some of the major risk factors facing families with economic, educational or social disadvantages.

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Social and economic changes have increased the challenges facing hard-working parents in cultivating the healthy development of their youngest children. Effective home visiting programs cannot eliminate those challenges, but they are known to mitigate them by helping parents increase their capacity to provide safer, more stimulating early experiences and environments.

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Recent Sixpence evaluations indicate that participating children (and expectant mothers) have met or exceeded every state health indicator, and met growth rate expectations in all developmental areas including math, literacy, cognitive skills, language, and social competency. Sixpence's successful, evidence-based, results-driven funding structure is complemented by an established administrative framework that puts resources for quality improvement into the hands of grantees. As an exemplar for programs featuring well-designed home visiting models and center-based services, Sixpence is living up to our expectations and is well worth the continued support of Nebraska's public and private sectors, whose contributions have already shifted the odds in favor of hundreds of our state's youngest, most vulnerable children.

## ***Starting Early Makes the Difference***

Evaluation results of programs like Sixpence suggest that the longer children are enrolled in high-quality early care and learning programs, the more likely they are to show stronger skill development compared to their peers who participate for shorter durations or not at all.

This applies not only to programs targeting cognitive and social-emotional skill development in infants and toddlers, but children across the entire birth-to-age-eight early learning continuum. Continuity in quality early learning experiences matters to the persistence of skills developed in the earliest years.



# III

## Status Report: Where We Succeed, and Where We Can Improve

### Advances in 2012-2013

- Both the Nebraska Departments of Education and Health and Human Services have worked diligently over the last year to develop the framework, standards, quality indicators, and data systems for the Step Up to Quality Initiative passed in Legislative Bill 507 in 2013.
- The Nebraska Department of Education has defined and approved new early childhood education endorsements to better prepare future teachers to work with all children. The new endorsements will begin to be offered through higher education institutions in the fall of 2014.
- The Department of Health and Human Services revised and received approval for new child care licensing regulations effective in May 2013. Child care programs are quickly enacting new policies and practices to align with the revised regulations.
- District-approved early childhood programs now serve 12,970 children through 188 school districts. New funds have been appropriated to further expand this capacity to young children across Nebraska.
- The Sixpence program received new dollars to expand its capacity to serve infants and toddlers across the state who are most at risk of failure in school. Evaluations show great strides in helping children meet commonly-held expectations for development and learning.
- Nebraska's Head Start and Early Head Start programs are serving 5,691 children birth to age 5. These children are most at-risk due to the socio-economic status of their families. Head Start programs meet higher performance standards that address all areas of a child's life and can make a difference in child outcomes.
- Social-emotional supports available to early childhood education providers through Rooted in Relationships, Nurturing Healthy Behaviors and the Pyramid Model (see next page) continue to help improve children's social and behavioral skills and prepare them to enter school ready to learn.
- The Early Development Network has served 1,672 infants and toddlers with special needs and provided support to their families. These early intervention services are critical to children's cognitive, behavioral, language, and physical skill development.
- New efforts through Together for Kids and Families focus on prevention, identification and mitigation of toxic stress (see page 20). Relevant training has been provided to professionals across the state.
- The Nebraska Maternal, Infant, and Early Childhood Home Visiting Program (N-MIECHV) continues to implement services in response to the specific needs of communities where families are most at risk. Evidence-based home visiting programming is supported in part through General Fund allocations made by the Nebraska State Legislature, and by federal funds made available through the Affordable Care Act.

