

Nebraska Child Care Development Fund (CCDF) Plan with Conditional Approval Letter for FY 2016-2018
Date: Monday, June 27, 2016

The Office of Child Care (OCC) is pleased to release the PDF (Portable Document Format) copy of the approved FY 2016-2018 Nebraska CCDF Plan that became effective June 1, 2016 and the conditional approval letter. The Plan serves as the application for CCDF funds by providing a description of, and assurance about, the grantee's child care program and all services available to eligible families. OCC asked States and Territories to write their Plans based on a reasonable interpretation of the Act, pending completion of a final regulation. States and Territories had the option to outline an implementation plan for one or all of the 26 new areas if the State/Territory was not yet able to certify compliance. Thus, these Plans are conditionally approved until each State/Territory fully implements all new requirements of the CCDBG Act of 2014. The OCC will partner with States and Territories to support and monitor the successful and timely implementation of all provisions of the Act. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to amend their program at any time. All amendments must be submitted to OCC for approval within 60 days of the effective of the change.

Please find the following two documents within this PDF:

2016-2018 Nebraska CCDF Plan Conditional Approval Letter – OCC issued a letter with the conditions of approval for each State and Territory. In reviewing plans and waiver/extension requests, OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period. The approval letter covers the CCDF Plan for the period of June 1, 2016, through September 30, 2018. A “conditionally approved” plan is a fully approved plan with conditions to be met based on waiver requests, if applicable, and implementation and corrective action plans for unmet requirements. The conditions will be deemed fully met once all provisions in the Child Care and Development Block Grant (CCDBG) Act of 2014 are fully implemented.

2016-2018 Nebraska CCDF Plan - The Plan describes the CCDF program to be administered by Nebraska for the period 6/1/2016 – 9/30/2018 as conditionally approved by OCC. The Plan serves as the application for CCDF funds by providing a description of, and assurance about, the grantee's child care program and all services available to eligible families. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described. For purposes of simplicity and clarity, the specific provisions of applicable laws printed therein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

NOTE: *The CCDF Plan reflects the services and activities as reported by the Nebraska Lead Agency in their CCDF Plans for Fiscal Years 2016-2018. The CCDF Plans offer a snapshot into current and planned efforts, initiatives and implementation plans for each State/Territory through September 30, 2018. These Plans are not a catalog of all activities undertaken by the State/Territory. Administration for Children and Families (ACF) is not responsible for the contents of these CCDF plans.*



ADMINISTRATION FOR
CHILDREN & FAMILIES

330 C Street, S.W., Washington DC 20201 | www.acf.hhs.gov

June 13, 2016

Courtney N. Phillips, CEO
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln, NE 68509

Dear Chief Executive Officer Phillips:

The Office of Child Care (OCC) recognizes that there are many new requirements included in the Child Care and Development Block Grant (CCDBG) Act of 2014 that you are working to implement during this Plan period. We appreciate the time and energy that you put into developing your Child Care and Development Fund (CCDF) Plan to reform and effectively administer your program. I am pleased to inform you that the Nebraska CCDF Plan for the period of June 1, 2016, through September 30, 2018, has been conditionally approved. A "conditionally approved" plan is a fully approved plan with conditions to be met based on your waiver requests, if applicable, and implementation plans for unmet requirements. The conditions will be deemed fully met once all provisions in the CCDBG Act of 2014 are fully implemented and implementation plan action steps are completed. At that time the Nebraska CCDF Plan will be approved without conditions. OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period.

The following conditions apply to your CCDF Plan:

- Waiver Requests – The CCDBG Act of 2014 gives the Secretary the option to waive statutory provisions or penalties for up to 3 years if certain statutory conditions are met. Background Check provisions were not considered under this waiver implementation process because the Act provided for a separate extension

process for States and Territories unable to comply by September 30, 2017. Decisions regarding your waiver requests are listed below.

- Your waiver request(s) for Child Care Standards that address ratios and group size (5.1.3) has been approved through the date listed in your Implementation Plan, not to exceed one year.
- Health and Safety Training Corrective Action Plan – The Administration for Children and Families considers health and safety training critical to reducing risk of injury and death for children receiving assistance. According to the Program Instruction CCDF-ACF-PI-2015-09 issued December 2015, all new and existing caregivers and teachers serving children receiving CCDF assistance must have completed these training requirements by this date. Nebraska will not meet the health and safety training provision by the effective date of September 30, 2016; therefore you will be on a Corrective Action Plan starting October 1, 2016. You will now have an additional year to achieve this goal. You have 60 days following receipt of this letter to formally submit your extended timeline for implementing this requirement, not to exceed one year, by completing or revising the Implementation Plan at 5.1.6b in the ACF-118 system.

Key principles of the CCDF are to provide equal access to child care for children receiving child care assistance and to ensure parental choice. Provider payment rates set too low undermine these principles. As you are aware, the CCDBG Act of 2014 requires states and territories to take the cost of quality into account when setting rates, and to set rates based on the results of the most recent market rate survey or alternative methodology. We continue to be concerned that your rates may not allow for equal access. OCC plans to make review of payment rates a priority for our upcoming implementation monitoring visits. Thus, the conditional approval of your Plan **does not** constitute a final determination that your payment rates are sufficient to provide access to child care services for eligible families that are comparable to those provided to families that do not receive subsidies, as required by law.

You will receive a Notice of Grant Award in October 2016 from the Office of Administration in the Administration for Children and Families. The notice will include the amount of your award and any additional terms and conditions for the receipt of CCDF program funds. During the effective period of this plan, any substantial changes to the Nebraska program must be submitted as a plan amendment to your Regional Office for approval in accordance with 45 CFR 98.18(b).

We remind you that your CCDF-funded child care program for in-home providers must comply with all applicable Federal laws and regulations, including Federal wage and income tax laws governing domestic workers. Questions regarding Federal wage laws should be directed to your local or district office of the Wage and Hour Division within the U.S. Department of Labor. Likewise, questions regarding Federal income tax laws should be directed to your local or district office of the Internal Revenue Service.

We look forward to working together toward implementation of the CCDBG Act of 2014 and promoting the early learning and development of children along with family economic stability and success. If you have any questions, please contact Doris Hallford, Child Care Program Manager, Office of Child Care at (816) 426-2264 or doris.hallford2@acf.hhs.gov. Thank you for all you do each day for children and families.

Sincerely,

Rachel Schumacher
Director
Office of Child Care

cc: Nicole Vint, CCDF Program Manager
Doris Hallford, Regional Program Manager, Office of Child Care Region VII

Child Care and Development Fund (CCDF) Plan For Nebraska FFY 2016-2018

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency: [Nebraska Department of Health and Human Services](#)

Address of Lead Agency: [PO Box 95026, Lincoln, NE 68509](#)

Name and Title of the Lead Agency Official: [Courtney N. Phillips, CEO](#)

Phone Number: [402-471-9433](#)

E-Mail Address: Courtney.Phillips@nebraska.gov

Web Address for Lead Agency (if any): <http://dhhs.ne.gov>

1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: [Nicole Vint](#)

Title of CCDF Administrator: [CCDF Program Manager](#)

Address of CCDF Administrator: [PO Box 95026, Lincoln, NE 68509](#)

Phone Number: [402-471-9208](#)

E-Mail Address: Nicole.Vint@nebraska.gov

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator: [N/A](#)

Title of CCDF Co-Administrator:

Phone Number:

E-Mail Address:

Description of the role of the Co-Administrator:

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): [1-800-430-3244](tel:1-800-430-3244)

Web Address for CCDF program (for the public) (if any):
http://dhhs.ne.gov/children_family_services/Pages/children_families.aspx

Web Address for CCDF program policy manual (if any):
http://dhhs.ne.gov/children_family_services/Pages/children_families.aspx

Web Address for CCDF program administrative rules (if any): [N/A](#)

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

Outreach and Consumer Education (section 2)

Agency/Department/Entity [Nebraska Department of Education/Office of Early Childhood and Nebraska Department of Health and Human Services/Children and Family Services](#)

Name of Lead Contact [Melody Hobson and Nicole Vint](#)

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity [Nebraska Department of Health and Human Services/Children and Family Services](#)

Name of Lead Contact [Nicole Vint](#)

Licensing/Monitoring (section 5)

Agency/Department/Entity [Nebraska Department of Health and Human Services/Public Health and Children and Family Services](#)

Name of Lead Contact [Diane Kvasnicka and Nicole Vint](#)

Child Care Workforce (section 6)

Agency/Department/Entity [Nebraska Department of Education/Office of Early Childhood and Nebraska Department of Health and Human Services/Children and Family Services](#)

Name of Lead Contact [Melody Hobson and Nicole Vint](#)

Quality Improvement (section 7)

Agency/Department/Entity [Nebraska Department of Education/Office of Early Childhood and Nebraska Department of Health and Human Services/Children and Family Services](#)

Name of Lead Contact [Melody Hobson and Nicole Vint](#)

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity [Nebraska Department of Health and Human Services/Children and Family Services](#)

Name of Lead Contact [Nicole Vint](#)

[1.2 CCDF Policy Decision Authority](#)

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level?

In other words, identify whether CCDF program rules and policies are established by the state or territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

- All program rules and policies are set or established at the State/Territory level.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
 - Eligibility rules and policies (e.g., income limits) are set by the:
 - State/Territory
 - County.If checked, describe the type of eligibility policies the county can set
 - Other local entity (e.g., workforce boards, early learning coalitions).
If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set
 - Other.
Describe:
- Sliding fee scale is set by the:
 - State/Territory
 - CountyIf checked, describe the type of sliding fee scale policies the county can set
- Other local entity (e.g., workforce boards, early learning coalitions).
If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set

Other.

Describe:

Payment rates are set by the:

State/Territory

County.

If checked, describe the type of payment rate policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set

Other.

Describe:

Other.

List and describe (e.g., quality improvement systems, payment practices):

Nebraska's QRIS, Step Up to Quality, is a joint effort between NDE and DHHS, per Nebraska Revised Statute 71-1964. Payment practices are determined by DHHS.

1.2.2 How is the CCDF program operated in your State/Territory?

In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply. and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

Child care resource and referral agencies

Describe.

Community-based organizations

Describe.

Other.

Describe.

b) Who assists parents in locating child care (consumer education)?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

[Social Service Workers, who determine child care eligibility, assist families in locating child care across Nebraska.](#)

Child care resource and referral agencies

Describe.

Nebraska has one child care resource and referral site, located in Omaha, NE, overseen by NDE. This location and staff serve all of Nebraska's child care inquiries. There is a toll-free phone number, website, and resources can be mailed across the state.

Community-based organizations

Describe.

Other.

Describe.

c) Who issues payments?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

Child care resource and referral agencies

Describe.

Community-based organizations

Describe.

Other.

Describe.

1.3 Consultation in the Development of the State Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply).

For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

- [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns

Describe:

While we did not specifically consult with general purpose local government, we have garnered input on policy throughout the year with various meetings the CCDF State Administrator and CCDF staff were a part of. The State Administrator and staff attend bi-monthly Continuous Quality Improvement (CQI) meetings; which review trends in processing errors and audit finding. Attendance for these meetings include state wide Social Service Workers, Supervisors, Administrators, Trainers, Reviewers, and more. Attendees of these meetings make recommendations for the Child Care Subsidy program, as well as other Economic Assistance programs. Monthly tri-team meetings are held to with child care policy staff, Program Accuracy Specialist, Business Analyst, and procedural staff. Case reviews, errors, and system enhancements are discussed during

these meetings. Policy and processing recommendations are formed out of these meetings.

The CCDF State Administrator, the Administrator of the Office of Early Childhood with NDE, and the Program Manager for Child Care Licensing have regular meetings to discuss the federal requirements of the CCDF Program. The CCDF State Administrator, the Administrator of the Office of Early Childhood with NDE, and the Program Manager for Child Care Licensing also attend quarterly Early Learning Connection (ELC) meetings. These meetings are with service area Coordinators who facilitate trainings for licensed providers in their region.

We have plans in the future to engage the community and general purpose local government when creating Nebraska CCDF State Plan.

[REQUIRED IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

Describe:

The NDE Early Childhood Interagency Coordinating Council (ECICC) consist of governor appointed members who represent various categories which met the requirements of the Head Start Act and IDEA Part C. These members are state wide with an array of experience. Early childhood issues and training needs are part of the discussions within these meetings. Anticipated CCDF policy changes were shared ongoing with the ECICC. An email was shared with the council providing information about the CCDF State Plan and public hearing and an update/overview of the state plan and public hearing was presented to the council.

If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

Yes,

No.

If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and

family planning and policy

- [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes.

Describe, including which Tribe(s) you consulted with

An email was sent to the Tribal representatives, providing information about the CCDF State Plan and public hearing. Another email was sent, reaching out to the Tribes who receive CCDF, to set find time this year for the Lead Agency to do a site visit, discuss the state plan, and start creating a working relationship.

- Check N/A if no Indian Tribes and/or Tribal organizations in the State

- State/Territory agency responsible for public education.

Describe:

NDE participates with the development of the CCDF State Plan.

- State agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool).

Describe:

The program responsible for children with special needs, intervention and IDEA participates with the development of the CCDF State Plan.

- State/Territory institutions for higher education, including community colleges.

Describe:

- State/Territory agency responsible for child care licensing.

Describe:

Lead Agency. The CCDF program worked with the child care licensing program manager and administrator on background checks, health, safety, and monitoring of licensed providers. Both program are striving to align licensing requirements and subsidy requirements where ever possible.

- State/Territory office/director for Head Start State collaboration

Describe:

This program participates with the development of the CCDF State Plan.

- State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

[This program participates with the development of the CCDF State Plan.](#)

State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention

Describe:

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant

Describe:

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

McKinney-Vento State coordinators for Homeless Education.

Describe:

State/Territory agency responsible for public health.

Describe:

[This division is part of the Lead Agency.](#)

State/Territory agency responsible for mental health.

Describe:

State/Territory agency responsible for child welfare.

Describe:

[This division is part of the Lead Agency.](#)

State/Territory liaison for military child care programs.

Describe:

State/Territory agency responsible for employment services/workforce development.

Describe:

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

[Consulted with TANF program staff regarding the TANF program, population of the program, and reauthorization requirements of CCDF Subsidy.](#)

State/community agencies serving refugee or immigrant families.

Describe:

Child care resource and referral agencies.

Describe:

[The administrator who oversees the child care resource and referral participates with the development of the CCDF Plan.](#)

Provider groups or associations.

Describe:

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

Other.

Describe:

1.3.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)).

Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, the description should include:

a) Date(s) of notice of public hearing: [01/22/2016](#)

Reminder - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

[A Notice of Hearing ad was placed in the Lincoln Journal Star and Omaha World Herald newspapers. Scheduling of the hearing is also located at:](#)

1. http://dhhs.ne.gov/Pages/reg_hearings.aspx
2. <https://www.nebraska.gov/calendar/index.cig>
3. http://dhhs.ne.gov/publichealth/Pages/chs_chc_chcindex.aspx

c) Date(s) of public hearing(s): [02/12/2016](#)

Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed [The hearing site is at the State Office Building, in Lincoln, NE. The hearing is held live. Auxiliary aids or reasonable accommodations are available upon request. Interested persons are also able to submit written comments, due no later than 5:00 p.m. CT on 2/12/2016.](#)

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) [In the Public Hearing Notice, information on how to request a paper copy of the State Plan for pick up or to be mailed was provided. The CCDF State Plan was available at \[http://dhhs.ne.gov/children_family_services/Pages/children_families.aspx\]\(http://dhhs.ne.gov/children_family_services/Pages/children_families.aspx\)](#)

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? [Public comment was reviewed by the CCDF Program](#)

Manager, Economic Assistance Policy Chief, and other Lead Agency staff. Public comment provided positive feedback on the changes proposed in the state plan. Out of the 2 comments received, rates and billing structure were a concern. The Lead Agency is currently exploring the current billing structure and rates.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

Working with advisory committees.

Describe:

Working with child care resource and referral agencies.

Describe:

Providing translation in other languages.

Describe:

Making available on the Lead Agency website.

List the website:

http://dhhs.ne.gov/children_family_services/Pages/children_families.aspx

Sharing through social media (Twitter, Facebook, Instagram, email, etc.).

Describe:

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O))

Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

- [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.).

Describe:

The CCDF Lead Agency (DHHS) and NDE currently participates with several entities vested in pre-school programs for children. NDE is the agency responsible for early childhood special education services for children 3 to 5. Along with DHHS, NDE is also responsible for early intervention services for children birth to age 3. Sixpence (in state statute as the Nebraska Early Childhood Education Grant program) is a public/private entity who provides grants to school districts and their child care partners for early childhood education for

children birth to age 3.

[REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

Communication and coordination between the CCDF Lead Agency and Tribal early childhood programs have been minimal over the years. The CCDF Program Manager will reach out to the Ponca Tribe, Omaha Tribe, and Winnebago Tribe in 2016. Currently, these Tribes each administer their own CCDF program with individualized policies and procedures for their Tribes. The goals of the CCDF Program Manager reaching out to these Tribes are to start regularly and ongoing communications and identify ways we of coordinate.

Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

[REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities.

Describe:

NDE is the agency responsible for early childhood special education services for children 3 to 5 and both the CCDF Lead Agency and NDE are responsible for early intervention services for children birth to age 3. The Lead Agency and NDE will continue to use the ECICC to coordinate child care services serving infants and toddlers with disabilities. The ECICC is composed of several representatives across the state, focusing on state and federal statutes pertaining to early childhood care, education initiatives, and Part C of the Individuals with Disabilities Education Act (IDEA).

[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act).

Describe:

NDE Federal Program team.

[REQUIRED] Early childhood programs serving children in foster care.

Describe:

The Lead Agency is responsible for Children and Family Services which serves children in foster care. Policies and processes affecting children in foster care are always being reviewed to ensure children are being served and there are no gaps. Income is automatically disregarded when determining child care for foster children.

State/Territory agency responsible for child care licensing.

Describe:

The Lead Agency is responsible for child care licensing across the state of Nebraska.

State/Territory agency with Head Start State collaboration grant.

Describe:

The Head Start State Collaboration Grant is housed within the NDE, Office of Early Childhood.

State Advisory Council authorized by the Head Start Act.

Describe:

The ECICC serves as the State Advisory Council. Members of the council are governor appointed, representing various categories which met the requirements of the Head Start Act and IDEA Part C. The CCDF Program Manager holds an appointed position, representing the Lead Agency and child care. This council provides recommendations for the professional development system. ECICC is charged with advising the Governor and State Agencies with issues related to early childhood education and care.

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

The Lead Agency is actively working on forming a collaborative partnership with the Head Start State Collaboration Office and Early Head Start-Child Care Partnership grantees across Nebraska. CCDF made the decision to allow CCDF Subsidy funds to be part of the layering funds for the grants.

McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons

Describe:

Child care resource and referral agencies.

Describe:

NDE Office of Early Childhood - Early Childhood Training Center and Early Learning Connections (ELC).

State/Territory agency responsible for public education.

