Early Childhood
Interagency Coordinating Council

Report to the Governor on the Status of Early Childhood

December 2008

One of Nebraska's greatest resources is its human capital. *One way to ensure that this precious resource continues to thrive is to invest in early care and education. Nationally, economists estimate up to a $17 return on every $1 invested in quality early education programs. Parents are also able to be better workers when they know their children are receiving the best care possible. Most importantly, when children receive the opportunity to succeed in school, they are able to lead more productive, fulfilling lives.*

The Economic Impact of the Nebraska Early Care and Education Industry, 2007
UNL Bureau of Business Research-Department of Economics

This report was prepared by the
Early Childhood Interagency Coordinating Council
Ruth Miller, Chairperson
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The report was prepared with the assistance of staff from the
Nebraska Department of Education
Early Childhood Training Center
Head Start State Collaboration Office
Nebraska Department of Health and Human Services

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

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Early Childhood Interagency Coordinating Council 2008 Report to the Governor on the Status of Early Childhood

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New/Emerging Developments in Early Childhood
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I. Executive Summary

Nebraska saw important gains in early childhood care and education services over the last two years. Some of the most significant accomplishments were:

Gains in Early Childhood Care and Education

- The establishment of the Early Childhood Education Endowment, an innovative public-private partnership, and the initial grant awards through that endowment to programs that serve children from birth to age three.

- The number of 4-year olds attending preschool in public schools continues to grow as Early Childhood Education grant programs approved by the Nebraska Department of Education begin to receive State Aid and new public schools apply for early childhood education grants.

- Child care licensing regulation changes have been proposed and are currently being reviewed by the Governor's Office. The new regulations would align regulations with current research on safe sleep practices and would offer more specific requirements for inservice training of early care and education professionals.

- Results Matter, Nebraska's program quality and child and family outcomes system, continues to grow and evolve. School districts and Educational Service Units have selected the observational child assessment instruments they will use in their programs. Ongoing child progress data is being collected and reported to NDE and the federal Office of Special Education Programs. Many of Nebraska's Head Start grantees will participate in the Results Matter program.

- The Department of Health and Human Services printed a new resource for parents and families called "The Right Place". The pocket-sized spiral notebooks, provided at no cost, help parents know what to look for in seeking high quality child care for their children.

Gains in Professional Development for Early Childhood

- The Core Competencies for Early Childhood Professionals was printed, distributed and a group of trainers prepared to offer overview training on the core competencies and ways they can be used by individuals and programs.

- Two research conferences were held in the winter and spring of 2008. The research conferences highlighted best practices for working with children from birth to grade 3.

- A Kindergarten Policy Leadership Team was formed to address the need for Early Learning Guidelines for Kindergarten age children, the need to better support children as they transition from early care and education programs into primary grades, and to update the current Kindergarten policy statement.

- Nebraska was the recipient of a technical assistance grant from the Center for Social and Emotional Foundations in Early Learning (CSEFEL). The grant provided training and support to help improve the social and emotional supports provided to young children and their families in early care and education programs in Nebraska.

- The Early Childhood Training Center developed a series of training modules and conducted a training of trainers in response to a new statute requiring all early childhood care and education professionals to be trained in shaken baby syndrome, child abuse and neglect and prevention and reporting and safe sleep. The series is titled "Safe with You"-Phase one.

2008 Recommendations

Recommendations from the Economic Impact Study

The Economic Impact of the Nebraska Early Care and Education Industry was printed in January 2007. The Early Childhood Interagency Coordinating Council (ECICC) supports all of the recommendations from the report. Those recommendations are:

❖ **Recognize and support the contribution of early childhood care and education to the state's economy by:**

a. Integrating child care in economic development planning at state and local levels.

b. Integrating child care in Workforce Development in the Nebraska Department of Labor.

c. Engaging chambers of commerce in the inclusion of child care as a critical part of local business, economic development and growing strong neighborhoods.

d. Investing in the early care and education workforce.

❖ **Ensure adequate, sustainable financing for the industry by:**

a. Maintaining state investment of funds in early care and education to leverage the maximum amount of federal dollars available.

b. Maximizing public-private partnerships to capture private commitments to improving access to quality early care and education for low income children and their families.

c. Funding the child care subsidy income eligibility rate at 185% of poverty.

d. Expanding Nebraska's Early Childhood Education Grant program to increase the availability of collaborative community-based prekindergarten for all 3 and 4 year olds.

- **Promote and support quality in early childhood care and education by:**
    a. Enhancing and sustaining the development of the early childhood workforce through training, education and compensation.
    b. Developing a voluntary quality rating system for early childhood care and education.
    c. Expanding support for early childhood education scholarships in Nebraska in anticipation of increased demands for certified early childhood teachers related to increased numbers of programs.
    d. Developing best practice models to inform the development of programs serving children birth to age three that will be funded through the Early Childhood Education Endowment.

Recommendations from the Early Childhood Interagency Coordinating Council (ECICC)

The Early Childhood Interagency Coordinating Council makes the following additional recommendations with the belief that they are important to the future development of quality early care and education services in Nebraska:

Recommendations regarding Policy and Quality Assurance

- The proposed draft of the Department of Health and Human Services Child Care Regulations should move to public hearing, be revised and approved. The proposed changes improve the current regulations. Additional changes will be needed in the future, but the proposed changes are needed to address key health and safety issues in early childhood environments; to ensure that staff working with children understand early childhood development, safe sleep practices, ways to prevent child abuse and neglect; and, to help child care providers understand and prevent shaken baby syndrome. The school-age care regulations are needed to assist school-age care providers better define and meet the unique needs of children from ages 5-13.

- Nebraska should consider increasing the eligibility criteria for child care subsidy to 130% of the federal poverty level for those families not coming off of TANF, to coincide with the national Head Start eligibility criteria and to insure that working families have access to quality child care.

- Nebraska must move forward on a plan to determine next steps for assisting early care and education programs to improve the quality of care. A Quality Rating System (QRS) pilot was conducted in Nebraska as part of a four state research project. Findings from the QRS pilot need to be reviewed and the data should guide the focus and direction of strategic quality improvement efforts in the state.

- Nebraska needs to increase the number of people who can reliably administer program quality assessments in the state. The need for program quality assessments continues to grow as programs participate in quality improvement efforts. A

sufficient number of individuals who have been trained administer the program quality assessment must be reached and maintained so that current initiatives to improve quality can continue and future plans to improve quality can be completed.

- Child transportation policies and procedures for all early care and education programs should be aligned. Nebraska should identify and implement common policies and procedures for transportation of children from birth to age five. As more and more public schools are providing early childhood programs it becomes important that programs providing transportation for children comply with federal transportation regulations for young children.

Recommendations regarding Professional Development

- Nebraska's early childhood care and education providers need consistent and expanded professional development and technical assistance in all parts of the state. Currently, the state relies on a patchwork system of full-time and part-time coordinators. Nebraska needs to ensure that a full-time coordinator for early childhood professional development exists in every region.

- Nebraska needs to ensure the competence of early childhood professionals who provide training and technical assistance to early care and education programs across the state. Persons providing training to early care and education providers should have their education verified and should be cleared through standard background checks. This requires a statewide trainer registry to maintain records on trainers, coaches, mentors and consultants.

- Nebraska should develop Early Learning Guidelines for Kindergarten age children. The Early Learning Guidelines would clarify expectations and standards for the kindergarten year in all domains of children's development and learning. Anecdotal reports from school districts indicate some schools are introducing curriculum and learning approaches that are more appropriate for older children. These learning approaches if implemented in kindergarten, are more likely to hinder children's learning and development than prepare them to develop critical thinking skills they will need to be successful in school and to become productive citizens.

- Nebraska has offered T.E.A.C.H. Early Childhood® Scholarships for the past seven years. There has been increased demand for the scholarships and scholarship recipients are currently utilizing all of the existing funds allocated for scholarships. New funds to support additional scholarships recipients are needed so that Nebraska can continue to improve the quality of early care and education across the state.

- Nebraska should develop voluntary school-age core competencies, similar to those for early care and education professionals developed in 2007. The school-age care core competencies would define what people working in before-and-after-school programs need to know and be able to do. School-age core competencies can help define the skills necessary to serve this large population across the state.

- The Department of Health and Human Services and Department of Education need adequate resources to address infrastructure development that will allow new opportunities for use of distance education, webinars, and online courses/training that can meet the professional development needs of early care and education providers in Nebraska.

- Nebraska should develop a professional development consultation infrastructure that creates capacity to develop and assist staff and programs in meeting the needs of children. Over 99,000 children are served in licensed child care, preschools, before and after-school programs across the state. Many professionals have learned by doing and with little formal education on child development, curriculum, children's social and emotional development and needs. The consultation should address mental health (to support children's social and emotional development), health and safety (to support program's implementation of sound health and safety policies and procedures and minimize injuries and illnesses in children), and quality improvement (to support enhance learning environments, curriculum and child outcomes).

Recommendations regarding Teacher Preparation

- Efforts should be made to increase the number of colleges/universities offering the early childhood education unified endorsement to meet the growing demand for teachers who can serve all children from birth to grade three. As the number of early care and education programs operated by school districts has increased, there has been increased demand for teachers with bachelor's degrees in early childhood education. The early childhood education unified endorsement prepares teachers to serve all children from birth through grade three. Currently only five 4-year colleges/universities offer the early childhood unified endorsement.

- There has been considerable improvement in the ability to transfer college credits between two-year and four-year colleges for early childhood education endorsements. Continued efforts are needed to ensure that students in all parts of Nebraska can transfer credit hours from two-year colleges to four-year colleges/universities. Efforts should be focused on those areas of the state where articulation of early childhood education remains limited.

- Nebraska should continue and strengthen its efforts to prepare teachers to care for and educate all children. Professionals should understand and implement adaptations c to the curriculum and instructional practices to meet the needs of *all* children, including children with diverse abilities, and children from cultural, ethnic, linguistic, or economically diverse backgrounds.

Recommendations regarding Services for Children and Families

- Nebraska should establish an oral health coalition that can ensure that all children have access to a dental health care home. The dental health care home should be able to provide regular routine dental care and education and recommendations for any special dental health care the child might need. The Nebraska Dental Association should be a leading partner in helping develop this capacity statewide. Additional oral health resources are needed for children with special health care needs and specialists need to be more widely available across the state for pediatric dental care services.

- Resources are needed to expand statewide implementation of a comprehensive framework that promotes the social and emotional competence of young children and their families in all early childhood settings.

- Behavioral support services are needed to assist Nebraska's youngest and most vulnerable children. Preventive services are minimally addressed through a variety of funding sources. Behavioral health services for children in need of additional counseling and other supports continue to be limited for young children.

- Nebraska should continue to expand the use of Telehealth mental health consultation in order for families and children to have access to specialty mental health services that are not available locally. Ninety-seven percent of Nebraska's counties have a shortage of psychiatrists and other mental health service providers. Telehealth mental health consultation provides primary care physicians, families and young children with access to pediatric psychiatric consultation.

- Nebraska needs to promote the availability of affordable healthcare to all families and young children and support the concept of a medical home to ensure continuity of health services for all young children and their families.

- Continued efforts are needed to encourage women to access preconception and early prenatal care. Early prenatal care and healthcare prior to pregnancy can help reduce low birth weight babies.

II. Actions in Response to ECICC Recommendations from 2006

The 2006 Report to the Governor made several recommendations that would improve the early care and education system in Nebraska. This section of the report details what action has been taken by the state to respond to those recommendations.

- **Recommendation-2006:** Implement statewide full day/every day kindergarten.

  Action: School districts continue to offer full day/every day kindergarten on a voluntary basis. Ninety-five percent of kindergartners in Nebraska's public schools are enrolled in all-day kindergarten.

- **Recommendation-2006:** Expand the Nebraska early childhood grant funded program to increase the availability of collaborative community based prekindergarten for all 3 and 4 year olds.

  Action: Nebraska's early childhood grant funded program continues to provide prekindergarten programs for 3 and 4 years olds. Programs that have received grant funding or had an approved early childhood education program for three or more years are transitioning over to Tax Equalization Aid. As they transition, additional new programs are funded through the Nebraska Department of Education grant program. The Nebraska Department of Education was able to add twenty one additional preschool classrooms in the 2007-2008 school year.

- **Recommendation-2006:** Establish expectations for supporting best practices, which encompass class size and active learning environments in kindergarten through third grade.

  Action: The Department of Education, Department of Health and Human Services, and Head Start State Collaboration Office co-sponsored two research conferences during the winter and spring of 2008. The conferences, "Ready to Make a Difference", highlighted best practices for programs working with children, birth to age five. Additional trainings and conferences have highlighted best practices in supporting children's social and emotional health, best practices in early childhood assessment and curriculum planning and implementation. The Kindergarten Leadership team meeting in April 2008 helped bring attention to the best practices needed in Kindergarten and discussed the erosion of developmentally appropriate practices that is occurring in some elementary schools. The. Finally, the drafting of Kindergarten Standards by the Nebraska Department of Education is establishing expectations for what kindergarteners should know and be expected to do at the end of the school year. Additional guidance will be offered through the Kindergarten Early Learning Guidelines.

- **Recommendation-2006:** 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.

  Action: Nebraska has invested resources to help early care and education better understand common indicators of quality early childhood programs. The Environment Rating Scale (ERS) training offered through the Early Childhood Training Center familiarizes participants with the common quality assessment tools early childhood programs can utilize. There is increasing use of the ERS across all types of early childhood programs, including Head Start, public school, family child care homes and child care centers. Programs that regularly begin to track the quality indicators are able to focus their quality improvement efforts. A state leadership team convened by NDE is building the state's capacity to address this expanded use.

- **Recommendation-2006:** Require highly qualified staff with current knowledge to implement early childhood programs for children from infancy through third grade.

  Action: The Nebraska Department of Education under Rule 11 requires teachers of early care and education programs to have a four year teacher certificate with an endorsement in early childhood education. Teachers who have a teaching certificate, but who do not have the early childhood endorsement must develop a professional development plan that reflects how the teacher will move toward acquiring that endorsement. Teachers must take at least 3 college credit hours per year. The federal Head Start Reauthorization act passed in 2008 has increased educational requirements for Head Start teachers, assistant teachers and curriculum specialists. Proposed revisions to Nebraska's Child Care Regulation are still under review; any educational requirements changed in the regulations are likely to be minimal and are not likely to require a two-year or four-year degree, but will focus on core professional development experiences.

- **Recommendation-2006:** Develop an early childhood endowment fund to support the implementation of quality programming throughout Nebraska.

  Action: The Early Childhood Endowment fund has been established; the program is administered by the Nebraska Children and Families Foundation. The Early Childhood Endowment Board of Trustees defines the goals, principles, and quality indicators of the program and selects the grant recipients. The initial round of these grants awarded a total of $1.7 million in grants to local school districts to establish programs with community partners.

- **Recommendation-2006:** Continue to implement the quality incentive program for license-exempt providers who are serving children on child care subsidy.

  Action: Nebraska Department of Health and Human Services continues to offer quality incentives for license-exempt child care providers who complete activities that improve their knowledge of health and safety practices with young children and their ability to provide better quality care to young children.

- **Recommendation-2006:** 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 should the early childhood endowment become established.

  Action: The Early Childhood Education Endowment offers a set of materials and resources that can inform school districts and programs serving children from birth to age 3. Additionally, a research conference was held in January 2008 to highlight best practices in serving young children from birth to age three.

- **Recommendation-2006:** 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).

  Action: The Nebraska Department of Education requires all early care and education programs, for children from birth to age five, and operated by school districts to participate in the Results Matter effort. The Results Matter evaluation includes child outcomes, program outcomes, and family input on the effectiveness of programs. Technical assistance visits from the Nebraska Department of Education staff and Early Childhood Education Endowment help districts consider ways to strengthen and work more effectively with their local partnerships in implementing high quality programs that achieve positive child outcomes.

- **Recommendation-2006:** A database registry of training and education received by those working in early childhood education is being considered for future development in order to support efforts toward a quality rating system in Nebraska.

  Action: Discussions continue regarding a registry for practitioners and trainers in early care and education. The feasibility of offering a quality rating system or other quality improvement system statewide needs further review. Planning proceeds in the development of the information system that might be needed for a registry.

- **Recommendation-2006:** Adoption of the child care licensing regulations proposed by Health and Human Services System.

  Action: The Department of Health and Human Services continues to work on revisions to the child care regulations. It is anticipated that the draft regulations will be available within the coming year and public hearings will be held regarding each of the chapters of the regulations. A new chapter of the proposed regulations will address before-and-after school programs. The child care regulations are anxiously awaited since important health and safety revisions are needed to ensure that the regulations are congruent with current public health practices with infants, toddlers, and young children.

- **Recommendation-2006:** Improve coordination of and planning for transportation regulations and procedures for children from birth to age five across all agencies.

  Action: A special transportation ad hoc task force has been formed to address transportation regulations and procedures for children from birth to age five. A report on the progress made at addressing transportation regulations and curriculum is anticipated within the coming year.

- **Recommendation-2006:** Strategies need to be developed and implemented across the state to increase the number of infants and toddlers served by the Early Development Network.

  Action: The Co-Lead staff from the Department of Health and Human Services and the Department of Education have conducted a review process related to the number infant and toddlers referred to the Early Development Network. A series of trainings have been held across the state, and new opportunities for referrals have been identified.

"The early care and education industry is large, vibrant, and exists in nearly every county in Nebraska. It is ingrained into the state's infrastructure in such a way that it allows many additional parents to participate in the workforce. This generates more economic growth, which in turn raises the standard of living as measured by per capita income."

The Economic Impact of the Nebraska Early Care and Education Industry, 2007

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

Ongoing 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.