## Areas for Improvement

- The quality of early childhood care and education remains relatively low. The implementation of the Step Up to Quality Initiative will help programs better understand specific ways they can improve quality to help children be ready for school and for life. Evaluation data from this initiative should help inform Nebraskans if successful strides are being made to impact quality.
- The education of the Nebraska early childhood care and education workforce continues to vary. Those working in school district-approved early childhood care and education programs and Head Start programs are required to have early childhood teaching endorsements or associate or bachelor's

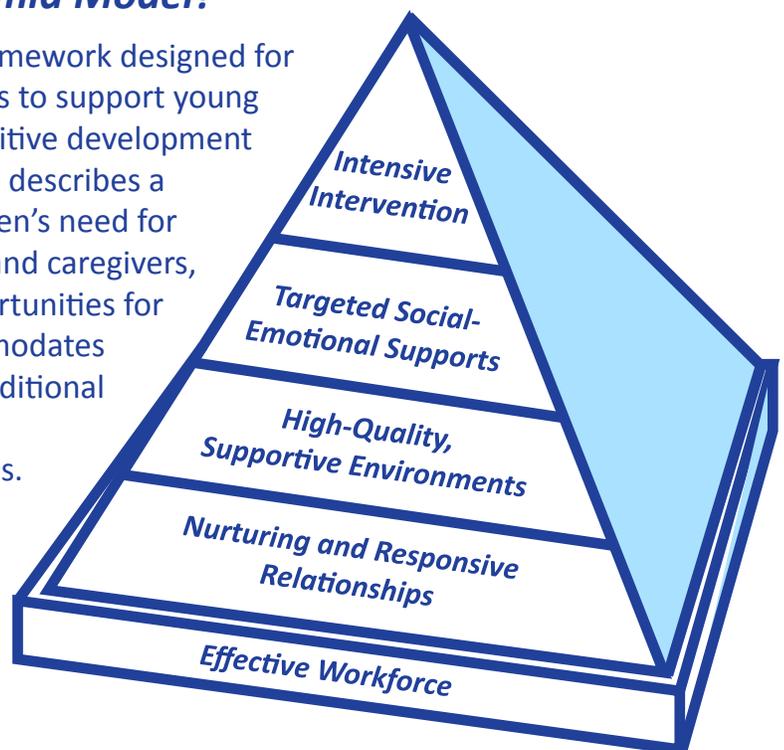
degrees, but the vast majority of professionals who work in licensed child care programs still have limited formal education and must rely on training and professional development offerings to advance their skills.

- Young children are still exposed to conditions and practices in early child care and education programs that are associated with obesity and chronic illness. Programs need more information on sanitation, nutrition, physical activity, and health practices. Development of child care health consultants can potentially help programs better serve children, reduce obesity, and improve children's overall health.

## *What is the Early Learning Pyramid Model?*

The Pyramid Model is an evidence-based framework designed for early childhood care and education programs to support young children's healthy social-emotional and cognitive development as the basis for school readiness. The model describes a comprehensive system that addresses children's need for warm, nurturing relationships with parents and caregivers, stimulating learning environments and opportunities for practicing positive behaviors. It also accommodates the special needs of children who require additional supports for social-emotional skills growth through targeted and individual interventions.

The entire model of social-emotional supports is built upon a base of trained, highly-competent early childhood workers to ensure programs are administered effectively and consistently.



# IV

## Pursuing Quality: Recommendations of the ECICC

### 1 Professional Development

Strengthen the early childhood professional development system offered through the Nebraska Department of Education and the Early Learning Connection Regions in Nebraska to include training and coaching in critical topic areas:

- a. Infant-toddler development and indicators of quality in infant-toddler care
- b. The Pyramid Model and supporting children’s social and emotional development
- c. Care and education of children with special needs in inclusive settings
- d. Home visiting
- e. Curriculum and assessment
- f. Cultural competence
- g. Parent-Child Interactions

### 2 Step Up to Quality

Strengthen the *Step Up to Quality* Program to incentivize improvement in early childhood programs by:

- a. Expanding support to child care and early childhood education programs participating in *Step Up to Quality*.
- b. Exploring the feasibility and costs associated with positioning trained child care health consultants in Nebraska’s District Public Health Departments.
- c. Providing additional TEACH Early Childhood® NEBRASKA scholarships to teachers who work in programs participating in *Step Up to Quality*.