Describe:

NDE is responsible for public education and collaborates extensively with the Lead Agency.

State/Territory institutions for higher education, including community colleges.

Describe:

State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

[NDE is the entity responsible for the CACFP. The Lead Agency communities with the CACFP when needed.](#)

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention.

Describe:

[The Lead Agency is responsible for Nebraska WIC, nutrition which includes breast-feeding support, and Nutrition and Physical Activity Self-Assessment for Child Care \(NAP SACC\).](#)

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant.

Describe:

[The Lead Agency is responsible for Nebraska Maternal, Infant, and Early Childhood Home Visiting Program \(N-MIECHV\).](#)

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

State/Territory agency responsible for public health.

Describe:

[The Lead Agency is responsible for public health.](#)

State/Territory agency responsible for mental health.

Describe:

State/Territory agency responsible for child welfare.

Describe:

[The Lead Agency is responsible for child welfare.](#)

State/Territory liaison for military child care programs.

Describe:

State/Territory agency responsible for employment services/workforce development.

Describe:

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

[The Lead Agency is responsible for TANF.](#)

State/Territory community agencies serving refugee or immigrant families

Describe:

Provider groups or associations.

Describe:

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

Other.

Describe:

[1.5 Optional Use of Combined Funds](#)

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of

comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes, If yes, describe at a minimum:

How do you define "combine"

Which funds will you combine

Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?)

How are the funds tracked and method of oversight

No.

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level - State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

The Lead Agency and NDE partners with Nebraska Children and Families Foundation (NCFF). NCFF supports children, young adults and families at risk, with the overall goal of giving Nebraska's most vulnerable children what they need to reach their full potential. NCFF is a private entity, collecting private and public resources across the state and nation. CCDF support various early and middle childhood activities, through advisory and subawards/contracts.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States may use funds to support or establish Child Care Resource and Referral (CCR&R) systems (also see section 7.4). If they do, there are specific requirements for CCR&Rs (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and

- emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
 - Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
 - Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
 - Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
 - As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute above.

1.7.1 Does the State fund a system of local or regional CCR&R organizations?

- Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4.

If yes, the local or regional referral agency is required to do all of the activities listed here.

See also related follow-up questions in Section 7.1 and 7.4. Does the CCR&R system provide all services identified below:

This agreement includes:

1. A subcontract from the Lead Agency to NDE Office of Early Childhood for the services of a toll free resource and referral phone line to provide direct technical assistance to families and further subawards to regional entities; and
2. A set of grants from NDE to selected Educational Service Units to operate an Early Childhood Connection system of early childhood training entities and coordinators who lead the regional efforts to increase the number and improve the quality of center-based and family child care options throughout the state.

- No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State's Statewide Child Care Disaster Plan.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Licensed child care providers are required to have a written plan that addresses:](#)

1. Evacuating and moving children to a safe location in the event of a fire, tornado, flood, or other natural or man-made disaster;
2. Notifying parents of children in care of an emergency;
3. Reunification of parents with their children in the event of an emergency that requires evacuation; and
4. How children with special needs will be safe in the event of a disaster including evacuation and reunification with the parent.

[Providers must also have a working telephone available on the premises at all times. Emergency telephone numbers, including fire, rescue, police \(or 9-1-1\), and poison Control, must be prominently posted.](#)

[Fire and Tornado Drills must be practiced with the children and staff. Written documentation of drills, including dates conducted, must be kept and available for review by the Lead Agency.](#)

1. Fire drills must be completed a minimum of once per month.
2. Tornado drills must be completed a minimum of four times per year during the months of March through September.

[Fire and Tornado Safety Diagrams must:](#)

1. Show the layout of the licensed child care area(s);
2. Be prominently posted and visible;
3. Include how the evacuation of children with special needs will be conducted;
4. Include fire evacuation routes; and
5. Include tornado safety locations.

Unmet requirement - Identify the requirement(s) to be implemented [Guidelines for continuing CCDF assistance and child care services after a disaster \(which may include provision of temporary child care, and temporary operating standards for child care after a disaster\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Provide policy and direction for continuing child care services after a disaster. This will require a change in our regulations, allowing child care services after a disaster. We also plan on adding a child care section to the Nebraska Department of Health and Human Services, Division of Children and Family Services, Children and Family Services Disaster Plan. This will identify state wide contacts and a child care section.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity [Lead Agency](#).

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[N/A](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Require the same requirements of Licensed Providers for Licensed Exempt Providers. Changes to the regulations will need to be made. Then the Department will need to communicate these requirement to Licensed Exempt Providers, give them time to make changes and comply, and then follow up to make sure that they are in compliance.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity [Lead Agency](#).

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[N/A](#)

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12. The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. 1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
- 2. Information related to the health and safety of children in child care settings. The

plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:

- a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
- b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
- c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A)), 658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

Eligible families are identified through ACCESSNebraska, resource and referral, outreach through Community Support Workers and other agencies who refer families to ACCESSNebraska.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

There are several child care and child development advocates and agencies who assist with outreach across Nebraska. Outreach is through their work and mission along with referrals to ACCESSNebraska for economic assistance program eligibility (i.e... Child Care Subsidy, TANF, SNAP, etc.). Partners include but is not limited to: First Five Nebraska, Nebraska Children Family Foundation, Nebraska Department of Education, Nebraska's Resource and

Referral, home visitors with various agencies, medical professionals, public/private schools and universities, domestic violent shelters, homeless shelters, health departments, and DHHS staff.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach)?

Information regarding Child Care Subsidy and other services that assist families are disseminated through ACCESSNebraska via media and website. Staff also attend various workshops and conferences to represent CCDF and available services.

2.1.2 How can parents apply for services? Check all that apply.

Electronically via online application, mobile app or email.

Provide link <https://dhhs-access-neb-menu.ne.gov/start/?tl=en>

In-person interview or orientation.

Describe agencies where these may occur:

There are 41 local offices across Nebraska, where applicants can apply, submit, and/or interview on the spot with a social service worker.

Phone

Mail

At the child care site

At a child care resource and referral agency.

Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations.

Describe:

Thirty-five of DHHS offices have Kiosks (computers for public use) to apply for child care and other economic assistance services. In addition to the DHHS offices, ACCESSNebraska provides an extensive list of community partners on the website, who provide internet access to individuals applying for public assistance benefits (including child care).

Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time).

Describe:

Nebraska's application includes the following programs: Supplemental Nutrition Assistance Program (SNAP), Aid to Dependent Children (ADC), Assistance to the Aged,

Blind, or Disabled Payments (AABD/PMT), Low Income Home Energy Assistance Program (LIHEAP), Child Care (CC), Services for the Developmentally Disabled (DD), Social Services for Aged and Disabled Adults (SSAD), and Social Services for Families, Children, and Youth (SSCF).

Other strategies.

Describe:

Nebraska has Community Support workers who provide outreach services to communities across Nebraska. They provide assistance to individuals and families with applications and eligibility interviews. Outreach includes but is not limited to homeless shelters, domestic violence shelters, schools, local events, and more.

2.2 Consumer Education Website

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP) for which families may also qualify.
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including social and emotional development, early childhood development, meaningful parent and family engagement, and physical health and development (particularly healthy eating and physical activity), and
- State/Territory policies regarding the social-emotional behavioral health of young children,

which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children, in early childhood programs receiving child care assistance (CCDF).

- Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public
Both the CCDF website with the Division of Children and Families and the Child Care Licensing website with the Division of Public Health, both part of the Lead Agency, have information on their website for parents, providers and general public. Nebraska's Resource and Referral also has a website usable for parents, providers and general public. Between the Licensed Child Care Provider Roster and the list of providers on the resource and referral site, a consumer would be able to identify: providers who accept Subsidy, accept children with disabilities, providers who are accredited, child care type (center or family child care home I/II), capacity, and operation days/hours. In addition to that, consumers can search by zip code, city and/or name.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

The Lead Agency provides materials on their website and or verbally through ACCESSNebraska. Nebraska's Resource and Referral and the Early Childhood Training Center direct consumers to the website as well as providing written materials regarding child care, finding the right child care provider, interviewing child care providers, child development, etc. The LanguageLinc Interpretation Services are used if translation is needed, to provide greater service, and some materials are available in Spanish.

c) Describe who you partner with to make information about the full diversity of child care choices available

NDE which includes Early Childhood Training Center and Nebraska's Resource and Referral.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

Nebraska's Step Up to Quality launched 7/1/2014. Prior to the launch, the Director of Step Up to Quality traveled the state holding informational sessions for the general public, which

included law makers, child care providers and professionals, schools, parents, and agencies vested in quality care for Nebraska. The Director and other Step Up to Quality continue to hold informational sessions at various child care/development related meetings across the state. All outreach targets parents, providers and the general public. Step Up to Quality also has a Facebook page to engage parents, providers, and general public. Required providers receive letters via mail regarding their required participation along with a general brochure for the program.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

An overview brochure (available in English and Spanish) of Step Up to Quality has been disseminated through mailings, informational sessions, and various child care/development related meetings across the state. The Step Up to Quality's website <http://www.education.ne.gov/StepUpToQuality/> provides program information for parents, providers, and the general public. This information includes the Program Guide, Rating Readiness Tools, Professional Development and Training opportunities, and more. The Facebook page provide child/family friend tips and educational posts. Step Up to Quality's provider ratings will be made available for public posting in 2017. Step Up to Quality also has promotional items (signs, magnets, pens, etc.) to help spread the word

c) Describe who you partner with to make information about child care quality available Nebraska's Step Up to Quality is a joint effort between NDE and the Lead Agency. In addition to that partnership, Step Up to Quality partners with Nebraska's Resource and Referral, Early Childhood Training Center, First Five Nebraska, Nebraska Children and Families Foundation, Early Learning Coordinators, and the University of Nebraska, Lincoln - Extension program.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs.

For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF)

Aid to Dependent Children (ADC) (Nebraska's TANF program) is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, where child care is also located. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state.

b) Head Start and Early Head Start Programs

Nebraska has a State and local approach for outreach efforts to share information about Head Start to families, providers, and the general public. Locally each of the 23 Early Head Start/Head Start (EHS/HS) grantees is required to conduct outreach and public awareness to recruit families and seek referrals for enrollment. This is done through community activities and the distribution of eligibility materials. The State Head Start Collaboration Office partners with state and private agencies to increase awareness of EHS/HS and its services statewide. Nebraska also has 28 regional Early Childhood Planning Region Teams (PRT) that function as interagency coordinating councils. Part of their work is to identify and address local gaps and barriers to services for children birth to five and their families. This includes providing information on services for low-income families such as EHS/HS to the general public, local families and providers. EHS/HS website is <http://www.education.ne.gov/oec/hssco.html>

c) Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, where child care is also located. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

SNAP is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, where child care is also located. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state. SNAP also sub-grants with Food Bank for the Heartland, who in return sub-grants with many community organizations across Nebraska to provide SNAP outreach. SNAP outreach is a service that identifies individuals who may be eligible for SNAP and gives them information on how to apply for benefits.

e) Women, Infants, and Children Program (WIC)

The Division of Public Health administers the WIC program and has subawards with 13 local agencies which provide services in over 100 clinics across Nebraska. These local agencies

include local health departments, community action agencies, a hospital, and community-based non-profits. These local agencies make referrals to and integrate services with local programs available to families with young children. Access Nebraska also serves as a resource used by WIC local agencies for informing families of TANF, SNAP, Medicaid and child care subsidy benefits and how to apply. The Nebraska WIC program has a detailed web page on the DHHS Website. There is also links to various WIC offices on the Nebraska Resource and Referral System website.

f) Child and Adult Care Food Program(CACFP)

Providers participating with CACFP inform eligible families of this program.

g) Medicaid

Information and application for the Medicaid program is located on the ACCESSNebraska website. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state.

h) Children's Health Insurance Program (CHIP)

Information and application for the CHIP program is located on the ACCESSNebraska website. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R.

i) Individuals with Disabilities Education Act (IDEA)

Nebraska is required, per IDEA, to ensure the general public, including parents and health providers, are aware of how to make a referral to early intervention and special education. Nebraska has a referral directory that is provided to multiple agencies/providers and the general public for early intervention referrals. There are also several websites utilized for these purposes in early intervention and special education.

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)

N/A

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

The Division of Public Health administers the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) which is both federally and state supported evidence based home visiting. Each service provider agrees to provide evidence-based home visiting as part of a comprehensive community-based system of early childhood services, and as such, maintain up-to-date directories and resource guides on available services, including those provided by the DHHS. Resources shared with families include Access Nebraska as a means for learning about and applying for TANF, SNAP, Medicaid, CHIP and child care subsidy benefits. DHHS staff provides ongoing training and technical assistance to these providers, including updates on available resources, through regular conference calls.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs.

For example, does the State/Territory provide information to providers through CCR&Routreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc?

a) Temporary Assistance for Needy Families (TANF)

Aid to Dependent Children (ADC) (Nebraska's TANF program) is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, where child care is also located. This information is available to providers and general public.

b) Head Start and Early Head Start Programs

Nebraska has a State and local approach for outreach efforts to share information about Head Start to families, providers, and the general public. Locally each of the 23 Early Head Start/Head Start (EHS/HS) grantees is required to conduct outreach and public awareness to recruit families and seek referrals for enrollment. This is done through community activities and the distribution of eligibility materials. The State Head Start Collaboration Office partners with state and private agencies to increase awareness of EHS/HS and its services statewide. Nebraska also has 28 regional Early Childhood Planning Region Teams (PRT) that function as interagency coordinating councils. Part of their work is to identify and address local gaps and barriers to services for children birth to five and their families. This includes providing information on services for low-income families such as EHS/HS to the general public, local families and providers. EHS/HS website is <http://www.education.ne.gov/oec/hssco.html>

c) Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, where child care is also located. This information is available to providers and general public.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

SNAP is included on the AccessNebraska application and program information is located on the DHHS Economic and Family Support web page, where child care is also located. This information is available to providers and general public.

e) Women, Infants, and Children Program (WIC)

The Division of Public Health administers the WIC program and has subawards with 13 local agencies which provide services in over 100 clinics across Nebraska. These local agencies include local health departments, community action agencies, a hospital, and community-based non-profits. These local agencies make referrals to and integrate services with local programs available to families with young children. A formal written policy outlines this requirement

http://dhhs.ne.gov/publichealth/Documents/section_M_Page_1_Referrals_To_and_From_other_Programs_and_Services.pdf AccessNebraska also serves as a resource used by WIC local agencies for informing families of TANF, SNAP, Medicaid and child care subsidy benefits and how to apply. Routine training and technical assistance is provided to WIC local agencies by DHHS staff, including updates on available resources and outreach materials. This training and TA is provided through periodic webinars and conference calls, as well as an annual meeting. The Nebraska WIC program has a detailed web page on the DHHS Website. There are also links to various WIC offices on the Nebraska Resource and Referral System website. The Nebraska WIC program has a detailed web page on the DHHS Website. There are also links to various WIC offices on the Nebraska Resource and Referral System website. This information is available to providers and general public.

f) Child and Adult Care Food Program(CACFP)

DHHS - Child Care Licensing providers receive CACFP information in their licensing packet.

g) Medicaid

Information and application for the Medicaid program is located on the ACCESSNebraska website. This information is available to providers and general public.

h) Children's Health Insurance Program (CHIP)

Information and application for the CHIP program is located on the ACCESSNebraska website. This information is available to providers and general public.

i) Individuals with Disabilities Education Act (IDEA)

Nebraska is required per IDEA to ensure the general public, including parents and health providers, are aware of how to make a referral to early intervention and special education. Nebraska has a referral directory that is provided to multiple agencies/providers and the general public for early intervention referrals. There are also several websites utilized for these purposes in early intervention and special education.

j) Other State/Federally Funded Child Care Programs (example-State Pre-K)

N/A

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

The Division of Public Health administers the MIECHV which is both federally and state supported evidence based home visiting. Both sources of funding target services in counties identified as at-risk through a 2010 needs assessment. Three federally supported programs collectively provide services in Box Butte, Morrill, Scotts Bluff, Lancaster and Douglas Counties. Four state supported programs collectively provide services in Lancaster, Douglas, Gage, Jefferson, Knox, Cedar, Dixon, Dakota, Thurston, Madison, Antelope, Pierce, Wayne, Stanton, Cuming, Burt, Dodge, and Washington Counties. Service providers include local health departments, a community action agency, and a non-profit association. Each service provider agrees to provide evidence-based home visiting as part of a comprehensive community-based system of early childhood services, and as such, maintain up-to-date directories and resource guides on available services, including those provided by the DHHS. Resources shared with families include Access Nebraska as a means for learning about and applying for TANF, SNAP, Medicaid, CHIP and child care subsidy benefits. DHHS staff provides ongoing training and technical assistance to these providers, including updates on available resources, through regular conference calls.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

The NDE Office of Early Childhood and DHHS provide resources to families through the CCR&R Specialist who is located at the Early Childhood Training Center, the Office of Early Childhood Website, information disseminated at public events, and through trainings held across the state and online.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

1. Written materials are provided through the NDE website, in person at community events, and by mail following up on written or phone requests.
2. Information is given to families and providers through direct communication using either the child care resource and referral line (for parents), or the child care information line (for early childhood providers and the general public).
3. Trainings are held throughout the state through the network of Early Learning Connection partnerships.

c) Describe who you partner with to make information about research and best practices in child development available

The Lead Agency partners with the NDE, Office of Early Childhood. NDE also partners with:

1. Nebraska Educational Television (NETV) for their 'Ready to Learn' project reaching families in communities across the state.
2. Early Learning Connection (ELC) Partnerships to provide training resources and training.
3. The Head Start State Collaboration Office to provide resources to Head Start and Early Head Start Grantees for dissemination to families of young children in poverty.
4. NDE Office of Special Education to provide training and resources to schools and families.
5. School districts to provide training for school district staff and resources for staff and families.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to 1) parents of eligible children, 2) providers and 3) the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents

Nebraska has begun implementation of Circle of Security Parenting®. This is a relationship based early intervention program designed to enhance attachment security

between parents and children. Focusing on how parent/child relationships can be strengthened, this unique approach teaches parents and those helping them to find new ways to understand children's needs and behavior. It also offers effective ways to respond to these needs and behaviors. Professional facilitators from across Nebraska were trained and are now offering this small group training with families throughout the state. This is done through trainings offered through ELC networks as well as provided through a combination of public/private partnerships and local Planning Region Teams funded through IDEA Part C.

ii. Providers

General information about children's social and emotional development is available through the Nebraska Early Learning Guidelines (ELG) and can be accessed through the NDE Office of Early Childhood website. Also, Nebraska has been a consortium state in The Pyramid Model Consortium. Significant emphasis on using The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (The Pyramid Model) exists in the state for child care providers, school district early childhood programs and Head Start classrooms. Pyramid Model training for child care providers is offered through initiatives such as Rooted in Relationships and Nurturing Healthy Behaviors. Pyramid Model implementation includes coaching and mental health consultation when necessary. Additionally, the University of Nebraska-Lincoln (UNL) Extension has partnered with the USDA and Penn State Cooperative Extension to create a training protocol for child care providers entitled The Pyramid Model: Promoting Social Emotional Competence of Young Children. These trainings are offered by extension educators and sponsored by ELC Partnerships throughout Nebraska. Finally, the statewide collaborative working to implement The Pyramid Model and other mental health training is working to embed The Pyramid Model into Step Up to Quality, Nebraska's Quality Rating and Improvement System (QRIS).

iii. General public

General information about children's social and emotional development is available through the Nebraska ELGs and can be accessed at the NDE Office of Early Childhood website.