Together for Kids and Families (TFKF) was launched in 2003 in response to a grant awarded to Nebraska Department of Health and Human Services (DHHS), funded through the State Early Childhood Comprehensive Systems (ECCS) Grant Program administered by the Maternal and Child Health Bureau, US Health and Human Services. The purpose of this project was and continues to be to achieve optimum outcomes for Nebraska's young children and their families through statewide, cross-agency early childhood systems planning, development, and implementation of activities that address the five critical components of early childhood development: 1) access to health care and medical homes, 2) mental health/social-emotional development, 3) early care and education, 4) parent education, and (5) family support. Two years of early childhood stakeholder-driven planning produced a strategic plan designed to address comprehensive early childhood systems, inclusive of the five topic areas listed above. The strategic plan identifies nineteen strategies whose selection was based on a completed environmental scan and research of best practices, as well as two strategies related to early childhood data collection, management and interpretation. Through collaborations and partnerships implementation of these strategies has been underway since 2006 to support families and communities in their development of children that are healthy and ready to learn at school entry. The strategic plan can be viewed in its entirety at http://www.dhhs.ne.gov/LifespanHealth/Together-Kids-Families.htm

As Together for Kids and Families moved from planning to implementation, the project's organizational structure was modified. The Governor-appointed Early Childhood Interagency Coordinating Council (ECICC) served as the advisory body for TFKF during

planning and continues to serve in this role. The Leadership Team formed during the planning phase was reformed as the Implementation Team which has been divided into eight Strategy Work Groups, groups determined by common strategy objectives. These groups have been implementing the action steps that were recommended in the strategic plan. The Implementation Team meets quarterly to report on progress, communicate about early childhood initiatives underway and problem solve regarding barriers to outcome achievement. This organizational design has proved successful in facilitating cross-agency communication and collaboration thus avoiding duplication of efforts and strengthening early childhood systems development.

Together for Kids and Families has become a vehicle to assemble early childhood stakeholders to implement agreed upon activities. Due to this multi-agency participation, much of the TFKF strategy implementation efforts are highlighted in later sections of this report. A few examples are:

- Medical Home collaborations: Boystown's Integrated Services for Children with Special Health Care Needs, The President's New Freedom Initiative; and the Family to Family Health Information Center of PTI Nebraska.

- Positive Behavioral intervention and Supports (PBiS) and Center for Social Emotional Foundations for Early Learning (CSEFEL) pilot projects-promoting social-emotional competence using the teaching pyramid model.

- Access Development: Transportation Task Force; focus on Oral Health & development of Oral Health White Paper; support of Nebraska Children and Families Foundation Learning Collaboratives.

- Three sub-groups were created by the Early Care and Education Work Group to address the following foundational elements of a Quality Rating System (QRS):
    - Administrative Structures/Funding
    - Evaluation and Data
    - Registry and Training/Technical Assistance.

- The Child Care Health Consultation (CCHC) Work Group has focused on creation of documents to support the role of Child Care Health Consultation in early care and education settings. These documents will be used to augment communication regarding this topic and the need for sustainable resources. Additionally the documents will be shared to inform the development of the QRS system as well as the other quality child care efforts underway. Documents completed include:
    - Matrix regarding models of service delivery in NE
    - Evidence Base from Nebraska programs who are or who have implemented CCHC
    - State comparisons
    - "The Cost of Doing Nothing"

- Job Descriptions/definitions-CCHC and Child Care Nurse Consultants (CCNC)
- CCHC and Children with Special Health Care Needs

The TFKF Data Work Group co-lead by the Head Start State Collaboration Office and the DHHS Lifespan Health Services Unit refined the original 23 indicators included in the TFKF Implementation Plan. Indicator profiles and a data mapping effort were completed on each to determine data availability and suitability for retention. The Data Group reviewed indicators and aligned them with the five TFKF/ECCS goals and recommended twelve indicators for retention: nine that speak to the goals directly and three that serve as overarching indicators for the project. Data group representatives reviewed these recommendations with the seven work groups and gained feedback. Indicators were again modified based on work group feedback and the chosen indicators were presented to the Implementation Team on October 10, 2007 and to the Early Childhood Interagency Coordinating Council on November 16, 2007. Data collection for the twelve chosen indicators has been completed and the following section presents preliminary analysis. For some indicators the data is not as robust as for others; as data systems improve, indicator refinement and adjustment can continue. Additional collaboration regarding early childhood indicators is occurring with Nebraska Children and Families Foundation as they develop indicators for children ages 0-19.

The work being done by TFKF does not necessarily directly impact these indicators; they serve to help put the work in context and deepen understanding of why systems development is critical to produce positive outcomes. The following section is a report on the indicator analysis thus far and is organized by focus area and TFKF goal:

Together for Kids and Families Goals and Indicator Analysis

Early Care and Education

Early care and education in Nebraska is high quality, developmentally appropriate and accessible to all children.

Percent of licensed child care providers receiving child care subsidy: In 2008, 52.3% of 4,018[1] licensed providers accepted/received the subsidy. The child care subsidy is primarily funded by: federal Child Care and Development Funds, required state match funding, and some federal TANF transferred funds. The subsidy is meant to help families who work or attend school and need assistance with childcare payments. While not all eligible families receive the subsidy, knowing the proportion of licensed providers who receive payments helps to understand access to child care services for families in need.

Number of licensed child care slots per 1,000 Nebraska children (0-8): There were 467.6 available "slots" per 1,000 children age 0-8 years in 2008[1]. This indicator illustrates the capacity to serve children and families with regulated childcare. This indicator does not measure demand. However, if demand exceeds supply families have to choose exempt and unlicensed care. Additional analysis of smaller geographic locations should be conducted in the future.

Percent of early care and education providers with quality rating 5-7: Data to operationalize this indicator currently does not exist. Nebraska Children and Families Foundation is in the process of gathering data regarding how many children are currently being served in quality programs (Early Childhood Education Grant Programs, Head Start/Early Head Start and Early Childhood Education (0-3years)). The TFKF Data Work Group will modify this indicator as needed to increase its usefulness.

Family Support

Nebraska families provide a safe, healthy and nurturing environment.

Percentage of Nebraska children (0-8) with family incomes less than 100% of the federal poverty threshold: In 2007, 14.7% of Nebraska's children less than 9 years old lived in poverty[2]. While this figure has ranged from 16% in 2002 to 12.7 % (2005), the average over the six years was 14.3% with no significant trend. According to the US Census, children are considered to be living in poverty if their family income, before taxes, falls below the poverty thresholds set by the federal government. The poverty thresholds are adjusted each year for changes in the cost of living. In 2007, the poverty threshold for a single parent with one related child under the age of 18 was $14,291; for a family of four with two parents and two related children under the age of 18 the poverty threshold was $21,027[3].

Rate of substantiated child protective services cases per 1,000 Nebraska children (0-8): The rate of abuse for children 0-8 in Nebraska averaged 13/1,000 between 2005 and 2007 (range 12.8-13.8)[4]. The Healthy People 2010 target is 10.2/1,000 for maltreatment of children (0-18 years of age)[5]. According to the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control, children younger than four years of age are at the greatest risk for severe injury or death

[1] Nebraska Department of Health and Human Services, Child Care Subsidy and Licensing program data January, 2008. Unpublished

[2] US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008. http://www.census.gov/cps/

[3] U.S Census Bureau, Poverty Thresholds 2007: Poverty Thresholds for 2007 by Size of Family and Number of Related Children Under 18 Years (Dollars). http://www.census.gov/hhes/www/poverty/threshld/thresh07.html.

[4] Nebraska Department of Health and Human Services, Child Abuse and Neglect Reports. January, 2008. Unpublished

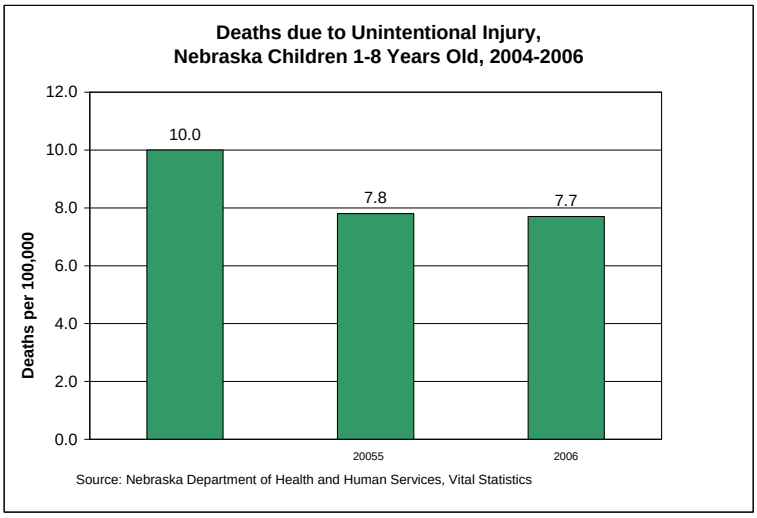
[5] Healthy People 2010 Objectives for the Nation; see www.healthypeople.gov

due to abuse or maltreatment[6]. This is often due to lack of parent education regarding typical development and minimal coping skills.

Number of Nebraska children (1-8 years) who die of an unintentional injury, per 100,000:

The category of unintentional injury includes incidents such as motor vehicle crashes, falls, discharge of firearms, drowning, and exposure to smoke, fire, and poisoning. Unintended injury is the leading cause of death for children.

In 2006, a rate of 7.7/100,000 deaths were reported down from 10.0 in 2004[7]. This decrease was not statistically significant.



Parent Education

Nebraska parents support their children's healthy development.

Percent of mothers who participated in parenting classes during their most recent pregnancy[8]: From 2003-2005, the average participation was 16.3% (range 15.7-17.1%). Of the women who reported taking a parenting class nearly half where older than 25 years of age, 36% had at least 16 years of education, 60.3% had more than a high school education, and 63% were married. These characteristics are statistically different from those women who did not take a class.

6 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Child Maltreatment: Fact Sheet., 2008. http://www.cdc.gov/ncipc/dvp/CMP/default.htm

7 Nebraska Department of Health and Human Services, Vital Statistics, 2004-2006. Unpublished

8 Nebraska Department of Health and Human Services, Pregnancy Risk Assessment Monitoring System (PRAMS), 2003-2005

Medical Home

All Nebraska children have access to and receive high quality health care services through a medical home.

Ratio of licensed physicians and licensed dentists to the number of children (0-8)[9]: Having access to a medical provider is key to having a medical home. In 2006 Nebraska had a total of 3,762 Physicians (including residents) and 974 Dentists. There were 17/93 counties without a Physician and 21/93 counties without a Dentist. The ratio of all providers per child age 0-8 was 1:47 in 2006. However, when considering only Pediatricians, Family and General Practice Physicians and Dentists, the ratio is one provider for every 136 children. In 2006, 51% of all providers where practicing in Douglas County, Nebraska. When excluding Douglas County the ratios become 1:63 for all providers and 1:154 for Pediatricians, Family and General Practice Physicians and Dentists. Considering that medical providers do not limit their patients to young children the ratio of providers to children 0-18 was 1:99.

Percent of Kids Connection eligible children who received an EPSDT exam during most recent state fiscal year: The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. It's required in every state and is designed to improve the health of low-income children by financing appropriate and necessary pediatric services. EPSDT is designed to address physical, mental, and developmental health needs. Screening services "to detect physical and mental conditions" must be covered at periodic intervals, as well as provide diagnostic and treatment coverage[10]. In 2007 the rate of eligible children receiving at least one periodic exam was 56%. This is unchanged from 2005[11].

Percent of children 19 through 35 months who have received the 4:3:1:3:3 immunization series: A fully vaccinated child is an indication that the child has received preventive medical care. According to The Centers for Disease Control, the immunization rate for Nebraska's young children has risen from 72.6% in 2004 to 82.9% in 2007[12] (no significant trend). Nebraska has exceeded the Healthy People 2010 objective of 80% of children being fully vaccinated.

Percent of Nebraska children (0-8) who do not have health insurance coverage: According to the US Census Bureau the rate of young children without health insurance has been increasing over the past several years, although not at a statistically significant rate. The Healthy People 2010 objective is 100% coverage for all ages.

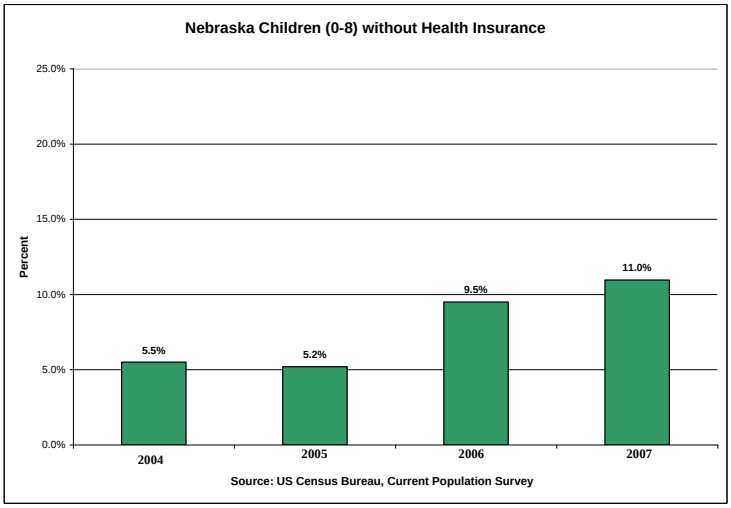
Health insurance and a young age is important indicator of access and quality of health care. Children with health insurance are more likely to have a Medical Home and receive timely comprehensive care. Well child health care in early life is key to prevention of chronic health issues over the lifespan.

[9] University of Nebraska Medical Center, Health Professions Tracking Center Directory of Nebraska & Western Iowa Healthcare Resources 2007-2008.

[10] US Department of Health and Human Services, Health Resources and Service Administration. http://www.hrsa.gov/epsdt/default.htm

[11] Nebraska Department of Health and Human Services, Form CMS-416: Annual EPSDT Participation Report, 2007.

[12] Centers for Disease Control and Prevention, National Immunization Survey, Estimated Vaccination Coverage* with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area Q1/2007-Q4/2007. http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2007.htm



Mental Health

The early childhood mental health (social-emotional-behavioral health) needs of Nebraska's children are met.

Prevalence of new mothers who experienced maternal depression related to their most recent pregnancy: In Nebraska, about 1 in 7 (14%) or an estimated 3,579 new mothers per year were at risk for post partum depression during 2004 and 2005[13]. Mothers less than 20 years of age were more than twice as likely to be at risk of depression as those over 25 years of age (27.1% v 11.9%). A mother is considered at risk if she reported that she always or often felt down, depressed or hopeless, OR if she always or often had little interest or pleasure in doing things. Depression can interfere with mother's ability to care for herself and her baby and have a long-term effect on the development of her child.

Percent of Kids Connection eligible children receiving mental health treatment: From 2004 through 2007 a consistent average of 7.5% was of all children age 0-8 years receiving Kids Connection benefits received mental health treatment[14]. The utility of this indicator is limited and will be more meaningful with future analysis of other data sets, such as that from private insurers.

A competitive grant application will be submitted for Early Childhood Comprehensive Systems funding for 2009-2012. Based on the success of intensive collaboration efforts, ECCS is now evolving into a child and family focused, multi-agency based initiative serving the comprehensive developmental needs of all children regardless of the traditional roles of specific agencies. The Together for Kids and Families initiative has to date achieved 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.

[13] Nebraska Department of Health and Human Services, Pregnancy Risk Assessment Monitoring System (PRAMS), 2004-2005

[14] Nebraska Department of Health and Human Services, Medicaid Claim Data 2004-2007. Unpublished

IV. 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 an average of 74,675 children under the age of nine enrolled in Kids Connection each month during FY 2006 (July 2005-June 2006), 76,015 in FY 2007 (July 2006-June 2007), and 77,967 for FY 2008. The 2000 Census indicated that there were 240,493 children under the age of nine in Nebraska, so approximately 30 – 32 % of Nebraska's children under the age of nine were enrolled in Kids Connection each month during those fiscal years. *Source: Staff, DHHS Division of Medicaid and Long Term Care*

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 US Census Bureau there were 232,000 people (13.2%) in Nebraska without health insurance coverage in 2007, up from 11.8 % 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: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2007*

Health and Dental Professional Shortages

Nebraska has several designated Health Professional Shortage areas where barriers exist to obtaining adequate health care. In 2008, 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 5 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. 66 percent of Nebraska's counties currently have a shortage of family practice physicians. 92 percent have a shortage of general surgeons, 96 percent have a shortage of internal medicine physicians, 97 percent have a shortage of psychiatrists, 94 percent have a shortage of pediatricians, and 92 percent have a shortage of obstetricians/gynecologists. Additionally, 57 percent of Nebraska's counties have a shortage of dental health professionals, 69 percent have a shortage of pharmacy professionals, 56 percent have a shortage of occupational therapists, and 34 percent have a shortage of physical therapists. *Source: DHHS, Office of Rural Health & Primary Care, December 2008.*

Medical Home

A medical home is a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. [15]

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. The Head Start Program Information Report does provide some information on the children served in that program who have an ongoing source of continuous, accessible medical care. The 2007-2008 report for Nebraska indicates that 5,587 Head Start enrolled children or 92.5% have a medical home.[16]

A number of initiatives are underway in Nebraska to promote the medical home model. The Family to Family Health Information Center has planned workshops across the state, providing families with information about a medical home. The workshops define a medical home and how the medical home helps parents partner with health care professionals to improve care for children with special health care needs. [17]

The Together for Kids and Families Early Childhood Comprehensive Systems project define Medical Home as a priority of strategic plan. A Medical Home work group was established that meets to coordinate and enhance the efforts in Nebraska to establish Medical Homes for children and families.