### 3 Nebraska P-16 Initiative

Examine more closely the work being done by the P-16 initiative, and expand its membership to include representatives from the Department of Health and Human Services. Focus on integrating information specific to early childhood more effectively into P-16’s collection and analysis of longitudinal data.

### 4 Parent and Public Engagement

Provide improved information for parents and families of young children by:

- a. Creating a toolkit and public information campaign that helps parents and the public better understand what high-quality early childhood programs look like.
- b. Consolidating information for parents and families more effectively into the Answers4Families website, creating a single, user-friendly resource that is easy to read, uses plain language, and is simple to navigate.

### 5 Focus on Infants and Toddlers

Sustain and increase support for infant and toddler programs in Nebraska by:

- a. Sustaining the current investment of \$4 million in 2015-16 and \$5 million in 2016-17 to school districts for birth to age five grants awarded through the Sixpence Early Learning Fund.
- b. Increase state support for evidence-based home visiting programs in Nebraska.







# Appendix: Reports from Individual Agencies

## Early Development Network

### *Individuals with Disabilities Act Part C services for infants and toddlers with disabilities and their families*

The Nebraska Early Development Network (EDN) is a statewide system of coordinated services designed to address the specific developmental needs of infants and toddlers with disabilities and their families. The EDN is co-administered by the Nebraska Departments of Education, Office of Special Education and Health and Human Services, Division of Medicaid and Long-Term Care.

### Services Provided and Types of Referrals

Children with developmental delays or disabilities (birth to age 3) served by the EDN receive year-round early intervention services at no cost to parents. Referrals to EDN can be made by anyone, although determination of eligibility for EDN services requires parental consent. In addition, infants and toddlers who have been involved in a substantiated case of child abuse or neglect must be referred to the EDN in accordance with the Child Abuse Prevention and Treatment Act (CAPTA).

Services provided through the EDN include:

- Audiology
- Assistive technology
- Family Training
- Health/Medical Services
- Nutrition
- Psychological Services
- Service Coordination
- Sign Language
- Social Work
- Speech-Language, Occupational and Physical Therapy Services
- Vision
- Other Services

### Family Outcomes

On October 1, 2012 the EDN served 1485 infants and toddlers and their families. Based on the 2013 survey results, families reported that EDN services enabled them to better understand their children’s rights under the Individuals with Disabilities Act (84%), effectively communicate their children’s needs (81%) and improve their ability to help their children develop and learn (93%).

### *Location Matters: Serving Children Where They’re Most at Ease*

The vast majority (98%) of children who receive services through EDN do so in the context of their own homes or community-based settings, as opposed to clinics or therapy facilities.

Developmental specialists observe that services provided in children’s “natural” environments tend to be more effective in promoting healthy growth. EDN endeavors to maintain this level of service by training its professionals to work effectively with infants and toddlers in familiar environments within the family’s daily routines and activities.

## ***Ensuring Quality and Accountability in Early Childhood Programs***

Since its establishment in 2006 through the creation of the Nebraska Early Childhood Education Endowment Program, Sixpence has always been based on the twin goals of high quality standards and accountability.

As an innovative partnership between public and private funders, state agencies, and child development experts, Sixpence brings multiple levels of fiscal and administrative oversight to the programs it supports. The quality of Sixpence programs is driven by that environment of accountability, and made possible through ongoing technical assistance and a rigorous assessment process conducted by third party evaluators.

## **Sixpence Early Learning Fund**

### ***Serving infants and toddlers at risk of failure in school***

The Sixpence Early Learning Fund is an innovative public-private partnership that supports and enhances early care and education programs serving infants and toddlers throughout the state. Participating children must be subject to at least one of the following risk factors:

- Qualifying for the federal free and reduced lunch program
- Born prematurely or at low birth weight
- Residing in a home where English is not the dominant language
- Parents are younger than 20 or have not completed high school

Parents who fall into one of these risk categories can also be served during the mother's prenatal period.