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

1. NDE Office of Early Childhood is a statewide partner leading the development and revision of the Nebraska ELGs.
2. NDE also is a statewide partner in the training and promotion of the Pyramid Model,

and provides guidance to the ELC partnerships.

3. The UNL Extension, has created training and partnered with ELC partnerships to disseminate Rock Solid training to child care providers.
4. NDE Office of Special Education Part C has provided funding to local Planning Region Teams, the Nebraska Children and Families Foundation (NCFF) have both sponsored Circle of Security training.
5. NCFF has used public funding granted by NDE and private funding to make program-wide implementation of The Pyramid Model a reality in child care centers and family childcare homes. NCFF has also used private funding to implement Circle of Security Parenting® in different regions of the state. Additional information related to social emotional supports for young children can be found via NCFF's website at <http://rootedinrelationships.org/>

c) Does the State have a written policy regarding preventing expulsion of:

Preschool children (from birth to five) in early childhood programs receiving child care assistance?

Yes.

If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link

All programs are required to have written center policies. It is required that policies describes conditions for suspending and terminating care are written and available to parents and the Department. Policy can be found at NAC 391-3-006.14B.

No.

School-age children from programs receiving child care assistance?

Yes.

If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link

All programs are required to have written center policies. It is required that policies describes conditions for suspending and terminating care are written and available to parents and the Department. Policy can be found at NAC 391-3-006.14B

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

- Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

List the Lead Agency policy citation(s) and:

1. Nebraska Department of Education Early Intervention Regulations (for children Birth to 3): Rule 52-006.02A Except as provided in 92 NAC 52-006.02B, school districts and approved cooperatives shall complete any screening under 92 NAC 52-006.03 (if the parent consents); the initial evaluation and the initial assessments of the child and the family under 92 NAC 52-006.05; and shall participate in the initial Individualized Family Service Plan (IFSP) meeting under 92 NAC 52-007.03 within 45 calendar days from the date of referral;
2. DHHS Early Intervention Services Coordination Regulations: 480 NAC 3-005.03 Post-Referral Timelines: The screening, evaluation and assessment of the child, family assessment, and the IFSP meeting must take place within 45 calendar days of the referral to a Public Agency;
3. Nebraska Department of Education IDEA Part B Regulations (for children ages 3-21): Rule 51- 009.04A1 The initial multidisciplinary team evaluation shall be completed within 45 school days of receiving parental consent for the evaluation; and
4. Rule 51-007.09A A meeting to develop an IEP for a child must be held within thirty (30) calendar days of a determination that the child needs special education and related services.

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

Upon referral to NDE, the local early intervention program must conduct the screening, evaluation and Individualized Family Services Plan (IFSP) meeting within 45 days of the referral date. Upon referral to the Part B/619 program, the local school district must conduct the screening, and/or evaluation within 45 school days. If the child is determined to be in need of special education services, then an IEP meeting must be completed within 30 calendar days of the eligibility determination.

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

CCDF families and child care providers may make a referral to the local NDE (early intervention) program (for children ages 0-2) and/or the local school district (for children ages 3-5) in Nebraska. Upon referral, the local NDE program/school district will conduct screening/evaluation procedures, upon written parental consent, in order to determine if the child has an established developmental delay as defined per state regulations and is in need of IDEA services.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint

For child care programs licensed in the State of Nebraska, a substantiated complaint is defined as an allegation that has been received by the DHHS- Division of Public Health, and through the course of investigation has been determined to be true. This definition is true for all complaints received by the DHHS. The source of the complaint, whether it be from a parent or another person, does not change how a substantiated complaint is determined. In Nebraska, parent complaints are not tracked in any different format than complaints received from another entity.

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

Complaints on all licensed child care programs licensed by the DHHS - Division of Public Health are documented on a form called a Compliance Review Report. Compliance Review Reports are maintained in a central file located in the mail licensing office in Lincoln, NE. All complaint information is maintained at a minimum of seven years.

c) How does the State/Territory make substantiated parental complaints available to the public on request

All Compliance Review Reports, including those reports completed as a result of a complaint, are available to the public upon request. Those interested in obtaining a copy of a report would need to contact the Office of Children's Services Licensing by telephone or email and request the information.

d) Describe how the State/Territory defines and maintains complaints from others about providers

Complaints on licensed child care programs from others individuals that are not parents are

handled in the same manner as all complaints received by the DHHS - Division of Public Health. Complaints that alleged possible abuse/neglect issues must have the investigation initiated within 24 hours of receipt. All other complaints that allege a violation that does not involve abuse/neglect allegations, must be initiated within 5 days.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other

Social Services workers at the Customer Service Center, working with Subsidy applications, interviews, and authorizations for eligible families use the LanguageLinc Interpretation Services when communicating with families whom English is not their first language.

None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages

The Lead Agency has workers who are fluent in Spanish and French. Interpreters are used for most all other languages through the LanguageLinc.

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities

The Lead Agency makes accommodations by offering hearing and impaired services, assistance with completing applications, and face-to-face meetings in local offices if requested. Community Support Specialist do outreach across the state, assisting eligible persons with disabilities identify and connect to services available. Within the Lead Agency's division, outreach is also done through the Medically Handicap Children's Program (MHCP) and Children's Respite.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing processes for licensing and monitoring child care providers, processes for conducting criminal background checks, and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse.

The State/Territory must make public certain information about the results of such monitoring on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

- Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

Provide the link to the website:

and describe how the consumer education website meets the requirements to:

a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe

b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe

c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe

d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

- Provider specific information is available on the website for those programs that have had their license placed on Corrective Action Status, signed a Licensing Agreement, or have had their license disciplined. This information includes actual copies of the negative action or discipline. Provider specific information is available on the website for those programs that have had their license placed on Corrective Action Status, signed a Licensing Agreement, or have had their license disciplined. This information includes actual copies of the negative action or discipline.
- All health and safety requirements and licensing requirements for licensed child care providers are available in Title 391 - Child Care Licensing in the Lead Agencies Rules and Regulations. These are available on the DHHS website.
- A list of offenses preventing individuals from being a child care provider is available in Title 391 - Child Care Licensing, available on the DHHS website.
- Currently, all licensed programs are required to report any injury that occurs in their child care that requires any form of medical attention and deaths. Data specifically regarding the cases of substantiated cases of abuse/neglect in child care will start to be tracked in 2016.
- Currently, the provider specific information that is available on the Child Care Licensing website includes relevant license information (i.e. Address, capacity, days and hours of operation), an indication if the program accepts child care subsidy or if the program is accredited. The website has parent information available that explains the Nebraska law for licensing child care programs, the types of programs licensed in the state and what issues to look for or ask when looking for child care. The parent information also includes contact information for submitting a complaint or reporting suspected cases of child abuse/neglect.
- The site contains aggregate information about the number of deaths, number of serious injuries as defined by the state, and the number of substantiated child abuse cases in child care programs.

Unmet requirement - Identify the requirement(s) to be implemented [Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider \(including the last date of inspection, and any history of violations\).](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Issue an RFP for license issuance/inspection tracking system to track inspections](#)

and post the last inspection and inspection report on the website. These are currently now available upon request via website or phone. Past violations are currently available on the website.

Projected start date for each activity: 02/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity [Lead Agency, consisting of CCDF and Public Health.](#)

Partners - Who is the responsible agency partnering with to complete implementation of this activity

n/a

Unmet requirement - Identify the requirement(s) to be implemented [A description of health and safety requirements and licensing or regulatory requirements for child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements - and the opportunity for children to form trusting relationships with teachers - are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and

relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

In order to be eligible for services, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

- a) The CCDF program serves children from 0 (weeks/months/years) to 12 years (through age 12).
- b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))



Yes, and the upper age is the day before 19th birthday (may not equal or exceed age

19). Provide the Lead Agency definition of physical or mental incapacity: **Special Needs: Requirement for extra care because of an acute or chronic physical or mental condition.** Acute special needs include temporary conditions that require special medical attention and isolation from other children (i.e. recovery from surgery, etc.). Chronic special needs include long-standing medical or behavioral problems that require medical, behavioral or other services at all times (i.e. medically fragile, attention deficit, etc.). To be considered a child with a special need, the child must have one or more of the following conditions which are not related to chronological age: 1. Emotional impairment: including behavioral impairment, requiring special equipment or assistance; 2. Developmental age level lower than chronological age and requires assistance via special supervision; 3. Movement impairment: requires assistance or unable to move; 4. Sensory impairment: requires special environmental modifications or assistance; 5. Speech impairment: requires special equipment or assistance; 6. Hygiene: requires assistance or special equipment; 7. Feeding: requires special equipment or assistance; 8. Toileting: requires assistance or special equipment; 9. Medical conditions: requires respiratory aids or special procedures; 10. Therapy required: physical, occupational, speech, or respiratory; and 11. Medications: requires assistance or special procedures.

No

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

Yes and the upper age is **the day before 19th birthday** (may not equal or exceed age 19)

No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with -

Household members who live with the child.

b) in loco parentis -

An adult who is legally responsible for a child in the place of a parent.

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the

purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

* working:

Having and attending paid employment.

* attending job training

Training that prepares an employee to do their job effectively.

* attending education

Regularly attending vocational or educational training to attain a high school or equivalent diploma or an undergraduate degree or certificate (including ESL classes).

Not allowed for any activity if pursuing a second undergraduate degree (2nd bachelors) or any post-graduate schooling.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Yes.

No.

If no, describe additional requirements

c) Does the Lead Agency provide child care to children in protective services?

Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services -

Protective services is a government agency charged with the supervision and protection of children at risk from abuse and neglect, children who have been made state wards which includes out-of-home placement. Parents/foster parents of children involved in protective services must meet a need for service in order to receive Child Care Subsidy.

For the purposes of eligibility, the Lead Agency defines protective services as children who are state wards residing in an out-of-home placement and/or children who are state wards residing in their own home who would not be eligible for Subsidy due to income, but have a case plan showing family preservation.

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

Note - If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for CCDF purposes these children are considered to be in protective services and should be included in the protective services definition above.

No.

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

* Definition of income -

Money, either earned (i.e. employment) or unearned (i.e. child support), by the client.

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI.

Note - If the income eligibility limits are not statewide, check here

Describe how many jurisdictions set their own income eligibility limits

Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	N/A	N/A	N/A	N/A	N/A	N/A
2	4921	4183	1328	27%	1726	35.1%
3	5660	4811	1674	29.6%	2176	38.4%
4	6861	5832	2021	29.5%	2627	38.3
5	6240	5304	2368	38%	3078	49.3%

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm>.

c) SMI Source and year <http://www.census.gov/hhes/www/income/data/statemedian/year2014>

d) These eligibility limits in column (c) became or will become effective on: [07/01/2015](#)

e) Provide the link to the income eligibility limits <http://dhhs.ne.gov/Documents/392-000-200.pdf>

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out

Any family whose income exceeds 130% of the FPL at the time of redetermination shall receive Transitional Child Care (TCC) assistance for up to 24 consecutive months or until the family income exceeds 185% of the FPL, at which point they would no longer be eligible for Child Care Subsidy.

- Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note - this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

Irregular Income: Irregular income is income, earned or unearned, which varies in amount from month to month or which is received at irregular intervals. This may be due to irregular employment, but even when an individual works regularly, the income may be irregular because of factors such as seasonal increases or decreases in employment and earnings (i.e. day labor or sales work on commission basis). 392 NAC 3-005.03C1

Also, any 30 consecutive days of income no older than 90 days prior to the date of application may be used in the budget. If the 30 days is not reflective due to a change in circumstance or inconsistent instant pay, more than 30 days or a new pay schedule can be used. Ninety days of income can be used per client request, if reflective.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or

tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information.

Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational

standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

Applicant identity.

Describe:

Client declaration.

Applicant's relationship to the child.

Describe:

Birth certificates and/or legal documents are required to verify the parent's relationship to the child. Verification for other applicant's (i.e. grandparents, aunt/uncles, etc.) can consist of birth certificates, legal documents, adoption/guardianship papers, or notarized statements would serve as verification. The eligibility and case management system receives an interface from Vital Statistic for all children born in Nebraska. Documentation used to verify relationship is narrated and scanned in the applicant's case. If verification cannot be obtained, the case is referred to the policy unit for review and research of family relationships. The state will help family members obtain out of state birth certificates.

Child's information for determining eligibility (e.g., identity, age, etc.).

Describe:

Verified through birth certificates and/or legal documents/citizenship documents.

Work.

Describe:

Verified through paystubs, employer statement, or a collateral contact with the employer. This information is narrated in the applicant's case file and the document is scanned into it.

Job Training or Educational Program.

Describe:

For job training, verified by statement from employer/training coordinator. For educational program, verified through class scheduled. This information is narrated in the applicant's case file and the document is scanned into it.

Family Income.

Describe:

Paystubs, employer records, statement from employer, and collateral contact with employer. Declaration can be taken for unearned income.

Household composition.

Describe:

[Client declaration is accepted and narrated in the case file .](#)

Applicant Residence.

Describe:

[Client declaration is accepted and narrated in the case file.](#)

Other.

Describe:

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

Time limit for making eligibility determinations.

Describe length of time :

[30 days.](#)

Track and monitor the eligibility determination process

Other.

Describe:

None

3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

NOTE: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency [The Lead Agency \(DHHS\)](#)

b) Provide the following definitions established by the TANF agency.

"appropriate child care":

[Care that is or can be licensed or approved by DHHS.](#)

"reasonable distance":

[A round trip of two hours or less from home to the site of child care. If a normal round trip commuting time in the area is more than two hours, which is considered as the generally accepted community standard.](#)

"unsuitability of informal child care":

[Unpaid care or personally arranged care by a friend or relative that would be unsafe or harmful to the child.](#)

"affordable child care arrangements":

[Care at no cost to the child.](#)

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

In writing

Verbally

Other.

Describe:

List the citation to this TANF policy.

List:

[468 NAC 2-020.02, #7 & 2-020.02A](#)

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient

Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs": [Special Needs: Requirement for extra care because of an acute or chronic physical or mental condition. Acute special needs include temporary conditions that require special medical attention and isolation from other children \(i.e. recovery from surgery, etc.\). Chronic special needs include long-standing medical or behavioral problems that require medical, behavioral or other services at all times](#)

(i.e. medically fragile, attention deficit, etc.). To be considered a child with a special need, the child must have one or more of the following conditions which are not related to chronological age: 1. Emotional impairment: including behavioral impairment, requiring special equipment or assistance; 2. Developmental age level lower than chronological age and requires assistance via special supervision; 3. Movement impairment: requires assistance or unable to move; 4. Sensory impairment: requires special environmental modifications or assistance; 5. Speech impairment: requires special equipment or assistance; 6. Hygiene: requires assistance or special equipment; 7. Feeding: requires special equipment or assistance; 8. Toileting: requires assistance or special equipment; 9. Medical conditions: requires respiratory aids or special procedures; 10. Therapy required: physical, occupational, speech, or respiratory; and 11. Medications: requires assistance or special procedures.

and describe how services are prioritized:

There is no prioritization for this population as Nebraska does not have a waiting list for Subsidy.

b. Provide definition of "Families with very low incomes": A family unit whose income is under 100% of the Federal Poverty Level. These individuals are eligible for child care without payment of a fee.

and describe how services are prioritized:

There is no prioritization for this population as Nebraska does not have a waiting list for Subsidy.

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) All families receiving TANF who need child care receive it through Child Care Subsidy. Families who are transitioning off of TANF through work activities are eligible for up to 24 months of subsidized child care with income eligibility up to 185% of the FPL. Families that are at risk of becoming dependent of TANF are eligible with income up to 120% of the FPL. In addition, families that have been receiving Child Care Subsidy for 12 consecutive months will receive a 10% earned income disregard.

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many

challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:
- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements
 - b. Procedures to conduct outreach to homeless families to improve access to child care services
 - c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this

requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Not yet started](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Currently all children have a 30 day grace period from the child's enrollment to provide a copy of the child's immunization record.](#)

Unmet requirement - Identify the requirement(s) to be implemented [1\) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation \(including documentation related to immunizations\);](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Policy has been drafted purposing the allowance of families to be eligible for up to 90 days of full time child care for their child\(ren\) while housing and employment is secured. This policy change will have to go through all proper channels for review and approval before it can be implemented.](#)

Projected start date for each activity: [10/01/2015](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity [Lead Agency](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[NDE](#)

Unmet requirement - Identify the requirement(s) to be implemented [2\) providing training and technical assistance to child care providers on identifying and serving homeless children and families \(addressed in Section 6\); and](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHHS is currently working with NDE to create a training which will be offered at the ETC for child careproviders on working with homeless children and their families. The McKinney-Vento coordinator, within NDE, along with another person with a vast interest in homelessness will be utilized with creating the training and future TA.

Projected start date for each activity: 04/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity [Lead Agency and NDE.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented [3\) conduct specific outreach to homeless families. \(658E\(c\)\(3\)\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Currently, the Department has Community Support Specialist who do an array of outreach across Nebraska, reaching vulnerable populations including homeless families. We will work with the Community Support Specialist, homeless shelters, and other vested agencies to increase out reach to homeless families and children and provide education to them on CCDF and Subsidy.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity [Lead Agency](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.3 Protection for Working Parents

3.3.1 Twelve Month Eligibility

The CCDBG Act of 2014 establishes a 12-month eligibility period for CCDF families. States are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) &(ii))

Note that this change means a State may not terminate CCDF assistance during the 12 month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State may not terminate assistance prior to the end of the 12 month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. For example, if a working parent is temporarily absent from employment due to extended medical leave, changes in seasonal work schedule, or a parent enrolled in training or educational program is temporarily not attending class between semesters, the state should not terminate assistance.

Describe the status of the State's establishment of a 12-month eligibility re-determination period for CCDF families.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to

complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Nebraska currently authorizes child care for 12 to 18 months at a time \(month 12-18 is to align with other programs such as SNAP, so families are not having to apply multiple times\), for need only. Nebraska terminates child care if the household is not meeting a need for service. For example, if the client goes on maternity leave or has a break in between their school schedule, child care is closed.](#)

Unmet requirement - Identify the requirement(s) to be implemented [A minimum 12-month eligibility and redetermination period for CCDF families.](#)

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Nebraska is currently revising child care Subsidy regulations to allow care for temporary change. Once the regulations are drafted, they will have to go through the regulatory change process.](#)

Projected start date for each activity: [10/15/2015](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity [Lead Agency.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[N/A](#)

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option - but does not require them - to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period - the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

- Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY.
List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs
Child care for two consecutive calendar months per program year (July 1st through June 30th) to enable the client to seek employment. Following the loss of employment, the client may receive two consecutive calendar months. Each time the client loses employment, s/he is eligible for up to two months of child care to allow him/her to seek employment. Child care may resume for attendance in training or education programs once those programs begin again. Nebraska is currently reviewing job search policies and will be making changes to allow up to three months of job search at the time of employment lost.