The Nebraska Integrated System of Care for Children and Youth with Special Health Care Needs (NISOC) project was initiated June 1, 2008 and is funded through May 31, 2011. Through partnership with Nebraska's Title V programs, including the Nebraska Medically Handicapped Children's Program, and the Nebraska Family-to-Family Health Information Center, this project administered by the Boys Town Institute for Child

[15] *American Academy of Pediatrics*
[16] *Head Start Program Information Report 2004-2005*
[17] *Family to Family Health Information Center*

Health Improvement will: assess State and community-based programs for integration of family-centered care principles and coordination/linkages between programs; improve the quality of health care services through a statewide Medical Home Learning Collaborative; expand developmental screening and surveillance in medical homes; and partner with State and local programs to develop social marketing campaigns on developmental screening and access to medical homes. [18]

Health Status Indicators

- **Live Births in Nebraska**

  In 2006, the number of resident live births in Nebraska increased for the eleventh time in the last 12 years, reaching its highest level since 1982. A total of 26,723 live births were recorded among Nebraska women in 2006, compared to the 2005 tally of 26,142. The 2006 number also translates into a crude birth rate of 15.1 live births per 1,000 population. [19]

- **Low Birth Weight Rate**

  Nebraska's 2006 live births also included 1,910 low birth weight babies, i.e. babies that weighed less than 2500 grams (about 5 ½ pounds) at birth. This figure translates into a low birth weight rate of 71.5 per 1,000 live births, which is an increase from the 2005 figure of 69.7. Nebraska's annual low birth weight rate has increased steadily since falling to an all-time low of 52.8 in 1990. [20]

- **Prenatal Care**

  The Nebraska birth certificate was substantially revised in 2005, adding data that have never been gathered before and altering the way that some existing data are collected. As a result, some data may not be comparable to data collected in years prior to 2005. One such variable affected in this way is the trimester when prenatal care began. These data are now based on the actual calendar date when prenatal care began, which should improve their accuracy, but which has also increased the amount of missing information. In 2006, birth certificate data showed that prenatal care began during the first trimester of pregnancy for 71.5% of all live births; a slight improvement from the 2005 figure of 71.3%. The 2006 figure increased to 75.4% when births with missing data are excluded. 2005 also marked the first year that Nebraska used the Kotelchuck Index as an indicator of the adequacy of prenatal care. This statistic combines information from the birth certificate concerning when prenatal care began and the number of prenatal visits from when prenatal care began to delivery. Using this measure, 13.6% of Nebraska's 2006 live births occurred among women who did not receive adequate prenatal care, compared to 14.1% in 2005. [21]

[18] *Boys Town Institute for Child Health Improvement*
[19] *Nebraska Vital Statistics Birth Highlights*
[20] *Nebraska Vital Statistics Highlights*
[21] *Nebraska Vital Statistics Birth Highlights*

- **Birth Defects**

  A total of 1,113 birth defects were diagnosed among 676 children born to Nebraska women in 2006. The latter figure translates into a rate of 25.3 cases per 1,000 resident live births and stillborns. Defects of the circulatory system were the most frequently diagnosed conditions in Nebraska in 2006, accounting for 302 (27.1%) of all defects reported. Musculoskeletal conditions were the second most frequently reported defects among Nebraska children in 2006, with 208 diagnoses, followed by genitourinary system defects, with 152 diagnoses. Nebraska's 2006 data also show that birth defects were reported three times more often among low birth weight (less than 2500 grams) babies than among babies 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. [22]

- **Infant Mortality**

  A total of 148 infant deaths occurred among Nebraska residents in 2006, which translates into an infant mortality rate of 5.5 per 1,000 live births. This figure represents a slight improvement from the 2005 rate of 5.6, and nearly equals the state's all-time lowest infant mortality rate of 5.4, which was set in 2003. There continues to be a significant disparity in infant mortality rate for racial/ethnic minorities. In 2006 the infant mortality rate for African Americans was 11.4 per 1,000 live births. The Caucasian mortality rate for 2006 was 5.6 per 1,000 live births.

  The leading cause of infant deaths in Nebraska in 2006 was birth defects, which accounted for 45 deaths, followed by sudden infant death syndrome (also known as SIDS), which resulted in 18 deaths. Low birth weight babies accounted for 95 (64.2%) of Nebraska's infant deaths, with 73 of these children falling into the very low birth weight (<1500 grams) category. Neonates (infants less than 28 days old) accounted for the majority of Nebraska's 2006 infant deaths, with a count of 93, while post-neonates (infants between 28 days and one year of age) accounted for the remaining 55. [23]

  <u>Mortality Information from the Child Death Review Team</u>

  The Nebraska Child Death Review Team (CDRT) was established by the Nebraska Legislature in 1993 and charged with undertaking an ongoing, comprehensive review of existing information regarding child deaths in Nebraska. The report of the CDRT's findings and recommendations, issued in 2007, was based on review and analysis of deaths of the 302 Nebraska resident children (newborns through 17 years of age) who died during 2004. The overall death rate of children in Nebraska was 16% lower in 2004 than in 1993 when child death reviews began, declining from 361 deaths (82.6 /100,000 children 0-17) to 302 deaths (69.5/100,000). African American children had significantly higher death rates than did White children. Deaths attributed to Sudden Infant Death Syndrome (SIDS) appear to be the major single contributor to this

[22] *Nebraska Vital Statistics Birth Highlights*
[23] *Nebraska Vital Statistics Death Highlights*

disparity. Native American, Asian and Hispanic death rates were also higher, but these differences were not statistically significant.

The leading causes of death for children were:

- Pregnancy related
- Birth Defects
- Motor Vehicle-Related Incidents
- Unintentional Injuries
- Cancer / Malignant Neoplasms

Pregnancy-related factors such as prematurity, maternal complications, and events of labor and delivery were the underlying causes of 29% of all infant and child deaths in 2004, the largest single cause of death category with a total of 87 deaths.

Diagnosed deaths from Sudden Infant Death Syndrome (SIDS) have declined considerably in Nebraska over the past decade. SIDS is officially defined as the sudden death of an infant less than one year of age which remains unexplained after a thorough medical and legal investigation. During 2004, 18 infant deaths were officially reported as SIDS. Six additional infants who died in their sleep were not diagnosed as SIDS, but had medical or other records similar to infants who in the past *had* been diagnosed as SIDS. They are thus considered together in a broader "sleep associated death" category. These 24 total deaths had similar characteristics regardless of actual diagnosis.

The decline in sudden deaths in infancy has occurred as more parents and care givers have recognized the dangers associated with infants sleeping on their stomachs, and adopted the recommendations of the "Back to Sleep" campaign. However, there are still children who are not placed to sleep on their backs. It is also becoming clear that many deaths that are called "SIDS" are actually unintentional suffocations. Excess blankets and pillows, sleep surfaces not designed for an infant, second-hand tobacco smoke and other impediments to infant breathing have emerged as major risk factors for the sudden death of infants. *Source: Nebraska Child Death Review Report 2004*

- **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 82.9%. Nebraska ranks fifth for immunization coverage of 2 year olds as measured in 2007 by the National Immunization Survey, conducted by the Centers for Disease Prevention and Control. [24]

[24] *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 women, infants, and children under five healthy and strong. The WIC program is available at approximately 100 clinic sites located throughout Nebraska. The program currently serves about 45,000 participants each month. Participants shop for WIC approved foods at over 400 authorized stores across Nebraska. In addition, there are three tribal WIC programs that serve others beyond those indicated in this report.

Since 2004, Nebraska has implemented breastfeeding peer counseling services in 11 WIC clinic sites across the state using the USDA Loving Support Peer Counseling curriculum. Breastfeeding Peer counseling programs provide encouragement and support for breastfeeding to women in the WIC program, provided by their peers.

The long-awaited federal *Interim Rule* transforming WIC's food packages was published on December 6, 2007. The foods included in the revised packages better promote and support the establishment of successful long-term breastfeeding, provide WIC participants with a wider variety of food, and provide WIC State agencies with greater flexibility in prescribing food packages to accommodate participants with cultural food preferences. Following is a summary of the changes:

Fruits and Vegetables

- Cash-value vouchers - $8 for women, $6 for children and $10 for exclusively breastfeeding women
- Flexible choice for ethnic and seasonal variety

Adding Whole Grain Products and Cereals

- Whole wheat bread, brown rice added
- Whole grain cereals emphasized

Juices

- Infant juices eliminated; reduced amounts for others
- Juice replaced with fruits and vegetables

Dairy and Protein Foods

- Less milk and cheese offered overall
- Reduced fat milk for all participants over 2
- Canned beans allowed

Revised Food Packages for Infants and Breastfeeding Moms

- Baby food for infants 6 months of age and older
- Additional incentives for breastfeeding moms and babies: higher quantities of food for mom, and baby food, including fruits, vegetables and meat for baby
- Formula prescription tied to actual breastfeeding practice[25]

[25] *Source: DHHS WIC Program*

Early Hearing Detection and Intervention

Significant hearing loss is one of the most common birth defects 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.

Since 2003, 100% of the birthing facilities have been conducting newborn hearing screening. The annual aggregate reports submitted by the hospitals in 2007 show that 98.6% of the 27,117 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.[26]

Audiologists reported identifying 52 infants born in 2007 with permanent hearing loss, an incidence rate of 2 per thousand births. The average age at the confirmation of diagnosis was 122 days and 57% of the confirmatory evaluations occurred within three (3) months of birth.

Of the babies identified with a permanent hearing loss, 77% were verified for early intervention services through the Early Development Network. Of those verified, 88% were verified prior to six (6) months of age.

Newborn 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 Lost
2000	69	11	16%	8,978	36%
2001	69	24	35%	15,272	61%
2002	69	57	83%	22,615	89%

[26] *Newborn Screening in Nebraska: 2007 Annual Report*

Newborn 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 Lost
2003	67	67	100%	25,275	97%
2004	67	67	100%	25,966	98%
2005	65	65	100%	26,179	99%
2006	63	63	100%	26,615	99%
2007	63	63	100%	26,737	99%

Newborn Blood-spot Screening

The goal of newborn screening for inherited disorders is to identify newborns at risk for certain conditions that would otherwise not be detected until damage has occurred, and for which interventions and/or treatment can prevent damage and improve the outcome for the newborn. The types of conditions screened are endocrine, metabolic, hematologic and other genetic conditions such as cystic fibrosis. Morbidity is variable, depending on the condition. Effects include mental retardation, blindness, deafness, organ damage, seizures, risk of metabolic crisis, chronic illness and stroke. Some conditions if left undetected and not treated, can even result in infant or childhood mortality.

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 conditions. The laboratory phones abnormal results immediately to the newborn's physician, hospital or submitter, and the State follow-up program. The State follow-up program staff fax and in urgent cases phone the physician with additional information about how to confirm the results, recommended tests to assist with diagnosis, and referral information on available specialists specific to the condition.

Treatment varies of course by the condition. For some (such as biotinidase deficiency) it is as simple as taking pharmaceutical doses of vitamins but for others such as CF and sickle cell disease that can affect multiple systems, coordinated comprehensive care monitored by a specialist or team of specialists may be necessary. Once diagnosed and connected with specialty services when needed, in Nebraska, the newborn screening program helps with the cost to manage some diseases. Patients with conditions requiring metabolic formula and foods (which often are inadequately covered by insurance) can get assistance through the newborn screening program. For conditions requiring pharmaceutical treatment, insurance, Medicaid and SCHIP generally cover those necessary medical expenses.

The panel of conditions screened grew from 6 to 8 in 2006 when cystic fibrosis and congenital adrenal hyperplasia (a potentially deadly condition) were added to the required panel. Then in July of 2008, eighteen of the metabolic conditions screened by tandem mass spectrometry that were previously "optional" on the screen were made part of the required screen via regulation. Prior to this mandate > 97% of parents consented to receiving those test results. These changes have meant more children have been saved from a lifetime of disability and quite possibly some untimely and tragic deaths have been prevented. The number of babies spared these effects were 43 in 2006, 42 in 2007, and in 2008, 47 newborns with clinically significant conditions were identified and their entry into specialized care was facilitated. [27]

Title V – Maternal and Child Health Block Grant

The Title V / Maternal and Child Health (MCH) Services Block Grant, or more commonly known as Title V / MCH Block Grant, is one of the oldest federal funding sources to ensure the health of our Nation's mothers and children. Since passage of the Social Security Act in 1935, the Federal Government has pledged its continuous support of Title V of the Act, making Title V the longest lasting public health legislation in United States history.

States and territories are allocated funds based on a formula through the United States Department of Health and Human Services, Maternal and Child Health Bureau (MCHB). A state's acceptance of federal Title V / MCH Block Grant funds imparts responsibility to the state to assure the health of all mothers and children in the state; to systematically assess health needs and determine health priorities; to develop systems that build capacity across the state to address these priority needs; and to be accountable for programs and services and their outcomes. States must identify their specific health needs of the population through a five-year statewide needs assessment; submit an annual plan for meeting the needs identified by the statewide needs assessment; and report annually on performance measures.

In 2005, the Lifespan Health Services Unit of DHHS completed a 5-year comprehensive needs assessment, identifying ten priorities for Nebraska which may be found at http://www.dhhs.ne.gov/LifespanHealth/planning/final-report.pdf. The Department subgrants a portion of the federal Title V/MCH Block Grant to support Community-level activities. A new 3-year funding cycle began with federal fiscal year 2009 (October 1, 2008 – September 30, 2009), with subgrants to community-based projects that address the priorities of healthy weight for women/children, reducing rates of preterm and low birth weight births, and reducing rates of infant mortality. [28]

[27] *DHHS Staff*
[28] *DHHS Lifespan Health Services Unit*

Childhood Lead Poisoning Prevention

Elevated blood lead levels (EBLL) can cause increased behavioral problems, malnutrition, and significant detrimental physical and cognitive development problems. Lead poisoning can be fatal. Blood lead testing is recommended for all children at 12 to 24 months of age and any child under seven years of age who has been exposed to lead hazards. In 2006 and 2007, there were 13,962 and 13,242 Nebraska children less than six years-old tested for EBLL, respectively. These are both significant decreases from the 21,158 Nebraska children less than six years-old tested in 2005.

The 34% decrease in children screened between 2005 and 2006 may be attributed to the termination of a federal grant funding screening analysis from the Centers for Disease Control and Prevention (CDC) that ended in 2005. The Nebraska Department of Health & Human Services Division of Public Health (NDHHS) Childhood Lead Poisoning Prevention Program (CLPPP) administered targeted screening among children who were at greater risk of lead poisoning through local health departments and Community Action Programs (CAP) from the early 1990s until June 30th, 2005. It is uncertain whether the CDC funding will be available in the future. Clinics and hospitals now decide on their own whether to have a child tested for EBLL or not. There are no general guidelines for this practice, except that Medicaid-eligible children are required to be screened at 1 year and 2 years of age; and if not at 1 or 2, at some point between age 3 and 6.

NDHHS CLPPP continues to collect data from laboratories which perform blood lead tests on children 0-6 years of age. This information is tracked in a database which generates reports, identifies children with elevated test results and allows the program to provide appropriate case management

In 2006, 263 children (1.88 percent of children tested) had blood lead levels in the range where detrimental effects on health have been clearly demonstrated. In 2007, 231 children (1.74 percent of children tested) had elevated blood lead levels. However, it is difficult to obtain the number of children poisoned as some parents do not bring children back into clinics for confirmatory tests.

Children are commonly exposed to lead through lead-based paints often present in houses built prior to 1950. Some homes built as recently as 1978 may also contain lead-based paint. The best way to protect children who are at risk by living in homes with lead-based paint is to maintain freshly painted walls so as to avoid chipping and peeling paint. It is also important to keep these areas clean and dust free. The best approach to eliminate lead poisoning is to prevent exposure in the first place. [29]

[29] *DHSS Staff*

Emerging Program Developments in Early Childhood Health Services

➢ New Immunization Requirements and Developments

In 2007, a bill was passed by the Nebraska Legislature and signed into law which added invasive pneumococcal disease to the list of immunization requirements for children attending licensed childcare. New national recommendations included in the Recommended Childhood and Adolescent Immunization Schedule are:

- Influenza vaccine age range increased to include children 6 months to 18 years, and
- A new vaccine now available and recommended against human papilloma virus.

There has been a nationwide shortage of the HIB vaccine (Haemophilus Influenzae type B) for more than a year. As of December 2008, the booster dose has been deferred until the shortage is over which will affect future Nation Immunization Survey results for immunization coverage. HIB is routinely given to infants at 2, 4, and 6 months of age with a booster at 12-15 months. It protects against Invasive disease which can affect many organ systems and cause meningitis, epiglottitis, pneumonia, arthritis and cellulitis.

In 2008, Nebraska has experienced an increase in the number of Pertussis cases, particularly among teens and young adults. The recommended use of Tdap version of the tetanus booster has been stressed to all individuals when they get their booster. A tetanus booster is good for 10 years unless there is a major wound injury and is recommended for all adults every 10 years.