### **2012-13 Evaluation Results**

Sixpence served 342 infants and toddlers, 22 pregnant mothers, and 311 families during the 2012-13 evaluation period.

#### ***Quality of Services***

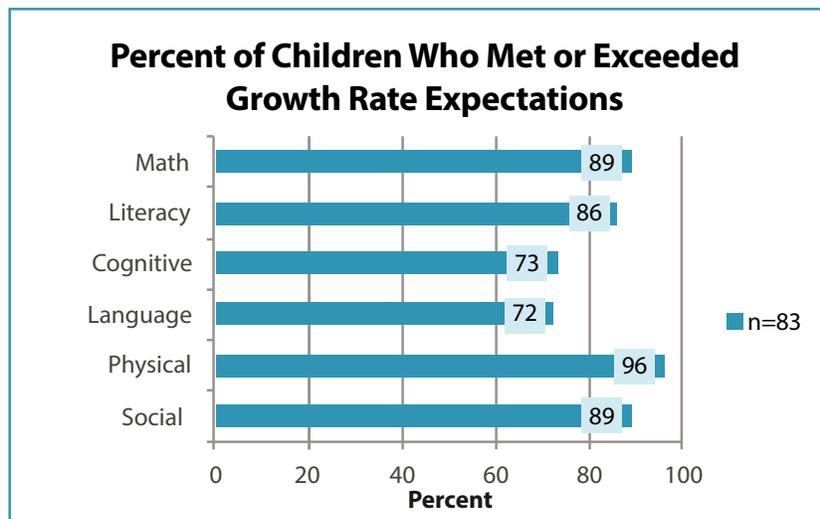
- Sixpence Center-Based classrooms demonstrated high quality in multiple areas with strongest results in teacher-child interaction and emotional support of children.
- Sixpence Home-Based Family Engagement services were of high quality. Evaluations showed particular strengths on the part of family educators in their work to build relationships with the families served, and improving the level of parent and child engagement.

#### ***Parent-Child Interactions***

- Sixpence helped families close the gap in creating a positive home environment to support their children's cognitive and emotional development.
- Families demonstrated the most consistent skills in building relationships with their children by responding to their emotional and physical needs and following their lead in play.
- Families demonstrated higher quality interactions with their children the longer they were enrolled in Sixpence programs.

## Child Outcomes

- Sixpence children and pregnant mothers met or exceeded every state health indicator.
- The majority of Sixpence children met age expectations for language comprehension/production and vocabulary acquisition. Toddlers showed significant gains in vocabulary. Those who were enrolled in Sixpence longer demonstrated the highest level of skills.
- Participation in Sixpence positively influenced social-emotional skills. The majority of the children showed significant improvement in skills such as attachment, initiative, and self-regulation.
- The majority of toddlers met or exceeded growth rate expectations in all developmental areas.



Source: Jackson, B.; Zweiback, R.; Alvarez, L. (2014) *Sixpence Evaluation Report 2013-2014*.  
Omaha: Munroe-Meyer Institute at the University of Nebraska Medical Center

## 2013-14 Expansion

Building upon the successes of the 11 original grantees, recent legislation has offered additional funding to expand services to now include 25 grantees, serving almost 700 infants, toddlers and their families across the state.



January 1, 2014

## ***What is Toxic Stress?***

Children's experience of stress is a natural part of early development, and contributes to the growth of crucial coping skills. But when stress is constant, severe and unmitigated by healthy relationships with adults, it can have a toxic effect on the body's systems and neural architecture during the a developmentally crucial years of early childhood.

Toxic stress in early childhood is known to adversely influence the development of cognitive and social-emotional skills, is associated with the incidence of criminal behavior, and is linked to the emergence of chronic health problems such as hypertension, depression, diabetes and alcoholism later in life.