No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

Nebraska has a process which allows TANF families to be considered as having an immediate need for child care as well as those applying due to employment. If the household appears eligible for child care at the time of application and has an immediate need for service (employment, TANF participation, and/or medical reasons) the case is processed and authorizations are created for no more than two months. A verification request is sent to the household, requesting all verifications needed to determine ongoing eligibility. If the requested verifications are returned, authorizations are extended, changed, or ended as appropriate. If the request verifications are not returned, then the case is closed. For educational purposes, the case is processed once verification of the client's class schedule is received. During the redetermination process, authorizations are extended until the

redetermination is complete. If the case is to close, the client is given a minimum of a 10 days' notice (392 NAC 4-002.03A). Clients may apply electronically and verifications can be submitted electronically via fax or email.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining

family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size.

Note - If the sliding fee scale is not statewide, check here and describe how many jurisdictions set their own sliding fee scale

Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Maximum Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	1328	100	7.5	1725.99	181	10.5
2	1674	126	7.5	2175.99	228	10.5
3	2021	153	7.6	2626.99	276	10.5
4	2368	180	7.6	3077.99	324	10.5
5	2714	205	7.6	3527.99	370	10.5

a) What is the effective date of the sliding fee scale(s)? [07/01/2015](#)

b) Provide the link to the sliding fee scale <http://dhhs.ne.gov/Documents/392-000-201.pdf>

3.4.2 How will the family's contribution be calculated and to whom will it be applied?

Check all that the Lead Agency has chosen to use.

- Fee as dollar amount and
 - Fee is per child with the same fee for each child
 - Fee is per child and discounted fee for two or more children
 - Fee is per child up to a maximum per family

No additional fee charged after certain number of children

Fee is per family

Fee as percent of income and

Fee is per child with the same percentage applied for each child

Fee is per child and discounted percentage applied for two or more children

Fee is per child up to a maximum per family

No additional percentage applied charged after certain number of children

Fee is per family

Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

Other.

Describe:

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

Yes, and describe those additional factors using the checkboxes below.

Number of hours the child is in care

Lower copayments for higher quality of care as defined by the State/Territory

Other.

Describe other factors.

No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size.

Will the Lead Agency waive family contributions/co-payments?

- Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size.

The poverty level used by the Lead Agency for a family size of 3 is \$ 1673.99

- No, the Lead Agency does not waive family contributions/co-payments

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable?

Check all that apply:

- Limits the maximum co-payment per family.

Describe:

There is a maximum amount of copayment based on the family's size and income.

- Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit.

Describe:

- Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5.

Describe:

Nebraska offers Transitional Child Care (TCC) as part of the graduated phase-out of assistance process. A family whose income upon re-determination exceeds 130 percent of the FPL becomes eligible for TCC. A family whose income exceed 130 percent of the FPL may receive TCC for up to 24 consecutive months or until the family's income exceeds 185 percent of the FPL, whichever occurs first. If the income of a family receiving TCC falls to or below 130 percent of the FPL, TCC ends and the Department will redetermine the family's eligibility under another category of care.

Also as part of the graduated phase-out, ten percent of a household's gross earned income shall be disregarded after the household has received Child Care Subsidy for a period of twelve continuous months and at each subsequent redetermination.

- Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying.

Describe:

Except for foster children and children receiving guardianship or adoption subsidy, the provider is not allowed to charge the parent or caretaker the difference between the Department's reimbursement and the provider's private pay rate. A foster parent or subsidized adoptive parent or guardian may make arrangements with a provider to supplement the Department's reimbursement.

- Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider.

Describe:

- Other.

Describe:

The Department will cover fees charged by a child care program for enrolling a child. The enrollment fee must not exceed enrollment fees charged to private pay families or the Department's maximum and are only paid to licensed programs. The Department may also pay activity fees to licensed programs only. The activity fee must not exceed what is charges to private pay families or the Department's maximum. Activity fees are intended primarily for school age children during the summer months. The Department may also cover transportation to and from the client's household and daycare should the client qualify for transportation services.

4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: 1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

Parents are generally informed of this when they complete their interview for the Child Care Subsidy Program with a Social Service Worker through the Department. The information is also found in the policy manual.

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories - such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers (658E(c)(2)(A)(i), 658P(2), 658Q))

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of application
- Community outreach, workshops or other in-person activities
- Other.

Describe

A listing of child care providers who are licensed in Nebraska and accept Child Care Subsidy is located to the public online at:

<http://dhhs.ne.gov/publichealth/Documents/ChildCareRoster.pdf>

4.1.3 Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1) **Note:** Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

Yes. If yes, **describe**

the type(s) of child care services available through grants or contracts

the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)

the process for accessing grants or contracts

the range of providers available through grants or contracts

how rates for contracted slots are set for grants and contracts

how the State/Territory determines which entities to contract with for increasing supply and/or improving quality

if contracts are offered statewide and/or locally:

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts for:

Programs to serve children with disabilities

Programs to serve infants and toddlers

Programs to serve school-age children

Programs to serve children needing non-traditional hour care

Programs to serve homeless children

Programs to serve children in underserved areas

Programs that serve children with diverse linguistic or cultural backgrounds

Programs that serve specific geographic areas

Urban

Rural

Other.

Describe:

Improve the quality of child care programs with grants or contracts for:

Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs

- Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
- Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
- Programs to serve children with disabilities or special needs
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other.

Describe:

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds.

(658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

Describe the policies and procedures for unlimited access

Parents must have access to their children at all times. Supporting policy can be found in 391 NAC and 392 NAC.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

Yes. If checked, what limits will the Lead Agency set on the use of in-home care?
Check all that apply.

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act

Describe:

Three or more children needing care.

Restricted based on provider meeting a minimum age requirement

Describe:

Restricted based on hours of care (certain number of hours, non-traditional work hours)

Describe:

A client who has non-traditional work hours may use an in-home provider (i.e. weekends, holidays, and evenings after 6 p.m.).

Restricted to care by relatives

Describe:

Restricted to care for children with special needs or medical condition

Describe:

Children with verified special needs may use an in-home provider.

Restricted to in-home providers that meet some basic health and safety requirements

Describe:

Other

Describe:

To be eligible for in-home care, the client must meet one of the following criteria: 1. Have three or more children needing care; 2. Work non-traditional hours; and/or 3. Have a child(ren) with special needs.

No.

4.2 Assessing Market Rates and Child Care Costs

The new law revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval. (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the MRS or alternative methodology, including by posting the results on the Internet.

The State must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the State must take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

MRS

Alternative Methodology.

Describe:

Both.

Describe:

Other.

Describe:

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

Describe:

Data for the 2015 MRS was collected from 11/2014 to 01/2015. It was unknown by the CCDF Program Manager that there should have been consultation with the State Advisory Council, therefore, unfortunately it did not occur. The DHHS CCDF program worked with a Program Analyst and Administrator from the DHHS Financial Services Department to review and analyze the MRS data.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable.

To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant

differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

Describe:

The public health child care licensing information system provided a comprehensive list of all child care providers (3,210) in the state of Nebraska. From this list, providers identified as Head Start (27), After-School only (4), School-Age Only (15) and accredited providers (35) in the information system were removed to reduce the sample size to 3,129. From these, the following subsets were determined based on geographic location (Urban or trade center/urban, based on county in which the provider is located) and facility type (Family Child Care Home I (FCCHI), Family Child Care Home II (FCCHII) or Child Care Center (CCC) as shown in the information below:

Urban - 1,152 FCCH I/II and 412 CCC

Trade Center/Rural - 1,327 FCCH I/II and 238 CCC

For each of the four subsets above, sample sizes were determined that would provide a 95% confidence level with an acceptable error of 5%. The number of providers sampled in each subset is shown in the information below.

Urban - 196 FCCH I/II and 303 CCC

Trade Center/Rural - 198 FCCH I/II and 238 CCC

Providers were selected randomly from each subset and contacted to complete a standard survey. All providers were given the same survey which requested "private pay" rates (hourly, daily, weekly, and monthly) for Infant, Toddler, Pre-K, and School-Age care. The results were compiled and the 60th percentile (inclusive) in each stratified category (e.g. Rural - FCCH - Toddler - Hourly) were determined. For strata with a very low response rate, one-way ANOVA tests were performed to determine if the rate increases observed were comparable to similar strata with higher response rates.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

a) Geographic area (e.g., statewide or local markets):

Nebraska categorizes geographic areas by Urban counties, Trade Center counties, and rural counties. Urban is defined by having a population of 100,000 or greater and includes Douglas, Lancaster and Sarpy counties. Trade Center is defined by having a population greater than 20,000 but less than 100,000 and includes Adams, Buffalo, Cass, Dakota, Dawson, Dodge, Gage, Hall, Lincoln, Madison, Platte, Saunders, Scotts Bluff, and Washington counties. Rural is defined by population less than or equal to 20,000 and include all other counties in Nebraska.

b) Type of provider:

Child Care Centers, Family Child Care Home I, and Family Child Care Home II.

c) Age of child:

Infants (0 to 18 months), Toddlers (18 months to 36 months), Preschool (36 months to kindergarten), and School Age (kindergarten through age 12).

d) Describe any other key variations examined by the market rate survey, such as quality level

N/A

4.2.5 Describe the process used by the State to make the results of the market rate survey widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016)

04/01/2015

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 04/30/2016

c) How the report containing results was made widely available and provide the link where the report is posted if available

The new child care rates were updated in the appendix of Title 392 - Child Care Subsidy Program. These regulations are available to the general public on the DHHS web page. It was unknown to the CCDF Program Manager that it is required to produce and share a 'data

report'. A report of the 2015 MRS results and data will be posted as soon as possible.

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children).

Note - If the payment rates are not set by the State/Territory, check here

Describe how many jurisdictions set their own payment rates

a) Infant (6 months), full-time licensed center care in most populous geographic region

Rate \$ 42.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 60

b) Infant (6 months), full-time licensed FCC care in most populous geographic region

Rate \$ 30 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 60

c) Toddler (18 months), full-time licensed center care in most populous geographic region

Rate \$ 39.40 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 60

d) Toddler (18 months), full-time licensed FCC care in most populous geographic region

Rate \$ 28.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 60

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$ 36.00 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 60

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 28.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 60

g) School-age child (6 years), full-time licensed center care in the most populous geographic region

Rate \$ 33.00 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 60

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 28.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 60

i) Describe the calculation/definition of full-time care:

Care for six or more hours must be billed by the day. If care is provided for over ten hours, day and hour units can be billed.

j) Provide the effective date of the payment rates : 07/01/2015

k) Provide the link to the payment rates : <http://dhhs.ne.gov/Documents/392-000-203.pdf>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care.

In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis

used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

Tiered rate/rate add-on for non-traditional hours.

Describe:

Tiered rate/rate add-on for children with special needs as defined by the State/Territory.

Describe:

A higher rate may be negotiated for children with special needs once proper documentation has been provided. The rate is based on what is needed outside the realm of typical child care rather than based on the child's actual diagnosis.

Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on).

Describe:

Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory.

Describe:

As part of Step Up to Quality, non-accredited programs who achieve a Step 3 or higher will receive an increase of 5% in their Subsidy rates at Steps 3, 4, and 5 for a 15% total increase. Accredited programs who achieve a Step 4 or higher, will receive an increase of 5% in their Subsidy rates at Step 4 and 5 for a 10% total increase.

Tiered rate/rate add-on for programs serving homeless children.

Describe:

Other tiered rate/rate add-on beyond the base rate.

Describe:

None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

Describe:

According to Nebraska's Revised State Statute (43-536), "In determining the rate of reimbursement for child care, the Department of Health and Human Services shall conduct a market rate survey of the child care providers in the state. The department shall adjust the reimbursement rate for child care every odd-numbered year at a rate not less than the sixtieth percentile and not to exceed the seventy-fifth percentile of the current market rate survey, except that (1) nationally accredited child care providers may be reimbursed at higher rates and (2) an applicable child care or early childhood education program, as defined in section [71-1954](#), that is participating in the quality rating and improvement system and has received a rating of step three or higher."

Nebraska set their rates for the 2015 MRS at the 60th percentile. Thus, Family Child Care Homes I and II and Child Care Centers, urban, trade-center, and rural areas received a rate increase. Accredited providers will continue to receive a higher rate as they previously did. The rate was set at the 75th percentile. The rate to pay accredited providers is the same throughout the state. This adjustment is to maintain an incentive to attain a higher quality of achievement and care.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014.

For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

Describe:

Most rate categories (all based on age of child/location/provider type) received an increase with the recent 2015 MRS. The Lead Agency has sets higher rates for providers who are Accredited and/or participating in Step Up to Quality and rated a step three or higher. Accreditation rates do vary, pending the child's age and if the provider is a Child Care Center versus a Family Child Care Home I or II. A tiered payment method is used for Step Up to

Quality participants, for levels three, four, and five. Providers can also receive a higher rate when caring for children with special needs.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access - such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- Payment rates are set at the 75th percentile or higher of the most recent survey.

Describe:

- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.

- Rates based on data on the cost to the provider of providing care meeting certain standards

Describe:

- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile.

Describe:

- Data on the proportion of children receiving subsidy being served by high-quality providers.

Describe:

- Data on where children are being served showing access to the full range of providers. .

Describe:

- Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF.

Describe:

- Feedback from parents, including parent survey or parent complaints.

Describe:

- Other.

Describe:

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016.

Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access

Nebraska set their rates for the 2015 MRS at the 60th percentile for Family Child Care Home I and II and Child Care Centers and at the 75th percentile for accredited providers to be in compliance of Nebraska's State Statute referenced in 4.3.3.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented,

substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory - so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide

brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Current payment processes for providers who bill electronic are timely. Payments are set up to be deposited into a bank account or state debit card. Providers who do not have access to a computer may request an exemption to bill paper and submit calendars. This takes additional time due to mail and staff processing.](#)

Unmet requirement - Identify the requirement(s) to be implemented [payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory \(so as to provide stability of funding and encourage more child care providers to participate in the subsidy program.\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Policy has been drafted purposing providers to be able to bill for a set amount of holiday and absences due to illness per month. Policy will need to go through all proper channels for review and approval before this can be implemented.](#)

Projected start date for each activity: [09/01/2015](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity [Lead Agency](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe.

The Lead Agency

- Pays prospectively prior to the delivery of services.

Describe:

- Pays within no more than 21 days of billing for services.

Describe:

Generally, providers will receive payment within five days of billing for services. Providers typically bill on the 15th and last day of the month for services provided during that month.

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance.

Describe including the State/Territory's definition of occasional absences

When a child quits without notice, DHHS will pay for up to three days of care if the provider charges private pay families on the basis of enrollment only and the child is not in attendance for three consecutive days and the parent has not notified the provider that services are terminated. This is only the case for when the child is no longer attending, not for absences during ongoing care.

For foster children or children receiving adoption or guardianship subsidy, payment may be made based on enrollment within the following guidelines: the provider is licensed, the provider has written policies specifying that they charge private-paying families by enrollment, and the child attends the program for a minimum of 30 hours per week. The provider may charge a maximum of one daily unit for a day when the child is not in care or is in care for less than six hours.

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a

certain percent of authorized time. Specify percent and describe

Specify percent and describe

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month.

Specify the number of absence days allowed and paid for and describe

- Pays on a full-time or part-time basis (rather than smaller increments such as hourly)

Describe:

- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)

Describe:

DHHS will cover fees charged by a child care program for enrolling a child. The enrollment fee must not exceed enrollment fees charged to private pay families or the Department's maximum. Enrollment fees are only paid to licensed programs. DHHS may also pay activity fees to licensed programs only. The activity fee must not exceed what is charges to private pay families or the Department's maximum. Activity fees are intended primarily for school age children during the summer months. DHHS may also cover transportation to and from the client's household and daycare should the client qualify for transportation services.

- Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

Describe:

Providers receive updated authorizations overnight via our online system any time there is a change in the authorization (i.e. change in parent's work schedules or need for service, change in the family fee). Providers also receive a discontinuation of service if the case is closed and authorizations end. On line billing is required, however, exceptions are reviewd and granted for providers who do not have computer/internet access, which in that case, communication regarding authorizations are sent via mail.

- Has a timely appeal and resolution process for payment inaccuracies and disputes.

Describe:

DHHS will send a letter to the provider informing the provider that there is an overpayment, giving the provider the opportunity to discuss the overpayment with a DHHS representative, and informing the provider of their right to appeal the existence or amount of the overpayment. The provider has 45 days to appeal the overpayment. If the provider is found to have been overpaid, the provider is given options on how the overpayment can be recouped such as being deducted from the provider's future billings, by paying a certain amount back each month, or paying the amount immediately in full.

Other.

Describe:

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory.

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

Policy on length of time for making payments.

Describe length of time:

Track and monitor the payment process

Describe:

Use of electronic tools (e.g., automated billing, direct deposit, etc.)

Describe:

All billing can be done online and payment is issued via direct deposit or through a state issued debit card.

Other.

Describe:

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Yes.

Describe data sources

Entities in Nebraska vested in early childhood development, at-risk children, quality child care (i.e. First Five Nebraska, NCFE, Buffet Early Childhood Institute) conduct data analysis and produce reports identifying populations of at-risk children, existing and growing needs. This information is presented to legislators, stakeholders, and DHHS.

No.

If no, how does the State/Territory determine most critical supply needs?

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other.

Describe

b) Children with disabilities (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

c) Children who receive care during non-traditional hours (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

For non-traditional hours, families are allowed to choose an In-Home Provider, who is paid minimum wage and provides care at the child's home.

d) Homeless children (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q))

Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

Fully implemented and meeting all Federal requirements outlined above.

Describe

Nebraska has several entities, across the state, vested in early childhood development, at-risk children, quality child care (i.e. Step Up to Quality, NCCFF which includes Sixpence and Rooted in Relationships, and Head Start/Early Head Start). The Lead Agency has partnerships with several of them and fund a portion of the work/outreach they do. Step Up to Quality is still building up the program and providers participating.

Step Up to Quality promotes quality child care for centers and providers. Educating providers, families and general public the importance of quality care and child development. Per law, providers who make over \$250,000 per year in Subsidy are required to participate.

The other programs focus on enhancing the quality of early childhood services in communities by building communities partnership between local school districts, providers and other area agencies and stakeholders. Outreach and participation is targeted for families, children, and communities identified to be at-risk. Sixpence offers high-quality early learning environments for infants and toddlers and helps families understand the benefits of healthy interactions with their children.

Nebraska does not have a waiting list for Subsidy care, therefore, all children/families in areas of significant concentrations of poverty and unemployment would have Subsidy as an option pending other eligibility criteria is met.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings](#)

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have

standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State is required to certify it has in effect licensing requirements applicable to all child care services provided within the State (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(I)(i))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to child care services provided within the State.