Finally, the Nebraska State Immunization Information System has been updated to a web-based version with the regular addition of immunization data from Lincoln-Lancaster County Health Department's system and populated by birth records from the Office of Vital Statistics. All users of the previous system have been transferred to the new one and private physician offices will be added in 2009.[30]

➢ Early Head Start Early Childhood Hearing Outreach (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 Office of Head Start, has trained six (6) Early Head Start programs to conduct otoacoustic emissions (OAE) hearing screenings. A team, consisting of four audiologists, an educator of the deaf, an early

[30] *DHHS Immunization Program*

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. The Early Head Start programs conducted OAE screenings for 738 infants and toddlers enrolled in their programs for this demonstration project. Two young children were identified with a permanent hearing loss.[31]

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

Nebraska was 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 was to reduce delays and loss to follow-up by improving the systems of care for follow-up to the newborn hearing screening process. Program activities in Nebraska during the learning collaborative included reduction of the literacy level of parent materials, development of a parent checklist/road map, inclusion of parent phone number, primary language, and primary health care provider name on hospital hearing screening reports, development of a 1-page audiologic evaluation reporting form, and development of scripts to explain hearing screening results to parents.[32]

➢ Nebraska Children's Hearing Aid Loaner Bank

Based on a feasibility study conducted during 2006, the Nebraska Children's Hearing Aid Loaner Bank (NCHALB) was organized during 2007. The purpose of the NCHALB is to provide immediate access to amplification for children when identified with a permanent hearing loss for an initial period of six months. Partners in the NCHALB are the University of Nebraska – Lincoln Barkley Center audiology department, the Nebraska Association for the Education of Young Children (NeAEYC) and the Nebraska Early Hearing Detection and Intervention Program. Contracts were signed to provide funding to UNL-Barkley Center for administration of the NCHALB and to NeAEYC for fiscal management and purchase of hearing aids. An organizing committee was formed and funding proposals, a brochure and the Web site www.unl.edu/barkley/nchalb/index.shtml) were developed. One hearing aid manufacturer donated 30 hearing aids to the NCHALB. During the first nine months of 2008, 24 young children from across that state had received loaner hearing aids. [33]

➢ Breastfeeding Promotion and Support

In 2005, Nebraska Department of Health and Human Services launched a Breastfeeding Promotion and Support Initiative, releasing a report in 2006. This report addresses the wide scope of issues impacting breastfeeding rates, and outlines a

[31] *DHHS Early Hearing Detection and Intervention Staff*
[32] *DHHS Early Hearing Detection and Intervention Staff*
[33] *DHHS Early Hearing Detection and Intervention Staff*

vision, goals, strategies, and action steps for improving those rates. This report may be found at http://www.dhhs.ne.gov/LifespanHealth/BreastfeedingReport0306.pdf . During 2008, the Lifespan Health Services Unit of NDHHS worked with stakeholders to begin forming a Breastfeeding Support Coalition, one of the recommended actions included in the report. Efforts will continue into 2009 to formalize this coalition.[34]

➢ Shaken Baby Syndrome and Sudden Infant Death Legislation

LB 994 was signed into law in 2006. This bill covered a wide range of public health and welfare issues, including provisions to reduce the risk of sudden infant death and shaken baby syndrome. Among these are provisions found in Section 149 that establish requirements for hospitals and other medical facilities discharging newborns. These facilities are to 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 Divisions of Children & Family Services and Public Health in DHHS coordinated the implementation of Section 149, including the establishment of criteria for approval of materials, receiving and reviewing materials already in use, and developing new materials. Two informational videos on the prevention of sudden infant death and Shaken Baby Syndrome were developed and filmed, first in English and then two additional videos were filmed in Spanish. Companion brochures for the videos were also designed to assure a consistent message, also in English and Spanish. These materials are now available to hospitals and other medical facilities discharging newborns.[35]

[34] *DHHS, Lifespan Health Services Unit*
[35] *DHHS Lifespan Health Services Unit*

V. Status of Early Childhood Mental Health Services

Early Childhood Mental Health is a broad construct that addresses the social-emtional-behavioral development of young children, their families and also those concerns that are challenging and troublesome to optimum growth and development of young children. This comprehensive view includes a triadic approach – strategies of promotion, prevention and intervention (when challenges or disorders present themselves). There is recognition that mental health (social-emotional-behavioral health) is accomplished only when all aspects of the early childhood system address all domains of development in an integrated manner.

It has only been recently that focused attention is being given in Nebraska to the lifelong significance of these early years and the contextual approach that is key to optimum development. The State Early Childhood Comprehensive Systems cross-sector initiative (ECCS), known in Nebraska as *Together for Kids and Families* seeks to ensure that infants, young children, and their families have access to: integrated high-quality health care and medical homes, early care and education, social-emotional and mental health programs, family support, parenting education. All aspects of this planning contribute to the framework that is essential to the early childhood mental health system. This cross-sector work has included connectedness where possible with the Children's Mental Health and Substance Abuse Statewide Infrastructure Grant (SIG), received by Nebraska DHHS in 2004 as a five-year grant to develop a statewide infrastructure that includes young children.

Scientists who study brain development are finding that the earliest relationships and experiences that a baby has help set the stage for life-long emotional and other competencies. It is with this understanding that special attention is being given to high quality programs serving infants and toddlers through Nebraska's *Early Childhood Education Endowment Grant Program* and other infant-focused projects. This also acknowledges that social-emotional development is foundational and critical to "whole" of the development of young children.

Other key statewide activities and initiatives that contribute to the social-emotional-behavioral health of young children and their families and to address those challenging behaviors and disorders are highlighted below. An important challenge is that these initiatives and activities are integrated and coordinated. There are early indicators that progress is being made in this arena; much more is yet to be accomplished. Strategies and services to recognize and address those most vulnerable children (family and environmental risks, exposure to ineffective parenting or parental absence, living in foster care) are currently of high need.

Perinatal Depression

The Perinatal Depression Project, initially supported through a federal grant, continues to be coordinated by Perinatal, Child, and Adolescent Health in the Lifespan Health Services Unit, Division of Public Health, Nebraska Department of Health and Human Services. Through this project, several resources were developed for Nebraska healthcare providers and women.

A web site for providers was developed and can be found at www.dhhs.ne.gov/PerinatalDepression. This web site includes an evidence-based professional education curriculum with four interactive modules and database for providers including mid-level practitioners. A toolkit was also designed for providers and can be downloaded from the provider web site. The toolkits include the following:

- CD of the curriculum,
- Posters/brochures,
- Quick reference materials (medication chart, resource/referral tables, scoring instructions for the Edinburgh screening tool),
- Tablet of the Edinburgh Postnatal Depression Scale, and
- Postcard satisfaction survey.

For the public awareness component of the project, posters, brochures, and radio public service announcements were developed in English and Spanish. The brochures and posters were distributed to primary care providers and community-based programs across Nebraska. A web page for women and their families can be accessed at www.dhhs.ne.gov/MomsReachOut and includes the following topics:

- Symptoms of pregnancy-related depression,
- Treatment options,
- Expert tips – strategies that have helped others,
- A Mom's story,
- Resources – books and web sites,
- Information for families, and
- Information about the Healthy Mothers Healthy Babies Helpline.

A classroom toolkit was developed for use in student parent, human behavior, and health classes for grades 9-12. [36]

Nurturing Healthy Behavior in Early Childhood Pilot Projects (NHB) – A Child Care/Mental Health Consultation Project

During this first two years (2007-08) of operation of NHB projects, funded through the Nebraska DHHS child care services, program services are offered in three Health and Human Service System regions including: Kid Squad (Omaha metropolitan area),

[36] *DHHS Lifespan Health Services Unit*

CEDARS Youth Services (Lincoln area), and Central Nebraska Early Childhood Mental Health System of Care Project (Grand Island area). The sites include Head Start programs, profit and non-profit child care centers, and family home care. Training support to the projects is provided by the Nebraska Department of Education's Early Childhood Training Center and the Center for Social Emotional Foundations in Early Learning.

The Nurturing Healthy Behavior (NHB) in Early Childhood Pilot Projects are based on the conceptual framework of the *Teaching Pyramid Model* and consistent with Positive Behavior Intervention and Supports (PBiS), along with other evidence-based strategies, practices, and interventions promoted through the Center on the Social Emotional Foundations for Early Learning (CSEFEL) see section below. This framework guides Nebraska efforts in promoting the social and emotional development of children and preventing challenging behavior by offering early childhood and mental health consultation to providers, parents, and children in early care and education settings.

The recent evaluation report offered the following statistics:

- As of June 2008, there are 17 centers and 50 active classrooms
- 1112 children indirectly benefitted from the classroom consultation
- 92 children who were targeted for direct intervention
- Significantly more boys (74%) than girls (26%) received individual child consultation
- Children represented a wide distribution of ethnicities including: White (49%), African American (36%), Hispanic (7%), Multi-racial (5%), American Indian (2%) and unknown (1%)

The consultation resulted in improved outcomes on the social-emotional development of the children. Classroom consultation resulted in improved child care classroom environments. Teachers reported improved skills in addressing the challenges of individual children. Parents and teachers reported the support of the mental health consultant had a positive impact on the children and the children's classrooms.

Recommendations include: increasing the use of early childhood consultants to address program quality issues, increase partnerships/connections with parents of children who are receiving consultation, build center-wide relationships (between administrators, providers, parents and children) as a foundation to building high quality care.

Safe and Secure: Learners from the Start

A six-module series for child care providers and a workshop for parents (both available in English and in Spanish) continues to be offered through 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. 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.

This series serves as a useful introduction to the understanding of young children's social-emotional development and serves as a complement to the Teaching Pyramid model that is being implemented on a pilot basis in Nebraska and intended for eventual statewide implementation.

Nebraska Infant Mental Health Association

Professionals in the state with a keen interest in the early years (birth through five) of young children's development have the opportunity to participate in a network of regional groups (Southeast Nebraska (Lincoln, Beatrice, etc), Northeast Nebraska (Columbus, Norfolk, etc.), Central Nebraska (Grand Island, Kearney, Hastings, etc) and Western Nebraska (Scottsbluff, Gering, Chadron, etc.) that constitute the Nebraska Infant Mental Health Association. This association held its first meeting in April 2006.

Members reviewed and endorsed a set of core social-emotional competencies that should be evident in the professionals from the many fields of practice who work with young children. The presence of these essential competencies to promote more effective relationships and interactions that can benefit children's optimum development.

The organization also partners with other statewide efforts to bring professional development opportunities to interested parties throughout the state.

Emerging Program Developments in Early Childhood Mental Health Services

➢ Statewide Strategic Planning–a Positive Behavior Support Approach

Inspired by the recommendations of the March 2002 report to the Governor from the Early Childhood Mental Health Work Group, and recognizing that little progress had been made in system's building efforts relative to young children's mental health, a statewide planning group was convened in 2006 to refocus and re-energize on behalf of young children's social-emotional-behavioral competence. The rationale of the group was articulated as: "For Nebraska's children to be able to optimally learn and become responsible citizens we must attend to their social, emotional, and behavioral development in their early years." The mission was identified as, "Using the framework of Early Childhood Positive Behavioral Intervention and Supports, build a system of support for families and those who work with young children to promote the healthy social, emotional and behavioral development of Nebraska's children within their natural and inclusive environments." This work over the past two years has been guided by a vision that **"**all young children in Nebraska will have access to services that lead to meeting their social-emotional, behavioral needs".

The primary focus of the work is to fully engage families in every aspect of this work, to provide training that is accessible to parents, caregivers and those who work with or make policy decisions about young children, and to implement evidence-based practices by building on existing, supportive vehicles of service delivery. It is the intent to reach all in the state through thoughtful and strategic building of capacity to promote social and emotional competence throughout the multiple entities and systems that serve young children and their family.

This statewide initiative is coordinated by the Head Start-State Collaboration Office at the Nebraska Department of Education and is also a focus area for the Together for Kids and Families effort in Nebraska. The strategic plan for the positive behavior approach was developed and is monitored by a twelve member statewide leadership team. The strategic plan is available at: http://www.nde.state.ne.us/ECH/PBiS.html.

➢ The Teaching Pyramid Model: Promoting Social and Emotional Competence (A "Positive Behavior Support" Approach)

The "Teaching Pyramid Model" is a researched conceptual model for supporting social competence and preventing challenging behavior in young children. Nebraska was selected in 2007 through a competitive grant process by The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) to engage in a three-year technical assistance and training resources project. This capacity-building effort is designed to support the statewide implementation of this conceptual framework and to enhance the professional development system needed to sustain a quality early care and education workforce. This project is currently the center-piece activity of the statewide strategic planning highlighted in the previous section of this report.

In addition to training and technical assistance, four local program demonstration sites (one each in Omaha, Lincoln, Plattsmouth and Hastings) are engaged for purposes of informing the statewide work through participation in training events, data collection/evaluation, and commitment of local program leadership and resources over the three-year phase of the CSEFEL opportunity. Three of the demonstration sites are also affiliated with the Nurturing Healthy Behavior in Early Childhood Pilot Projects.

Implementation of this promising practice is desired in early childhood programs throughout the state. An infrastructure that supports the ongoing professional development of staff and others is one challenge. It is the hope that each region of the state would have accessible training and coaching for implementation through the regional Early Childhood Professional Development Partnerships. Financial resources are needed to make this a reality.

VI. Status of Early Childhood Education Services

All Day Kindergarten

The number of school districts offering all day kindergarten programs continues to grow. The table below shows the increase in all day kindergarten programs since 1996-1997.

Nebraska School Districts Providing Full-Day Kindergarten

School Year	Percent of Districts providing Full-Day Kindergarten	Number of Districts providing Full–Day Kindergarten
1996-1997	4.12%	27
2001-2002	37.12%	206
2004-2005	59.24%	298
2007-2008	88.97%	234*

Decrease in **number of school districts providing full-day kindergarten is due to the decrease in total number of school districts in Nebraska*

Of the 22,584 children enrolled in kindergarten in Nebraska public schools during the 2007-2008 school year, a total of 21,383 children (95%) were enrolled in full-day kindergarten.[37]

Early Childhood Education Grants

The Nebraska Department of Education (NDE) awards state funds to public schools or Educational Service Units to assist in the operation of comprehensive center-based early childhood programs. The programs are intended to support the learning and development of children from three years old until kindergarten entrance age. (Some existing projects that were initially funded under the early childhood education grants for infants and toddlers continued in 2006-2007 and transitioned to the early childhood endowment program in 2008.) Legislation in 2005 provided school districts that have had an approved early childhood education program for three years or more to receive Equalization Aid in the next school year for the four year olds that the programs serve. School districts that have had an early childhood education grant have met the criteria for approval. Districts eligible for Equalization Aid that have had a grant for three years or more are now funded by Equalization Aid or a combination of Equalization Aid and a partial early childhood education grant. The "roll-over " to Equalization Aid allowed NDE to fund twenty one additional classrooms of children in the 2007-2008 school year.

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

[37] *NDE Student Summary Attendance, June 30 Snapshot, 2008-06-30.*

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 whose parents are younger than eighteen or who have not completed high school.
- Children who were born prematurely or at low birth weight, as verified by a doctor.

During the 2007-2008 grant year, Nebraska served a total of 2,299 children in the 52 state funded early childhood education grant programs. Typical class size was 16-20 children. The information below identifies the total enrollment and demographic information of children served during the 2006-2007 and the 2007-2008 years.

Children in Nebraska's Early Childhood Education Grant Programs[38]

Program enrollment and demographic information	2006-2007	2007-2008
Enrollment	1,618	2,221
% of children age 4 at time of enrollment	60%	66%
% of children age 3 at time of enrollment	31%	29%
% of children age 2 at time of enrollment	4%*	2%*
% of children age 1 or less at time of enrollment	5%*	3%*
% Hispanic	29%	24%
% Black	8%	9%
% White	58%	65%
% American Indian	3%	2%
% Other	2%	0%
% eligible for free or reduced price lunch programs	67%	77%
% with a home language other than English	22%	25%
% with parents who were less than 18 years of age or were not high school graduates.	18%	18%
% who were born prematurely or at low birth weight	8%	7%

**These projects were transitioned to the early childhood education endowment grants.*

High quality early childhood programs have been linked to immediate, positive developmental outcomes, as well as long-term positive academic performance. The quality of the early childhood education grants programs was measured using the Infant/Toddler Environment Rating Scale-Revised (ITERS-R) or the Early Childhood Environment Rating Scale-Revised (ECERS-R) and the Early Language and Literacy

[38] *2006-07 and 2007-09 Nebraska Early Childhood Education Grant Program Annual Reports*

Classroom Observation (ELLCO). The ITERS-R was used for classrooms serving infants and toddlers, the ECERS-R and the ELLCO were used for classrooms serving 3 and 4-year old children. 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. Programs that do not meet standards for quality are required to submit action plans for improving program quality.

Cross Year Comparisons

The average classroom scores for all programs continue to be high. The Environment Rating Scales measure quality on a seven point scale, with seven being the highest quality.[39]

Average Classroom Ratings

Program Year	Average ECERS-R ratings (Maximum score is 7)*
2002-2003 Average	5.91
2003-2004 Average	6.05
2004-2005 Average	6.21
2005-2006 Average	5.98
2006-2007 Average	6.31
2007-2008 Average	6.09

*ITERS-R Scores are not aggregated and analyzed due to the low number of Infant/Toddler grant programs classrooms in the state.

Short-Term Development and Long-Term Academic Outcomes of Early Childhood Education Grant Program Participants

Both short-term and long-term developmental outcomes were assessed to determine the extent that the children's learning and development was positively associated with participation in the early childhood program. Programs used, as part of Results Matter, one of three state approved observational assessments to evaluate child progress: Assessment Evaluation, Programming System (AEPS), Creative Curriculum Developmental Continuum (CCDC), or the High/Scope Child Observation Record (COR) for Infants and Toddlers. The following is a summary of the short term developmental

[39] *2002-2008 Nebraska Early Childhood Education Grant Program Annual Evaluation Reports*

gains made by the preschool child in Nebraska Early Childhood Education (ECE) Grant Programs:

- Preschool children made significant gains in all areas of learning and development.
- Preschool children made the highest gains in the area of math/cognitive development.
- Children who were English language learners made significant progress but generally made slightly lower gains.
- By spring at least 94% of children were scoring at or above average in all functional outcomes.