## **Together for Kids and Families**

***Building safe, supportive communities where all children and families are a top priority***

Together for Kids and Families (TFKF) is an initiative of the Nebraska Department of Health and Human Services with the goal of improving child outcomes through a comprehensive and integrated system of services. Since 2003, Together for Kids and Families has engaged stakeholders, partners, providers, and families in pursuit of this goal. The Early Childhood Interagency Coordinating Council serves as the advisory board.

### **Current Work**

- Mobilizing the five work groups of TFKF (Child Care Health Consultation, Dental/Medical Home, Early Care and Education, Parent Education and Family Support, Mental Health) to adopt action steps on addressing the problem of toxic stress.
- Increasing the level of social-emotional and developmental screening in the pediatric and family practice medical home.
- Launching an interactive web-based platform ([www.ecclink.org](http://www.ecclink.org)) with links to projects, assessments and resources to highlight best practices, centralize information, and foster data-driven decisions.
- Evaluating Circle of Security Parenting, an evidence-based intervention to improve outcomes and parenting skills in an 11-county area.
- Developing educational materials on the prevention, identification, and mitigation of toxic stress, targeting child care providers, foster care parents and workers, home visitors and professionals.

### **Next Steps**

The ECICC will continue to align with the TFKF Strategic Plan and support utilization of a Collective Impact model for state-level strategic planning on the prevention, identification, and mitigation of toxic stress in children between birth and age 3.

## Results Matter in Nebraska

### *Measuring program performance to achieve better results for young children and their families*

Results Matter in Nebraska is a child, program, and family outcomes measurement system designed to improve programs and supports for all young children birth to the age of kindergarten entrance who are served by districts and their community partners. Community partners may include Head Start and other community early childhood programs.

Each district and Educational Service Unit (ESU) is required to participate in the NDE Results Matter child outcomes system. A single statewide child assessment system is required for all districts and ESUs—Teaching Strategies GOLD. All children birth to five served by school districts must be included in the GOLD system.

Results Matter is responsive to Nebraska Department of Education (NDE) Rule 11—Regulations for Early Childhood Programs; Rule 51—Regulations and Standards for Special Education Program; Rule 52—Regulations for Early Intervention Programs; and the federal requirements of the Individuals with Disabilities Education Act (IDEA) Part C (birth to three) and Part B-619 (three to five).

### Children Served

In 2013, there were 12,970 children birth to kindergarten entrance age served by school districts. This included 6,899 children birth to age 5 with disabilities. Of this number, 5,373 were preschoolers (ages 3 to 5) with Individual Education Plans (IEPs) and 1,526 were infants and toddlers (birth to 3) with Individualized Family Service Plans (IFSPs).

### Measuring Progress

Results Matter measures child progress and program quality to:

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

Progress for child outcomes is measured and reported in six areas of development and learning, using the GOLD online system: social-emotional, physical, language, cognitive, literacy and mathematics.

Progress is also measured and reported in three functional outcomes: positive social skills and relationships, knowledge and problem solving, and self-help and initiative.

Results are reported annually by the Nebraska Department of Education on the State of the Schools Report (SOSR), as well as to the federal Office of Special Education Programs (OSEP) for children with IEPs and IFSPs as required by IDEA.

Progress for program quality is measured by the results of the environment rating scales. The rating scales measure how the classroom environment supports children's physical, cognitive, social-emotional, and language and literacy development.

Progress for family outcomes is measured by the percent of families who indicate through a survey that participation has positively influenced their involvement in the early childhood program and helped improve outcomes for their children.

## **Nebraska Home Visiting**

### ***Promoting maternal, infant and early childhood health, safety and development***

Evidence-based home visiting programs are part of a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety, and development.