(658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

Nebraska has the following Licenses:

- Family Child Care Home I: Licensed to provide a child care program in the licensee's residence to at least four but not more than eight children, except that a licensee may be approved to serve up to two additional school-age children during non-school hours if no more than two of the other children in care are under 18 months of age.
- Family Child Care Home II: Licensed to provide a child care program for at least four, but not more than 12 children. These may be located in the licensee's residence or another location.
- Child Care Center: Licensed to provide a child care program for 13 or more children. A center may be located in the licensee's residence or another location.
- School-Age Only Child Care Centers: Licensed to provide a child care program for 13

or more children who attend kindergarten or above. A school-age center may be located in the licensee's residence or another location.

5.1.2 Does your State/Territory exempt any child care providers from its licensing requirements?

Yes.

Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

Nebraska allows providers to be exempted from licensing, referred to as licensed-exempt. These types of providers must follow a set of regulations to ensure the clients safety and must also sign an annual Subsidy Provider Agreement indicating they will adhere to the regulations. Background checks are also completed annually on the provider and any household member over the age of 13. Licensed-exempt providers can care for a maximum of 6 children. The provider's children, grandchildren, or foster children count in the maximum if they are age 12 or younger. The Department will pay for a maximum of:

1. Three children from different families (In addition, the provider may have a maximum of 3 of his/her own children, grandchildren, or foster children age 12 or younger in the home. Care for these children will not be paid);
2. Six children from one family. The provider must not have other children, grandchildren, or foster children age 12 or younger;
3. Include in the limits in "1" and "2" are a maximum of 2 infants, including any infant children of the provider.

Nebraska does not allow exemption from licensing for school-based, after-school, or faith-based providers.

No.

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

- Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [03/01/2017](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Not yet started](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Extension/waiver requested](#)

[Current Nebraska child care requirements do limit group size for infants 6 weeks to 18 months of age, however, regulations would need to be amended to incorporate limits on group sizes for other ages of children.](#)

Unmet requirement - Identify the requirement(s) to be implemented [child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[DHHS Public Health Licensure Unit will have to make revisions to their current regulations.](#)

1. Obtain administrative approval for regulation change;
2. Develop a draft set of regulations;
3. Review draft with the Department's Legal team;
4. Send a draft copy to the Governor for review/approval;
5. Make regulations available for public comment;
6. Hold a public hearing; and
7. Implement new regulations.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 03/01/2017

Agency - Who is responsible for complete implementation of this activity [Lead Agency which includes the Division of Public Health Licensure Unit.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition:

[A child six weeks up to 18 months of age.](#)

- Ratio:

[1:4](#)

- Group Size:

[12](#)

2. Toddler

- State/Territory age definition:

[A child 18 months of age up to age three.](#)

- Ratio:

[1:6](#)

- Group Size:

[Currently, group size is not regulated for this age.](#)

3. Preschool:

- State/Territory age definition:

A child age 3 or older who has not attended kindergarten.

- Ratio:

1:10 for children age 3 and 1:12 for children age 4 and up who have not attended kindergarten.

- Group Size:

Currently, group size is not regulated for this age.

4. School-Age

- State/Territory age definition:

A child who attends school.

- Ratio:

1:15

- Group Size:

Currently, group size is not regulated for this age.

5. If any of the responses above are different for exempt child care centers, describe:

All Child Care Home Centers must be licensed and follow the ratios outlined above.

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups.

If infants are being cared for in rooms where other ages of children are in care, the class size is limited to 12 children.

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

A child six weeks up to 18 months of age.

- Ratio:

1:4

- Group Size:

Cannot have more than three infants in care if caring for mixed ages of children.

2. Toddler

- State/Territory age definition:

A child 18 months of age up to age 3.

- Ratio:

N/A

- Group Size:

N/A

3. Preschool:

- State/Territory age definition:

A child age 3 or older who has not attended kindergarten.

- Ratio:

N/A

- Group Size:

N/A

4. School-Age

- State/Territory age definition:

A child who attends school.

- Ratio:

N/A

- Group Size:

N/A

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

Nebraska refers to "family child care" as a Family Child Care Home I (FCCHI). If the FCCHI provider only cares for infants, the ratio is one adult for up to 4 infants. If the provider cares for mixed ages of children, the ratio would be one adult for up to 10 children. However, they are limited to 3 infants and at least 1 of the 3 infants must be over 12 months of age.

6. If any of the responses above are different for exempt group child care homes, describe

All Family Child Care Home II's must be licensed and follow the ratios outlined above.

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

Nebraska refers to "family child care" as a Family Child Care Home I (FCCHI). If the FCCHI provider only cares for infants, the ratio is one adult for up to 4 infants. If the provider cares for mixed ages of children, the ratio would be one adult for up to 10 children. However, they are limited to 3 infants and at least 1 of the 3 infants must be over 12 months of age.

Describe the group size:

1:4if infant care or 1:10 for mixed ages

Describe the threshold for when licensing is required:

Nebraska law states that anyone caring for more than 3 children from different families for compensation must be licensed.

Describe the maximum number of children that are allowed in the home at any one time:

10

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

In licensed programs, the providers own children under the age of 8 count in ratio and capacity.

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

A program may provide care for up to two additional school age children during non-school hours if no more than two of the total number of children are under 18 months of age.

2. If any of the responses above are different for exempt family child care home providers, describe

N/A

d) Any other eligible CCDF provider categories:

Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

Licensed exempt providers may have 3 children from different families or 6 children from the same family.

Describe group size:

N/A

Describe the threshold for when licensing is required:

Nebraska law states that anyone caring for more than 3 children from different families for compensation must be licensed.

Describe maximum number of children that are allowed in the home at any one time:

3 children from different families or 6 children from the same family. In addition, the provider may have a maximum of 3 children of their own, grandchildren, or foster children age 12 or younger in the home.

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

Yes, they are counted in child-to-provider ratio up to age 8 years.

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

Care can be approved for up to 2 additional school-age children for non-school hours.

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher

Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; Have a CDA Credential; or High School diploma and 1500 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood.

and assistant teacher qualifications:

Nebraska regulations do not address qualifications for assistant teachers. All support staff must be at least 16 years of age. All rooms must always have a room with a person who meets teacher qualifications.

2. Toddler lead teacher

Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; Have a CDA Credential; or High School diploma and 1500 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood.

and assistant teacher qualifications:

Nebraska regulations do not address qualifications for assistant teachers. All support staff must be at least 16 years of age. All rooms must always have a room with a person who meets teacher qualifications.

3. Preschool lead teacher

Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; Have a CDA Credential; or High School diploma and 1500 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood.

and assistant teacher qualifications:

Nebraska regulations do not address qualifications for assistant teachers. All support staff must be at least 16 years of age. All rooms must always have a room with a person who meets teacher qualifications.

4. School-Age lead teacher

Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; Have a CDA Credential; or High School diploma and 1500 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood.

and assistant teacher qualifications:

Nebraska regulations do not address qualifications for assistant teachers. All support staff must be at least 16 years of age. All rooms must always have a room with a person who meets teacher qualifications.

5. Director qualifications:

Directors must be at least 19 years of age and meet one of the following: Bachelor's or Associate's degree in an early childhood field or bachelor's degree in any area with at least 6 credit hours in early childhood; CDA credential; or a HS diploma and 3000 clock hours of verifiable experience AND have successful completed six credit hours or 36 clock hours in the field of early childhood or a written Department approved plan to acquire at least 6 credit hours or 36 clock hours. The training must be done in 12 months.

b) Licensed Group Child Care Homes:

1. Infant lead teacher

Must be at least 19 years of age and be able to read, understand, and be familiar with regulations.

and assistant qualifications:

Must be at least 16 years of age.

2. Toddler lead teacher

Must be at least 19 years of age and be able to read, understand, and be familiar with regulations.

and assistant qualifications:

Must be at least 16 years of age.

3. Preschool lead teacher

Must be at least 19 years of age and be able to read, understand, and be familiar with regulations.

and assistant qualifications:

Must be at least 16 years of age.

4. School-Age lead teacher

Must be at least 19 years of age and be able to read, understand, and be familiar with regulations.

and assistant qualifications:

Must be at least 16 years of age.

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications

Must be at least 19 years of age and be able to read, understand and be familiar with regulations.

d) Other eligible providers qualifications:

N/A

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics.

(658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State certifies that it has health and safety requirements for individuals (providers) receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016.

Provide a citation and a link if available

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Current child care regulations for licensed providers address all topics. For FCCHI <http://dhhs.ne.gov/publichealth/Pages/crlChildCareLicensingFCCHIandII.aspx>, FCCHII http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-391/Chapter-2.pdf and CCC http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-391/Chapter-3.pdf

Unmet requirement - Identify the requirement(s) to be implemented **Prevention and control of infectious diseases (including immunization)**

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Child Care Licensing currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the trainings and training topics meet the federal requirement. CCDF Subsidy is working with Child Care Licensing and NDE to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: **03/01/2016**

Projected end date for each activity: **09/16/2016**

Agency - Who is responsible for complete implementation of this activity **DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.**

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Unmet requirement - Identify the requirement(s) to be implemented **First aid and cardiopulmonary resuscitation (CPR) certification**

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Child Care Licensing currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the

trainings and training topics meet the federal requirement. CCDF Subsidy is working with Child Care Licensing and NDE to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/01/2016

Agency - Who is responsible for complete implementation of this activity DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Unmet requirement - Identify the requirement(s) to be implemented Prevention of sudden infant death syndrome and use of safe sleeping practices

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Child Care Licensing currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the trainings and training topics meet the federal requirement. CCDF Subsidy is working with Child Care Licensing and NDE to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Unmet requirement - Identify the requirement(s) to be implemented Administration of medication, consistent with standards for parental consent

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Child Care Licensing currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the trainings and training topics meet the federal requirement. CCDF Subsidy is working with Child Care Licensing and NDE to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Unmet requirement - Identify the requirement(s) to be implemented Prevention of and response to emergencies due to food and allergic reactions

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Child Care Licensing currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the trainings and training topics meet the federal requirement. CCDF Subsidy is working with Child Care Licensing and NDE to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care

Licensing.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Unmet requirement - Identify the requirement(s) to be implemented [Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Child Care Licensing currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the trainings and training topics meet the federal requirement. CCDF Subsidy is working with Child Care Licensing and NDE to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: [03/01/2016](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity [DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Unmet requirement - Identify the requirement(s) to be implemented [Prevention of shaken baby syndrome and abusive head trauma](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Child Care Licensing currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the

trainings and training topics meet the federal requirement. CCDF Subsidy is working with Child Care Licensing and NDE to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Unmet requirement - Identify the requirement(s) to be implemented Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Child Care Licensing currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the trainings and training topics meet the federal requirement. CCDF Subsidy is working with Child Care Licensing and NDE to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Unmet requirement - Identify the requirement(s) to be implemented [Handling and storage of hazardous materials and the appropriate disposal of bio contaminants](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Child Care Licensing](#) currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the trainings and training topics meet the federal requirement. [CCDF Subsidy](#) is working with [Child Care Licensing](#) and [NDE](#) to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: [03/01/2016](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity [DHHS](#), the Lead Agency. Within in the Lead Agency is [CCDF Subsidy](#) and [Child Care Licensing](#).

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[NDE](#) who reviews, approves, and coordinates all of the trainings.

Unmet requirement - Identify the requirement(s) to be implemented [Precautions in transporting children \(if applicable\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Child Care Licensing](#) currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the trainings and training topics meet the federal requirement. [CCDF Subsidy](#) is working with [Child Care Licensing](#) and [NDE](#) to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: [03/01/2016](#)

Projected end date for each activity: [09/30/2016](#)

Agency - Who is responsible for complete implementation of this activity [DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[NDE who reviews, approves, and coordinates all of the trainings.](#)

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016.

Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Current child care regulations address all topics for licensed provider only. The Lead Agency's Division of Public Health defines pre-service or orientation period as the time period prior to a license being issued by the Department. The Department requires at least 2 hours of pre-service for Family Child Care Homes I/II. This training is a face-to-face training. The Department requires at least 1 hour of pre-service training for Center Based Programs. This is an independent study training. All licensed programs are required to obtain 12 clock hours of annual ongoing training and education.

Unmet requirement - Identify the requirement(s) to be implemented pre-service (prior to initial service) or orientation (period from when service started) appropriate to the provider setting that address each of the requirements relating to the required topic areas

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Child Care Licensing currently requires all licensed providers to attend a pre-service orientation prior to receiving their provisional license. CCDF Subsidy is working with Child Care Licensing to embed the same requirement for license exempt providers. The current pre-service orientation for license providers will serve as the same pre-service orientation for license exempt providers.

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Current regulations do not prevent the Lead Agency from adding additional

requirements for license exempt providers, however, regulations are in the process of being revised to include this requirement. Once drafted, they will have to go through all proper channels for review and approval. Communication regarding this requirement will be sent to all license exempt providers. The Child Care Subsidy Provider Agreement will need to be modified to reflect the new requirements, reviewed by legal, sent to graphics.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Unmet requirement - Identify the requirement(s) to be implemented ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the required topic areas

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Child Care Licensing currently requires all licensed providers to obtain 12 clock hours of annual ongoing training and education. The current infrastructure of the trainings and training topics meet the federal requirement. CCDF Subsidy is working with Child Care Licensing and NDE to embed the same training requirement for license exempt providers. Current trainings and the training structure will be made available for license exempt providers.

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Current regulations do not prevent the Lead Agency from adding additional requirements for license exempt providers, however, they will be drafted to include this requirement. Once drafted, they will have to go through all proper channels for review and approval. Communication regarding this requirement will be sent to all license exempt providers. The Child Care Subsidy Provider Agreement will need to be modified to reflect the new requirements, reviewed by legal, sent to graphics.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHHS, the Lead Agency. Within in the Lead Agency is CCDF Subsidy and Child Care Licensing.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE who reviews, approves, and coordinates all of the trainings.

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

- Nutrition (including age appropriate feeding).

Describe:

All meals and snacks are required to meet USDA guidelines. Food must be appropriate to the age and development of the child and address any allergies and food intolerance.

- Access to physical activity.

Describe:

The program must have an outdoor play area available and include an opportunity for outdoor play.

- Screen time.

Describe:

- Caring for children with special needs.

Describe:

Regulations requirement. Equipment and materials must be sufficient for the children's developmental needs. Dietary regulations specifically address the need for children's food allergies. Medication requirements address the needs of children who may have high medical needs. Disaster/emergency planning must address how programs will endure the needs of children who may have special needs will be met.

- Recognition and reporting of child abuse and neglect.

Describe:

Both child care licensing regulations and Nebraska State Statutes require that all child care providers must complete Safety Training. This safety training includes recognizing signs of child abuse and neglect, how to report abuse and neglect. The training also addresses how providers can begin to recognize the warning signs they may experience themselves regarding losing patience with children and potentially abuse a child.

- Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety.

Describe:

All programs are required to take a management training class. In addition, all programs must complete training in the seven domains of Nebraska's Early Childhood Learning Guidelines; where providers will receive training on several topics, including Health and Physical Development and Social/Emotional Development.

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from these CCDF health and safety requirements.

Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics?

- Yes, all relatives are exempt from all health and safety training requirements.

If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.

- Yes, some relatives are exempt from health and safety training requirements.
If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.
- No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory shall have in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

- Yes.

The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation

Licensed programs are inspected, unannounced, at least once a year. Verification of any required training and regulations is conducted during these inspections. This inspection requirement can be found in the Nebraska Revised Statutes: 71-1901 to 1923.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete

implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including

at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

In Nebraska, individuals who are hired as licensing inspectors must have graduated from an accredited four year college or university with specialization in elementary or early childhood education, human development, sociology/psychology, child development, social work, nursing or a related field. In addition, they must have experience as an inspector or investigator in a related field and/or experience as a licensee of an early childhood program. These requirements can be found on the State of Nebraska Class Specification Sheet (Est: 1/92-REV 7/07). All new inspectors go through an extensive training process that involve a full and complete review and interpretation of all regulations. New staff spend a significant amount of time observing other inspectors during their visits and conducting inspections while more senior staff observe. Supervisors review inspection documentation of new staff carefully to verify their understanding of the regulation as well as accompany new staff on visits. The job requires inspectors to be able to establish and maintain working relationships with all licensees including those from diverse backgrounds.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

b) Inspections for Licensed CCDF Providers - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

All licensed programs in Nebraska must have at least one unannounced inspection annually if they are licensed for less than 30 children and at least two unannounced inspections annually if they are licensed for 30 or more children. Current regulations for all license types address health, safety, and fire standards.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) -

It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[01/01/2016, Resource Development \(RD\) workers, who hold the Subsidy agreements with providers, became specialized. This means that a team of RD workers](#)

(statewide) will work with only child care providers, where previously, RD workers held agreements for several programs with providers. This was the first step in working towards annual inspections. This organizational change will allow better training and monitoring of RD staff. The Department will create a process and a set of perimeters for License-Exempt inspections.

Unmet requirement - Identify the requirement(s) to be implemented policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B))).

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Resource Development (RD) workers who hold the Subsidy agreements with the providers will be qualified monitors to conduct annual monitoring visits of license-exempt providers. Current regulations do not prevent annual monitoring visits to occur, however, changes to the regulations will be made to state annual monitoring visits are required.

The Lead Agency is working with Public Health Licensing to create a similar monitoring process and tool. This is expected to be completed by 8/1/16. A training for all of the RD workers is also being created and will be held in the fall of 2016.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 11/19/2016

Agency - Who is responsible for complete implementation of this activity Lead Agency

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

d) **Ratio of Licensing Inspectors**) - It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes.

The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

Currently, Nebraska has 23 FTE's that conduct licensing inspections across the state. Nebraska licenses 5 types of facilities(Family Child Care Home I, Family Child Care Home II, Child Care Center, School Age Only Child Care Centers, and Preschools) that all require pre-licensure inspections. In addition to pre-licensure inspections for all licensed types, Nebraska requires at least one unannounced inspection for programs licensed for less than 30 and at least two unannounced inspections for programs licensed for 30 or more. Based on the number of inspectors and the number of licensed programs and their capacities, currently Children's Services Licensure is able to conduct required inspections in a timely manner. Since the Act does not require a specific ratio, based on current numbers, current caseloads and staff numbers allow for valid and reliable inspections to be conducted. If the number of licensed programs would increase, or if the number of programs with capacities of 30 or more would increase; resulting in the need for increased inspections, this would need to be evaluated.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

e) **Child Abuse and Neglect Reporting** - That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

Yes.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s):

[State law reporting requirements and regulations require all individuals who suspect a child is being abused or neglected must report to Child Protective Services or Law Enforcement.](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from inspection requirements.

Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

Yes, all relatives are exempt from all inspection requirements.

If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

Yes, some relatives are exempt from inspection requirements.

If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or

supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry. Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks - Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency - The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process - The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

Fully implemented and meeting all Federal requirements outlined above.