The Nebraska Early Childhood Education Grant Program is designed to assist schools and Educational 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 upon 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. The long-term impact of an early childhood education grant program experience was evaluated by collecting mathematics and reading achievement scores from a sample of students who attended Nebraska's early childhood education grant programs. The results of the analyses for the 2007-2008 school year are as follows:

- The majority of the early childhood education grant students scored above the national average on achievement tests in both 4^{th} and 8^{th} grade.
- The ECE grant program had fewer students scoring above the national average than Nebraska students as a whole in both reading and math.
- The 8^{th} grade students who were formerly in early childhood education grant programs earned scores that were comparable to the total 8^{th} grade Nebraska population.

Student outcomes were also tracked on the Nebraska Student-Based, Teacher-Led Assessment and Reporting System (STARS). Fourteen programs provided STARS outcome data for 282 students who had an early childhood grant program experience. Twenty percent of the students were identified as receiving special education services. The majority of early childhood grant students across grade levels met or exceeded district standards in reading, writing, and math. The trend was similar to the data reported from the standardized assessment with the exception of students in the 11^{th} grade, who did better on STARS than the standardized assessment.

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, preschool, 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 fullest capacity. The goal of the Nebraska Department of Education's Accreditation Project is to increase the number of accredited programs throughout Nebraska.

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

The support provided to programs includes:

- Financial assistance to pay for a portion of the fees for accreditation
- Individual consultation with programs working toward accreditation
- Training and workshops about the accreditation process, and
- Opportunities to network with accredited programs.

Accredited Programs in Nebraska from 2004 to Present

Type of Accreditation	2004	2006	2008
National Association for the Education of Young Children (NAEYC)	61	104	72
National Association of Family Child Care (NAFCC)	7	15	14
National After School Association (NAA)	1	1	1

Emerging Developments in Early Childhood Education

➢ *Results Matter* in Nebraska

Results Matter in Nebraska is a child and family outcomes and program improvement system designed and implemented to improve programs and supports for all young children birth to age five, served through school districts, the Early Development Network, and community partners. The system grew out of earlier efforts to monitor and evaluate grant funded early childhood education programs. Its broader application came as a result of federal Office of Special Education (OSEP) requirements for reporting outcomes for children with disabilities and requirements for monitoring programs funded through a range of state funds. The system employs both child outcome assessment and program quality assessment to accomplish these purposes:

- 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

The system is administered through the Nebraska Department of Education including the Early Childhood Training Center, Department of Health and Human Services, and Munroe-Meyer Institute at the University of Nebraska Medical Center. A state *Results Matter* Child Measurement Task Force comprised of state and local stakeholder representatives serves in an advisory role for the system.

The child and program assessment tools selected by the Child Measurement Task Force are congruent with:

- Nebraska's Early Learning Guidelines (Birth to Three and Three to Five) www.nde.state.ne.us/ech/ELGuidelines/index.htm);
- with NDE Rule 11, Regulations for Early Childhood Education Programs (www.nde.state.ne.us/LEGAL/RULE11.html);
- with the Individuals with Disabilities Education Act (IDEA) Part C (Birth to Three) and Part B-619 (Three to Five); and,
- with NDE Rule 51, Regulations and Standards for Special Education Programs (www.nde.state.ne.us/LEGAL/cover51.html).

Child Assessment

Results Matter in Nebraska call for child outcome 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,
- is individualized to address each child's unique ways of learning,
- engages families and primary care providers as active participants,
- integrates information gathered across settings,
- is learning,
- informs decisions about day-to-day learning opportunities for children, and
- reflects the belief that development and learning are rooted in culture supported by the family.

School districts may choose from the following assessment tools. Districts submit child progress data online and some districts have chosen to use more than one online system.

- The High/Scope Child Observation Record (COR) (OnlineCOR.net)

- Creative Curriculum Developmental Continuum (creativecurriculum.net)
- Assessment, Evaluation and Programming System (AEPS) (AEPSinteractive.com)

The use of these tools, supported through the online data system, provides the state with unprecedented opportunities to compile needed data, not only for the required state and local reporting functions, but also for ongoing program improvement and curriculum planning. Nebraska's system is responsive to the state and federal mandates of the Individuals with Disabilities Education Act (IDEA) Part C (birth to age three) and Part B, 619 (three to five year olds), and Nebraska Department of Education (NDE) Rule 11, Regulations for Early Childhood Programs which apply to all prekindergarten programs operated through public schools. This includes programs which receive, or have received Early Childhood Education Grant Funds or have State Aid calculated for 4-year-olds. Districts began entering child data in Spring 2006, with the first statewide data reported to the federal Office of Special Education (OSEP) in February 2008. Annual reporting of Results Matter child progress data is required by OSEP, the State Board of Education and the Nebraska Legislature.

Program Quality Assessment

Results Matter also includes evaluation of program quality to assure that early childhood classrooms achieve and maintain overall high quality, employ qualified staff, and operate in compliance with federal and state guidelines. The following assessment tools are used to assess program quality. The Infant/Toddler Environment Rating Scale (ITERS-R) is used for center-based programs serving infants and toddlers. The Early Childhood Environment Rating Scale (ECERS-R) and the Early Language and Literacy Classroom Observation (ELLCO) are used for classrooms serving 3 and 4-year-olds. Data obtained from these tools are used to develop improvement plans.

All school districts and Educational Service Units are required to submit the NDE annual Early Childhood Program Report to be in compliance with Rule 11 approval processes. In addition, programs are highly encouraged to participate in the NAEYC Accreditation process, and NDE provides technical and financial assistance for that process.

Professional Development

Programs receive continuous support to assure that their participation in *Results Matter* provides the highest quality data and knowledge about how to use the data to improve program quality and child and family outcomes. The state's Early Childhood Training Center (ectc.nde.ne.gov), in cooperation with the organizations which provide the program and child assessment tools, regularly offer training in their use. The state maintains a cadre of professionals who have achieved reliability in the use of the Environment Rating Scales.

Fidelity Process and Reliability Check

In spring 2007 the Nebraska Department of Education (NDE) Results Matter Child Measurement Task Force recommended that a fidelity process be established to maximize the credibility of the observational assessment data collected for Results Matter. Two processes were implemented statewide in 2007-08 to assure and support the reliability and validity of child data:

- Local school district/ESU Fidelity Plan
- Individual teacher/practitioner Reliability Check

Each school district or ESU is required to submit an annual *Fidelity Plan* which addresses how the reliability and validity of the child observational data will be locally monitored and collected. These annual plans describe initial training and subsequent activities to strengthen the validity of the data.

The web-based *Reliability Check* applies to all teachers/practitioners who are responsible for administering and scoring assessments for children birth to five in early childhood grant-funded programs, birth to three endowment programs, early development network, early childhood special education, and participating Head Start programs. Teachers/practitioners can access the *Reliability Check* at any time during the specified posting dates, and must complete the check annually.

➢ New Developments in Kindergarten

In April 2008 the Nebraska Department of Education initiated working projects that would clarify and improve practices in Kindergarten classrooms across Nebraska. The impetus for the work grew out of a Kindergarten Leadership Team, convened in April 2008, to discuss current practices in kindergarten classrooms across the state. The Kindergarten Leadership team was made up of kindergarten teachers, administrators, faculty from higher education institutions, professional development coordinators and directors, special education teachers and administrators, Head Start teachers and administrators, and state agency representatives.

Consistent concerns were expressed about the loss of focus on developmentally appropriate practices in early childhood classrooms, unreasonable expectations for kindergarten children's learning outcomes, and pressure to have children reading and prepared to take the tests that would now be required in elementary grades.

As a result of the Kindergarten Leadership Team meeting recommendations were made to develop several documents that might help kindergarten teachers and elementary school administrators better support children in kindergarten and early elementary grades. The recommendations were:

- Revise the Kindergarten Position statement.
- Develop kindergarten standards that define what children should be learning in kindergarten.

- Revise the *Come as You Are Brochure* to help both parents and schools understand the importance of having all age-eligible children participate in kindergarten.
- Establish Early Learning Guidelines for kindergarten-age children that describe what children should be learning and able to do in kindergarten, how adults can support that learning, and what the learning environments for kindergarten should include.
- Develop a transition framework that helps describe to all early childhood teachers, administrators, and programs the importance of helping children and families make the transition from early childhood care and education programs into kindergarten and then on into early elementary school.
- Continue to host the annual kindergarten conference which provides a specific forum for professional development for kindergarten teachers.
- The Department of Education and other stakeholders will be working over the next two years to complete each of these work products and make them available to schools across Nebraska.

VII. Status of Early Intervention and Early Childhood Special Education Services

IDEA-Part C: Nebraska's Early Development Network (EDN)

In Nebraska, Early Intervention Services (EIS) for children ages birth to three is delivered through the Early Development Network (EDN), a partnership among state and local agencies. The Nebraska Departments of Health and Human Services (DHHS) and Education (NDE) serve as co-lead agencies (a.k.a. the Co-Leads) to administer and monitor EDN activities, which are implemented through the state's 29 Planning Region Teams (PRTs). The PRTs act as local interagency coordination councils made up of school districts, services coordination contractors, public and private agencies, child care providers and families.

Child Find to Identify Infants and Toddlers with Disabilities

Nebraska has implemented a comprehensive Child Find System resulting in the identification, evaluation and assessment of infants and toddlers, birth to age three, with disabilities. 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, homeless shelters and child care providers. Regional implementation of Child Find occurs through the Planning Region Teams. 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 Infants and Toddlers verified for Part C reported on December 2005 to 2007[40]

Ages	December 1, 2005	December 1, 2006	December 1, 2007
Birth to One	164	184	208
Percent of general population ages birth to 1	*0.64%*	*0.71%*	*0.78%*
Birth to Three	1263	1354	1361
Percent of general population ages birth to 3	*1.67%*	*1.74%*	*1.74%*

[40] *Special Education Student Information System (SESIS)*

Data reported to OSEP (U.S. Office of Special Education Programs) December 1, 2007 indicate that Nebraska served 208 infants ages birth to 1 with disabilities, which is 0.78% of this population. This shows considerable progress from the 0.64% (164 infants) reported for December 1, 2005. Data reported December 1, 2007 indicate that Nebraska served 1361 infants and toddlers, ages birth to three, which is 1.74% of this population, which again shows progress over the number served in 2005 (1.67%). *Source: Nebraska Part C Annual Performance Report FFY 2007*

OSEP approximates that out of the general population 1% of infants ages birth to one have special needs, and 2% of the general population of infants and toddlers ages birth to three have special needs. Nebraska's data appear to be cyclical without a defined pattern. In 2006 the PRTs conducted a self-assessment to identify successful Child Find strategies and referral rates and sources.

One area of Child Find that has shown significant progress in the last two years is the referral of infants and toddlers from the Protection and Safety system to Part C as mandated by the Child Abuse Prevention and Treatment Act (CAPTA). This law requires Protection and Safety Workers 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. 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 EIS is voluntary. The process for early intervention evaluation, eligibility, and services remain the same as it would for any child referred to the Early Development Network.

The most recent data on CAPTA referrals indicate that the Early Development Network is receiving 75% of the substantiated cases of abuse/neglect of infants and toddlers. This is a significant increase from the 59% reported in 2006.

Continuing efforts with Judge Douglas Johnson's "Helping Babies from the Bench" trainings and collaborative relationships with the Early Hearing Detection and Intervention program are aimed at enhancing early intervention services for infants and toddlers and their families.

Services in Home and Community-based Settings

Part C regulations, as supported by evidence-based practices, require that infants and toddlers primarily receive early intervention services in the home or community-based settings (i.e. natural environments, which are settings that are natural or normal for the child's age peers who have no disability.)

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 with disabilities were receiving services in the home or community-based settings. Annual data reported on December 1 shows the following percentages: 2005–88.2%, 2006–99%, 2007–96.03%.

Family Outcomes –the Part C Family Survey

Nebraska has revised its Part C family survey for families of children receiving services through Early Intervention and the Early Development Network. The Co-Leads worked with Westat to design the new family survey. An initial survey of families participating in Part C services was conducted in FFY 2005 with 928 families. An additional random sample survey was conducted from half of the families in Lincoln and half of the families in Omaha from July 1, 2006 to June 30, 2007. The additional 166 families were combined with the original families in the survey, for a total of 1,094 families participating in the family survey.

As federally required, Nebraska conducts an annual survey of families receiving EDN services to measure family outcomes in three areas. The results of most recent report conducted in the spring of 2008 showed:

- 74.8% of the families indicated that early intervention services have helped them know their rights.
- 69.9% of the families indicated that early intervention services have helped them effectively communicate their children's needs
- 88.3% of the families indicated that early intervention services have helped the family help their children develop and learn.

Local results are shared with each Planning Region Team.

Data analysis from the survey suggests that families who use an EDN Services Coordinator experienced more positive family outcomes as a result of their participation in the early intervention program. This reflects similar results to the 2006-2007 survey.[41]

Services Coordination

The Early Development Network provides services coordination for infants and toddler, birth to age 3, with a disability and their families. Services coordination is a flexible, individualized process of interaction facilitated by a Services Coordinator to assist a family of an eligible infant or toddler with disabilities within a community to identify and meet the family's and child's needs through coordination of formal and informal supports, which include all services that are authorized to be provided under the early intervention program. Services coordination is administered by the co-lead agencies, DHHS and NDE.

The program is administered through a co-lead arrangement between DHHS and NDE. In 2008 DHHS contracted with 22 agencies statewide to provide services coordination to infants and toddlers who are verified as eligible through special education criteria.

In FFY 2007, Services Coordinators served 6,549 infants and toddlers at an annual cost of $5,045,178.00[42]

[41] *Nebraska Part C Annual Performance Report FFY 2007*
[42] *CONNECT–Nebraska Department of Health and Human Services*

Children with Disabilities, Part B Ages 3-5

The Child Count of young children with disabilities, ages 3-5, served under Part B of the Individuals with Disabilities Act in 2007 was 5,179. There has been a consistent increase in the number of children between the ages 3-5 over the last three years. The most frequent 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

The age breakdown of children served in the past three years is indicated in the table below.

Count of Children ages three to five with disabilities in Nebraska

Age	Number served in 2005	Number served in 2006	Number served in 2007
3	1,159	1,309	1,359
4	1,573	1,638	1,717
5	1,933	1,949	2,103
Total	**4,665**	**4,891**	**5,179**

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

Head Start-State Collaboration Office (HSSCO)

According to the 2007 "*Improving Head Start for School Readiness*" Act, the purpose of the Head Start-State Collaboration office is to facilitate collaboration among Head Start agencies and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families.

Furthermore, the federal Head Start funds are to be used for the following redefined priorities:

- Assist Head Start agencies to collaborate with entities involved in State and local planning processes.
- Assist Head Start agencies to coordinate activities with the State agency responsible for administering the State Child Care and resource and referral services to promote full-working-day and full calendar year services available to children.
- Promote alignment of curricula used in Head Start programs and continuity of services with the Head Start Child Outcomes Framework, and State early learning guidelines.
- Promote better linkages between Head Start agencies and other child and family agencies, including those that provide health, mental health, or family support services and those provided for children with disabilities.
- Promote partnerships between Head Start agencies, State and local governments, and private sector to help ensure children from low-income families are receiving comprehensive services to prepare children for elementary school.
- Consult with the chief State school officer, local educational agencies, and providers of early childhood education at both State and local levels.
- Promote partnerships between Head Start agencies, schools, law enforcement, community-based organizations, substance abuse and mental health agencies to strengthen family and community environments and prevent negative impact on children and families.

– Promote partnerships to enhance program quality, access to literacy resources; access to in-kind services to Head Start agencies.

In addition, the Head Start State Collaboration Director is to:

– involve the State Head Start Association in determinations relating to ongoing direction of the Collaboration project and be involved in the selection of the State Collaboration Director; and,

– ensure that the State Collaboration Director has sufficient authority and access to ensure that collaboration is effective and involves a range of State agencies.

Enrollment in Head Start Programs in Nebraska

Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and while programs support the comprehensive needs of enrolled families, the primary focus is to prepare young children for kindergarten entrance.

- **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: Head Start teaches personal and oral hygiene and provides daily nutrition and health screenings and follow-up care by medical and dental professionals. Mental health or "social-emotional" assessments are also conducted as appropriate with follow-up by mental health professionals.

  Disabilities**:** Children with disabilities are welcomed and receive services from specially trained teachers. A minimum of 10 percent of Head Start funded enrollment must be set aside for children who have physical, mental or emotional disabilities, or developmental delays.

Actual enrollment in Head Start of children by age in Nebraska

Age	Number enrolled
3 years old	1,964
4 years old	2,842
5 years old	84

Source: Head Start Program Information Report, 2007-08

- **Early Head Start**

  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 children's most formative years.

  Actual Enrollment in Early Head Start of Children by Age in Nebraska

Less than 1 year old	456
1 year old	338
2 years old	322
Pregnant women	167

  Source: Head Start Program Information Report 2007-2008

  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.
  - Provides a minimum of 10 percent of Head Start funded enrollment opportunities for children who have physical, mental or emotional disabilities, or developmental delays.

- **Head Start and Children with Disabilities**

  Nearly 834 of the preschool and infant/toddler children 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)

- **Medical Services for Nebraska Head Start Children**

  All children receive medical and dental screenings as part of the Head Start Program. 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

- **Head Start and Diversity**

  Head Start programs serve low-income families as part of their federal funding requirements. A family of four must earn less than $21,200/year [based on 2008 Federal Poverty Guidelines] to qualify for Head Start services. The Nebraska Head Start programs also serve a racially/ethnically diverse population. The chart that follows indicated the enrollment in Nebraska Head Start program by race/ethnicity.