- Nebraska Home Visiting, administered by the Nebraska Department of Health and Human Services, has grown and developed the capacity to implement evidence-based home visiting to fidelity in accordance with the requirements of the federal Maternal Infant Early Childhood Home Visiting [MIECHV] program, producing positive outcomes in family health across the state.
- The responsibility of the Nebraska Home Visiting program encompasses federally supported services and State General Funds. It has potential to grow in size, scope and structure.

### **Next Steps**

Data indicates that Evidence-Based Home Visiting has a positive influence on, and improves the outcomes of families at risk in Nebraska. This influence suggests potential reductions in direct and indirect health costs over the lifespan, meaning that continued support for the program is fiscally advisable and socially advantageous.

# Step Up to Quality

## ***Improving quality and accountability for publicly-subsidized childcare***

In 2013, the Nebraska State Legislature advanced LB 507, which put into effect a new quality rating improvement system to improve the caliber of child care services which receive the greatest amounts in state and federal funds to serve children and families at risk. Since then, the Nebraska Department of Education and the Nebraska Department of Health and Human Services have worked diligently to develop the Step Up to Quality Program for the state.

Key activities that have been completed in the past year include:

- Defining the roles and responsibilities of each agency related to implementation
- Convening a Broad Stakeholder group to provide input into the Quality Standards and Indicators
- Work with federal technical assistant consultants to work out the details of the Step Up to Quality Standards and Indicators, the flow charts for the supports to programs, and the administrative procedures necessary
- Developing the Nebraska Early Childhood Professional Record System-the database to house both professional and organizational data needed for establishing the rating for Step Up to Quality
- Working with a cross-agency state team to finalize the Quality Standards and Indicators
- Hiring of staff at the Department of Health and Human Services and Nebraska Department of Education to work directly with the Step Up to Quality Program
- Designing forms that programs will need to complete as they move through the steps in Step Up to Quality
- Clarifying the budget needs for Step Up to Quality during the current budget biennium and the upcoming budget biennium
- Developing the list of the providers required to participate in Step Up to Quality in Year one. Notifying those programs with a certified letter about the requirement to participate
- Developing print materials for Step Up to Quality and distributing the information through many sessions across the state with early childhood care and education professionals and programs
- Coordinating with the University of Nebraska-Lincoln Extension Office and the DHHS Public Health Department to develop training and assessment for the Nutrition and Physical Activities Self-Assessment for Child Care (NAP SACC) integration into Step Up to Quality
- Training the initial set of quality observers in the Environment Rating Scale Observation Tools and the CLASS Observation Tool to reliability as defined by the authors
- Initiating the development of the evaluation for the Step Up to Quality program
- Developing new program orientation to be delivered both face to face and online
- Putting accounting practices into place to award the quality incentive bonuses as programs advance up the steps of quality
- Putting accounting practices into place to award the tiered reimbursement for child care subsidy as programs advance up the steps of quality

# Head Start Collaboration Office

## *Promoting school readiness in children ages birth to 5 from low-income families*

Total Head Start Grantees	Early Head Start Programs	Head Start Programs	Migrant/Seasonal Head Start Birth to Age 5 Programs	Tribal Head Start Programs
19 <sup>1</sup>	13	16	1	3

Total of All Children Served Birth to Age 5	Total Infants and Toddlers Served Birth to Age 3	Total Children Served Age 3 to 5	Migrant/Seasonal Head Start Children Served Birth to Age 5 <sup>2</sup>	Tribal Head Start Children Served Age 3 to 5
5,807	1,203	4,324	54	226

<sup>1</sup>A Head Start Grantee may include more than one program. Data based on FY 2012-2013 summary reports.

<sup>2</sup>Included in the total served for Birth to 5

Nebraska Head Start provides quality services to prepare children and families from low incomes for school and give them a “head start” in breaking the cycle of poverty. Head Start supports children, families and communities in 77 of Nebraska’s 93 counties.