List the policy citation within the Lead Agency's rules and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2017) [09/30/2017](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Nebraska currently restricts individuals who have committed certain crimes from being licensed or hired as a staff person in child care. Statewide child and adult abuse/neglect checks are conducted as well as a statewide sex offender's registry check.](#)

Unmet requirement - Identify the requirement(s) to be implemented. [Requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers \(other than relatives\) that are licensed, regulated or registered under State/Territory law or receive CCDF funds.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Currently we conduct background checks for licensed, regulated or registered, or receive CCDF funds, however, they vary from the Licensing Unit and CCDF Unit. Tasks include creating one universal process for all of the above providers,](#)

regardless if they are CCDF or licensed. This requires work between the Division of Public Health (Licensing) and the Division of Children and Family Services (CCDF). Once, both divisions are on the same page about requirements, then there will have to be regulatory and process changes made to both divisions.

Regulatory changes include the following steps:

1. Obtain administrative approval for regulation change;
2. Develop a draft set of regulations;
3. Review draft with the Department's Legal team;
4. Send a draft copy to the Governor for review/approval;
5. Make regulations available for public comment;
6. Hold a public hearing; and
7. Implement new regulations.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity The Lead Agency, which is the Department of Health and Human Services (DHHS). DHHS houses the Division of Public Health, responsible for child care licensing and the Division of Children and Families, which is responsible for CCDF administration.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. Provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Currently, Nebraska's Child Welfare unit provides results of background checks without specific qualifying information. CCDF will consult with Child Welfare on their process and standard language used when providing results and incorporate it into the language and process CCDF will use. This will also be reviewed with our legal department for approval.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity The

Lead Agency, which is the Department of Health and Human Services (DHHS). DHHS houses the Division of Public Health, responsible for child care licensing and the Division of Children and Families, which is responsible for CCDF administration.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. [A process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Currently, Licensing has an appeal process for providers however, there is not an appeal processes for providers denied a Subsidy agreement. CCDF will work with Licensing to mimic as closely as possible the appeal process for when a provider would be approved a license but not a Subsidy agreement. Regulatory changes will need to be made as well as posting the appeal process on our webpage.

Regulatory changes include the following steps:

1. Obtain administrative approval for regulation change;
2. Develop a draft set of regulations;
3. Review draft with the Department's Legal team;
4. Send a draft copy to the Governor for review/approval;
5. Make regulations available for public comment;
6. Hold a public hearing; and
7. Implement new regulations.

Projected start date for each activity: [03/01/2016](#)

Projected end date for each activity: [09/30/2017](#)

Agency - Who is responsible for complete implementation of this activity [The Lead Agency, which is the Department of Health and Human Services \(DHHS\). DHHS houses the Division of Public Health, responsible for child care licensing and the Division of Children and Families, which is responsible for CCDF administration.
](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. [Not publicly](#)

release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Currently, Nebraska does not share background checks publicly. They are only shared with the actual individual with whom the check was conducted on (not even spouses, employees, etc.). We add this assurance to our website and possibly our regulations.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity The Lead Agency, which is the Department of Health and Human Services (DHHS). DHHS houses the Division of Public Health, responsible for child care licensing and the Division of Children and Families, which is responsible for CCDF administration.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Currently background checks are required for all licensed, regulated or registered, or receive CCDF funds, however, they vary from the Licensing Unit and CCDF Unit. Processes will be created to have one universal process for all of the above providers, regardless if they are CCDF or licensed. The Division of Public Health (Licensing) and the Division of Children and Family Services (CCDF) will work to align this requirement for all. Once, both divisions are on the same page about

requirements, then there will have to be regulatory and process changes made to both divisions.

Regulatory changes include the following steps:

1. Obtain administrative approval for regulation change;
2. Develop a draft set of regulations;
3. Review draft with the Department's Legal team;
4. Send a draft copy to the Governor for review/approval;
5. Make regulations available for public comment;
6. Hold a public hearing; and
7. Implement new regulations.

Projected start date for each activity: 03/01/2017

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity The Lead Agency, which is the Department of Health and Human Services (DHHS). DHHS houses the Division of Public Health, responsible for child care licensing and the Division of Children and Families, which is responsible for CCDF administration.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. Includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

CC provider submit a request at least once every 5 years

An annual background check is completed for all CCDF FCCH I/II. This does not encompass all of the CCDBG checks nor all licensed child care programs.

Currently, background checks are required for all licensed, regulated or registered, or receive CCDF funds, however, they vary from the Licensing Unit and CCDF Unit.

Processes will be created to have one universal process for all of the above providers, regardless if they are CCDF or licensed. Providers will be given

instructions on this requirement and wording will be added to the licensing and

subsidy agreements signed by the providers. A monitoring process will be created

internally. Once, both divisions agree to the processes, communication pieces and monitoring, then there will have to be regulatory and process changes made to both divisions.

Regulatory changes include the following steps:

1. Obtain administrative approval for regulation change;
2. Develop a draft set of regulations;
3. Review draft with the Department's Legal team;
4. Send a draft copy to the Governor for review/approval;
5. Make regulations available for public comment;
6. Hold a public hearing; and
7. Implement new regulations.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity The Lead Agency, which is the Department of Health and Human Services (DHHS). DHHS houses the Division of Public Health, responsible for child care licensing and the Division of Children and Families, which is responsible for CCDF administration.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. National Crime Information Center (run by the FBI)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Nebraska does not use this as part of the current background check process. Nebraska will create a process to incorporate the National Crime Information Center (NCIC) as part of the standards for all background. Specific tasks are pending the approval of ACF's interpretation in the NPRM.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity The Lead Agency, which is the Department of Health and Human Services (DHHS). DHHS houses the Division of Public Health, responsible for child care licensing

and the Division of Children and Families, which is responsible for CCDF administration.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. [FBI fingerprint check using Next Generation Identification](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Nebraska does not use this as part of the current background check process. Nebraska will create a process to incorporate FBI fingerprinting as part of the standards for all background. Nebraska uses fingerprinting within Child Welfare. Anticipated conversation about the processes in place for Child Welfare and fingerprinting and how that could be incorporated into child care provider background checks will be held. There will have to be regulatory and process changes made to both divisions.](#)

[Regulatory changes include the following steps:](#)

1. Obtain administrative approval for regulation change;
2. Develop a draft set of regulations;
3. Review draft with the Department's Legal team;
4. Send a draft copy to the Governor for review/approval;
5. Make regulations available for public comment;
6. Hold a public hearing; and
7. Implement new regulations.

Projected start date for each activity: [03/01/2016](#)

Projected end date for each activity: [09/30/2017](#)

Agency - Who is responsible for complete implementation of this activity [The Lead Agency, which is the Department of Health and Human Services \(DHHS\). DHHS houses the Division of Public Health, responsible for child care licensing and the Division of Children and Families, which is responsible for CCDF administration.
](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Nebraska State Patrol.](#)

Unmet requirement - Identify the requirement(s) to be implemented. [National Sex](#)

Offender Registry.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Nebraska does not use this as part of the current background check process.

Nebraska will create a process to incorporate the National Sex Offender Registry as part of the standards for all background. Specific tasks are pending the approval of ACF's interpretation in the NPRM.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity The Lead Agency, which is the Department of Health and Human Services (DHHS). DHHS houses the Division of Public Health, responsible for child care licensing and the Division of Children and Families, which is responsible for CCDF administration.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The Division of Public Health (Licensing) and the Division of Children and Family Services (CCDF) will work to align the list of offenses and length of disqualification using the Act's list as well as within divisions. Currently, between both divisions, all but two of the Act's offenses are addressed in regulations. Once, both divisions are

on the same page about requirements, then there will have to be regulatory and process changes made to both divisions.

Regulatory changes include the following steps:

1. Obtain administrative approval for regulation change;
2. Develop a draft set of regulations;
3. Review draft with the Department's Legal team;
4. Send a draft copy to the Governor for review/approval;
5. Make regulations available for public comment;
6. Hold a public hearing; and
7. Implement new regulations.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity The Lead Agency, which is the Department of Health and Human Services (DHHS). DHHS houses the Division of Public Health, responsible for child care licensing and the Division of Children and Families, which is responsible for CCDF administration.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. Conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Currently, Nebraska's Child Welfare unit provides results of background checks without specific qualifying information. CCDF will consult with Child Welfare on their process and standard language used when providing results and incorporate it into the language and process CCDF will use. This will also be reviewed with our legal department for approval.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity The Lead Agency, which is the Department of Health and Human Services (DHHS). DHHS houses the Division of Public Health, responsible for child care licensing

and the Division of Children and Families, which is responsible for CCDF administration.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. [Ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Any current information on the websites \(Licensing and CCDF\) will be updated to reflect new processes and procedures for background checks in the State of Nebraska, supported by the Act. This will require created communications to be placed on the site.](#)

Projected start date for each activity: [03/01/2016](#)

Projected end date for each activity: [09/30/2017](#)

Agency - Who is responsible for complete implementation of this activity [The Lead Agency, which is the Department of Health and Human Services \(DHHS\). DHHS houses the Division of Public Health, responsible for child care licensing and the Division of Children and Families, which is responsible for CCDF administration.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.](#)

Describe:

[Nebraska does not use a 3rd party for conducting background checks. Background completions policies and processes are different for licensed providers versus Child Care Subsidy providers. Licensed providers are required to provide their own background check.](#)

There is no time frame for new, unlicensed providers to comply with their background checks requirement. They cannot be licensed until they provide their background checks. For licensed providers who need to submit background checks (i.e. a new member living in a Family Child Care Home), they have 30 days to submit background checks to DHHS. A licensed provider can appeal if DHHS takes an action (deny an application, revoke, and/or discipline of some sort).

Resource Development workers complete background checks for Family Child Care Home I/II and their household members, and Child Care Center providers. Checks are completed within 45 days, unless it is out of state, in which the provider is responsible for obtaining. For Child Care Subsidy Providers, currently there is not an appeal process for the provider who has had their Subsidy denied or terminated due to background checks or any other reason.

5.3.3 Describe how the State/Territory is assisting other States process background checks, including which agency/entity is responsible for working with other states

Describe:

Nebraska does not have a formal process for out of state requests.

5.3.4 Does the State have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes.

Describe:

Regulations regarding drug offense disqualification are different for licensed providers (Family Child Care Home I/II and Child Care Centers) verses a Child Care Subsidy provider. The following is policy for licensed providers:

- An individual is permanently disqualified from holding a child care license or working as a staff member or volunteer in a Family Child Care Home I/II or Child Care Center if s/he has a criminal history that includes conviction of any unlawful act endangering the health or safety of another individual. Such convictions include crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the sale, distribution or procurement of a controlled substance, or crimes involving moral turpitude on the part of the individual. These crimes include, but are not limited to: Felony controlled substances offenses, other than possession.
- An individual is disqualified from holding a child care license or working as a staff member or a volunteer in a Family Child Care Home I/II or Child Care

Center if s/he has a criminal history that includes conviction in the last 20 years of: Felony possession of controlled substance offenses.

Below are drug offense disqualification policies/procedures for providers who have a Subsidy agreement:

- Department staff must deny or terminate service provider approval when conviction has occurred in the following areas: Possession of any controlled substance within the last five years; and Possession of a controlled substance with intent to deliver within the last ten years.
- If the appropriate amount of time has passed since the above convictions, the individual is thoroughly reviewed. Any individuals with a chronic history with law enforcement or CPS/APS will be denied provider status.

No.

5.3.5 Does the Lead Agency disqualify child care staff members based on their conviction for other crimes not specifically listed above?

Yes.

Describe:

Regulations regarding disqualification are different for licensed providers (Family Child Care Home I/II and Child Care Centers) versus a Child Care Subsidy provider. The following is policy for licensed providers:

- An individual is permanently disqualified from holding a child care license or working as a staff member or volunteer in a Family Child Care Home I/II or Child Care Centers if s/he has a criminal history that includes conviction of any unlawful act endangering the health or safety of another individual. Such convictions include crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the sale, distribution or procurement of a controlled substance, or crimes involving moral turpitude on the part of the individual. These crimes include, but are not limited to: Aggravated or armed robbery; assault, first or second degree; child abandonment; child abuse; child molestation or debauching a minor; child neglect; commercial sexual exploitation of a minor; domestic violence; exploitation of a minor involving drug offenses or conviction of drug offenses that involved a minor; felony controlled substances offenses, other than possession; felony violation of custody of custody; incest; kidnapping; murder, first or second degree; sexual abuse of a minor, sexual assault; sexual exploitation of a minor, including child pornography; or voluntary manslaughter.
- Twenty-Year Disqualification: An individual is disqualified from holding a child care license or working as a staff member or a volunteer in a Family Child Care Home I/II or Child Care Centers if s/he has a criminal history that includes conviction in the last 20 years of: Arson; criminal non-support; felony possession of controlled substance offenses; felony theft; or robbery. The 20-

year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility is not included in the calculation of the 20-year period of disqualification. If the individual has more than one conviction, the 20-year disqualification begins the date the most recent conviction became final.

- Five-Year Disqualification: An individual is disqualified from holding a child care license or working as a staff member or a volunteer in a Family Child Care Home I/II or Child Care Centers if s/he has a criminal history that includes conviction in the last five years of: burglary; driving under the influence: two or more convictions; felony bad check writing; misdemeanor controlled substances offenses; misdemeanor contributing to the delinquency of a child; or misdemeanor theft. The five-year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility is not included in the calculation of the five-year period of disqualification. If the individual has more than one conviction, the five-year disqualification begins the date the most recent conviction became final.

[Below are disqualification policies/procedures for providers who have a Subsidy agreement:](#)

- Department staff must not have a Child Care Provider Agreement with a potential individual provider if a history of convictions for misdemeanor or felony actions that endanger the health and safety of any client is indicated. This includes crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, or crimes involving moral turpitude on the part of the potential provider.
- Special Criminal History: Department staff must deny or terminate service provider approval when conviction has occurred in the following areas: child pornography; child or adult abuse; driving under the influence: two or more DUI charges are pending, or convictions have occurred within the last five years, or two of any combinations of DUI charges pending or convictions occurred within the last five years; domestic assault; shoplifting after age 19 and within the last three years; felony fraud within the last ten years; misdemeanor fraud within the last five years; termination of provider status for cause from any DHHS program within the last ten years; possession of any controlled substance within the last five years; possession of a controlled substance with intent to deliver within the last ten years; felony or misdemeanor assault without a weapon in the last ten years; felony or misdemeanor assault with a weapon in the last 15 years; prostitution or solicitation of prostitution within the last five years; felony or misdemeanor robbery or burglary within the last ten years; rape or sexual assault; or Homicide.

No.

5.3.6 Does your State State/Territory exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from background checks?

Yes, all relatives are exempt from all background check requirements.

Yes, some relatives are exempt from the background check requirements. If the State /Territory exempts some relatives from background check requirements, describe which relatives are exempt. from which requirements (some or all).

Describe.

No, relatives are not exempt from background checks.

5.3.7 Describe how fees charged for completing the background checks do not exceed the actual cost of processing and administration, including how the State State/Territory ensures that 3rd party vendors or contractors do not charge fees that exceed the actual cost of processing and administration, if applicable.

Lead Agencies can report that no fees are charged if applicable:

Describe.

Nebraska does not have a 3rd party vendor or contractor who conducts background checks. Currently (all subject to change to meet the Federal requirements) licensed providers are required to obtain background checks for themselves and for staff if they have staff working for them. If there is a fee, they are the responsibility of the provider, paid directly to the entity conducting the check. Most checks are completed by local law enforcement or the State Patrol, free of charge.

RD workers conduct back ground checks on license exempt providers, DHHS conducts background checks for providers with the exception of finger-printing and out-of-state background checks, free of charge. Nebraska does not conduct out-of-state background checks, providers are required to obtain them, pay any associated fees, and then submit to the Department. Once Nebraska has implemented FBI finger printing into the background requirements, the provider will be responsible for that fee.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

Describe.

Current background policies (for all providers receiving Subsidy) are located in Title 392 - Child Care Subsidy Program, available online at: http://dhhs.ne.gov/Pages/reg_t392.aspx . Background policies (for all licensed providers) are located in Title 391 - Children's Services Licensing, available online at: http://dhhs.ne.gov/Pages/reg_t391.aspx .

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes.

List types of crime included in the aggregated data:

No.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example

of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State's training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.)

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your

responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.1.2 Describe how the State provides ongoing training and professional development, provides for a progression of professional development (such as allows an individual to build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements) reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce:

State/Territory professional standards and competencies.

Describe.

Nebraska has two documents to assist the early childhood profession:

1. Nebraska's Core Competencies for Early Childhood Professionals: Knowledge and Skills Needed to Effectively Work with Children Ages Birth to Five Years. This document contains Nine Core Competency areas:
 1. Child Growth and Development;
 2. Health, Safety and Nutrition;
 3. Learning Environments;

4. Planning Learning experiences/Curriculum;
5. Interacting with Children and Providing Guidance to Children;
6. Observation, Documentation and Assessment;
7. Partnerships with Families and Communities;
8. Professionalism and Leadership;
9. Administration, Program Planning and Development.

Core Competency areas include six levels of competency. These range from the skills and knowledge anyone entering the early childhood field should have to the skills and knowledge you would expect to see in someone with an advanced degree in early childhood education, child development, early childhood special education or a related degree and at least three years' experience in early childhood education (this includes all of the skills in levels 1-5).

1. Nebraska School Age and Youth Development Core Competencies. These competencies include 6 areas of core competency. These are:
 1. Growth and development;
 2. Health;
 3. Relationships;
 4. Learning;
 5. Professionalism;
 6. Administration.

The Core Competency areas are divided into three levels: entry, intermediate, and advanced.



Career ladder or lattice.

Describe.

Nebraska's Career Pathway is described in the Early Childhood Education Career Advising Guide. The Pathway begins with a high school diploma and progresses through individual Training/Workshops, the Child Development Associate, Certificate/Diploma programs, Associate Degrees, Bachelor's Degrees, Post Bachelor's Degree Specializations and Endorsements, Master's Degrees and Graduate Level Teaching and Endorsements, and ends at Doctoral Degrees. Lifelong learning is stressed at all levels and all start with a strong foundation in early childhood education in which research and

best practices are embedded.

- Articulation agreements between two- and four-year postsecondary early childhood education or degree programs.

Describe.

Currently, early childhood education programs offered at all Nebraska Community Colleges have common course descriptions and course numbers. Additionally, most early childhood courses are accessible online and all articulate among the community colleges. Ongoing work is happening to improve the articulation between two and four year Institutions. The NDE Early Childhood Training Center (ECTC), which is part of the Office of Early Childhood has staff that meet with community college representatives regularly to assist with articulation. NDE also works with the Buffett Early Childhood Institute (BECI) to improve articulation agreements between 4 year institutions and with 2 year institutions.

- Community-based training approved by a state regulatory body to meet licensing or regulatory requirements.

Describe.

ECTC, in consultation with DHHS, approves training that is used to satisfy child care licensing criteria for required training, annual in-service training, and training needed for participation or advancement in the quality rating and improvement system established pursuant to the Step Up to Quality Child Care Act (Neb. Rev. Stat. 79-1102(1)).