Actual enrollment in Head Start throughout the year by race/ethnicity

American Indian/Alaska Native	179
Asian	72
Black or African American	970
Hispanic or Latino Origin	1,681
Native Hawaiian/Pacific Islander	64
White	3,810
Bi-racial or multi-racial	319
Other	5
Unspecified	790

Source: Head Start State Program Information Report, 2007-2008

- **Head Start Families**

  The total funded enrollment number of Head Start or Early Head Start families served in 2007-2008 program year was 5,106. The total actual enrollment was 6,209. The number of two-parent families served in Head Start was 2,625 and the number of single-parent families was 2,938.

  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.

Services received by families of children in Head Start

Family Services:	**Number of families that received services**
Emergency/crisis intervention (addressing immediate need for food, clothing or shelter	1,877
Housing assistance (subsidies, utilities, repairs, etc.)	791
Transportation assistance (subsidizing public transportation, etc.)	729
Mental health services	1,058
English as a second language (ESL training)	567
Adult education (GED programs, college selection, etc.)	1,042
Job training	546
Substance abuse prevention or treatment	127
Child abuse and neglect services	238
Domestic violence services	215
Child Support assistance	267
Health education (including prenatal education)	3,503
Assistance to families of incarcerated individuals	87
Parenting education	4,264
Marriage education services	242
WIC Participation:	
Receiving services under the Special Supplemental Nutrition Program for Women, Infant, Children [WIC]	2,951

Source: Head Start Program Information Report, 2007-2008.

- **Homeless Nebraska Head Start Families**

  Nebraska Head Start programs serve and coordinate services for families who are homeless. In 2007-2008, Head Start programs served 132 families who were identified as homeless and 74 families acquired housing during the year.

Emerging Developments in Head Start

➢ Head Start Reauthorization

The most recent change in Head Start and the Head Start-State Collaboration Office work is defined by the reauthorization of the Head Start Act. The amended Improving *Head Start for School Readiness Act,* [P.L. 110-134], was reauthorized by the U.S. Congress on December 17, 2007. The three main focus areas of the legislation are:

1) Accountability
2) Quality
3) Collaboration/Coordination

Some of the significant changes impacting the state early care and education system are as follows:

- Requires governors to designate or establish an early childhood "State Advisory Council" to inform the systems and quality needs in early care and education and recommends a broader early care and education representation on the council.
- Requires the director of the Head Start-State Collaboration Office to be a member of the state council.
- Calls for the Head Start-State Collaboration Office to conduct an annual needs assessment of Head Start grantees' needs regarding collaboration and coordination, especially with school districts providing "pre-Kindergarten" programs and services.

➢ State Advisory Council

The federal Head Start legislation calls for the "State Advisory Council" [i.e., ECICC] to:

- Conduct a periodic statewide needs assessment concerning quality and availability of early childhood programs and services for children birth to school entry.
- Address barriers to collaboration and coordination among federal and state early childhood education programs [including collaboration and coordination among state agencies].
- Develop recommendations for increasing over all participation in programs and outreach to underrepresented and special populations.
- Develop recommendations regarding establishment of a state unified data collection system for public early childhood education programs.

- Develop recommendations regarding statewide professional development and career advancement plans for early childhood professionals.
- Assess capacity and effectiveness of institutions of higher education to support development of early childhood educators [e.g., articulation agreements, career advancement plans, internships and practice placements in Head Start or pre-kindergarten programs].
- Make recommendations for improvements in state early learning standards as relates to high-quality comprehensive early learning standards, as appropriate.

Nebraska Governor Heineman designated the Early Childhood Interagency Coordinating Council [ECICC] to serve as the "State Advisory Council" and designated the director of the Head Start-State Collaboration Office as official member to the Council. The Early Childhood Interagency Coordinating Council established an ad hoc task force in August 2008 to examine ways to integrate the "State Advisory Council" responsibilities into the work of ECICC.

➢ The Office of Head Start Initiatives

The federal Administration for Children and Families, under the umbrella of the U.S. Department of Health and Human Services, completed a reorganization process in recent years. The Office of Head Start Acting Director, Patricia Brown, reports to the Assistant Secretary. With a new presidential administration coming in 2009, additional reorganization is anticipated. President-elect Obama has articulated an education agenda to "ensure access to high-quality early childhood education programs and child care opportunities so children enter kindergarten ready to learn." Specifically, the plan to better coordinate birth to five plans, programs, and services includes an expansion of Early Head Start programs and to increase Head Start funding [found at: www.barackobama.com].

Reorganization is also taking place in the Head Start Training and Technical Assistance System with revisions to federal contracts providing support to Head Start grantees across the country. In particular, a new "State-Based" Head Start professional development system was launched in December 2008. The linkages among the Head Start state-based system and the Nebraska early childhood professional development system will continue to develop in order to maximize support for Head Start and other early childhood professionals.

➢ New Education Requirements for Head Start Grantees

The Head Start for School Readiness Act also increased incrementally the expectations for all Head Start teachers, assistant teachers, Early Head Start teachers and education coordinators working in Head Start Agencies. The educational requirements for Head Start teachers require a minimum of a Child Development Associate (CDA) credential for all teachers in 2009, and moving to an Associate

degree in Early Childhood Education by 2013. Education coordinators and curriculum specialists would be required to have a Bachelor's degree, assistant teachers and Early Head Start teachers would be required to have a CDA.

The following chart details changes in the educational requirements over the coming years.

Teacher Requirements per Public Law 110-134, Sec. 648A

Year	Teachers	Education Coordinators or Curriculum Specialists	Assistant Teachers	Early Head Start
9/30/2009	Child Development Associate (CDA) credential, Associate degree in Early Childhood Education (ECE, State-awarded certificate, Associate degree in related field w/preschool teaching experience OR Baccalaureate and enrolled in Teach for America and 15 in-service clock hours	No new requirements	No new requirements	No new requirements
9/30/2010	CDA, Associate degree in ECE, State-awarded certificate, Associate degree in related field w/preschool teaching experience OR Baccalaureate and enrolled in Teach for America and 15 in-service clock hours	No new requirements	No new requirements	CDA or Trained in ECE
9/30/2011	CDA, Associate degree in ECE, State-awarded certificate, Associate degree in related field w/preschool teaching experience OR Baccalaureate and enrolled in Teach for America and 15 in-service clock hours	No new requirements	No new requirements	CDA or Trained in ECE

Year	Teachers	Education Coordinators or Curriculum Specialists	Assistant Teachers	Early Head Start
9/30/2012	Associate degree in ECE, Associate degree in related field w/preschool teaching experience OR Baccalaureate and enrolled in Teach for America and 15 in-service clock hours	No new requirements	No new requirements	CDA or Trained in ECE-with focus on infants and toddlers
9/30/2013	Associate degree in ECE, Associate degree in related field w/preschool teaching experience OR Baccalaureate ECE with preschool teaching experience.	Baccalaureate degree in ECE Preschool teaching experience	CDA or Enrolled in Associate degree program or Enrolled in CDA to complete in two years	CDA or Trained in ECE with focus on infants and toddlers

IX. 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. Sanitation inspections are conducted on Child Care Centers

71-1917 Report

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

Required Data	FY 2007 (07/01/06-06/30/07)	FY 2008 (07/01/07-06/30/08)
Number of license applications received	1,382	1,226
Number of licenses issued	883	1,001
Number of license application denied	13	3
Number of complaints investigated	1,239	1,328
Number of licenses revoked	35	38
Number of civil penalties levied	17	25
Dollar amount of civil penalties levied	$25,121.50	$10,244.00

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 May 2007 and September 2008.

May 2007: Licensed child care/preschool programs in Nebraska

License Type	Number of Programs	License Capacity
Family Child Care Home I (licensed for 4 – 10 children)	2,261	22,234
Family Child Care Home II (licensed for 11 – 12 children)	629	7,498
Child Care Center (license capacity based on facility size and staff)	858	65,256
Preschool (license capacity based on facility size and staff)	278	5,870
TOTAL	**4,026**	**100,858**

September 2008: Licensed child care/preschool programs in Nebraska

License Type	Number of Programs	License Capacity
Family Child Care Home I (licensed for 4 – 10 children)	2,305	22,697
Family Child Care Home II (licensed for 11 – 12 children)	661	7,850
Child Care Center (license capacity based on facility size and staff)	892	68,861
Preschool (license capacity based on facility size and staff)	264	5,759
TOTAL	**4,122**	**105,167**

This compares to 4,060 programs with a license capacity of 100,560 in November 2006 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 Programs in 2007 and 2008

Type of Program	Number of Inspections FY 2007 (7/1/06-6/30/07)	Number of Inspections FY 2008 (07/01/2007-06/30/2008)
Family Child Care Home I	4,100	4,323
Family Child Care Home II	1.053	1,206
Child Care Center	2,143	2,316
Preschool	466	420
Total	**7,762**	**8,265**

- **Complaint Inspections**

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

Complaint Inspections of Programs in 2007 and 2008

Type of Program	**Number of Complaints FY 2007** (7/1/06-6/30/07)	**Number of Complaints FY 2008** (7/1/2007-6/30/08)
Family Child Care Home I	315	301
Family Child Care Home II	164	215
Child Care Center	509	538
Preschool	9	4
Unlicensed Care Investigations	242	270
Total	**1,239**	**1,328**

Internet Access to Child Care Licensing Information

- **Child Care Licensing Web Page** http://www.dhhs.ne.gov/crl/childcare/childcareindex.htm

  The Child Care Licensing Web page had 41,091 hits in FY 2007 and 45,233 hits in FY 08. The Web page includes:

  - Description of licensing process for each license type: Family Child Care Home I, Family Child Care Home II, Child Care Centers, and Preschools
  - Contact information for Child Care Licensing staff
  - Roster of all licensed child care and preschool programs updated each week
  - 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
  - Monthly Report on finalized Negative and Disciplinary actions
  - Process to file complaints on line

- **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 five (5) 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 updated each week. The link for the roster can be found on the child care licensing Web page.

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 alphabetical order. The name, address, phone number, license type, license capacity, days/hours of operation, and license number are included. The entire roster or specific pages of the roster can be printed.

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 Department of Health and Human Services Division of Public Health, Licensure Unit's License Information System (LIS). This is the same Information System that is used for all health care and occupational licenses 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.nebraska.gov/LISSearch/search.cgi.

- **Nebraska Online**

  - 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, two additional fields were added to each early childhood program: 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.

  In 2007, copies of all finalized negative actions and disciplinary actions were scanned into Nebraska Online and are attached to the entry of specific licensed programs.

X. Status of School-Age Care in Nebraska

Responding to the needs of working parents and the need for more structured out-of-school time for school-age children Nebraska supports a variety of programs that offer before-and-after school-age care and education in Nebraska. Programs can be found in public school programs, family child care homes that provide care to school-age children, nonprofit agencies, and a variety of faith community settings. There are almost 221 licensed school-age care programs across Nebraska operated by programs such as YMCA's, school districts and school foundations. Collaborative work is being accomplished with contributions through several funding sources. Federal funding received through the school-age funds associated with the Child Care and Development Fund are currently contributing to partnership efforts of the Department of Health and Human Services, the Nebraska Department of Education and the Community Learning Center (CLC) Network housed at the Nebraska Children and Families Foundation.

Community Learning Center Network (CLC)

The Nebraska Children and Families Foundation, partnering with stakeholders throughout the state, coordinates the Nebraska CLC Network. The CLC Network supports sustainable, high quality, school-based and school-linked community learning centers that operate during the non-school hours to help meet the needs of Nebraska's youth, their families and their communities. The Network and its partners believe that student success builds on and is supported by what happens in and around students' homes and neighborhoods, both before and after the end of the traditional school day.

The Network's activities focus on supporting communities to develop the partnerships they need to sustain high quality school-based and school-linked programs that occur during the non-school hours and over the summer months. The Network advocates that schools work in partnership with other community stakeholders, including both public and private sector partners to develop more high quality sustainable out of school time programs. Recent research shows that one percent of Nebraska's K-12 youth are unsupervised during afterschool hours, exceeding the national average of 25%.[43] These are precisely the times of day that youth experiment with risky behaviors that can have a long-term impact on their success in life. Investments in afterschool programs have shown that quality afterschool programs provide substantial public benefits. For example, researchers calculate that for every $1 invested in afterschool programs can yield as much as a $3

[43] *Source: Afterschool Alliance/America After 3 PM Household Survey 2002-2003.*

savings to taxpayers later on due to reduced expenses associated with grade retention, truancy and juvenile crime.[44]

During 2008, the Network's program quality committee, working in partnership with the Nebraska Center for Research on Children, Youth, Families and Schools, conducted research on the elements of quality in afterschool programs. This research is intended to help communities across the state in designing, implementing and sustaining effective programs. This information can be accessed at the CLC Website: http://www.nebraskaclcnetwork.org/

During 2008, the Network also partnered with the University of Nebraska's Public Policy Center to develop a draft report of possible Federal and state level funding available to support expanded learning opportunities, including early childhood, afterschool parent involvement initiatives. The draft report and summary can be found on the CLC Website: http://www.nebraskaclcnetwork./org

Professional Development in Support of School-age Quality

School-Age Connections – Online Training

School-Age Connections, an on-line training series of fifteen modules/30 clock hours, was designed in 2002 and has undergone an extensive review for its currency and relevance. While much content is regarded as applicable to current needs, more content is needed to address the ages of 12-18. Consideration is being given to the best approach for redesign, given the lack of resources to currently accomplish this task. The Early Childhood Training Center is working with the Community Learning Center Network to determine how best to address this limitation. From 2006 to 2008 a total of 426 people took the School-Age Connections course. The project to identify core competencies (described below) will also inform this design.

[44] *Source Afterschool Alliance 2006 National Election Eve Poll, Brown, W., S.B. Frates, I.S. Rduge, R.L. Tradewell*

Emerging Developments in School-Age Care

➢ School-age Core Competencies

The CLC Network is partnering with the Mott Foundation to explore opportunities to strengthen ties between early childhood care and education and school-age systems. The primary activity of this 18-month grant will be the development of school-age professionals' core competencies. The process to establish these competencies is similar to the process used for development of the early childhood core competencies that were completed and disseminated in 2008. The Early Childhood Training Center will provide staff support along with the NCFF's CLC Network staff to accomplish this project during 2009/10.

➢ School-age Child Care Regulations

The Department of Health and Human Services has drafted regulations that would specifically apply to school-age care programs. The school-age care regulations will be a new separate chapter in the child care regulations. The draft regulations have been sent on to the Governor's office for review and comment. DHHS anticipates that the draft regulations will be ready for public hearing in the spring of 2009.

XI. Status of Early Childhood Professional Development

The purpose of professional development is to produce positive outcomes for young children and their families through engagement with qualified staff. Efforts in Nebraska to improve the early care and education of all young children necessitate enhancing and refining the early childhood professional development system to be responsive to the early childhood workforce.

It is no small task to address the workforce development issues of the wide and varied roles of individuals who work with young children and their families. The majority of teachers and caregivers of young children do not have a degree. Often, little, if any, formal education beyond high school has been achieved. Additionally, the changing demographics (racially, ethnically, linguistically and ability-diverse) of the young children and their families being served demands new expectations and competencies of the early childhood professional.

The early childhood field is often characterized as fragmented, with a variety of funding streams, each with its own expectations of preparation and accountability for the work. These challenges are compounded by shrinking resources available to meet the increased infrastructure demands of workforce preparation, ongoing skill-building and accountability to achieve positive child outcomes.

The Early Childhood Professional Development System–Building Capacity

The increasing demand for competence of the early care and education professional is presenting challenges with an under-resourced infrastructure to support professional development of *pre-service* (preparation needed for entry into the field, typically through higher education) and ongoing needs for *in-service* (on-the-job training and support). A third aspect of professional development is that of supports for the application of new learning, through coaching and other reflective supports.

Long-established efforts to offer cross-training – early childhood professionals from a range of settings (homes, centers, Head-Start, school-based, and community-based) continue to be accomplished. This interdisciplinary and collaborative approach is effective in establishing core and common expectations, in providing collegial experiences and networking, and in efficiency of resource and effort. It is not without limitations though; fragmentation still occurs.

- **Pre-service opportunity**

  While many achievements of articulation, integration of core competencies into courses of study and connections of in-service and pre-service can be noted, faculty in

both two- and four-year institutions have limited opportunities to work together on systems issues. They also report challenges to address the diverse needs of adult learners (many who are non-traditional students) as well as to incorporate into coursework the most effective early childhood program and classroom strategies to address the increasing diversity of child and family demographics in the state.

- **In-service opportunity**

  In spite of these limitations, creative energies are marshaled to support implementation of state-level priorities, including that of the *Early Learning Guidelines*–what young children should know and be able to do–that was adopted in 2006. Newly developed in 2007 , *Core Competencies for Early Childhood Professionals*–what adults who work with young children should know and be able to do–are reaching many, serving as a useful tool for individuals and programs to self-assess and plan for meaningful professional development experiences. Child outcomes, measured and reported through *Results Matter*, continue to be more fully integrated into early childhood programs throughout the state, supported by the statewide professional development activities that emphasize curriculum-linked assessment tools.

  This same regional delivery system will be utilized to more completely address newly required health/safety training for child care providers. *Safe with You – Phase 1 –* (SIDS-Safe Sleep, Shaken Baby, Child Abuse and Neglect Prevention and Reporting) has been piloted and is ready for statewide implementation during 2008.

- **Supporting the implementation of new skills through coaching/consultation**

  New knowledge and skills can best be applied when supports are in place to support the adult learner. A promising professional development practice, one of coaching consultation, has been successfully used on a small scale in a variety of settings and initiatives, including several that are described in other sections of this report (see page 65 for the Quality Enhancement Project of T.E.A.C.H., page 66 Early Head Start Infant/Toddler Initiative, page 32 Nurturing Healthy Behaviors, page 34 Teaching Pyramid Model). Coaching is offered by those from several disciplines, including early childhood specialist consultants, child care health consultants, and mental health consultants. Current activities to articulate definitions, coaching competencies, and core training for coaching will be helpful in future efforts to scale-up this opportunity to be available for more early childhood caregivers and teachers.

Higher Education/Teacher Preparation

Two-year and four-year colleges/universities continue to work toward articulation of transfer of courses and credit hours in the early childhood field. Early childhood education programs at two- year colleges have developed common course names with common course numbers to assist with articulation to a four-year college/university.

The table that follows indicates the number of college course credit hours that will articulate from Nebraska's two-year colleges to the four-year colleges/universities for early childhood education unified endorsements as of April 2007. Most colleges limit the number of credit hours they will transfer for students to 60-66 credit hours.

Number of credit hours that articulate for early childhood education unified endorsements between Nebraska's two-year and 4-year colleges/universities

2-year colleges / **4-year colleges/ universities**	Metro Community College	Southeast Community College	Central Community College	Northeast Community College	Mid-Plains Community College-McCook campus	Western Nebraska Community College
University of Nebraska at Kearney	58	56	77	74	76	55
University of Nebraska-Lincoln	65	65	68	65	65	25
Chadron State College	69	73	73	62	55	78
Wayne State College	50	56	63	71	45	42

The number of students pursuing an endorsement in early childhood education continues to fluctuate across two-year and four-year colleges. The following charts indicate the number of students who have completed their early childhood education endorsements to receive a degree over the last five years.

Number of students completing early childhood endorsements from Nebraska's 4-year colleges/universities

Year / **Endorsement**	**2002-2003**	**2003-2004**	**2004-2005**	**2005-2006**	**2006-2007**	**Total**
Early Childhood Education Endorsement with Elementary Education	99	130	92	144	142	**607**
Early Childhood Education Unified	N/A	N/A	15	25	45	**85**
Early Childhood Special Education	0	0	1	4	2	**7**
Preschool Disabilities	1	1	1	1	0	**4**
UNO graduate students pursuing Graduate degree in ECED	2	1	7	1	0	**11**
Total	**102**	**132**	**116**	**175**	**189**	**714**

Source: Title II Reports to Nebraska Department of Education and follow-up with University staff

Nebraska's community colleges play a key role in preparing early childhood professionals for working in the early care and education field. The chart below details the number of degrees/credentials awarded in early care and education from Nebraska's community

colleges during the respective years listed. (Please note that some AA degrees with early childhood emphasis are not tracked due to college definitions and data systems.)

Number of students awarded degrees/credentials in early care and education from Nebraska's community colleges

Year / Degree/Credential	2003-2004	2004-2005	2005-2006	2006-2007	Total
Associate of Applied Science Degree (AAS)	66	63	90	77	**296**
AA/AS with ECED Emphasis	22	17	21	25	**85**
ECED Diploma/Certificates	39	63	66	48	**216**
Total	**127**	**143**	**177**	**150**	**597**

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

The T.E.A.C.H. Early Childhood® NEBRASKA program began awarding Associate Degree Scholarships in summer 2002 and Bachelor's degree scholarships in the fall of 2005. As of 2007, 384 students have taken at least one class, representing at least 227 different child care programs. Most students are female. The T.E.A.C.H. Early Childhood® NEBRASKA program has provided scholarships to director employees, director owners, family child care providers, and teachers/teacher assistants in child care programs. The T.E.A.C.H. Early Childhood® NEBRASKA program is estimated to have improved the quality of early childhood care and education to over 4,400 children in the first five years of the program.[45]

Scholarship recipients have been from 52 out of 93 counties in Nebraska. Students have attended all 8 of Nebraska's Community Colleges (including the tribal colleges) and 2 of

[45] *Source: T.E.A.C.H. at Five presentation slides*

Nebraska's universities. Over 40% of the T.E.A.C.H. scholarship recipients are from racial/ethnic minority populations. The chart below reflects the distribution by type of provider for one quarter of the last two years. [46]

T.E.A.C.H. recipients by type of early childhood position

Type of early childhood position	Teachers	Family Home Providers	Director Employees Director Owners
% of T.E.A.C.H. recipients	64.25%	24.09%	11.6%

Source: September 30, 2008 Quarterly Report

T.E.A.C.H. Early Childhood® NEBRASKA completed its seventh year on September 30, 2008. Over the past seven years 458 students have participated in this project; 67 students have graduated with an AA or BA degree. The average grade-point averages for the most recently completed term for the AAS degree is a 3.53 grade-point average and for the BA degree is a 3.58 grade point average. [47]

All T.E.A.C.H. Early Childhood® programs across the country are expected to track three outcomes related to their projects. Nebraska's program reported the following outcomes in their July 1, 2007-June 30, 2008 report to the Child Care Services Association, the national headquarters for the T.E.A.C.H.® Early Childhood program.

T.E.A.C.H. Early Childhood Outcomes	**Nebraska data**
Compensation Increase	An average 6% pay increase in the past year
Education Increase	Average of 14 semester credit hours per contract year.
Reducing Turnover	2% turnover rate for T.E.A.C.H. students

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

- **Spanish Project**

  In 2004, the Nebraska Associations for the Education of Young Children (AEYC) working in partnership with Metropolitan Community College initiated a scholarship program to assist early childhood teachers working in primarily Spanish-speaking

[46] *Source: T.E.A.C.H. at Five presentation slides*
[47] *Source: T.E.A.C.H. Early Childhood® NEBRASKA July 1, 2008-September 30, 2008 Quarterly Report*

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

The program continues to identify Spanish-speaking students who are interested in completing some college coursework in early childhood education, in order to better serve children. The program struggles to find textbooks in Spanish and qualified teachers who can teach in Spanish, but they have continued the program despite these challenges. Six new students are taking courses this year.

- **Quality Enhancement Project**

  Nebraska AEYC developed a new pilot project to improve the quality of the learning environments at those programs that have T.E.A.CH. 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 seven areas:
  - Space and Furnishings
  - Personal Care Routines
  - Language-Reasoning/Talking
  - Activities
  - Interaction
  - Program Structure
  - Parents and Staff/Provider

  The assessments are completed by observers who have achieved inter-rater reliability in use of the scales. Scores range from one to seven, with seven being the high score for each area.

  Once the assessment is completed, the coach/mentor meets with the family child care provider or teacher and director to discuss the results and to develop a plan to work

toward 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.

Nebraska AEYC has completed the second year of the project. The areas of the Environment Rating Scales with the lowest initial scores were Activities, and Space and Furnishings. Changes from the pretest scores to the post-test scores showed a 64% increase in the Early Childhood Environment Rating Scales, and a 20% increase for the Family Child Care Environment Ratings Scales. [48]

Supporting Program Quality Improvements–Training to Use Environment Rating Scales

The early childhood care and education field in Nebraska continually strives to improve the quality of programs for young children and their families. The use of environment rating scales is a widely accepted method of evaluating and improving the quality of home- and center-based programs. Many publicly funded initiatives evaluating program quality have participated in the development of a state system for using environment rating scales.

Environment Rating Scales is broadly defined and those currently used in Nebraska include Early Childhood Environment Rating Scale (ECERS-R), Infant Toddler Environment Rating Scale (ITERS-R), Family Child Care Environment Rating Scale (FCCERS-R), Early Language and Literacy Classroom Observation (ELLCO), Child Care Home Language and Literacy Observation (CHELLO).

Each of the scales is designed to assess process quality in an early childhood program. Process quality consists of the various interactions that go on in a classroom between staff and children, staff, parents and other adults, among the children and the interactions children have with the materials and activities in the environment, as well as the space, schedule and materials that support these interactions.

Training is sponsored by the Nebraska Department of Education Early Childhood Training Center and is scheduled throughout the year at locations across the state. To learn about the scales, participants in training attend at levels that increase in depth of knowledge and intensity. Current levels of training include:

- *Overview of the Environment Rating Scales* – for a basic understanding of the Environment Rating Scales (ERS)
- *In-Depth Practice Using the ERS* – to learn about the components of the Rating Scales and how to use the scales program evaluation
- *Becoming a Reliable Observer* – to achieve inter-rater reliability and be available to evaluate other early childhood programs
- *Reestablishing Reliability* – to continue to maintain inter-rater reliability

[48] *Source: 2007 Annual Report Nebraska Association of the Education of Young Children*

Supporting Early Childhood Leadership–Reimbursement for Early Childhood Management Training

Child care providers who have completed the 45 clock hours of Early Childhood Management Training Series conducted through the Early Childhood Training Center receive reimbursement through the Nebraska Department of Health and Human Services (DHHS) of the $120 registration fee and an additional $30 for expenses of transportation to attend this training. Thirty-four participants in 2006, fourteen participants in 2007, and seventeen participants in 2008 were reimbursed. A total amount of $9,750 was awarded during this three-year period. These reimbursement recipients must be providing care to those children whose families receive subsidized child care.

Professional Development in Support of Infant/Toddler Quality

- **Early Childhood Education (ECE) Endowment Grant–Birth to Three**

  Training and technical assistance is being provided to the first round of programs selected by the ECE Endowment through a collaborative effort of the Nebraska Children and Families Foundation (NCFF) and the NDE Office of Early Childhood/Early Childhood Training Center (ECTC). Staff members from NCFF and ECTC meet regularly with program staff, both on-site and at state meetings, to provide support for professional development planning that will address the program quality indicators expected from each of the grantees. The regional professional development partnerships and early childhood Planning Region Teams are called upon when commonly needed professional development topics across the state are to be addressed.

- **First Connections Online Training**

  The First Connections Online Training series was developed in 2000 and continues to serve as a reliable resource to early childhood professionals. Six hundred and forty (640) individuals completed the five-modules, 45-clock-hour series during the two years of 2006-2007 and 2007-2008.

- **Early Head Start Infant/Toddler Quality 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 as authorized by the Administration of Children and Families (ACF) and administered by the Nebraska Department of Health and Human Services.

  Through these partnerships, Early Head Start 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 toddlers 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 caring environments.

The Early Head Start grantees served 114 center-based programs and 268 family-based programs in FFY 2007. The Early Head Start grantees observed 91 initiative-related outcomes within their child care partner programs, including such things as:

- professional and educational advancement (30)
- program operational improvement (34)
- personal growth of child care partner (24)
- community and professional partnerships and network building (3).

For FFY 2007, a total of 77 responses from grantees indicate that the greatest challenges for the child care partners with whom they worked were:

- logistic problems (17)
- personnel-related problems (15)
- environmental constraints (9)
- educational challenges (7)
- rating scales challenges (3)

Child care partner feedback indicated:

- 87.3% of the child care partners report they had been offered training by the Early Head Start grantee
- 40.28% agreed and 58.3% strongly agreed that participation in the Infant/Toddler Quality Initiative helped them to further their knowledge about infants and toddlers
- 51.6% agreed and 40.63% strongly agreed that participation in the initiative helped them further their education.[49]

[49] *Source: Nebraska Department of Health and Human Services Early Head Start Infant/Toddler Quality Initiative Evaluation Report FFY 2007*

Emerging Professional Development Activities

➢ Professional Development Strategic Planning Process

The *Nebraska Framework for Early Childhood Professional Development*, designed in 1998, continues to provide guidance for expansion of training delivery, the support of quality standards, maximizing the use of funding, promoting collaborative work and improving public relations. This document is being revitalized through a more current planning process that was spearheaded through *Together for Kids and Families* comprehensive planning.

Implementation of the strategic plan will move forward through the leadership of the Nebraska Department of Education's Early Childhood Training Center, the DHHS Division of Children and Family Services, the Early Childhood Professional Development Partnerships/Regional Training Coalitions, and the Head Start technical assistance system. The serious limitation of financial resources will present many challenges regarding timely implementation of this comprehensive plan. An additional challenge will be to more completely integrate and coordinate the varied entities (and funding silos) that have responsibility for early childhood professional development and technical assistance.

➢ Professional Development Leader's Forum

A representative advisory body is being convened in the fall of 2009 to address early childhood professional development systems issues, with the first area of focus being that of inclusive practices. Key early childhood professional development stakeholders will convene 2-3 times annually to review the current state priorities, and needs and strategies to insure that young children of diversity are fully included in early childhood care and education settings. The Early Childhood Training Center will provide the coordination and supports for this forum, working with a cross-agency planning committee (NDE and DHHS).

➢ Family Child Care Management – Getting Down to Business

A series of workshop modules has been completed and piloted with several audiences of family child care providers. This 20-hour series is designed to convey the knowledge and skills that will contribute to a successful child care business in the home. Statewide implementation is anticipated in 2009, dependent on financial resources to support its offering.

➢ Safe with You- Phase 2

Core health and safety topics are included in this newly developed workshop series. Eight hours of training will address indoor, outdoor and transportation safety practices, health practices, such as, hand washing, medication, diapering, cleaning and

sanitizing, infectious diseases, and oral health practices. The final content areas will address emergency procedures and emergency preparedness. Safe with You Phase II will be implemented in 2009/10 as resources will allow. These workshops are designed to support licensed child care fully achieve health and safety best practices that enhance quality in both homes and center.

➢ Building Bright Futures–Supporting a Network for Quality Improvements

Building Bright Futures is a Douglas and Sarpy County initiative, convened to address and ameliorate the inequities that contribute to poor school achievement and later life successes. The early childhood component is expected to enhance quality in early childhood settings that serve the highest percentage of children from low income families. This initiative is expected to integrate the most promising of practices, including that of professional development and the statewide systems that support early childhood.

The Early Childhood Training Center and other state partners are providing planning support for 1) the design of the network of early childhood staff and programs that make a commitment to improve program quality and child outcomes, and 2) the design of information data system (early childhood registry) that will be used to gather and track quality improvements and professional development activities that contribute to those achievements. Elements anticipated to be integrated into this initiative include the use of the Environment Rating Scales, Core Competencies, Early Learning Guidelines, professional development plans, T.E.A.C.H., Coaching/Consultation, professional development workshops, and other systems components.

➢ Quality Environments through Nature Education and Young Children

A collaborative of several statewide organizations and interested individuals formed the Nebraska Nature Education Collaborative for Children (NeNACC) in 2006–working together as a catalyst for change–to realize a vision that all young Nebraska children and their families will have daily opportunities to engage in the natural world. The purpose is to re-connect children with the natural world by making developmentally appropriate nature education a sustaining and enriching part of the daily lives of the world's children. Twenty-eight "Nature Explore" classrooms are currently established in fourteen communities.

The current leadership team consists of representatives from the National Arbor Day Foundation, Dimensions Educational Research Foundation™, the Nebraska Department of Education, Nebraska Association for the Education of Young Children, Nebraska Statewide Arboretum, University of Nebraska–College of Education and Human Sciences.

This work is being done through individuals' volunteer efforts and strategies that attract funding for selected projects. The leadership team continues to explore how it can replicate and sustain the work throughout the state. Workshop opportunities are currently available through the Early Childhood Professional Development Partnerships and other projects.

➢ Core Competencies

In June of 2006 Nebraska began development of *Nebraska's Core Competencies for Early Childhood Professionals***.** Key stakeholders from across the early childhood field worked over 18 months to draft, revise and refine the core competencies. The stakeholder included representatives from early childhood care and education programs, Head Start programs, two-year and four-year colleges, and state agencies. In March 2008 the working document for *Nebraska's Core Competencies* was published and distributed to those working in the early childhood field. The core competencies are voluntary; early childhood professionals and programs are encouraged, but not required, to use them.

Since the original publication of the core competencies, additional materials have been developed to help early childhood professionals better assess their strengths and areas where they could focus additional learning related to the core competencies. The Early Childhood Training Center now has self-assessments for each of the nine core knowledge and skill content areas. A full assessment for those at level one has also been completed. A professional development plan is available to help people determine what areas of future professional development they might want to pursue related to the core competencies.

In September of 2008 over 40 early childhood professionals completed a training of trainers course offered through the Early Childhood Training Center. The course was designed to provide an initial overview of the core competencies to anyone working in the early childhood field and suggestions for ways to use the core competencies to improve one's knowledge and skills in the field. Trainings are now being delivered through the Early Childhood Professional Development/Regional Training Coalitions to increase their utilization across the field.

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

Child Care Subsidy

The Nebraska Department of Health and Human Services (DHHS) 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:

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

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

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

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 16,636 children received child care through the DHHS Child Care Subsidy Program each month expending $64,219,704 in SFY 2007. In SFY 2008 an average of 17,106 children received care through the program each month expending $71,610,026

Access to Information for Parents

In September, 2008, DHHS launched ACCESSNebraska, an online resource which allows an individual to go through a self-screening tool to determine potential eligibility for many of the Department's public assistance programs, including Child Care Subsidy. The application itself is available online so an individual may apply electronically for Child Care Subsidy, as well as the other assistance programs.

The Department has contracted with the Early Childhood Training Center (ECTC) in Omaha to staff a position with responsibility for providing resource and referral to families requesting help in locating child care anywhere in the state. ECTC has a toll-free number which allows access to this assistance statewide.

In addition, the Department maintains an online roster of all licensed child care providers, with a notation for those who accept Child Care Subsidy. It includes the days of hours of operation of the program and the age of children served. The roster can be searched in various ways, including by zip code, town, or name of provider.

The Department's website includes a searchable database of all entities that are licensed or credentialed by DHHS. Licensed child care providers are included in this database, allowing a parent to see when a license was issued, as well as any disciplinary actions taken against the program. A separate link has a list of negative actions imposed on child care programs in each of the last three months.

The DHHS website also contains tips on choosing a child care provider.

Child Care Grants and Quality Incentives

The Department of Health and Human Services has established a grant fund from Child Care Development Funds (CCDF) to award grants to child care facilities in order to increase and support the number of licensed child care slots available to families receiving Child Care Subsidy. There are three categories of grants:

1) Start-Up/Expansion Grants
2) Child Care Mini-Grants, and
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.

The maximum start-up/expansion grant awards are $5000 for home-based child care programs, and $10,000 for center-based child care programs.

Mini-Grants are available to assist licensed home-based and center-based child care programs with items that are required to maintain licensure. To be eligible for grant funds, a child care facility must be licensed, and have a Child Care Subsidy agreement or be willing to obtain an agreement. Maximum grant awards are $1000 for a child care program with a provisional license, and $2000 for a child care program with an operating license.

Start-Up/Expansion Grants and Mini-Grants awarded by DHHS

Year	Number of Start-Up/ Expansion Grants	Number of Mini-Grants	Total	Number of created/ supported enrollments
SFY 2007	31	71	$278,301	2,112
SFY 2008	32	81	$277,814	2,236

Quality Improvement Grants are available to both home-based and center-based licensed child care programs currently serving low-income families. The grants fund items that will increase the quality of care provided. Maximum grant awards are $500. The Department of Health and Human Services awarded 102 Quality Improvement Grants since their inception in May 2005, totaling $48,144.60.

In an effort to encourage license-exempt providers in Nebraska to seek information that would increase the opportunity for improvements in practices regarding health, safety, and

overall quality, DHHS began a program in February 2006 to make an annual payment to license-exempt child care providers who engage in certain activities. A provider is 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. These criteria were established by selecting from 14 provider assets found to increase the quality in child care settings according to research done in Kansas, Nebraska, Missouri, and Iowa in 2002.[50]

[50] *Child Care Characteristics and Quality in Nebraska", June 13, 2002, Midwest Child Care Research Consortium.*

XIII. Status of Abuse and Neglect in Young Children

Overall reports for child abuse and neglect in Nebraska for calendar year 2007:

- **Investigations:** There were 13,626 cases assessed in 2007 compared to 12,629 in 2006. This is an increase of 997 (7.9%). Compared to the 13,291 cases assessed in 2004, this is an increase of 335 (2.5 %) reports of child abuse or neglect assessed by the Department of Health and Human Services (DHHS).

- **Substantiated Cases:** 3,125 reports were substantiated in 2007 compared to 3,065 reports that were substantiated in 2006. This is an increase of 60 (1.9%). Compared to 3,336 reports substantiated in 2004, this is a decrease of 211 (6.3%). As of November 9, 2008 there were 418 reports still in process that if substantiated could change this percentage.

- **Number of Children Involved:** There were 4,758 children that were involved or identified as a victim in at least one of the substantiated reports in 2007. This is an increase of 423 (9.8%) compared to the 4,335 children identified in 2006. This is a 138 (2.8%) decrease when compared to the 4,896 children identified in 2004.

  - 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 7,564 (82.4%) of all substantiated allegations in 2007.

  - Physical and emotional abuse was the second most frequent substantiated form of child abuse or neglect and accounted for 1,053 (11.5%) of all substantiated allegations in 2007.

  - Sexual abuse, the third major category of child abuse or neglect, had 555 (6.1%) substantiated allegations in 2007.

  - The average age for the involved children was 7.17 years.

  - The median age of the involved children was 6.46 years.

  - The following table shows the numbers of substantiated reports of abuse and neglect by age and gender.

2007 Statewide Substantiated Reports of Abuse and Neglect by Age and Gender

AGE at Report Date	Number of Substantiated Reports of Abuse and Neglect			
	Female	Male	Total by Age	Percent of TOTAL
<2	347	425	772	15%
2	161	203	364	7%
3	151	141	292	5.7%
4	143	152	295	5.7%
5	130	161	291	5.7%
6	153	144	297	5.8%
7	126	136	262	5.1%
8	1211	1362	2573	50%
Total	**2422**	**2724**	**5146**	**100%**
Percent	46.91%	53.09%	100.00%	

Source: Department Nebraska Health and Human Services as of November 9, 2008

XIV. Important Cross Cutting Initiatives

✦ Nebraska's Early Childhood Education Endowment Grant Program

In 2006, the Nebraska Legislature passed LB 1256, establishing the Early Childhood Education Endowment Grant Program (Endowment). The Endowment includes $40 million from the state and an additional $20 million to be raised from the private sector within five years. The earnings from the funds are deposited into an Endowment cash fund that is then distributed as grants to school districts in partnership with providers to support programs and services for at-risk children birth to age three. The legislation also created a six-member Board of Trustees to administer the Endowment.

- **Purpose of the grants**

  The purpose of the Endowment grants is to fund services for at-risk children from birth to age three that will promote their success in school and later in life. Programs can be targeted to serve groups of children or to work with families on individual parenting issues.

- **Principles of the Early Childhood Education Endowment Grant Program**

  1. Early environments and nurturing relationships are essential. What happens during the first months and years of life is critical because it sets either a sturdy or fragile stage for what follows.

  2. Emotional development and academic learning are far more closely intertwined in the early years than has been previously understood.

  3. Elements of early childhood programs that social and emotional development are of equal importance as the components that enhance linguistic and cognitive competence.

  4. Parents and other regular caregivers are "active ingredients" during the early childhood period, helping children to develop across all domains. Children grow and thrive in the context of close and dependable relationships.[51]

[51] *Adapted from Neurons to Neighborhoods: The Science of Early Childhood Development by the National Research Council (Corporate Author), Jack P. Shonkoff (Editor), Deborah Phillips (Editor), Committee on Integrating the Science of Early Childhood Development (Author), National Research Council (Author).*

- **Targeted Population**

  The targeted population for Endowment funds is infants and toddlers (birth to age three) who are at risk of failure in school. At risk for the purpose of this grant is defined as:

  - Children (birth to age three) whose family income would qualify them for participation in the federal free or reduced lunch program;
  - Children (birth to age three) who were born prematurely or at low birth weight as verified by a physician;
  - Children (birth to age three) who reside in a home where a language other than spoken English is used as the primary means of communication;
  - Children (birth to age three) whose parents are younger than eighteen or who have not completed high school.

- **Types of Grants Awarded by the Endowment Board**

  The Early Childhood Endowment Board of Trustees awarded $1.7 million dollars during its initial round of grants to local school districts and their community partners. The grants were either for quality enhancement or access expansion. The Early Childhood Endowment Board of Trustees intend for these grants to sustainable as long as programs continue to meet the quality indicators set by the Board; new grants will be awarded based upon future investment earnings of the $60 million.

  Quality Enhancement Grants–Programs currently providing services to children birth to age three may apply for a quality enhancement grant to help them raise the level of quality provided by their program. In the initial round of applications for continuation grants a total of six school districts received quality enhancement grants. The table below reflects those receiving quality enhancement grants.

  Access Expansion Grants–These grants are intended for new programs or existing programs that are already at the high level of quality set by the Board. Grant funds are intended to be used to serve more children, add a new service or extend the length of day and year the program is in operation. For programs serving groups of children the quality criteria that must be addressed:

  - Staff qualifications
  - Staff/child ratio
  - Group size
  - Supervision
  - Community Partnerships
  - Health and Safety
  - Classroom Practices/Curriculum

- Developmental Screening and Assessment
- Inclusive Practices
- Evaluation
- Fiscal Practices

For programs starting family engagement/home visitation programs, the quality criteria that must be addressed include:

- Staff qualifications
- Intensity and duration of services
- Caseload
- Supervision
- Curriculum
- Developmental Screening and Assessment
- Family Partnership Agreements
- Community Partnerships
- Evaluation
- Fiscal Practices

Early Childhood Education Endowment Grants Awarded in 2008

Type of grant award	Number of districts funded	Number to be served	Type of Setting
Quality Expansion Grants	6*	72 children birth-3	Center-based
Access Expansion Grants	7*	190 families with children birth-3	Home visitation focus – 2 grantees also include center-based services

*Some districts have more than one grant

✦ The Early Childhood Professional Development System in Nebraska

Nebraska's early childhood professional development system, as described in previous pages in the report continues to be recognized as a model of cross-sector work. Preparation and ongoing professional learning for a qualified and skills early childhood work force relies on the planning and contribution across state agencies and sectors of state, regional and local entities. The collaborative commitment to raising quality in early childhood care and education settings relies directly on a solid and dynamic professional development system. It is through this well qualified early childhood professionals that positive outcomes for children and their families can be achieved.

✦ *Learning From Day One* Public Awareness Campaign

Public awareness campaigns have been an integral part of many early childhood initiatives, however, the campaigns have often occurred in isolation, have reached only a minimal number of families with young children, and lacked the use of modern technology and the tie-in to recent brain research data. In 2005, the Nebraska Department of Health and Human Services (DHHS) issued a Request for Proposals (RFP) to identify and select a qualified non-profit entity with a statewide mission and focus of practice to produce a public awareness campaign promoting healthy early childhood development regarding children ages 0 to 8 years. To be effective, this campaign required a statewide focus to reach all constituents including, but not limited to, business, law enforcement, hospitals, faith communities, community organizations, parents, schools, child care providers, and senior citizens. The vision for this public awareness campaign included the following key points:

- Recent brain research indicates all children are born ready to learn, and birth to 3 is the most critical period for child development;
- Care and education must be viewed as one and the same;
- Children need supportive families and communities;
- Parents are a child's first and most important teacher and;
- Communities share the responsibility for developing healthy children.

The Nebraska Children and Families Foundation was selected to implement this project, originally effective from July 1, 2005 through June 30, 2007. The RFP contained an option "…to renew for two additional two-year periods as mutually agreed upon by all parties…" The Department of Health and Human Services subsequently renewed the funding for this continued project for the period of July 1, 2007 through June 30, 2009.

"Learning From Day One" is the name of this statewide early learning awareness and education campaign that promotes the investment of time and resources by all Nebraskans toward improving life outcomes for young children, especially during the most critical early years of growth and development. The Nebraska Children and Families Foundation has been coordinating this effort with DHHS, the Nebraska Department of Education, community-based agencies, and private entities. The campaign has included television and radio public service announcements on such topics as the importance of play, reading/literacy, and healthy involvement with dads, among others. A broad variety of tools have been developed to offer communities, agencies, businesses, medical professionals, nonprofits, and other organizations the opportunity to participate in the campaign in a manner that benefits their own unique capacities and goals. The campaign has also included community resources, local events for families, and various printed materials for use in the promotion of the campaign goals and vision.

Nebraska's "Learning From Day One" campaign 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. To learn more, visit bornlearning.org.

✦ Economic Impact Study

The Economic Impact of the Nebraska Early Care and Education Industry report was conducted by the University of Nebraska-Lincoln Bureau of Business Research at the request of the Early Childhood Interagency Coordinating Council (ECICC) in January 2007.

- **Key Findings**

  - ✓ **Impact on Workforce:** The early care and education industry is essential to Nebraska's growing workforce and economy. Compared to other states, Nebraska has one of the highest percentages of households in which all available parents work. This means that Nebraska's workers need access to high-quality, affordable care for their children. It also means that Nebraska's children need the benefit of quality early experiences in order to fill the demand for highly skilled workers in the future.

  - ✓ **Impact on Revenues:** Nebraska's early care and education industry employs tens of thousands of people, serves about 100,000 children in licensed care, and generates state revenues comparable to that of the state's major industries. This industry not only serves Nebraska's workers today, but prepares children to be successful as students and professionals later in life.

  - ✓ **The Industry:**

    - **Employs over 12,000 people (including self-employed) in 7,600 small businesses.** These businesses are based in the state, can't be relocated and are largely owned and operated by Nebraska residents.

    - **Impacts the learning and development of 100,000 children through licensed early care and education programs.** Research demonstrates that children who experience quality care and education are more likely to succeed in school and have higher levels of personal incomes as working adults.

    - **Produces over $640 million in gross revenue receipts.** That amounts to one-quarter of Nebraska's annual cash receipts from corn production.

    - **Results in a total economic impact of over $240 million annually.** This impact is the result of increased commercial and consumer activity driven by the early care and education industry.

  - **Increases Nebraska's available workforce.** For example, two federal programs alone that support early care and education in Nebraska allowed over 4,000 more parents to enter the workforce. This figure does not include the positive impact from other programs, such as Head Start.

- Key recommendations from the Economic Impact Study can be found in the recommendations section of this report on page 2.

XV. Gaps and Barriers Identified Since the Last Report

A variety of gaps and barriers have been identified over the last two years. Council members, planning region teams, Head Start Programs, and other early childhood providers have informed the Council of areas needing attention.

Gaps and barriers identified over the last two years were:

- Poverty and high rates of mobility have impacted children's social and emotional development and have increased challenging behaviors in children. Early care and education programs need supports to address these social and emotional development issues.
- Children need health insurance in order to access routine medical healthcare.
- Public transportation is not available to help families access medical and education services in more rural areas of the state.
- New medical personnel need better preparation about early intervention services for children with disabilities to ensure that new practitioners make referrals as needed across the state.
- Early childhood programs report finding it more difficult to maintain connections with families of young children due to the need for parents to work multiple jobs to cover family expenses. Public transportation of children to preschool has also limited opportunities for informal interactions with families.
- Flat funding to Head Start programs has resulted in staff cuts and reductions in services to young children over the last three years.
- There is a need for more high quality inclusive early childhood care and education programs. Programs need to ensure an appropriate mix of typically developing children with children who have special needs in order to ensure everyone learns and develops. (Some programs have developed a disproportionate representation of children with disabilities in a classroom due to federal guidelines and reductions in staff in programs.)
- There is a need for long-term and sustainable funding for quality programs and services for all children.
- Transportation regulations for young children vary tremendously. The Nebraska Department of Education regulations for transportation only cover children in grades K-12, except for a small number of young children who are verified with

disabilities. State and federal regulations for young children need to be aligned to ensure consistent practice in transporting children is implemented across the state.

- Medicaid reform has proposed implementing a sliding fee schedule for families on the Home and Community Based Waiver and Katie Beckett programs. The sliding fee schedule as proposed creates a barrier for many families because the fees are excessive given the families' existing costs and expenses for healthcare and other specialty services that are not covered by Medicaid.

- In some parts of the state the higher quality programs have defined income eligibility requirements (based upon the poverty level or at-risk definitions). The income eligibility requirements preclude families from lower-middle and middle-income families having access to the program.

- Early care and education teacher salaries continue to be low. Typical employee benefits such as health insurance, paid sick leave and vacations, and other benefits are frequently nonexistent. For early care and education programs teacher turnover remains high and results in children having inconsistent care and education settings during their youngest years.

- Some areas of the state struggle to find certified staff to work in the early care and education programs, i.e. speech pathologists, and teachers with early childhood education endorsements.

- Families need additional support as their children transition from one set of services and into another set of services, specifically for children who are in Part C, early intervention programs and moving into preschool, and from preschool to elementary school.

XVI. Summary

The Early Childhood Interagency Coordinating Council is made up of broad representation across the early childhood field. All of its members are appointed by the Governor of Nebraska. Some representation is mandated by federal statutes in the Individuals with Disabilities Education Act. The ECICC provides a significant forum for addressing early childhood issues based upon it representations of practitioners, parents, and state agency representatives. The EICCC also serves as the advisory body to the Together For Kids and Families Comprehensive System Strategic Plan, and was designated in the fall of 2008 as the Governor designated Early Care and Education Advisory Council as required by the Head Start Reauthorization Act.

The current sub-committees and task forces of the Early Childhood Interagency Coordinating Council are:

- The Gaps and Barriers Standing Committee
- The Transportation Ad Hoc Task Force
- The Head Start Reauthorization Ad Hoc Alignment Task Force
- The Family Leadership Ad Hoc Team
- The Legislative and Communications Standing Committee

The task force and sub-committee structure of the Council allows the council greater ability to deal with the breadth and depth of issues that encompass the early childhood field. The Family Leadership Team more fully engages 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, Head Start State-Collaboration Office, and the Nebraska Department of Health and Human Services 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 2008

Ruth Miller
Chairperson
Neligh, NE

Sue Adams
DHHS-Behavioral Health

Kathy Anderson
Hastings, NE

Kim Chase
Papillion, NE

Melody Hobson
NDE-Office of Early Childhood

Eric Dunning
Department of Insurance

Heather Gill
Ogallala, NE

Laura Good Buffalo
Chadron, NE

Louise Hall-Mountain
Omaha, NE

Kathy Halverson-Rigatuso
Omaha, NE

Jane Happe
Plattsmouth, NE

Sara Johnson
Hastings, NE

Eleanor Kirkland
Head Start State Collaboration Office

Marjorie Kostelnik
Lincoln, NE

Sali Lindenberger
North Platte, NE

Susan McWilliams
Omaha, NE

Betty Medinger
DHHS-Child Care Administrator

Michelle Merrill
Omaha, NE

Tammy Mittelstaedt
Ravenna, NE

Nancy Montgomery
Grand Island, NE

Lynn Mruz
Fremont, NE

Carrie Rasmussen
McCook, NE

Stephanie Rau
Imperial, NE

Todd Reckling
DHHS-Children and Family Services

Roger Reikofski
NDE-Homeless Education

Deb Ross
Hastings, NE

Senator Dianna Schimek
Lincoln, NE

Barbara Schliesser
NDE-Part C Co-Leads

Janet Staehr
Upland, NE

John Street
Grand Island, NE

Joni Thomas
DHHS-Medicaid Services Co-Lead

Joyce Thomas
Niobrara, NE

Derek Weimer
Gering, NE

Carey Winkler
Lincoln, NE

Linda Zinke
Lincoln, NE

“. . . policies [such as early childhood programs] that boost our national investment in education and training can help reduce inequality while expanding economic opportunity.”

Ben S. Bernanke, Chairman of the Federal Reserve Board, addressing the Greater Omaha Chamber of Commerce on February 6, 2007