Head Start is a locally operated, federally funded program that provides a comprehensive program designed to meet the individual needs of each child and family. Program services include:

- Quality early education for children birth to age five
- Parent education
- Comprehensive health and mental health service, including service to women before, during and after pregnancy
- Nutrition education
- Family support service

The Head Start Performance Standards provide specific quality standards for the provision of services. Programs are required to involve parents and community

representatives in all areas of the program which include policy, program design, and curriculum and management decisions. Program outcomes include:

- Pregnant women and newborns thrive
- Children live in stable and supportive families
- Children enter school ready to learn

Head Start programs build relationships with families that support:

- Child-parent relationships
- Families as learners and lifelong educators
- Family engagement in transitions
- Family connections to peers and community

Services are provided a variety of settings that include in full and half-day center-based options, home-based options or a combination of both. Eligibility includes family income along with other criteria. Eligible also includes foster children, homeless children and children with special needs.

# Child Care Licensing

## Child Care Licensing in Nebraska

The Early Childhood Interagency Coordinating Council Act requires a report on child care licensing be included in the biennial report. The information required includes:

- a) the number of license applications received under the quality child care act and the child care licensing act;
- b) the number of licenses issued;
- c) the number of license applications denied;
- d) the number of complaints investigated regarding such licenses;
- e) the number of such licenses revoked;
- f) the number and dollar amount of civil penalties levied pursuant to section 71-1920; and,
- g) any information which may assist the Legislature in determine the extent of cooperation provided to the Department of Health and Human Services by other state and local agencies pursuant to section 71-1914.

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. Sanitation inspections are conducted on Child Care Centers.

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

License Type	Number of Programs		License Capacity	
	June 2013	June 2014	June 2013	June 2014
<b>Family Child Care Home I</b> <i>(licensed for 4-10 children)</i>	2,111	1,885	20,817	18,604
<b>Family Child Care Home II</b> <i>(licensed for 11-12 children)</i>	686	652	8,141	7,698
<b>Child Care Center*</b>	984	720	83,849	58,841
<b>School-Age Only Center*</b>	NA	227	NA	24,803
<b>Preschool*</b>	215	200	5,244	4,956
<b>TOTAL</b>	<b>3,996</b>	<b>3,693</b>	<b>118,051</b>	<b>115,825</b>

\*License capacity based on facility size and staff

This compares to 4,122 programs with a license capacity of 105,167 in September 2008 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	Number of Inspections	Number of Inspections
	FY 2013 (7/1/12–6/30/13)	FY 2014 (7/1/13–6/30/14)
Family Child Care Home I	3,747	2,745
Family Child Care Home II	1,129	881
Child Care Center	2,389	1,672
School-Age Only Center	1	324
Preschool	274	257
<b>TOTAL</b>	<b>7,540</b>	<b>5,609</b>

### ***Complaint Inspections***

All complaints alleging violations of licensing regulations and complaints alleging illegally operating child care are investigated with an on-site inspection. This compares to 1,328 complaints investigated in FY 2008.

Routine Inspections	Number of Complaints	Number of Complaints
	FY 2013 (7/1/12–6/30/13)	FY 2014 (7/1/13–6/30/14)
Family Child Care Home I	176	139
Family Child Care Home II	89	62
Child Care Center	414	358
School-Age Only Center1	1	2
Preschool	0	0
<b>TOTAL</b>	<b>680</b>	<b>561</b>

### **71-1917 Report**

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

Required Data	FY 2013 (7/1/12–6/30/13)	FY 2014 (7/1/13–6/30/14)
Number of Applications Received	DNA	DNA
Number of Licenses Issued	685	667
Number of License Applications Denied	3	3
Number of Complaints Investigated	680	561
Number of Licenses Revoked	43	58
Number of Civil Penalties Levied	13	47
Dollar Amount of Civil Penalties Levied	\$1,908.00	\$27,112.00



# Nebraska Early Childhood Interagency Coordinating Council

[education.ne.gov/ecicc](http://education.ne.gov/ecicc)

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