- Workforce data, including recruitment, retention, registries or other documentation, and compensation information.

Describe.

Nebraska is currently creating a professional registry for early childhood education and care providers. The Nebraska Early Childhood Professional Records System (NECPRS) is being built in phases. It currently contains a training calendar in which early childhood training sponsored by ELCs and other approved trainings are posted. The NECPRS is available for early childhood education and care providers to create and maintain their personal education and training record. The system is also able to maintain records for trainers and coaches contracting with the ECTC or with NDE. The record system is tied to Step Up to Quality and tracks progress of programs participating in Nebraska's quality rating and improvement system. NECPRS tracks salaries and benefits for early childhood education and care providers. The system will eventually be able to link to the Nebraska Teacher Education Certification system and the Nebraska Student and Staff Records System (NSSRS) currently being used by public schools. Step Up to Quality,

and the NECPRS are both voluntary at present. Data contained in the NECPRS is useful but not complete.

The BECI has also done some research to determine the state of the early childhood workforce in Nebraska. Their report is scheduled to be released within the next six months.

- Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework.

Describe.

The ECICC provides recommendations for the professional development system. ECICC is charged with advising the Governor and State Agencies with issues related to early childhood education and care. It is the designated SAC for Nebraska as well as the State Interagency Coordinating Council (ICC) for IDEA Part C. ECICC prepares a biennial report with recommendations. The ECICC also advises state agencies on strategic plans, reports to federal agencies, and state regulations and policies. ECICC meets 4 times per year and its members are appointed by the Governor from applicants meeting criteria for membership.

- Continuing education unit trainings and credit-bearing professional development.

Describe.

Entities within the Nebraska system provide CEUs for the Child Development Associate Credential. The ECTC has created training curricula that when presented can be eligible for credit at community colleges. Some of these trainings include First Connections Online training and the Management Training Program.

- State-approved trainings.

Describe.

The ECTC has implemented several processes for approving training:

1. A list of "Automatically Accepted" trainings is published on the NDE website <http://www.education.ne.gov/OEC/trainingapproval/automaticallyaccepted.pdf>. This list is accessible to the public and updated regularly. Information about the automatically accepted trainings is regularly sent to early childhood education and care providers by their ELC Coordinators. Finally, the child care licensing staff from DHHS have copies of the automatically accepted trainings available to them when they go on monitoring visits.
2. Training approval: Entities wanting to provide training to early childhood education and care staff must complete a form accessible on the ECTC website. They then submit the form and it is reviewed by staff at ECTC. If the training is not appropriate, complete, or follow up to date research and evidence based practices, then the approval is not given. Training not

approved will not result in acceptable training hours for child care providers.

3. Independent Study: Sometimes a training on a specific topic of interest, or need is not immediately accessible to an individual provider. Also, some providers in Nebraska (especially some family child care providers) live in very remote parts of the state. To accommodate this need, providers are able to read training material or watch appropriate training videos, and submit information to receive credit for the training. Individuals must complete a form on the ECTC website and submit it. Staff at ECTC read the submissions and either approve the training, send the submission back for additional detail, or reject the submission entirely. (This is done if the material read or watched does not follow evidence-based practices).

- Inclusion in state and/or regional workforce and economic development plans.

Describe.

NDE and the Lead Agency for CCDF (DHHS) work with the ELC Coordinators to ensure that regional plans mesh with state and federal priorities for workforce initiatives.

Additionally, early childhood professional development is represented on the ECICC.

Those representatives provide input to ECICC regarding needs at the local level. ECICC in turn provides recommendations to State Agencies, and to regional entities for implementation. The ECTC collaborates with BECI to prepare workforce plans and participate in work groups inclusive of Institutions of Higher Education to ensure that core competencies are embedded into coursework. NDE Offices of Early Childhood and Adult Education periodically work with Ad Hoc committees consisting of early childhood practitioners and representatives of Higher Education Institutions to revamp teacher certification requirements. The Ad Hoc committees ensure that requirements are aligned with Nebraska's Core Competencies. Step Up to Quality Staff have also begun working with chambers of commerce in selected areas to ensure that local leaders understand the importance of a high quality workforce. More work is planned as a communications plan is implemented statewide.

- Other.

Describe.

As reported previously, ECICC is the statewide advisory body identified by the Governor as the SAC. ECICC provides recommendations for the professional development system. ECICC is charged with advising the Governor and State Agencies with issues related to early childhood education and care. The Regulations and Standards committee of ECICC discussed and recommended the proposed child care licensing regulations, including the professional development requirements, be approved by the Governor. The

child care revisions which included professional development requirements were in process for a lengthy amount of time. ECICC recommended that the revisions be adopted in the 2010 report to the Governor. The 2014 recommendations include strengthening professional development to include training and coaching in several critical topic areas as follows:

- Infant-toddler development and indicators of quality in infant-toddler care
- The Pyramid Model
- Care and education of children with special needs in inclusive settings
- Home visiting
- Curriculum and Assessment
- Cultural Competence
- Parent-Child Interactions

Additionally, several recommendations were made to Strengthen Nebraska's Step Up to Quality Program. The 2014 ECICC report to the Governor can be found here:

http://www.education.ne.gov/ecicc/reports_to_governor/2014.pdf

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Describe.

As reported previously, ECICC is the statewide advisory body identified by the Governor as the SAC. ECICC provides recommendations for the professional development system. ECICC is charged with advising the Governor and State Agencies with issues related to early childhood education and care. The Regulations and Standards committee of ECICC discussed and recommended the proposed child care licensing regulations, including the professional development requirements, be approved by the Governor. The child care revisions which included professional development requirements were in process for a lengthy amount of time. ECICC recommended that the revisions be adopted in the 2010 report to the Governor. The 2014 recommendations include strengthening professional development to include training and coaching in several critical topic areas as follows:

- Infant-toddler development and indicators of quality in infant-toddler care
- The Pyramid Model
- Care and education of children with special needs in inclusive settings
- Home visiting
- Curriculum and Assessment

- Cultural Competence
- Parent-Child Interactions

Additionally, several recommendations were made to Strengthen Nebraska's Step Up to Quality Program. The 2014 ECICC report to the Governor can be found here: http://www.education.ne.gov/ecicc/reports_to_governor/2014.pdf

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements

Describe.

1. Training that is approved for child care providers is aligned with the Nebraska Early Learning Guidelines.
2. Health and Safety training is required for all early childhood education and care. A specific curricula has been developed (Safe with You) as base for Health and Safety training. Additionally, training regarding nutrition is required and a variety of training curricula can be accessed to meet that requirement.
3. Continuous efforts are being made to embed social-emotional/behaviors and early childhood mental health knowledge into training throughout the state. Goal #1 for the team reads: Ensure that the Pyramid Framework is embedded in all early childhood workforce education and training from pre-service to in-service. The first objective reads: Early childhood professional development will connect to the Pyramid Framework across the state. There are a number of strategies under this goal that have been updated as progress has been made.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

Describe.

Programs operated by tribal organizations or on tribal lands are geographically located in one region of Nebraska. They fall within the Northern ELC region. The ELC Coordinator has

developed relationships with the early education and care entities. Representatives from the early education and care programs are encouraged to be active participants in the ELC Network. For input and advice from the tribal early childhood communities, the ECICC includes representation from tribal early childhood programs.

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Describe.

Nebraska child care training and professional development requirements are highly appropriated. Flexibility in the way providers receive most training is built into the system. Training curricula is available for providers who work with each age group of children. Trainers are adept at offering training curricula for family child care providers, who are often serving children of multiple age groups together. Moreover, options for meeting the needs of individual child care providers are available. These include: trainers (wherever possible) who speak the primary language of the participants; training that is offered at different times of the day or week, or broken into parts to meet the needs of participants with work and family responsibilities; opportunities for distance learning through technology; online coursework; articulation agreements; and independent study training opportunities. The needs of individual groups of child care providers are considered regularly to determine state and local priorities regarding training creation and dissemination. Nebraska regularly uses partners who represent different sectors of the early childhood community to inform the creation and revision of training.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Financial assistance for attaining credentials and post-secondary degrees.

Describe.

Nebraska CCDF funds (along with state and private monies) fund TEACH Early Childhood® Nebraska scholarships for low income child care providers.

Financial incentives linked to education attainment and retention.

Describe.

Registered apprenticeship programs.

Describe.

Outreach to high school (including career and technical) students.

Describe.

Policies for paid sick leave.

Describe.

Policies for paid annual leave.

Describe.

Policies for health care benefits.

Describe.

Policies for retirement benefits.

Describe.

Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services).

Describe.

Other.

Describe.

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

Describe.

There are multiple documents that are available in Spanish that are available for providers, families, and the general public. If a family is identified whose first language is not English and staff (i.e. worker, coordinator, and/or trainer etc.) has been identified to be fluent in their language, then programs may pair them up. Otherwise, LanguageLinc is used to provide assistance with the need. The Lead Agency will explore ways to do outreach for diverse populations.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- Other.

Describe.

- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the

status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Yes.

The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families.

Describe that training and technical assistance for providers

No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Not yet started](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Unmet requirement - Identify the requirement(s) to be implemented [Use CCDF for activities to improve quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[DHHS is currently working with NDE to create a training which will be offered at the ETCfor child care providers on working with homeless children and their families.](#)

[The McKinney-Vento coordinator, within NDE, along with another person with a vast interest in homelessness will be utilized with creating the training and future](#)

TA. Currently, the Department has Community Support Specialist who do an array of outreach across Nebraska, reaching vulnerable populations including homeless families. We will work with the Community Support Specialist, homeless shelters, and other vested agencies to increase out reach to homeless families and children and provide education to them on CCDF and Subsidy.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity **Lead Agency**

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

NDE

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 If checked yes to 7.1 in the next section, check which content is included training and professional development activities. Check all that apply.

Yes, If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Nebraska will use the number of child care professionals accessing training through the ELCs. Nebraska will also use the number of child care programs (both center-based and family child care) that participate in Step Up to Quality.

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe:

Quality Basic, Quality Expansion, and Infant/Toddler Earmark funds will be used to partially fund the ELC networks.

Additionally, Quality Basic will be used to fund:

- The Child Care Information line which provides technical assistance and resources for child care providers.
- Child care training approval.
- Independent study training approval.
- The Early Childhood Media Center, which is a collection of professional development materials available to early childhood education and care professionals (and parents) of a free loan basis.
- Preparation of training curriculum materials.
- The creation of new training.

Quality Expansion will be used to fund:

- T.E.A.C.H® Early Childhood Nebraska scholarships.
- Training curriculum creation and coordination including train-the-trainer sessions to increase training capacity.

Infant/Toddler Earmark will be used to fund:

Ongoing support of infant/toddler online training course (First Connections) including the contracting of course monitors who monitor training requirements and provide feedback to students.

School Age Care Earmark will be used to revise and update an online training for out school time providers.

Other funds.

Describe:

Step Up to Quality funds will be used to:

- Fund training of additional coach cadres to meet the need for qualified coaches.
- Provide funding for the ELC networks.
- Support coordination of social/emotional/mental health training.
- Fund coaches/raters/program quality assessors in Step Up to Quality programs.
- Provide training on curriculum and child assessment.

IDEA Part B will provide funding for Coach training and PTR-YC training.

IDEA Part C will provide funding for Circle of Security.

Private funding will provide funding for Circle of Security and Pyramid Module training.

University funding will provide Rock Solid training and other training, including training for out of school time providers, and literacy development.

Nebraska State General Funds will provide funding for:

- Training curriculum creation.
- Support of the program quality system, including the use of the Environment Rating Scales and CLASS.
- Dissemination of training.

c) Check which content is included in training and professional development activities.

Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c.

Describe:

- Pyramid model, previously outlined.
- Go NAP SACC, nutrition training is embedded into Step Up to Quality and will be presented in places needed across the state.
- Early Learning Guidelines, Health and Physical Development domain training will be held across the state.



Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2).

Describe:

- NDE Office of Early Childhood is a statewide partner leading the development and revisions of the Nebraska ELGs.
- NDE also is a statewide partner in the training and promotion of the Pyramid Model and provides guidance to the ELC partnership.
- The UNL Extension has created training and partnered with ELC networks to disseminate Rock Solid training to child care providers.
- NDE Office of Special Educations - Part C, has provided funding to local Planning Region Teams for social/emotional training.
- Nebraska Children and Families Foundation (NCFE) has used public funding granted by NDE and private funding to make program-wide implementation of The Pyramid Model a reality in child care centers and family childcare homes.
- NCFE has used private funding to implement Circle of Security training in different regions of the state.

- Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development.

Describe:

- Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards.

Describe:

- NDE provides training for child care providers and staff from other early education and care facilities on Curriculum and Assessment. General curriculum training entitled 'Curriculum 101' has been offered in a number of local areas. A second curriculum training, 'Curriculum 102', is being developed. Both are aligned with the Nebraska ELG.
- NDE has contracted with Teaching Strategies to present 'Creative Curriculum' training across the state. This will continue throughout the next few years.
- NDE regularly provides training on using the Environment Rating Scales: ECERS-R, ITERS and FCCRS. Training will soon be available for ECERS 3 instead of ECERS-R. Regular training also includes Toddler CLASS and Pre-K CLASS. NDE will soon be adding Infant CLASS to the training schedule.

- On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development.

Describe:

Nebraska is a "birth mandate state", meaning appropriate services to meet the needs of a child with a disability from birth or age of diagnosis are a right of families. The Early Development Network is designed to ensure that young children with learning or developmental abnormalities are referred for appropriate evaluation and verification if a disability exists. Local Planning Region Teams, funded through IDEA Part C, are tasked with outreach to families through direct contact with families, and through partnering with community child care providers, including providers accepting CCDF child care subsidy.

School Districts and Educational Service Units (ESUs) that operate early childhood

programs for children who have not yet reached kindergarten entrance age must meet the requirements of Rule 11: *Regulations for the Approval of Prekindergarten Programs Established by School Boards of Educational Service Units and for the Issuance of Early Childhood Education Grants*. Rule 11 requires Coordination with Existing Programs and Funding Sources, which includes programs receiving child care assistance through DHHS. Programs meeting Rule 11 should be working with community child care to ensure that children receive comprehensive services either through direct service or through referral to other programs.

The ECTC Child Care Information Specialist provides information regarding local agencies and contact numbers to child care providers who need assistance accessing referrals for families.

Using data to guide program evaluation to ensure continuous improvement.

Describe:

- Individual child care program level: Nebraska promotes the use of program quality measures (ERS and CLASS program tools). A significant infrastructure has been created to support several levels of trained observers. Staff from child care can attend specific training to design for the participant to learn about one or more of the ERS tools. A second level of training allows participants to learn about the chosen scale in greater depth. Finally, participants have the opportunity to train and then achieve reliability with an anchor. For the Class tools, introductory training is offered and then participants can take the CLASS reliability assessment. Step Up to Quality has embedded the use of program quality tools into the criteria of the steps. The Infant/Toddler Quality Initiative uses the ERS tools to measure program quality and as a baseline for program improvement.
- The implementation of Step Up to Quality is being evaluated by a private contractor. The evaluation is using data collected from child care providers across the state. This information is being used to alter policies, improve clarity of documents, and help the Step UP to Quality team determine areas of strength and areas for targeted for improvement.
- Child care training is evaluated by participants at each training session. The evaluations are collected and the data are used to provide feedback to the trainer and to the ECTC.
- ELC's conduct an annual needs survey which informs the training

offerings for the next year.

- Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe:

State level partners including DHHS and NDE work with NCFF, BECI, the Nebraska Early Childhood Collaborative, and regional entities to support programs and services in areas with concentrations of poverty.

Omaha Area Superintendent's plan: state legislation allowed public funding in the Omaha metropolitan area to be used for a plan to be created by the school superintendents in the largest metropolitan areas of the state (which is home to the largest concentration of children in poverty) specifically to meet the needs of children birth through 3rd grade and their families.

Educare: Nebraska is home to four nationally recognized Educare early childhood schools serving children from birth to kindergarten. They are full day, full year programs. They target children in poverty. Two Educare schools are located in Omaha, one in a low socioeconomic area of Lincoln, and one is located on tribal lands.

Nebraska Early Childhood Collaborative: This is a privately funded effort to provide direct early childhood services, as well as coaching and other supports to providers working in high poverty areas of the Omaha area.

Legislation by the Nebraska Unicameral has enabled CCDF quality set aside money to be used to fund new grants from the Nebraska Early Childhood Education Grant Program for children birth to age 3 (called Sixpence). This grant program will require local schools to partner with community child care homes or child care centers to improve the quality of child care for infants and toddlers. The grants are competitive and awarded to the best proposals serving children who are most at risk. Sixpence programs are also required to participate in Step Up to Quality.

Step Up to Quality is Nebraska's voluntary Quality Rating and Improvement System. Step Up to Quality is only mandatory by statute for programs receiving more than

\$250,000 per year in child care subsidy or receiving certain grant funds. This ensures that programs serving large concentrations of children of low income will participate in quality improving initiatives.

- Caring for and supporting the development of children with disabilities and developmental delays.

Describe:

Nebraska uses an awareness training for child care providers who may be hesitant about serving children with disabilities. It is called Special Care. The training includes activities to help providers become aware of their own assumptions, it includes practical ideas for steps to include children with disabilities or delays, and it includes resources for local providers as access local services. Special Care will be revised and updated in 2016.

Nebraska supports the training and dissemination of Cara's Kits and the TAM Technology Fan (produced by the Technology and Media division of the Council for Exceptional Children). These resources assist early education and care providers in working through decisions regarding supports for children with disabilities to enable them to participate fully in early childhood programs. Cara's Kits and the TAM Technology Fan provide a plethora of ideas for adapting routines and materials for children. The ideas include low tech (Velcro on toy shopping cart to stabilize it on carpet) to high tech (adaptive stander). Serving children in inclusive and natural settings is a priority for NDE Early Childhood and Special Education teams in 2016.

NDE Offices of Early Childhood and Special Education work in collaboration with DHHS and ESUs to provide coaching supports.

- Supporting positive development of school-age children.

Describe:

As described previously, CCDF funding will be supporting the revision and update of "School Age Connections", which is an online training specifically for out-of-school time child care providers.

CCDF funding provide support for the "Beyond School Bells" initiative at NCFE. Beyond School bells brings state level leaders and out-of-school-time providers

together to plan strategies for improving the out-of-school -time network and increasing the quality and quantity of training for out-of-school-time- education and care providers. Staff from DHHS and NDE participate on work groups of the Beyond School Bells initiative to ensure that resources and training are available to out-of-school- time providers and training efforts are coordinated among state level entities to be cohesive and follow evidence-based practices.

Other.

Describe:

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

Other.

Describe:

No.

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas?

States and Territories are encouraged to consult with Caring for our Children for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content
Number of hours is not specified, however, programs must complete the Department approved orientation.

2) Number of on-going hours and any required areas/content
12hours. All training must be approved by the Nebraska Department of Education in order to be accepted to meet licensing requirements.

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content
2hours of Department delivered training.

2) Number of on-going hours and any required areas/content
12hours. All training must be approved by the Nebraska Department of Education in order to be accepted to meet licensing requirements.

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content
2hours of Department delivered training.

2) Number of on-going hours and any required areas/content
12hours. All training must be approved by the Nebraska Department of Education in order to be accepted to meet licensing requirements.

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content
Licensed exempt and in-home providers are currently not required to have training. However, DHHS will reimburse license exempt and in-home providers for attending CPR/First Aid training, participating with the Food Program, and by completing a workshop video.

2) Number of on-going hours and any required areas/content
N/A

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

Fully implemented - as of March 1, 2016.

Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

Nebraska Child Care Licensing requires training in business practices for both directors of child care centers and family child care homes.

The *Management Training Program (MTP)* is required for directors of child care centers. MTP is a 45 clock hour training that is broken into 8 modules. Business practices, policies and procedures, and workforce issues are included in the modules. The modules are entitled:

1. The Business of Child Care
2. Child Development and Learning
3. Policies and Procedures
4. Supporting Children Center Wide
5. Effective Workforce
6. The inside of the Building
7. Relationships in Child Care
8. Transitions *Getting*

Down to Business is required for owners of family child care programs. It is a four part series (20 clock hours) designed specifically to address business needs of family child care.

1. The Business of Family Child Care
2. Child Development and Learning
3. Policies and Procedures

4. Relationships in Family Child Care

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State's early learning and development guidelines appropriate for children from birth to kindergarten entry.

- The State assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
 - Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
 - Updated as determined by the State. List the date or frequency

As needed. The *Nebraska Early Learning Guidelines: Ages 3 to 5* were revised in 2013 to align with the Head Start Child Development Framework. The *Nebraska Early Learning Guidelines: Ages Birth to 3* are planned to be revised in 2016.

- Fully implemented and meeting all Federal requirements outlined above - as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implement this activity

6.3.2 Check for which age group(s) the State has established early learning and development guidelines:

- Birth-to-three

Provide a link:

http://www.education.ne.gov/OEC/pubs/ELG/B_3_English.pdf and
http://www.education.ne.gov/OEC/pubs/ELG/B_3_Spanish.pdf

Three-to-Five

Provide a link:

http://www.education.ne.gov/OEC/pubs/ELG/3_5_English.pdf

Birth-to-Five

Provide a link:

Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards).

Describe and provide a link:

Other.

Describe:

Nebraska Early Learning Guidelines, Natural Supplement

http://www.education.ne.gov/OEC/pubs/ELG/nature_education.pdf

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines.

Describe:

- The technical assistance is linked to the State's/Territory's quality rating and improvement system.

Describe:

Completion of the seven domain trainings in the ELG training series is a requirement for completion of Step 2 in Step Up to Quality.

- Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines.

Describe:

A six hour training pertaining to the use of the ELG has been created for each domain of the ELGs. These trainings are presented in each ELC area multiple times per year.

- Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

A six hour training pertaining to the use of the ELG has been created for each domain of the ELGs. These trainings are presented in each ELC area multiple times per year.

- Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

b) Indicate which funds are used for this activity (check all that apply)

- CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

CCDF funds were used to create the training series and are used to train trainers for the series. Some CCDF funds are used by ELC regions to support the coordination and presentation of the trainings.

- Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

A nominal fee is charged to the participants, unless it is underwritten by a third party such as a Child Care and Adult Food Program sponsor. Step Up to Quality funds are used where necessary to ensure that training is available throughout the state.

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used to deny children eligibility to participate in the CCDF program
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

Yes.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report

that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement?

Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

The following goals were selected by reviewing current Step Up to Quality participation data and current Subsidy provider approval processes.

Goal 1: Increase participation of programs in Step Up to Quality and professionals in the Nebraska Early Childhood Professional Records System (NECPRS).

Goal 2: Increase the quality of Subsidy providers by enhancing the provider Subsidy approval process.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Quality set-aside and quality expansion funds will be used to complete and enhance the NECPRS which is used in Step Up to Quality. Some of the features will include "portfolios" for programs participating in Step Up to Quality including places for coaching notes and program quality assessment scores as well as portable staff records and general program information. CCDF Quality Basic funds are also planned to be used for training creation and training coordination for Step Up to Quality participants.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State funds are used for staffing to do accreditation and curriculum alignments, coaching, and the program assessment Anchor system.

- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Infant/toddler set-aside is being used to contract with individuals with advanced degrees and expertise in infant and toddler development to monitor and provide feedback to participants accessing the *First Connections* infant/toddler online training. CCDF Infant/toddler set-aside is also partially fund the ELCs across the state. ELCs provide professional development for infant/toddler staff. Infant/toddler, quality basic and quality expansion set-asides are also used for Nurturing Health Behavior subawards, Early Head Start Infant/Toddler Quality Initiative subawards, and to Sixpence.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State Funds, IDEA Part C monies, UN-L Extension and local resources are used to provide direct training for infant/toddler caregivers through ELCs and local Planning Region Teams.

- Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Resource and referral target funds are used to fund the Resource and Referral Specialist at the ECTC who responds to requests for child care information from families, she also provides in person outreach to family conferences and community events, and works with ELC coordinators who provide those services in regions across the state. A small portion of the Resource and Referral specialist's salary is paid through infant/toddler target funds to specifically match families with infant/toddler care. ELC's also receive funding from quality set-aside and quality expansion for the purpose of assisting families in finding appropriate child care.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[Quality set-aside will be used to carryout health and safety, monitoring, and training requirements for licensing of facilities.](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Supporting accreditation. If checked, respond to 7.7. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

[Quality set-aside](#)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

[Private funding supports accreditation supports from Nebraska Association for the Education of Young Children \(NeAEYC\) affiliated to do provide support for programs working towards accreditation.](#)

- Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8. Indicate which funds will be used for this activity (check all that apply)

- CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Infant-toddler target and quality expansion target funds support Nurturing Healthy Behaviors subawards which support healthy social, emotional, and behavioral development in the child's natural environment. Quality expansion target funds support Nebraska's Nutrition And Physical Activity Self Assessment for Child Care (GO NAP SACC).

- Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State funds and funds from the Public Health Division.

- Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9. Indicate which funds will be used for this activity (check all that apply)

- CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Quality set-aside, quality expansion and infant-toddler set-aside.

- Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State funds, IDEA Part B-619, IDEA Part C, and private funding.

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

- Yes, the State/Territory has a QRIS operating State/Territory-wide.

Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

Nebraska's QRIS, Step Up to Quality, is administered by the state. It is a collaboration between DHHS and NDE. Step Up to Quality first launched July 1, 2014. Year one required providers, were providers who received over \$500,000 in Subsidy funds for FFY 2011-2012. Year two required providers, were providers who received over \$250,000 in Subsidy funds for FFY 2011-2012. Starting in 2016, any early childhood program receiving over \$250,000 in Subsidy in the preceding fiscal year will be required to participate in Step Up to Quality. All other early childhood program can voluntarily participate.

<http://www.education.ne.gov/StepUpToQuality/index.html>

- Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels

Provide a link, if available

- No, but the State/Territory is in the development phase

- No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

- Participation is voluntary
- Participation is mandatory for providers serving children receiving subsidy.

If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)

Participation is mandatory for providers receiving over \$250,000 in Subsidy in the preceding fiscal year. Required providers meet the requirements once they receive a rating of at least 1. All other early childhood program can voluntarily participate.

- Participation is required for all providers
- Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- Supports and assesses the quality of child care providers in the State/Territory
- Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- Embeds licensing into the QRIS.

Describe:

- Designed to improve the quality of different types of child care providers and services
- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services.

If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

- Providers at higher levels of quality receive a higher rate of reimbursement per child receiving CCDF child care subsidy.
- State Funded TEACH® Early Childhood Nebraska scholarships are set aside for staff working in programs participating in Step Up to Quality (both center-based and family child care).
- Step Up to Quality programs are offered individualized coaching to meet higher levels of quality.
- State General funds are used to provide one time quality improvement bonuses to programs participating in Step Up to Quality and improving their quality (moving up the steps).

- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State pre-kindergarten or preschool program
- Local district supported pre-kindergarten programs
- Programs serving infants and toddlers

- Programs serving school-age children
- Faith-based settings
- Other.

Describe:

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Describe:

Using private funding, Nebraska has retained the services of APA Consulting to conduct an evaluation of Step UP to Quality's first two years of planning and implementation. An interim report was released in 2015. The next report is planned to be presented to the Step Up to Quality steering committee at the March 2016 meeting. The report is expected to outline recommendations for ongoing evaluation and tracking of quality improvement.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers?

Check all that apply and describe.

- Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

Nebraska Lead Agency and NDE currently partner with community entities vested in high quality care services for infants and toddlers, especially for those identified to be most at-risk. One of this partnerships is with Sixpence. Sixpence offers high-quality early learning environments for infants and toddlers and help families understand the benefits of healthy interactions with their children. Partnerships are formed with school districts, providers, stakeholders, and communities to improve the quality of child care for infants and toddlers.

Step Up to Quality "required" providers are providers who have received \$250,000 or more in Subsidy. Based on the Subsidy amount, these providers are interacting with several children who have higher at-risk factors. By requiring these providers to participate is forcing these providers to review current quality in their facility and then to increase it.

Other examples are the Infant/Toddler Quality Initiative Subawards and Early Head Start Child Care Partnerships.

The Lead Agency is actively exploring new opportunities for partnerships to continue to promote and implement high-quality care for infants and toddlers, especially those identified to be most at-risk.

- Establishing or expanding the operation of community or neighborhood-based family child care networks.

Describe:

- Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Specific training for providers of infant and toddler care are presented in all regions of the state through the ELCs.

- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

- Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists.

Describe:

- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)

Describe:

ELG coordinators are required to partner with local Planning Region Teams to ensure that the needs of providers serving infants and toddlers are met.

- Developing infant and toddler components within the State's/Territory's QRIS.

Describe:

- Developing infant and toddler components within the State's/Territory's child care licensing regulations.

Describe:

Nebraska has created and will be revising the Early Learning Guidelines for ages birth to three. http://www.education.ne.gov/OEC/pubs/ELG/B_3_English.pdf

- Developing infant and toddler components within the early learning and development guidelines.

Describe:

- Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care.

Describe:

- Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being.

Describe:

- Other.

Describe:

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Currently, there are two contracted entities, providing evaluation of Step Up to Quality and Sixpence. The Lead Agency and NDE also have reports built into their systems, reviewed regularly.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

- State/Territory has a CCR&R system operating State/Territory-wide.
Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary
The hub of the Resource and Referrals System is the ECTC. A Resource and Referral Specialist is housed there and fields calls from a toll-free. The ELCs provide local assistance to families needing access to child care. Resources for child care providers are provided through the staff at ECTC, most notably the Child Care Information Specialist and the media center. Seven Regional ELCs provide assistance on a regional level covering the state.
- State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide
Describe:
- State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Grants are given to the ELC coordinators. Each grant is evaluated prior to the awarding of funds. The application for renewal of each grant includes questions about needs of local early childhood education and care providers and about activities to provide training to improve skills in state and federal priority areas. The ELC partnerships analyze the needs, based on local input and then plan for meeting those needs. Review of the grants identifies areas of strength (and any area needing state assistance) in meeting the needs of the federal, state, and local priorities. At the state level, the NDE Early Childhood Training Center, the ELC coordinators and other state partners, including other statewide training entities and DHHS meet at least three times per year to determine state level needs, as well as determine steps to be taken to improve the skills of provider based on the identified needs. Bi-monthly phone conferences occur between face to face meetings.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards?

Describe:

The Lead Agency uses quality funds to support the staffing of Child Care Licensing Specialists who conduct inspections and monitoring for all licensed child care providers, which includes family child care homes and centers.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

The Lead Agency monitors the case load sizes of Licensing Specialists to ensure all providers have the same level of state monitoring. Children's Services within the Lead Agency review random samples of licensing reports, to ensure all processes and procedures are followed.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings.

Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

Nebraska promotes the voluntary enrollment in Step Up to Quality. Levels of quality are clearly delineated within Step Up to Quality framework. Quality is measured in several ways:

- Center-based early childhood programs working to improve quality in Step Up to Quality can choose to use either the appropriate Environment Rating Scales [(ECERS-R) (Nebraska is moving to the ECERS-3 later in 2016 and the Infant/Toddler Environment Rating Scale-Revised (ITERS-R)], or one of the Classroom Assessment Scoring System Tools (CLASS-Pre-K, CLASS Toddler, CLASS Infant). If desired, the center-based program can use both the Environment Rating Scales and the CLASS tools.
- Family child care homes may use the Family Child Care Environment Rating Scale - Revised (FCCRS R).
- Programs may also choose to use ongoing child assessment to track child progress. Coaching assistance is available to help programs look at current child data, plan for meeting child needs, and tracking improvement.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Step Up to Quality will participate in ongoing evaluations, as this QRIS is still new for Nebraska.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the State/Territory has supports operating State/Territory-wide.

Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation

Nebraska provides financial support to child care providers (both centers and family child care homes) to offset the fees of applying for, receiving, and maintaining, national accreditation.

Yes, the State/Territory has supports operating as a pilot or in a few localities

Describe:

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Nebraska will maintain financial records of the programs assisted with accreditation fees.

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Please describe:

Since 2010, DHHS in partnership with the NDE and other key stakeholders has coordinated and implemented the Nebraska Go NAP SACC Initiative in hundreds of homes and centers. NAP SACC stands for Nutrition and Physical Activity Self-Assessment for Child Care and is a practice-based, research-tested intervention designed to enhance policies, practices and environments in child care by improving the nutritional quality of food served, amount and quality of physical activity, staff-child interactions and the overall wellness of the facility. The program uses a train-the-trainer model to train and equip Child and Adult Care Food Program (CACFP) consultants and Extension Educators (through the University of Nebraska) to implement NAP SACC with child care home and center providers (also referred to as providers) across the state. The Nebraska Go NAP SACC initiative is collaboratively funded by Child Care Development Funds, a grant from the Centers for Disease Control and Prevention, a USDA Team Nutrition grant, Maternal and Child Health Title V funds and other local non-profit organizations.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Go NAP SACC has established performance measures. The Centers for Disease Control and Prevention (CDC) requires an evaluation report on an annual basis. Most of these measures were reported in our August 2015 report and will be included in 2016, 2017 and 2018 reports.

In 2014, the Nebraska Go NAP SACC state team developed and implemented an online data reporting system for providers to complete the pre and post NAP SACC survey. There

are currently 200 homes and 128 centers that have started the online Go NAP SACC process. These providers have the potential to reach 11,850 children. Once a provider completes the pre or post assessment, a report is generated that details the status of meeting best-practices across the five categories: infant feeding, child nutrition, physical activity, outdoor play, and screen time. Average change in pre to post assessment for homes averages a 14% improvement and for centers averages a 22% improvement in best-practices. Participation in Go NAP SACC offers providers an opportunity to earn points in the Step Up to Quality rating system implemented also in July of 2014. Those providers interested in improving their policies and practices for nutrition, physical activity and infant feeding can participate in the Go NAP SACC initiative and earn up to 10% of their quality points. Currently, 17 homes and 15 centers have completed the NAP SACC initiative as part of their Step Up to Quality portfolio. Step Up to Quality also measures quality of programs and participants.

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

Nebraska is beginning to track provider education in the NECPRS. Soon, this information will be able to give the state useful data. School districts assess children's skills and abilities after kindergarten entry. Nebraska does not have a common kindergarten entry assessment.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State ensures that their definitions for violations have been modified, staff trained, and program integrity procedures revised to reflect new requirements.

Describe:

Current policies are in the process of being revised to align with the new CCDBG requirements.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements.

Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
 - Orientations
 - Onsite training
 - Online training
- Regular check-ins to monitor implementation of the new policies.

Describe:

Regular communication and meetings are held with the CCDF Program Manager, the Licensing Program Manager and the Administrator of Early Childhood. These managers and administrator hold regular meetings with their staff to review and evaluate current policies/procedures.

- Other.

Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. PAS and CCDF staff have monthly meetings discussing trends in errors, policies and procedures. The CCDF policy unit also reviews trends in policy questions, which helps identify if additional training or policy/process tips are needed.

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF.

The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors"). The

description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

Describe:

Subawards and contracts are reviewed at the time of startup or renewal by the CCDF Lead Agency Grant Manager and CCDF Program Manager, Legal Services, Support Services and Financial Services. Ongoing monitoring is with the CCDF Grant Manager and CCDF Program Manager. Monthly CCDF Grant meetings are held with CCDF staff, Administration, and Finance staff. The Internal Audit Unit also conducts internal audits on a selection of the Subrecipients.

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency.

Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types)

Describe:

Review of enrollment documents, attendance or billing records

- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records
- Train staff on policy and/or audits
- Other.

Describe:

[Submit overpayment referrals to Issuance and Collections and fraud referrals to Special Investigation Unit for a thorough review.](#)

- None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

- Run system reports that flag errors (include types)

Describe:

- Review of enrollment documents, attendance or billing records
- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records
- Train staff on policy and/or audits

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory?

The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe:

Unintentional program violations are handled by our Issuance and Collections Center. They will investigate the overpayment and then work with the providers and clients to collect repayment.

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

The Special Investigation Unit is made up of fraud investigators who will investigate the IPV or fraud, make a determination, and attempt to collect an overpayment. They will also be key witnesses in any criminal hearings relating to the IPV or fraud.

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, include action steps and completion timelines:

c) Check which activities the Lead Agency will use for administrative error?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments.

Describe composition of unit below

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client.

If checked, please describe, including a description of the appeal process for clients who are disqualified:

392 NAC 3-012 Client Overpayments: The Department will attempt to recoup overpayments caused by the client's error (failure to provide information, using child care for unauthorized purpose, etc.). When the overpayment appears to be the result of fraud, the case will be referred to the Special Investigation Unit, Central Office, or the Omaha Special Investigation Unit for Omaha cases.

392 NAC 3-013 Intentional Program Violation (IPV): Effective January 1, 2004, an individual who is found to have committed IPV is disqualified according to the following regulations.

392 NAC 3-013.01 Disqualification Hearing: A disqualification hearing will be initiated by the Central Office whenever sufficient documentary evidence has been established to substantiate that a household member has committed one or more acts of intentional

program violation. An intentional program violation consists of any action by an individual to purposely:

1. Make a false statement to the local office, either verbally or in writing, to obtain benefits to which the household is not entitled;
2. Conceal information to obtain benefits to which the household is not entitled;
or
3. Alter one or more documents to obtain benefits to which the household is not entitled.

The worker must inform the household in writing of the disqualification penalties for committing IPV each time the household applies for benefits. The penalties are listed in clear and prominent lettering on the application form or attachment.



Disqualify provider.

If checked, please describe, including a description of the appeal process for providers who are disqualified:

If Child Care providers breach their Subsidy agreement, they may lose the ability to be a Subsidy provider for 10 years. Child care providers do not have the right to appeal



Department decisions, except when an overpayment has been assessed.



Prosecute criminally

Other.

Describe: