

OMB Control No: 0970-0114

Expiration date: 03/31/2027

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**Child Care and Development Fund (CCDF) Plan
for**

State/Territory Nebraska

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:55:03 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, 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 herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency 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.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Nebraska Department of Health and Human Services**
 - ii. Street Address: **PO Box 95026**
 - iii. City: **Lincoln**
 - iv. State: **Nebraska**
 - v. ZIP Code: **68509**
 - vi. Web Address for Lead Agency: **<https://dhhs.ne.gov/>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Steve**
 - ii. Lead Agency Official Last Name: **Corsi**
 - iii. Title: **Chief Executive Officer**
 - iv. Phone Number: **402-471-9433**
 - v. Email Address: **steve.corsi@nebraska.gov**

1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Nicole**

- ii. CCDF Administrator Last Name: **Vint**
- iii. Title of the CCDF Administrator: **Child Care and Development Fund Administrator**
- iv. Phone Number: **402-471-9208**
- v. Email Address: **nicole.vint@nebraska.gov**
- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name:
 - ii. CCDF Co-Administrator Last Name:
 - iii. Title of the CCDF Co-Administrator:
 - iv. Phone Number:
 - v. Email Address:
 - vi. Description of the Role of the Co-Administrator:

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 public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Entity establishing CCDF program rules

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards.

Check one of the following:

- a. ☒ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. ☐ Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
 - ii. Sliding-fee scale is set by the:
 - ☐ State or Territory.

- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
- ☐ Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

☒ Yes. If yes, describe: **The Lead Agency holds an annual Interagency Agreement with the Nebraska Department of Education (NDE). NDE provides direct oversight of Nebraska's child care resource and referral agencies and Nebraska's Quality Rating Improvement System (QRIS). Both assist families in finding child care that meet their needs. Tasks are outlined in the Interagency Agreement with NDE.**

☐ No. If no, describe:

b. Schedule for completing tasks.

☒ Yes. If yes, describe: **Tasks are to be completed annually, as outlined in the Interagency Agreement with NDE. NDE provides quarterly reports.**

☐ No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

☒ Yes. If yes, describe: **Each annual NDE Interagency Agreement has a budget, which utilizes CCDF Quality funds for the QRIS and Resource and Referral.**

☐ No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

☒ Yes. If yes, describe: **Quarterly reports provide updates on indicators and measures set forth in**

the agreement with NDE. Measures include increasing the number of participants participating in the QRIS and increasing the number of users for the child care resource and referral.

☐ No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

☒ Yes.

☐ No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

☒ Yes.

☐ No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency consulted with various representatives of general-purpose local government through multiple means. Representatives of the county health department were present during a variety of scheduled partner meetings, including meetings with providers present. Communication was had via email with the county chamber representatives re: various issues throughout the year. The Lead Agency also hosted Round Tables in which a multitude of individuals were present, some of which represented local government offices and agencies. The mayor of St. Paul, Nebraska, was also present at various meetings where the State Plan was discussed.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Child Care and Development Fund (CCDF) Administrator and CCDF Program Specialist are appointed to the Early Childhood Interagency Coordinating Council (ECICC), which consists of Governor-appointed members who represent various career and parenting categories, meeting requirements of the Head Start Act and IDEA Part C. See Neb. Rev. Stat. § 43-3401. Members are state-wide, representing an array of experiences. Discussion during the meetings includes early childhood issues and training needs. A blank copy of the state plan pre-print was provided to the council with information about the planning and development of the plan in March. Suggestions and ideas from the council were encouraged. The ECICC also received a copy of the draft state plan and public hearing information when it became available for public viewing and comment. CCDF is a standing topic on the agenda for all future council meetings.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The Lead Agency attempted to connect with all Nebraska Tribes receiving Tribal CCDF first by email. If a response was received, the Lead Agency reached out by phone to attempt to connect. The Lead Agency attempted to contact Santee Sioux Nation three times by phone but did not make successful contact with the administrator. Contact was also unsuccessful with Iowa Tribe of Kansas and Nebraska, Omaha Tribe of Nebraska, and Ponca Tribe of Nebraska. The Lead Agency met with the CCDF administrator of the Winnebago Tribe of Nebraska and provided an overview of the state's CCDF program. Monthly meetings will be set up, as well as in-person meetings. The Lead Agency will continue to communicate with Winnebago about CCDF and the State Plan, as both entities are able and willing.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The Lead Agency also consults with: Public Health; Nebraska Department of Education; Head Start/Early Head Start; the program responsible for children with special needs, intervention, and IDEA; various initiatives within the Nebraska Children and Families Foundation; and partners through the work of the Preschool Development Grant.**

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

- i. Date of the public hearing: **6/24/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **5/23/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
[x] Yes.
[] No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **Notification on the public hearing was posted in the Omaha World-Herald and Lincoln Journal Star newspapers. Information, including where the plan was posted and how to obtain a copy, was shared during multiple partner, provider, and stakeholder meetings, as well as through email and word-of-mouth. Information shared with partners and stakeholders was encouraged to be shared with other partners and with providers. A copy of the draft plan was posted and made available on the public webpage. Instructions were also given on how a paper copy could be obtained. <https://dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Plan.aspx>**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **Information was shared via multiple partner, provider, and stakeholder meetings, which occurred virtually and allowed the Lead Agency to reach individuals statewide. The notification was posted in two different newspapers and posted online, as well as available in paper form. <https://dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Plan.aspx>**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The plan was made available electronically, with instructions on how to request a paper copy. It was also emailed to key partners who shared with their constituents prior to the public hearing.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Comments from the general public were reviewed with each section of the State Plan and taken into consideration before the Plan was submitted for final approval.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <https://dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Plan.aspx>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. ☒ Working with advisory committees. Describe: **The Lead Agency will notify the child care advisory committee once the State Plan has been approved and is posted to the public webpage.**
 - ii. ☒ Working with child care resource and referral agencies. Describe: **The State Plan was sent to representatives of the child care resource and referral agencies for feedback. The Lead Agency will notify the child care resource and referral agencies once the State Plan has been approved and is posted to the public webpage.**
 - iii. ☐ Providing translation in other languages. Describe:
 - iv. ☐ Sharing through social media (e.g., Facebook, Instagram, email). Describe:
 - v. ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **Notification and communication was sent to various key constituents regarding the State Plan and planning. The Lead Agency will notify these groups once the State Plan has been approved and is posted to the public webpage.**
 - vi. ☒ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **Communication was sent to the network responsible for coordination of out-of-school time, Beyond School Bells. Feedback was received on how the Lead Agency can better partner with this entity in the future. This feedback will be reviewed, and goals will be developed. The Lead Agency will notify the Statewide afterschool network once the State Plan has been approved and is posted to the public webpage.**
 - vii. ☐ Direct communication with the child care workforce. Describe:
 - viii. ☒ Other. Describe: **The Lead Agency will notify statewide partners once the State Plan has been approved and is posted to the public webpage.**

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. ☐ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:
 - ii. ☐ Leveraging eligibility from other public assistance programs. Describe:
 - iii. ☒ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **All children in the same household are determined for eligibility under the same program case. Currently, if a child is added to the Child Care Subsidy Program during the eligibility period, they have the same eligibility period as an already eligible other child. The Lead Agency is currently working on system updates to extend the entire program for an additional 12 months to ensure that each child receives at least 12 months of eligibility.**
 - iv. ☒ Self-assessment screening tools for families. Describe: **iServe Nebraska, an online portal to apply and manage benefits in Nebraska, offers an "Explore Benefits" page, which allows families to complete a self-assessment to determine which benefits they may qualify for. This self-assessment takes less than 3 minutes to complete. This tool does not save any personal information and provides families with the resources on how to apply for Economic Assistance benefits and Medicaid.**

- v. ☒ Extended office hours (evenings and/or weekends).
 - vi. ☒ Consultation available via phone.
 - vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **All public assistance programs in Nebraska are housed under the Nebraska Family Online Client User System (N-FOCUS). This allows public assistance programs to utilize verifications from other programs when determining eligibility. N-FOCUS also interfaces with other departments, such as the Department of Motor Vehicles (DMV), Vital Statistics (VS), and Child Support Enforcement (CSE) to obtain required verifications.**
 - viii. ☐ None.
- b. Does the Lead Agency use an online subsidy application?
- ☒ Yes.
- ☐ No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☒ Yes. If yes, describe the policies: **Families receiving TANF assistance are presumptively eligible for the Child Care Subsidy Program.**
- ☐ No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
- i. ☒ Advance notice to parents of pending redetermination.
 - ii. ☒ Advance notice to providers of pending redetermination.
 - iii. ☒ Pre-populated subsidy renewal form.
 - iv. ☒ Online documentation submission.
 - v. ☒ Cross-program redeterminations.
 - vi. ☐ Extended office hours (evenings and/or weekends).
 - vii. ☒ Consultation available via phone.
 - viii. ☒ Leveraging eligibility from other public assistance programs.
 - ix. ☐ Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☐ Yes. If yes, describe the policies:
- ☒ No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

☒ Yes.

☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

☐ No.

☒ Yes.

- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **A child will be considered to be special needs if the child's independence, self-sufficiency, and safety is dependent on others and requires extra supervision, care, or assistance in the child care setting due to the following behavioral, emotional, or physical conditions: (A) The child has been diagnosed by a physician, physician assistant, nurse practitioner, licensed or certified psychologist, or licensed mental health practitioner, to have a behavioral or emotional disorder which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with intellectual, social, or personal adjustment; or (B) A physical disability or health impairment that causes chronic or acute health problems, that has been diagnosed by a physician, physician assistant, or nurse practitioner practicing within their scope of practice.**

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

☒ No.

☐ Yes. If yes, and the upper age is (may not equal or exceed age 19):

- d. How does the Lead Agency define the following eligibility terms?

- i. “residing with”: **Household members who live with the child.**
- ii. “in loco parentis”: **An adult who is legally responsible for a child in the place of a parent.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
 - i. ☒ An activity for which a wage or salary is paid.
 - ii. ☒ Being self-employed.
 - iii. ☒ During a time of emergency or disaster, partnering in essential services.
 - iv. ☒ Participating in unpaid activities like student teaching, internships, or practicums.
 - v. ☒ Time for meals or breaks.
 - vi. ☒ Time for travel.
 - vii. ☐ Seeking employment or job search.
 - viii. ☐ Other. Describe:
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
 - i. ☒ Vocational/technical job skills training.
 - ii. ☒ Apprenticeship or internship program or other on-the-job training.
 - iii. ☒ English as a Second Language training.
 - iv. ☒ Adult Basic Education preparation.
 - v. ☒ Participation in employment service activities.
 - vi. ☒ Time for meals and breaks.
 - vii. ☒ Time for travel.
 - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☐ Time for outside class study or completion of homework.
 - x. ☐ Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in

your definition of “attending an educational program” by checking the boxes below:

- i. ☒ Adult High School Diploma or GED.
 - ii. ☒ Certificate programs (12-18 credit hours).
 - iii. ☒ One-year diploma (36 credit hours).
 - iv. ☒ Two-year degree.
 - v. ☒ Four-year degree.
 - vi. ☒ Travel to and from classrooms, labs, or study groups.
 - vii. ☐ Study time.
 - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☐ Time for outside class study or completion of homework.
 - x. ☒ Applicable meal and break times.
 - xi. ☐ Other. Describe:
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- ☒ No.
- ☐ Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- ☐ Work. Describe:
- ☐ Job training. Describe:
- ☐ Education. Describe:
- ☐ Combination of allowable activities. Describe:
- ☐ Other. Describe:
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- ☒ Yes.
- ☐ No. If no, describe the additional work requirements:
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”
- Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.
- ☐ No. If no, skip to question 2.2.3.
- ☒ Yes. If yes, answer the questions below:

Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

☒ Children in foster care.

☐ Children in kinship care.

☒ Children who are in families under court supervision.

☐ Children who are in families receiving supports or otherwise engaged with a child welfare agency.

☐ Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

☐ Children whose family members are deemed essential workers under a governor-declared state of emergency.

☐ Children experiencing homelessness.

☐ Children whose family has been affected by a natural disaster.

☐ Other. Describe:

- g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

☐ No.

☒ Yes.

- h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

☒ No.

☐ Yes.

- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

☒ No.

☐ Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

☐ Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

☐ Other. Describe:

2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.
- i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2	5796.00	52.00	3041.00
3	7159.00	54.00	3833.00
4	7244.00	64.00	4625.00
5	8404.00	64.00	5418.00

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- ☒ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.
- ☐ Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.
- ☐ No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

- b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

- i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

☐ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

☐ Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

☐ No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. ☒ Gross wages or salary.
- ii. ☒ Disability or unemployment compensation.
- iii. ☒ Workers’ compensation.
- iv. ☒ Spousal support, child support.
- v. ☒ Survivor and retirement benefits.
- vi. ☒ Rent for room within the family’s residence.

- vii. ☒ Pensions or annuities.
 - viii. ☐ Inheritance.
 - ix. ☐ Public assistance.
 - x. ☐ Other. Describe:
- d. What is the effective date for these income eligibility limits? **January 1, 2024**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
☒ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**
- ☐ Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://dhhs.ne.gov/Pages/Child-Care-Parents.aspx>

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- i. ☒ Average the family's earnings over a period of time (e.g., 12 months).
Identify the period of time **90 days**
- ii. ☒ Request earning statements that are most representative of the family's monthly income.
- iii. ☒ Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. ☐ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
☒ Yes.
☐ No. If no, describe:
- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

☐ No.

☒ Yes. If yes, describe the policy or procedure: **The foster parent(s) of a child who is a ward of the Department or a foster parent of a tribal ward who attests that the foster parent is unable to receive child care services from the tribe is eligible for services without regard to income if the Department verifies that the foster parent(s) meets the needs eligibility requirements as set forth in regulations at 392 Neb. Admin. Code 2-013. This also applies to children in a subsidized guardianship or subsidized adoption.**

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. ☒ Eligibility determination? If checked, describe: **Cooperate with the Child Support Enforcement Unit, unless the recipient shows good cause for failing or refusing to do so.**
- b. ☐ Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant identity. Describe how you verify: Client declaration is accepted for identity at the time of initial determination and redetermination if no other verification options are available in the case to verify identity.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant's relationship to the child. Describe how you verify: Birth certificates and/or legal documents are required to verify the parent's relationship with the child. Verification for other applicants (i.e., grandparents, aunts/uncles, etc.) can consist of birth certificates, legal documents, or adoption/guardianship papers. The eligibility and case management system, N-FOCUS, receives an interface from Vital Statistics for all children born in Nebraska. Documentation used to verify the 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 Lead Agency will help family members obtain out-of-state birth certificates at the time of initial application by submitting an out-of-state birth certificate request to the state where the child was born.

Required at Initial Determination	Required at Redetermination	Description
[x]	[]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: The child's information for determining eligibility is verified using birth certificates and/or legal documents/citizenship documents at the time of initial application.
[x]	[x]	Work. Describe how you verify: Work is verified through paystubs, employer statement, or collateral contact with the employer at the time of initial application, redetermination, or a change report. For any reported change, the Lead Agency does not take any negative action on a change report until redetermination. This information is narrated in the recipient's case file and documentation is scanned into the file.
[x]	[x]	Job training or educational program. Describe how you verify: Job training is verified by a statement from the employer/training coordinator. An educational program is verified through a class schedule. This information is narrated in the applicant's case file and documentation is scanned into the file. This occurs at the time of initial application, redetermination, and a change report. For a change report, the Lead Agency does not take any negative action on a change report until redetermination.
[x]	[x]	Family income. Describe how you verify: Family income is verified through paystubs, employer records, a statement from the employer, and collateral contact with the employer. Client declaration is accepted for any unearned income at the time of initial application, redetermination, and a change report. For any reported change, the Lead Agency does not take any negative action on a change report until redetermination unless the household is over 85% SMI.
[x]	[x]	Household composition. Describe how you verify: Client declaration is accepted for household composition at the time of initial application, redetermination, and a change report. For any reported change, the Lead Agency does not take any negative action until redetermination.
[x]	[x]	Applicant residence. Describe how you verify: Client declaration is accepted for residence at the time of initial application, redetermination, and a change report. For any reported change, the Lead Agency does not take any negative action until redetermination.

Required at Initial Determination	Required at Redetermination	Description
<input type="checkbox"/>	<input type="checkbox"/>	Other. Describe how you verify: N/A

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: **The Nebraska Department of Health and Human Services (DHHS)**
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”: **Care that is or can be licensed or approved by the Child Care Subsidy program.**
 - ii. “Reasonable distance”: **A round trip of 2 hours or less from home to the site of child care. If a normal round trip commuting time in the area is more than 2 hours, the round trip shall not exceed the generally accepted community standard.**
 - iii. “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.**
 - iv. “Affordable child care arrangements”: **Care at no cost to the recipient.**
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - i. ☒ In writing
 - ii. ☐ Verbally
 - iii. ☐ Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. “Children with special needs.” **A child will be considered to be special needs if the child’s**

independence, self-sufficiency, and safety is dependent on others and requires extra supervision, care, or assistance in the child care setting due to the following behavioral, emotional, or physical conditions: (A) The child has been diagnosed by a physician, physician's assistant, nurse practitioner, licensed or certified psychologist, or licensed mental health practitioner to have a behavioral or emotional disorder which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with intellectual, social, or personal adjustment; or (B) a physical disability or health impairment that causes chronic or acute health problems that has been diagnosed by a physician, physician assistant, or nurse practitioner practicing within their scope of practice.

- e. "Families with very low incomes." **Families who have an income at or below 100% of the Federal Poverty Level (FPL).**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

- a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

- a. Does the Lead Agency define any other priority groups?

☒ No.

☐ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services:

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Citizenship is verified through either a birth certificate or legally recognized documentation (e.g., U.S. Passport, Lawful Permanent Resident card or certificate of naturalization/citizenship, or documentation with an alien registration number). Relationship verification is also required to determine child care eligibility. Citizenship is only required for the child receiving the service. The Lead Agency, when working with new applicants (homeless or not) born in Nebraska have internal access to Vital Statistics, which will verify these requirements. Declaration can also be taken initially, and extra time is allowed to obtain verifications, so long as the applicant is cooperating during the initial request. The Lead Agency will allow the amount of time it takes to obtain the out-of-state birth certificate request as long as the applicant continues to cooperate with the request. The child can begin services while awaiting verification via an out-of-state birth certificate. The Lead Agency will request and pay for out-of-state birth certificates if the applicant needs assistance.**
- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.
 - i. Provide the policy for a grace period for:

Children experiencing homelessness: **The Division of Public Health, which administers the Child Care Licensing Services and the Immunization Program, requires each licensed program to require the parent or guardian of each child enrolled in such program to present immunization records within 30 days of enrollment. This applies to all children, including children experiencing homelessness and children who are in foster care. The Lead Agency aligned subsidy requirements with the grace periods established by Public Health. Providers can direct families to the Lead Agency's Immunization Program website, with web pages specific for child care, children, schools, the general public, etc. Resources are available on the website, and direct contact to the immunization program is also available. Providers may be exempt of this requirement if the child's parent objects to immunization on religious grounds or if the child's health would be harmed by immunization and this is certified by a physician, certified nurse practitioner, or physician assistant.**

Regulation compliance review for licensing monitors if immunization records are available for review, up-to-date, and were obtained within 30 days of the child's enrollment. License-exempt compliance review also monitors proper immunization documentation.

Children who are in foster care: The Division of Public Health, which administers the Child Care Licensing Services and the Immunization Program, requires each licensed program to require the parent or guardian of each child enrolled in such program to present immunization records within 30 days of enrollment. This applies to all children, including children experiencing homelessness and children who are in foster care. The Lead Agency aligned subsidy requirements with the grace periods established by Public Health. Providers can direct families to the Lead Agency's Immunization Program website, with web pages specific for child care, children, schools, the general public, etc. Resources are available on the website, and direct contact for the immunization program is also available. Providers may be exempt from this requirement if the child's parent objects to immunization on religious grounds or if the child's health would be harmed by immunization and this is certified by a physician, certified nurse practitioner, or physician assistant.

Regulation compliance review for licensing monitors if immunization records are available for review, up-to-date, and were obtained within 30 days of the child's enrolment. License-exempt compliance review also monitors proper immunization documentation.

- ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

☒ Yes.

☐ No. If no, describe:

- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. The Lead Agency has a 30 day grace period however, does not offer support or referrals to help families comply with immunization requirements during that time frame.**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. ☒ Informational materials in languages other than English.
 - iii. ☒ Website in languages other than English.
 - iv. ☒ Lead Agency accepts applications at local community-based locations.
 - v. ☒ Bilingual caseworkers or translators available.
 - vi. ☒ Bilingual outreach workers.
 - vii. ☒ Partnerships with community-based organizations.
 - viii. ☐ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. ☐ Home visiting programs.
 - x. ☐ Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
 - i. ☐ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. ☒ Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. ☒ Ensuring accessibility of environments and activities for all children.
 - v. ☒ Partnerships with State and local programs and associations focused on disability-related topics and issues.
 - vi. ☒ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
 - vii. ☒ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. ☐ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
 - ix. ☐ Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. ☒ Lead Agency accepts applications at local community-based locations.

- ii. ☒ Partnerships with community-based organizations.
 - iii. ☒ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. ☐ Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
- i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Early Childhood Training Center (ECTC) has created a training entitled "Working with Children and Families Experiencing Homelessness." It is available for early education and child care providers to access in either face-to-face or virtual format. Additionally, ECTC and the Head Start Collaboration Office are both parts of the Nebraska Department of Education (NDE) Office of Early Childhood Education. The Office of Early Childhood Education staff work with the NDE Elementary and Secondary Education Act (ESEA) team, which houses McKinney-Vento services, to assist early childhood education and care providers in locating and serving children birth through age 12 who do not live in stable housing.**
 - ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The Lead Agency provides training and TA efforts to staff in identifying and serving children and their families experiencing homelessness by providing training and resources to staff. Training was provided to all staff in 2020 when homelessness was added as a need for service eligibility criteria. This training went over the definition of a child experiencing homelessness, how to determine if a child/family is experiencing homelessness, and the care the child is eligible to receive. Families experiencing homelessness are eligible for Child Care Subsidy up to 40 hours per week through the end of their eligibility period to seek out community resources. If the family is still experiencing homelessness at the time of redetermination, they may be eligible under the same need for service for another 12-month period. Additional resources have been sent out to staff as informational memos to remind staff of the information about homelessness and eligibility. The Lead Agency has a policy question mailbox that staff use to contact the Lead Agency at any time if they have questions about the program, including questions regarding homelessness.**

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children's development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **The Lead Agency has the following policies, which promote continuity of care to support children’s development: establishing minimum eligibility periods greater than 12 months, using cross-enrollment to other public benefits programs, working with entities that provide other child support services, and providing more intensive case management for families with children with multiple risk factors.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
☐ Yes.
[x] No. If no, describe: The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency will be in compliance by October 1, 2024. the application is automatically backdated to the first day of the month, regardless of the date the application was received or approved.
 - b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?
 1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
 2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
 3. Any student holiday or break for a parent participating in a training or educational program.
 4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
 5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
 6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
 7. Any changes in residency within the State or Territory.☒ Yes.
☐ No. If no, describe:

- c. Are the policies different for redetermination?

☒ No.

☐ Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. ☐ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. ☐ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. ☒ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

☐ Yes. The Lead Agency continues assistance.

☒ No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **The Lead Agency discontinues assistance if there is no need for service due to a parent's non-temporary change that exceeds 3 months following the minimum 3-month period of job search at the same level of care.**

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **The household is required to report any non-temporary changes in their need for service. Once the household reports the non-temporary change in their need for service, they then receive the 3 months of job search at the same level of care. If they begin engaging in another need for service during those 3 months, then they will continue to receive care through the end of the eligibility period.**

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **3 months**

- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. ☐ Not applicable.

ii. ☒ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **392 Neb. Admin. Code (NAC) § 4-002 requires a child's unexplained absence be reported to the Department if they have not attended care for more than three consecutive days without prior notice to the provider.**

- iii. ☒ A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **The Lead Agency's policy, 392 Neb. Admin. Code § 2-005.01 "Recipient eligibility will be redetermined at least once every 18 months, but not more than once every 12 months." The Department policy is to provide continuity of care to reduce disruptions in care for the 12 to 18-month eligibility period. During the recipient's eligibility period Child Care can only close if the household moves out of state.**

- iv. ☒ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Fraud/Intentional program violations are addressed in 392 Neb. Admin Code (NAC) 1-001.17, which states "INTENTIONAL PROGRAM VIOLATION. Any action by an individual to intentionally: (A) Make a false statement, either verbally or in writing, to obtain benefits to which the individual is not entitled; (B) Conceal information to obtain benefits to which the individual is not entitled; or (C) Alter one or more documents to obtain benefits to which the individual is not entitled."**

392 NAC § 2-005.01 PERIODIC REDETERMINATION. Recipient eligibility will be redetermined at least once every 18 months, but not more than once every 12 months. Guidance: The Department will provide continuity of care to reduce disruptions in care for the 12-18-month eligibility period. During the recipient's eligibility period Child Care can only close for the following reasons:... (3) The household commits fraud or receives an IPV;

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

☒ Yes.

☐ No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

- a. ☐ Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. ☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
 - i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's

income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

- ii. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. ☒ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: **The second tier of eligibility for a family of three is \$4,144/month, which is 58% of the SMI or 200% FPL.**
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: **The family income connects to the Federal Poverty Levels (FPL) and is adjusted annually for the new FPL amounts. Ten percent of a household's gross earned income shall be disregarded after the household has received Child Care Subsidy for 12 consecutive months and at each subsequent redetermination. The 10% disregard accounts for any fractional income raises from employment a family may be received during their eligibility period.**
 - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: **Once a family is determined eligible, child care is authorized for a 12-to-18-month eligibility period. During the eligibility period, the family will continue to remain eligible for child care as long as their income remains under 85% of the State Median Income (SMI). At re-determination, families are determined eligible if they still have a need for service and their income is under the second tier of 200% FPL. The second tier addresses the change in income that can occur between initial eligibility and re-determination as the initial eligibility income limit is 185% FPL so this allows for a second tier of income eligibility at the time of re-determination.**
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: **Once a family is determined eligible, child care is authorized for a 12-to-18-month eligibility period. During the eligibility period, the family will continue to remain eligible for child care as long as their income remains under 85% of the State Median Income (SMI). At re-determination, families are determined eligible if they still have a need for service and their income is under the second tier of 200% FPL. This allows family to continue care without disruption by having a higher income limit than the initial income eligibility limit of 185% FPL. The Lead Agency also does not require certain verifications again at the time of re-determination that were verified at initial eligibility such as citizenship, family relationships, and age.**
 - v. ☒ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change

made in the co-payment during graduated phase-out: **Family co-pays are adjusted based on reported income changes. Family co-pays can decrease during the eligibility period, but they cannot increase during the eligibility period. Family co-pays are re-assessed at every redetermination (12-18 months) and may increase with increased income.**

- vi. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for too many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **7%**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

☒ Yes.

☐ No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a. Is the sliding fee scale set statewide?

☒ Yes.

☐ No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
<i>1</i>						
<i>2</i>	1644.00	115.00	7.00	3287.00	230.00	7.00
<i>3</i>	2072.00	145.00	7.00	4144.00	290.00	7.00
<i>4</i>	2500.00	175.00	7.00	5000.00	350.00	7.00
<i>5</i>	2929.00	205.00	7.00	5857.00	410.00	7.00

c. What is the effective date of the sliding-fee scale(s)? 10/01/2023

d. Provide the link(s) to the sliding-fee scale(s): There are two locations where the sliding-fee scale can be found:

The public webpage: <https://dhhs.ne.gov/Pages/Child-Care-Parents.aspx>

In the Guidance Document: (page 4)

<https://dhhs.ne.gov/Guidance%20Docs/Title%20392%20-%20Child%20Care%20Subsidy.pdf>

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

☒ No.

☐ Yes.

If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families:
- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families:

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. ☐ The fee is a dollar amount and (check all that apply):
 - ☐ The fee is per child, with the same fee for each child.
 - ☐ The fee is per child and is discounted for two or more children.
 - ☐ The fee is per child up to a maximum per family.
 - ☐ No additional fee is charged after a certain number of children.
 - ☐ The fee is per family.
 - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - ☐ Other. Describe:
 - ii. ☒ The fee is a percent of income and (check all that apply):
 - ☐ The fee is per child, with the same percentage applied for each child.
 - ☐ The fee is per child, and a discounted percentage is applied for two or more children.
 - ☐ The fee is per child up to a maximum per family.
 - ☐ No additional percentage is charged after a certain number of children.
 - ☒ The fee is per family.
 - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - ☐ Other. Describe:
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy

payment in determining co-payments).

☒ No.

☐ Yes.

If yes, check and describe those additional factors below:

i. ☐ Number of hours the child is in care. Describe:

ii. ☐ Quality of care (as defined by the Lead Agency). Describe:

iii. ☐ Other. Describe:

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. ☐ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. ☐ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. ☐ Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

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

☐ No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

☒ Yes. If yes, identify and describe which family contributions/co-payments waived.

i. ☒ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. ☐ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. ☐ Families experiencing homelessness.

iv. ☐ Families with children with disabilities.

v. ☐ Families enrolled in Head Start or Early Head Start.

vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Families with children in foster care receiving Subsidized Adoption or Subsidized Guardianship have co-payments waived.**

vii. ☒ Families meeting other criteria established by the Lead Agency. Describe the policy: **Families receiving TANF have co-payments waived.**

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **During the most recent Market Rate Survey, providers were asked to indicate barriers to participation in subsidy if they were currently participating in child care subsidy, or reasons why they do not participate if they currently weren't enrolled. Barriers indicated by both provider populations included: being paid based on attendance instead of enrollment, not being paid during the enrollment process (back payments), payments taking too long from DHHS, payments from the family being hard to collect, authorizations taking too long, notifications not coming through when a family isn't eligible for care, the whole process taking too long, COVID-19 and related health measures, reduced staffing or enrollment, low reimbursement rates, burdens surrounding paperwork, reimbursement from DHHS taking too long, and not understanding or being interested in the process. This information was collected from licensed providers.**
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?

- ☒ Yes.
- ☐ No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
- ☐ Yes.
- ☒ No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Families have their choice of provider. See 392 Neb. Admin. Code § 2-014. The provider must be approved for subsidy to be reimbursed by DHHS. Families are advised of their option to choose their provider on the Lead Agency website, by verbal communication at the time of application, and may be referred to child care resource and referral agencies such as the Child Care Resource and Referral Network (CCRN) or Nebraska Resource and Referral System (NRRS) for assistance in finding a provider that meets their needs.**
- e. Describe what information is included on the child care certificate: **The certificate of authorization includes the approval period, hours for which care has been authorized, the reason for care, the name(s) of the child(ren) approved for care, and the number of units the provider is allowed to provide care.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a

limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. ☒ Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? **February 16, 2022 - May 9, 2022**
- b. ☐ ACF pre-approved alternative methodology.
- i. ☐ The alternative methodology was completed.
- ii. ☐ The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- iii. State Advisory Council or similar coordinating body: **The Early Childhood Interagency Coordinating Council (ECICC) was consulted, via presentation and conversation, during council meetings.**

- iv. Local child care program administrators: **Licensed child care providers from across the state were engaged as part of the steering committee that helped to review the Market Rate Survey (MRS).**
 - v. Local child care resource and referral agencies: **Child care program administrators, child care resource and referral agencies, and caregivers/teachers/directors were included in the MRS steering committee. Partners provided input during steering committee meetings, which informed the questions to use and ways to conduct outreach to child care providers.**
 - vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **Child care program administrators, child care resource and referral agencies, and caregivers/teachers/directors were included in the MRS steering committee. Partners provided input during steering committee meetings, which informed the questions to use and ways to conduct outreach to child care providers.**
 - vii. Other. Describe: **Consultation for the development of the survey and survey collection approaches occurred with a variety of diverse early childhood stakeholders in Nebraska, which included members of the Nebraska Preschool Development Grant Leadership Team, Buffett Early Childhood Institute, Department of Education, University of Nebraska, Nebraska Early Childhood Collaborative, and an independent consultant. Partners provided input during steering committee meetings, which informed the questions to use and ways to conduct outreach to child care providers.**
- d. An MRS must be statistically valid and reliable.
- An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:
- i. When was the market rate survey completed? **6/15/2023**
 - ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **Data collection lasted for a 90-day period beginning on February 16, 2022.**
 - iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The Market Rate Survey was sent to all licensed providers across the state of Nebraska to obtain private pay child care rates for children with or without medical and behavior needs. Categories of focus included: geographic location (rural or urban); type of care (Family Child Care Home I, Family Child Care Home II, Child Care Center, Preschool, School Age License); age group of children; status of medical and behavioral needs; accreditation; participation in the Child Care Subsidy Program; barriers and limitations to providers accepting the Child Care Subsidy Program; the provider's participation in the state's Quality Rating and Improvement System or other systems of quality indicators; cost of implementation for health and safety training; and traditional and non-traditional care.**
 - iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **DHHS provided the**

Buffett Institute with an electronic version of the most current child care licensing roster that included provider email addresses to contact child care providers. The Institute also partnered with Early Learning Coordinators across the state and the Child Care Resource and Referral Network (CCRN) to promote the survey to providers.

- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **There were three phases in the survey distribution and sampling process. Phase I sent a postcard to each licensed provider (2,940) with a URL to access the online survey. The postcard contained a unique ID so each provider could access the survey along with detailed instructions on how to complete the survey. Phase II sent all licensed child care providers a postcard reminding them to complete the survey. Phase III focused on providers who did not respond during Phase I and II. Phone calls were made to each of the survey non-respondents. As part of Phase III, two email reminders were sent to all the known provider emails, which totaled 1,664.**
 - vi. What is the percent of licensed or regulated child care centers responding to the survey? **32.90**
 - vii. What is the percent of licensed or regulated family child care homes responding to the survey? **62.40**
 - viii. Describe if the survey conducted in any languages other than English: **Spanish**
 - ix. Describe if data were analyzed in a manner to determine price of care per child: **Yes, data was analyzed to determine the care rate per age category.**
 - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **After a data cleansing process, which excluded invalid responses and unlicensed providers, 871 (29.59%) valid responses were obtained for use in data analyses.**
- e. Price variations reflected.
- The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.
- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The 2023 Market Rate Survey included two geographic categories: urban and rural. The urban category included four counties: Dakota, Douglas, Lancaster, and Sarpy. All remaining counties were included in the rural geographic group. More than half of the respondents were from rural areas. The Report provides a map of the state by respondent's location.**
 - ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The MRS was sent to the following licensed child care provider types, who are eligible for child care subsidy: Family Child Care Home I and Family Child**

Care Home II, Child Care Center, and School-Age Only Center. License-exempt child care providers, also known as family, friends, and/or neighbor providers, were not included in the survey as they are not guiding the market value.

- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Ages of the children were categorized into the following for analysis: infant, toddler, preschool, and school-age.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The MRS also asked about accreditation, quality rating, subsidy involvement and barriers, enrollment and capacity, cost of health and safety training, provider participation in various partnering programs (Sixpence, Child and Adult Care Food Program, T.E.A.C.H. Early Childhood Nebraska, etc.), and diversity of the population attending the programs.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Lead Agency was notified on December 13, 2021, that a one-year wavier was approved for the completion of the Narrow Cost Analysis. The Lead Agency contracted with a vendor to complete the Narrow Cost Analysis. This is expected to be completed by July 1, 2025. Currently, the Lead Agency uses the Market Rate Survey data to set rates.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The Lead Agency was notified on December 13, 2021, that a one-year wavier was approved for the completion of the Narrow Cost Analysis. The Lead Agency contracted with a vendor to complete the Narrow Cost Analysis. This is expected to be completed by July 1, 2025. Currently, the Lead Agency uses the Market Rate Survey data to set rates.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The Lead Agency was notified on December 13, 2021, that a one-year wavier was approved for the completion of the Narrow Cost Analysis. The Lead Agency contracted with a vendor to complete the Narrow Cost Analysis. This is expected to be completed by July 1, 2025.**

Currently, the Lead Agency uses the Market Rate Survey data to set rates.

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The Lead Agency was notified on December 13, 2021, that a one-year wavier was approved for the completion of the Narrow Cost Analysis. The Lead Agency contracted with a vendor to complete the Narrow Cost Analysis. This is expected to be completed by July 1, 2025. Currently, the Lead Agency uses the Market Rate Survey data to set rates.**
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The Lead Agency was notified on December 13, 2021, that a one-year wavier was approved for the completion of the Narrow Cost Analysis. The Lead Agency contracted with a vendor to complete the Narrow Cost Analysis. This is expected to be completed by July 1, 2025. Currently, the Lead Agency uses the Market Rate Survey data to set rates.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- i. Provide the date the report was completed: **6/15/2023**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **7/6/2023**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **The Market Rate Survey Report is available on the Lead Agency's website. <https://dhhs.ne.gov/Pages/Market-Rate-Survey.aspx>**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **Throughout development of the MRS report and analysis of data, stakeholders including ECICC members, licensed child care providers, teachers/directors, and administrative staff from various agencies were able to provide input and**

feedback. Feedback included provider-reported barriers to the CCDF/Subsidy program. The Lead Agency used the feedback from stakeholders to determine how best to reach the most amount of providers across the state and what questions should be asked in the survey.

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?
☒ Yes.
 - i. If yes, check if the Lead Agency:
☒ Sets the same payment rates for the entire State or Territory.
☐ Sets different payment rates for different regions in the State or Territory.
☐ No.
 - ii. If no, identify how many jurisdictions set their own payment rates:
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2023**
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **The Lead Agency publishes Daily and Partial Day rates. Weekly rates reported in 4.3.2 were calculated by multiplying rates by 5.**

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a

market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a(ii)), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

- i.
- Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	58.25 Per Day	50.00	291.25	75.00	50.00	50.20	58.25		
Family Child Care for Infants (6 months)	35.50 Per Day	61.00	177.50	75.00	32.00	34.40	35.50		
Center Care for Toddlers (18 months)	51.50 Per Day	54.00	257.50	75.00	46.00	46.64	51.50		
Family Child Care for Toddlers (18 months)	35.00 Per Day	71.00	175.00	75.00	31.00	32.40	35.00		
Center Care for Preschoolers (4 years)	46.51 Per Day	53.00	232.55	75.00	42.00	44.84	46.51		
Family Child Care for Preschoolers (4 years)	35.00 Per Day	67.00	175.00	75.00	31.00	32.40	35.00		
Center Care for School-Age (6 years)	40.00 Per Day	58.00	200.00	75.00	37.00	38.60	40.00		
Family Child Care for School-Age (6 years)	33.00 Per Day	72.00	165.00	75.00	30.00	30.00	33.00		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

- b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

☒ Yes.

☐ No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or

ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

- a. Does the Lead Agency provide any rate add-ons above the base rate?

☒ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **The Lead Agency may pay an increased rate for children with special needs up to 25% over the base rate.**

☐ No.

- b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

☒ Yes.

☐ No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

- i. ☐ Differential rate for non-traditional hours. Describe:

- ii. ☒ Differential rate for children with special needs, as defined by the Lead Agency. Describe: **The Lead Agency may approve an increased payment rate for a child with special needs. The provider will receive the rate appropriate for their provider type and location based on the current rate schedule as determined by the MRS and their private pay rates, and the increased payment rate, if approved, will not exceed 25% of normal provider rates unless the Department has determined a previous higher rate due to specialized services or the provider is an in-home provider.**

- iii. ☐ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

- iv. ☐ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

- v. ☒ Differential rate for higher quality, as defined by the Lead Agency. Describe: **Providers that are accredited or are participating in Nebraska's Quality Rating and Improvement System (QRIS) Step Up to Quality receive a higher rate of reimbursement from the Lead Agency. There are established levels of payment for each level of quality a provider can achieve in Step Up to Quality, beginning at Step 3 through Step 5. These payment rates are based on the rates set by the MRS, with each step receiving a 5% increase to the base rate to equal the established quality rates. An accredited provider receives the equivalent rate of a program participating at Step 3.**

- vi. ☒ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **License exempt in-home child care providers receive minimum wage, which is currently \$12.00 in Nebraska, as of January 1, 2024, and which will continue to increase incrementally through 2026. They are also eligible for overtime pay if care is authorized and provided over 40 hours per week. License-exempt providers, who provide care in their home, receive a lesser rate than licensed providers. In-home and license exempt provider rates are not determined by the MRS.**
- vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

☒ Yes. If yes, describe: **Per state statute, the Lead Agency pays the child care provider's maximum rate if it is lower than the Lead Agency's maximum rate.**

☐ No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Lead Agency uses the Market Rate Survey that is conducted every other year to inform the child care subsidy reimbursement rates. Current subsidy rates are set at the 75th percentile of the MRS and were last adjusted July 1, 2023. The MRS gathered rate data from licensed providers across the State of Nebraska. With the data collected, the Lead Agency also updated rates from daily and hourly units to Day and Partial Day rates. Rates are set based on the following factors: geographic area, provider type, and age of the child in care. The Lead Agency will continue to review rates and set them accordingly for each Market Rate Survey year.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Child care subsidy base rates are set at the 75th percentile of the most recent Market Rate Survey to ensure families have equal access to child care providers. Recent legislative changes removed previous statutory restrictions on child care subsidy rates and set the floor for child care subsidy rates at the 75th percentile of the MRS, allowing for potential increases in the future. Rates were last adjusted July 1, 2023, and will continue to be reviewed bi-annually.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The Lead Agency collaborated with an outside entity and contractor to develop a cost model and Provider Cost Quality Calculator. These were not factored in when setting the rates. The Lead Agency has not yet finished the narrow cost analysis.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Providers receive a higher rate if they are accredited and/or participating in Step Up to Quality (Nebraska's QRIS). Programs participating in Step Up to Quality receive an**

increase in their subsidy rates once they have reached Step 3, Step 4, and Step 5.

- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

☐ Yes. If yes, describe:

☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **Generally, providers will receive a payment within 5 days of billing for services. Providers typically bill on the 15th and last day of the month for services provided during that month. Some providers elect to bill monthly. The Lead Agency currently lacks data indicating that paying prospectively is not a generally accepted practice for payment. The Lead Agency will request a waiver to obtain technical assistance on how to implement this requirement.**

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?
- ☐ Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.
- ☐ No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:
- ☒ It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:
The Lead Agency currently pays based on the child's attendance for all child care providers. Child care providers are allowed to bill up to 5 absent days per month per child. The Lead Agency will request a waiver from the Administration of Children and Families as they work to delink provider payments from occasional absences. The Lead Agency will request a waiver to obtain technical assistance on how to implement this requirement.

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?
- ☒ Yes.
- ☐ No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:
- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?
- ☒ Yes. If yes, identify the fees the Lead Agency pays for: **The Lead Agency pays a set amount toward initial and annual enrollment fees and activity fees to licensed family child care providers and child care centers. Activity fees are payable only for the summer months (June, July, and August). The child care provider must show that they show that they also charge their private paying families these fees.**
- ☐ No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:
- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **During the initial enrollment, child care providers sign an agreement with the Lead Agency that covers all provider**

policies, including the rate(s) they currently charge private paying families and rates they will receive from subsidy, billing allowance and methods, payments methods, and general standards required to enroll as a subsidy provider. Providers can contact their Resource Developer (RD) if they have any questions or concerns regarding the payment they received. The RD will work with their supervisor and policy team for further review, if needed. Providers can request a formal hearing to appeal any established over- or underpayments.

- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Notices of any changes to the child care authorization are mailed the same day to both the client and provider. Providers also receive electronic updated authorizations overnight, via the online portal system, any time there is a change in the authorization. Upon request, the notices can be faxed or emailed to the provider, as well. Providers also receive discontinuation of services if the case is closed and authorizations end. Online billing is required; however, exceptions are reviewed and granted for providers who do not have computer or internet access, which in that case, communication regarding authorizations is sent via mail.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Payments to providers are generated based on what the provider submitted for billing. Payments should never exceed the authorized amount. If the Lead Agency identifies an overpayment, a letter is sent to the provider informing them that there is an overpayment, allowing the provider to discuss the overpayment with a representative and informing them of their right to appeal the existence or amount of the overpayment. The provider has 30 days to appeal the overpayment. If, during the hearing, an appeal is not requested and the provider is found to have been overpaid, the provider is given options on how the overpayment can be recouped. If a provider believes they have been underpaid, they can contact their Resource Developer (RD). These situations are reviewed with the supervisor and policy team.**
- f. Other. Describe any other payment practices established by the Lead Agency:

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Providers can bill partial days, full days, and partial and full days. Generally, providers will receive a payment within 5 days of billing for services. Providers typically bill on the 15th and last day of the month for services provided during that month. Some providers elect to bill monthly. Billing is submitted through an electronic portal.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

☐ Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

☐ Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

☒ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **Currently, the Lead Agency does not pay direct child care services through grants and contracts through child care slots. The Lead Agency will request a waiver to obtain technical assistance on how to implement this requirement.**

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

☐ Children with disabilities. Number of slots allocated through grants or contracts:

☐ Infants and toddlers. Number of slots allocated through grants or contracts:

☐ Children in underserved geographic areas. Number of slots allocated through grants or contracts:

☐ Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

☐ School-age children. Number of slots allocated through grants or contracts:

☐ Children experiencing homelessness. Number of slots allocated through grants or contracts:

☐ Children in urban areas. Percent of CCDF children served in an average month:

☐ Children in rural areas. Percent of CCDF children served in an average month:

☐ Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2 Care in the child's home (in-home care)

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.

☐ No.

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

- i. ☒ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: **Providers are only allowed to care for children who live in the home in which care is being provided. The limit would be set at the number of children in the family composition. To qualify for in-home care, the family must meet certain qualifications, one of which is that there are three or more children in care. In-Home child care is not funded with CCDF or state matching funds.**
- ii. ☒ Restricted based on the in-home provider meeting a minimum age requirement. Describe: **All providers must be age 19 or older.**
- iii. ☒ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: **In-home care may be authorized if the recipient needs child care during evening, overnight, weekend, or holiday hours. The evening is defined as after 7:00 p.m. All providers are limited to a maximum of 18 hours in a 24-hour period and a maximum of 60 hours per week.**
- iv. ☐ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. ☒ Restricted to care for children with special needs or a medical condition. Describe: **In-home care may be authorized if a child has a special need or a childhood illness. The in-home provider may be an individual who lives with the child only if the child has a special need or a childhood illness.**
- vi. ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. ☐ Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: **Data reports of licensed child care centers and family child care homes, CCDF participating providers, and monthly referrals for the CCDF program. The Lead Agency created a gap map, showing the need of child care by county. The Lead Agency also works with statewide partners who collect similar data.**
 - ii. Method of tracking progress: **The Lead Agency tracks the number of licensed child care centers and family child care homes, as well as the total number of licensed**

slots to assess trends. The Lead Agency also tracks the number of CCDF participating providers and monthly referrals for new CCDF and license-exempt CCDF providers.

- iii. What is the plan to address the child care shortages using family child care homes? The Lead Agency recently invested \$26 million to start-up and or expand 71 family child care homes, addressing child care shortages in both rural and urban areas of the state. The Lead Agency also offers monthly start-up and expansion grants on a smaller scale for providers. The Lead Agency will continue to work with statewide partners to also address this issue.
 - iv. What is the plan to address the child care shortages using child care centers? The Lead Agency recently invested \$26 million to start-up and or expand 95 child care centers, addressing child care shortages in both rural and urban areas of the state. The Lead Agency also offers monthly start-up and expansion grants on a smaller scale for providers. The Lead Agency will continue to work with statewide partners to also address this issue.
- b. In different regions of the State or Territory:
- i. Data sources used to identify shortages: Data reports of licensed child care centers and family child care homes, CCDF participating providers, and monthly referrals for the CCDF program.
 - ii. Method of tracking progress: The Lead Agency tracks the number of licensed child care centers and family child care homes, as well as the total number of licensed slots to assess trends. The Lead Agency also tracks the number of CCDF participating providers and monthly referrals for new CCDF and license-exempt CCDF providers.
 - iii. What is the plan to address the child care shortages using family child care homes? The Lead Agency recently invested \$26 million to start-up and or expand 71 family child care homes, addressing child care shortages in both rural and urban areas of the state. The Lead Agency also offers monthly start-up and expansion grants on a smaller scale for providers. The Lead Agency will continue to work with statewide partners to also address this issue.
 - iv. What is the plan to address the child care shortages using child care centers? The Lead Agency recently invested \$26 million to start-up and or expand 95 child care centers, addressing child care shortages in both rural and urban areas of the state. The Lead Agency also offers monthly start-up and expansion grants on a smaller scale for providers. The Lead Agency will continue to work with statewide partners to also address this issue.
- c. In care for special populations:
- i. Data sources used to identify shortages: Data reports of licensed child care centers and family child care homes, CCDF participating providers, and monthly referrals for the CCDF program. The Lead Agency created a gap map, showing the need of child care by county. The Lead Agency also works with statewide partners who collect similar data.
 - ii. Method of tracking progress: The Lead Agency tracks the number of licensed child

care centers and family child care homes, as well as the total number of licensed slots to assess trends. The Lead Agency also tracks the number of CCDF participating providers and monthly referrals for new CCDF and license-exempt CCDF providers.

- iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency recently invested \$26 million to start-up and or expand 71 family child care homes, addressing child care shortages in both rural and urban areas of the state. The Lead Agency also offers monthly start-up and expansion grants on a smaller scale for providers. The Lead Agency will continue to work with statewide partners to also address this issue.**
- iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency recently invested \$26 million to start-up and or expand 95 child care centers, addressing child care shortages in both rural and urban areas of the state. The Lead Agency also offers monthly start-up and expansion grants on a smaller scale for providers. The Lead Agency will continue to work with statewide partners to also address this issue.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **The Lead Agency created a gap map using identifying child care shortages throughout all of Nebraska's counties. Using this data, Nebraska was able to identify 11 child care desert counties. The Lead Agency launched a \$26 million capacity building initiative, which added over 4,000 new slots across Nebraska. The initiative also eliminated 2 of the child care deserts.**

Through the work of the PDG-5, the Lead Agency contracted with the Center for Early Learning Funding Equity (CELFE) and partnered with Nebraska Children and Families Foundation (NCFF) to create the Preschool Development Grant (PDG) Action Agenda. After a 12-month stakeholder engagement, five actionable items were developed. The PDG Action Agenda builds on community and parent voices from PDG-3 and -4 grant years and represents input from 70+ individuals and 17+ organizations, including advocates, direct service providers, government agencies, and researchers. A comprehensive needs assessment was conducted to communicate the needs of Nebraska families and the early childhood system. In addition to the Action Agenda, other PDG funding supports capacity-building initiatives and quality supports for providers and families. Action item one addresses service gaps for Nebraska's working families. The objective focuses on increasing families' access to quality early care and education by addressing common barriers.

The Lead Agency has access to monthly reports of providers that indicate which counties

child care providers are located. These reports assist the Lead Agency in identifying which counties are underserved. The Lead Agency also collaborates and communicates with other Departments and agencies around the State of Nebraska to assess gaps in supply across the state.

The Lead Agency offers start-up and expansion grants to programs based on applications that are reviewed and awarded monthly. Funds are designated to improve the quality of child care, provide quality programs for low-income children, and increase the availability of early childhood development programs. An aspect of the application requires the applicant to identify the community need for quality child care. This need is taken into consideration.

The Lead Agency offers technical assistance support through staff, as well as collaborating with the state's CCR&R, Coaching Specialists, and other avenues to provide technical support to providers across the state. These supports include assisting providers with the licensing and subsidy regulations and requirements, navigating available trainings, QRIS information, other quality initiatives support, and assisting families to find child care in their communities.

- b. Infants and toddlers. Describe: Community for Kids initiative was created in response to community request for assistance with shortages of quality early care. The initiative is dedicated to ensuring that communities, primarily rural areas, can grow and prosper by strengthening and sustaining a quality early childhood care and education infrastructure.

Through the work of the PDG-5, the Lead Agency contracted with the Center for Early Learning Funding Equity (CELFE) and partnered with Nebraska Children and Families Foundation (NCFE) to create the Preschool Development Grant (PDG) Action Agenda. After a 12-month stakeholder engagement, five actionable items were developed. The PDG Action Agenda builds on community and parent voices from PDG-3 and -4 grant years and represents input from 70+ individuals and 17+ organizations, including advocates, direct service providers, government agencies, and researchers. A comprehensive needs assessment was conducted to communicate the needs of Nebraska families and the early childhood system. In addition to the Action Agenda, other PDG funding supports capacity-building initiatives and quality supports for providers and families. Action item one addresses service gaps for Nebraska's working families. The objective focuses on increasing families' access to quality early care and education by addressing common barriers, including affordability.

The Lead Agency offers start-up and expansion grants to programs based on applications that are reviewed and awarded monthly. Funds are designated to improve the quality of child care, provide quality programs for low-income children, and increase the availability of early childhood development programs. An aspect of the application requires the applicant to identify the community need for quality child care, including indicating if there are waiting lists and the number of children needing care on the waiting lists.

- c. Children with disabilities. Describe: Community for Kids initiative was created in response to community request for assistance with shortages of quality early care. The initiative is dedicated to ensuring that communities, primarily rural areas, can grow and prosper by strengthening and sustaining a quality early childhood care and education infrastructure.

Through the work of the PDG-5, the Lead Agency contracted with the Center for Early Learning Funding Equity (CELFE) and partnered with Nebraska Children and Families Foundation (NCFF) to create the Preschool Development Grant (PDG) Action Agenda. After a 12-month stakeholder engagement, five actionable items were developed. The PDG Action Agenda builds on community and parent voices from PDG-3 and -4 grant years and represents input from 70+ individuals and 17+ organizations, including advocates, direct service providers, government agencies, and researchers. A comprehensive needs assessment was conducted to communicate the needs of Nebraska families and the early childhood system. In addition to the Action Agenda, other PDG funding supports capacity-building initiatives and quality supports for providers and families. Action item one addresses service gaps for Nebraska's working families. The objective focuses on increasing families' access to quality early care and education by addressing common barriers, including children requiring specialized services.

The Lead Agency offers start-up and expansion grants to programs based on applications that are reviewed and awarded monthly. Funds are designated to improve the quality of child care, provide quality programs for low-income children, and increase the availability of early childhood development programs. Grant funds can be used to fund accessibility needs for children with disabilities.

The Lead Agency offers tiered subsidy payment rates for providers caring for children with special needs. Rates may be approved for up to 25% over the base rate.

The Lead Agency also offers technical assistance support through Lead Agency staff, as well as collaborating with the state's CCR&R, Coaching Specialists, and other avenues to provide technical assistance to providers across the state. These supports assist families to find child care in their communities, among other things. Activities through the work of the PDG offer technical assistance and support. These activities support increasing the supply of and improving the quality of child care services for all needs, including children with disabilities.

- d. Children who receive care during non-traditional hours. Describe: Community for Kids initiative was created in response to community request for assistance with shortages of quality early care. The initiative is dedicated to ensuring that communities, primarily rural areas, can grow and prosper by strengthening and sustaining a quality early childhood care and education infrastructure.

Through the work of the PDG-5, the Lead Agency contracted with the Center for Early Learning Funding Equity (CELFE) and partnered with Nebraska Children and Families Foundation (NCFF) to create the Preschool Development Grant (PDG) Action Agenda. After a 12-month stakeholder engagement, five actionable items were developed. The PDG Action Agenda builds on community and parent voices from PDG-3 and -4 grant years and represents input from 70+ individuals and 17+ organizations, including advocates, direct service providers, government agencies, and researchers. A comprehensive needs assessment was conducted to communicate the needs of Nebraska families and the early childhood system. In addition to the Action Agenda, other PDG funding supports capacity-building initiatives and quality supports for providers and families. Action item one

addresses service gaps for Nebraska’s working families. The objective focuses on increasing families’ access to quality early care and education by addressing common barriers, including children requiring care during non-traditional hours.

The Lead Agency has access to reports that indicate providers who are licensed to provide care for children outside of traditional work hours. This report helps to inform the availability of child care and the ongoing need. Families who work non-traditional hours are eligible to have an in-home child care provider. In-home child care providers are paid minimum wage and receive overtime pay when applicable.

The Lead Agency offers technical assistance support through Lead Agency staff, as well as collaborating with the state’s CCR&R, Coaching Specialists, and other avenues to provide technical assistance to providers across the state. Technical assistance can be aimed to help providers become licensed to offer care during non-traditional hours. Activities through the work of the PDG offer technical assistance and support. These activities support increasing the supply of and improve the quality of childcare services for all needs, including the need for care during non-traditional hours.

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **One Preschool Development Grant (PDG) activity, Communities for Kids Bilingual Consultants, partners with several communities in Nebraska with a high Spanish-speaking population and provides resources to bring information to family, friends, and neighbor care providers. Such resources include support related to Early Childhood development, business practices in family home child care, and understanding licensing regulations to address shortages of high-quality care programs available to non-English speaking families.**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **Step Up to Quality (Nebraska's QRIS) requires providers who receive \$250,000 or more in CCDF/Subsidy annually to participate in Step Up to Quality. Providers who receive higher amounts of CCDF/Subsidy serve more children in poverty than those providers who are not receiving high amounts of Subsidy. This requirement will increase quality in centers that serve a greater population of low-income children. The Lead Agency actively participates in various committees initiating research about and supporting communities of poverty.**

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents’ care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to [Lead Agencies](#) to design standards that appropriately protect children’s safety and promote nurturing environments

that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children’s development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each [Lead Agency](#) identifies and defines its own categories of care. OCC does not expect [Lead Agencies](#) to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **Child Care Center means a child care program licensed to provide child care for 13 or more children. A center may be located in the licensee’s residence or another location. A School Age Only Center means a child care program licensed to provide care for 13 or more children who are school age. A school-age child is a child who attends kindergarten or above. Services can be provided to school-age children before and/or after school, in the summer, and/or during extended breaks in the school year.**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

[x] Yes. If yes, describe: Head Start, Early Head Start, Public School, some School Age Only programs, and some religious-based programs are exempt from licensing

requirements but do not fall under the Lead Agency definition of license exempt. The Lead Agency defines license-exempt providers as providers caring for children in the home of the provider and caring for three or less children at one time.

☐ No.

- b. Identify the family child care providers subject to licensing: **Family Child Care Home I is 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 children in care are under 18 months of age. Family Child Care Home II is licensed to provide a child care program for at least four, but no more than 12 children. A Family Child Care Home II may be located in the licensee's residence or at another location. Pursuant to regulations, Title 391 Neb. Admin. Code (NAC) Chapter 2, one provider may care for up to 12 school-age children only. Other combinations of mixed-age children or infant-only care may require at least one additional staff.**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

- c. Identify the in-home providers subject to licensing: **Nebraska does not license in-home providers.**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.
- Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Nebraska does not have license-exempt CCDF-eligible center-based child care programs.**
 - Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**
 - Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**
- b. License-exempt family child care. Describe by answering the questions below.
- Identify the categories of CCDF-eligible family child care providers who are

exempt from licensing requirements. **License-exempt family child care home providers are defined as individuals providing care for a maximum of three children from different families or up to six children from the same family in the provider's home. License exempt family child care home providers are, as their title suggests, exempt from State licensing requirements.**

- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **License exempt family child care home providers can only provide care for a maximum of three children from different families or up to six children from the same family. Care can only occur in the provider's home, and the provider must meet the license exempt provider standards set forth in 392 Neb. Admin. Code (NAC) § 1-001.18. Background checks are required for all license-exempt child care providers and any household member over the age of 13. Such providers must also meet the requirements set forth in 392 NAC Chapter 4.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **License-exempt providers are required to meet with an assigned Resource Developer (RD) and complete home inspections to assess for health and safety. Monitoring occurs annually, and more frequently if there are concerns reported regarding the care of children with the provider. The RD will also determine if the provider demonstrates the physical, mental, and emotional capacity to provide care for children, and requests medical documentation if there is reasonable cause to question the provider's ability. Child and Family Services Protection and Safety will alert Resource Development and Child Care Subsidy if a complaint occurs, and the RD will complete follow-up monitoring and investigating with the Protection and Safety Investigator. Providers also have Health and Safety training requirements prior to approval and ongoing training requirements annually.**
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **The Lead Agency funds in-home child care with state dollars; no CCDF funds or state matching funds are used. In-home care providers are license exempt and provide care to children in the child's home.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **In-home child care is only available to children who have a special need or childhood illness, families with three or more children needing child care, or families that require child care during non-traditional hours. These providers are required to meet a set of standards to ensure health and safety requirements are met and children are not endangered while in care. The provider is not able to care for their own children, or any other children outside of the household who has been identified as eligible, while providing this service.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **In-home care providers must only**

provide care in the child's home and meet the provider standards set forth in 392 Neb. Admin. Code Chapter 4. Background checks are required for all in-home care providers. An assigned Resource Developer (RD) communicates with the provider and parent to ensure these occur before care and will meet with the provider annually to monitor and review a checklist for the provider and parent to complete. The RD will also determine if the provider demonstrates the physical, mental, and emotional capacity to provide care for children, and requests medical documentation if there is reasonable cause to question the provider's ability. Child and Family Services Protection and Safety will alert Resource Development and Child Care Subsidy if a complaint occurs, and the RD will complete follow-up monitoring and investigating with the Protection and Safety Investigator. Providers also have Health and Safety training requirements prior to approval and ongoing training requirements annually.

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **A child six weeks up to 18 months of age.**
- b. Toddler. Describe: **A child 18 months up to 3 years of age.**
- c. Preschool. Describe: **A child 3 years of age or older who has not attended kindergarten.**
- d. School-Age. Describe: **A child who attends school.**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:

- i. Infant.

Ratio: **1 adult for 4 infants.**

Group size: **Infant group size is currently 12.**

- ii. Toddler.

Ratio: **1 adult for 6 toddlers.**

Group size: **The Lead Agency received preliminary monitoring on April 20, 2024. The Lead Agency will be in compliance by October 1, 2024.**

The Lead Agency requires the licensee to ensure that the group size meets

the emotional and physical needs consistently and promptly. Group size needs to be small enough to be able to immediately investigate cries, engage in play activities with each child every day, change wet or soiled diapers immediately, and conduct toilet training in the manner agreed upon with the parent. The licensee must be able to promptly evacuate all children within the group safely, including any children with special needs. Regulations require each room to have at least 35 square feet of activity space per child, not including bathrooms, kitchen, office, passageways, storage, or space occupied by cribs, cots, or built-in cabinets. The center must have space for children's activities, napping, and free play. The activity space must have furnishings to accommodate all activities and age-appropriate needs of all children in care. The program must have one operable toilet and one operable sink per 15 children, and the group size of any age group cannot exceed this requirement. The State Fire Marshal or delegated authority determines the occupant capacity. However, the Lead Agency has the final determination of capacity when issuing a child care license and may include evaluation of other factors that influence determination. There are times when the Lead Agency has approved a license capacity that is less than what was originally approved from the State Fire Marshal or delegated authority. Group size cannot exceed the center's capacity, which is determined by the square footage requirement and appropriate usable space for child care programming. As part of every inspection, the Lead Agency's Child Care Inspection Specialist takes count of how many children are actively in care at the time of the inspection by doing a physical count and reviewing attendance calendars. This, along with working staff on site, are compared to the approved building capacity. This information is available in every written inspection summary.

iii. Preschool.

Ratio: 1 adult for 10 children aged 3, and 1 adult for 12 children aged 4 and up who have not attended kindergarten.

Group size: The Lead Agency received preliminary monitoring on April 20, 2024. The Lead Agency will be in compliance by October 1, 2024.

The Lead Agency requires the licensee to ensure that the group size meets the emotional and physical needs consistently and promptly. The licensee must be able to promptly evacuate all children within the group safely, including any children with special needs. Regulations require each room to have at least 35 square feet of activity space per child, not including bathrooms, kitchen, office, passageways, storage, or space occupied by cribs, cots, or built-in cabinets. The preschool must have space for children's activities. The activity space must have furnishings to accommodate all activities and age-appropriate needs of all children in care. The program must have one operable toilet and one operable sink per 15 children, and the group size of any age group cannot exceed this requirement. The State Fire Marshal or delegated authority determines

the occupant capacity. However, the Lead Agency has the final determination of capacity when issuing a child care license and may include evaluation of other factors that influence determination. There are times when the Lead Agency has approved a license capacity that is less than what was originally approved from the State Fire Marshal or delegated authority. Group size cannot exceed the preschool's capacity, which is determined by the square footage requirement and appropriate usable space for child care programming. As part of every inspection, the Lead Agency's Child Care Inspection Specialist takes count of how many children are actively in care at the time of the inspection by doing a physical count and reviewing attendance calendars. This, along with working staff on site, are compared to the approved building capacity. This information is available in every written inspection summary.

iv. School-Age.

Ratio: 1 adult for 15 school-age children.

Group size: The Lead Agency received preliminary monitoring on April 20, 2024. The Lead Agency will be in compliance by October 1, 2024.

The Lead Agency requires the licensee to ensure that the group size meets the emotional and physical needs consistently and promptly. The licensee must be able to promptly evacuate all children within the group safely, including any children with special needs. Regulations require each room to have at least 35 square feet of activity space per child, not including bathrooms, kitchen, office, passageways, storage, or space occupied by cribs, cots, or built-in cabinets. The center must have space for children's activities. The activity space must have furnishings to accommodate all activities and age-appropriate needs of all children in care. The program must have one operable toilet and one operable sink per 15 children, and the group size of any age group cannot exceed this requirement. The State Fire Marshal or delegated authority determines the occupant capacity. However, the Lead Agency has the final determination of capacity when issuing a child care license and may include evaluation of other factors that influence determination. There are times when the Lead Agency has approved a license capacity that is less than what was originally approved from the State Fire Marshal or delegated authority. Group size cannot exceed the center's capacity, which is determined by the square footage requirement and appropriate usable space for child care programming. As part of every inspection, the Lead Agency's Child Care Inspection Specialist takes count of how many children are actively in care at the time of the inspection by doing a physical count and reviewing attendance calendars. This, along with working staff on site, are compared to the approved building capacity. This information is available in every written inspection summary.

v. Mixed-Age Groups (if applicable).

Ratio: Children in Child Care Centers are grouped according to ages. Those

ages and staff-to-child ratios are set forth in 392 Neb. Admin. Code (NAC) § 3-0006.15C. Compliance with staff-to-child ratios is determined on a center-wide basis. When mixed-age groups are in use, the most restrictive staff-to-child ratios must be met at all times. For example, rooms where care is being provided to infants must maintain a 4-to-1 ratio at all times and follow all of the other supervision requirements for Infant care, as these are the most restrictive regulations. If no children ages 6 weeks to 18 months are present in care, then the next most restrictive regulations for the ages of children in care would need to be followed. In any room where a child is receiving care, there must be at least one teacher who is involved in the direct care of the child, including when a child is napping.

Group size: The Lead Agency received preliminary monitoring on April 20, 2024. The Lead Agency will not be in compliance by October 1, 2024.

School Age Only Child Care centers have mixed ages with the previously mentioned 1 staff for 15 children.

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
 - i. ☐ Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant: **Nebraska does not have license exempt center-based child care programs who receive CCDF funds.**
 - iii. Toddler: **Nebraska does not have license exempt center-based child care programs who receive CCDF funds.**
 - iv. Preschool: **Nebraska does not have license exempt center-based child care programs who receive CCDF funds.**
 - v. School-Age: **Nebraska does not have license exempt center-based child care programs who receive CCDF funds.**
 - vi. Mixed-Age Groups: **Nebraska does not have license exempt center-based child care programs who receive CCDF funds.**
- c. Licensed CCDF family child care home providers:
 - i. Infant (if applicable)
 - Ratio: **1 adult for 4 infants.**
 - Group size: **See Mixed-Age Groups Ratio explanation.**
 - ii. Toddler (if applicable)
 - Ratio: **1 adult for 8 toddlers.**
 - Group size: **See Mixed-Age Groups Ratio explanation.**
 - iii. Preschool (if applicable)
 - Ratio: **1 adult for 8 preschool-age children.**
 - Group size: **See Mixed-Age Groups Ratio explanation.**

iv. School-Age (if applicable)

Ratio: **1 adult for 10 school-age children.**

Group size: **See Mixed-Age Groups Ratio explanation.**

v. Mixed-Age Groups

Ratio: **Nebraska identifies two family child care providers: Family Child Care Home I (FCCHI) and Family Child Care Home II (FCCHII). The following explains infant group sizes for each;**

FCCHI: The maximum group size is 8 infants if only infants are in care, 2 staff are required if more than 4 infants are present. If the program provides care for mixed ages, a group size of 8 children is allowed with 3 infants, if no more than 2 infants are under 12 months of age. If the program provides care for mixed ages, a group size of 10 children is allowed with 2 school-age children during non-school hours if no more than 2 of the other children in care are identified as infants.

FCCHII: The maximum group size is 12 infants if only infants are in care, 2 staff are required if more than 4 infants are present, and 3 staff are required if more than 8 infants are present. If the program provides care for mixed ages and only has 1 staff, the group size can be 10, however, they are limited to 2 infants and the 9th and 10th child must be school age. If the program provides care for mixed ages, and 2 staff are present, the group size can be 12, but no more than 2 infants are allowed under 12 months of age.

Group size: **Nebraska identifies two family child care providers: Family Child Care Home I (FCCHI) and Family Child Care Home II (FCCHII). The following explains infant group sizes for each;**

FCCHI: The maximum group size is 8 infants if only infants are in care, 2 staff are required if more than 4 infants are present. If the program provides care for mixed ages, a group size of 8 children is allowed with 3 infants, if no more than 2 infants are under 12 months of age. If the program provides care for mixed ages, a group size of 10 children is allowed with 2 school-age children during non-school hours if no more than 2 of the other children in care are identified as infants.

FCCHII: The maximum group size is 12 infants if only infants are in care, 2 staff are required if more than 4 infants are present, and 3 staff are required if more than 8 infants are present. If the program provides care for mixed ages and only has 1 staff, the group size can be 10, however, they are limited to 2 infants and the 9th and 10th child must be school age. If the program provides care for mixed ages, and 2 staff are present, the group size can be 12, but no more than 2 infants are allowed under 12 months of age.

- d. Are any of the responses above different for license-exempt family child care homes?
- ☐ No.
- ☒ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **License-exempt family child care home providers can serve a maximum of three children from different families or six children from one family, not to exceed a total of six children including any children in the provider's household under the age of 13.**
- ☐ Not applicable. The Lead Agency does not have license-exempt family child care homes.
- e. Licensed in-home care (care in the child's own home):
- i. Infant (if applicable)
- Ratio: **Nebraska does not license in-home care.**
- Group size: **Nebraska does not license in-home care.**
- ii. Toddler (if applicable)
- Ratio: **Nebraska does not license in-home care.**
- Group size: **Nebraska does not license in-home care.**
- iii. Preschool (if applicable)
- Ratio: **Nebraska does not license in-home care.**
- Group size: **Nebraska does not license in-home care.**
- iv. School-Age (if applicable)
- Ratio: **Nebraska does not license in-home care.**
- Group size: **Nebraska does not license in-home care.**
- v. Mixed-Age Groups (if applicable)
- Ratio: **Nebraska does not license in-home care.**
- Group size: **Nebraska does not license in-home care.**
- f. Are any of the responses above different for license-exempt in-home care?
- ☐ No.
- ☒ Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **The Lead Agency funds in-home child care with state dollars; no CCDF funds or state matching funds are used. This service is only available to children who have a special need or childhood illness, families with three or more children needing child care, or families that require child care during non-traditional hours. The provider is not able to care for their own children, or any other children outside of the household who has been identified as eligible, while providing this service. Care is limited to the number of children in the authorized family's household.**

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Child Care Center-**

Certificated Teachers: An individual who holds a valid Nebraska Teaching certificate and who is employed as a staff member or used as a volunteer at a licensed child care center that is on the premises of an accredited or approved school will be considered to have met the qualifications.

Non-Certificated Teachers: An individual who is not a certificated teacher must be at least 18 years of age, of good moral character, and must meet one of the following requirements: 1. Hold a bachelor's degree from an accredited college or university in early childhood education, education, or child/youth development; 2. Hold an associate's degree from an accredited college or university in early childhood education, education, or child/youth development; 3. Have a Child Development Associate Credential; or 4. Have a high school diploma or GED; and (1) 1,500 verified clock hours of experience in organized group activities for young children as indicated by a positive reference from a former employer or supervisor; or (2) Submit a written plan for Department approval to acquire at least 3 credit hours or 45 clock hours of training in administration, early childhood education, education, or child/youth development, in a period not to exceed six months.

School Age Only Child Care Center ☐

Certificated Teachers: An individual who holds a valid Nebraska Teaching certificate and who is employed as a staff member or used as a volunteer at a licensed school-age-only center that is on the premises of an accredited or approved school will be considered to have met the qualifications.

Non-Certificated Teachers: An individual who is not a certificated teacher must be at least 18 years of age, of good moral character, and must meet one of the following requirements: 1. Hold a bachelor's degree from an accredited college or university in early childhood education, education, or child/youth development; 2. Hold an associate's degree from an accredited college or university in early childhood education, education, or child/youth development; 3. Have a Child Development Associate Credential; or 4. Have a high school diploma or GED; and (1) 1,500 verified clock hours of experience in organized group activities for school-age children as indicated by a positive reference from a former employer or supervisor; or (2) Submit a written plan for Department approval to acquire at least 3 credit hours or 45 clock hours of training in administration, early childhood education, education, or child/youth development, in a period not to exceed six months.

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **Child Care Center:** The director must be at least 19 years of age, of good moral character, and must meet one of the following requirements: 1. Hold a bachelor's degree from an accredited college or university in early childhood

education, education, or child/youth development; 2. Hold a bachelor's degree from an accredited college or university and at least 6 credit hours in early childhood education, education, or child/youth development; 3. Have an associate's degree from an accredited college or university in early childhood education, education, or child/youth development; 4. Have a Child Development Associate Credential; 5. Have completed 6 credit hours or 36 clock hours of Department-approved training in administration, early childhood education, education, or child/youth development. Business courses may be included, not to exceed on-half of the credit or clock hour requirements; or 6. Have a high school diploma or GED and 3,000 verified clock hours of experience in organized group activities for young children as indicated by a positive reference from a former employer or supervisor.

School Age Only Child Care Center: The director must be at least 19 years of age, of good moral character, and must meet one of the following requirements: 1. Hold a bachelor's degree from an accredited college or university in early childhood education, education, or child/youth development; 2. Hold a bachelor's degree from an accredited college or university and at least 6 credit hours in early childhood education, education, or child/youth development; 3. Have an associate's degree from an accredited college or university in early childhood education, education, or child/youth development; 4. Have a Child Development Associate Credential; 5. Have completed 6 credit hours or 36 clock hours of Department-approved training in administration, early childhood education, education, or child/youth development. Business courses may be included, not to exceed on-half of the credit or clock hour requirements; or 6. Have a high school diploma or GED and 3,000 verified clock hours of experience in organized group activities for school age children as indicated by a positive reference from a former employer or supervisor.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **A provider must be at least 19 years of age, not engage in or have a history of behavior injurious to or which may endanger the health or morals of children, be a U.S. citizen or qualified alien lawfully present in the U.S.; and be able to understand and become familiar with licensing regulations; support staff must be at least 16 years of age. In addition, a Primary Provider in a Family Child Care Home II must be on the child care premises a sufficient number of hours to permit adequate attention to the management of the Family Child Care Home II.**

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Nebraska does not have Licensed in-home care providers.**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. **Nebraska does not have CCDF-eligible license exempt center-based child care programs.**
- b. License-exempt home-based child care. **License exempt CCDF in-home child care providers must be 19 years of age, not engage in or have a history of behavior injurious to or which may endanger the health or morals of children, be a U.S. citizen or qualified alien lawfully present in the U.S., and be able to understand and become familiar with CCDF regulations. Providers must meet all the standards set forth in 392 Neg. Admin. Code Chapter 4. Providers must complete Prepare to Care Health and Safety Orientation, maintain current certification of pediatric First Aid and CPR training and complete 4 hours of ongoing training annually.**
- c. License-exempt in-home care (care in the child's own home). **The Lead Agency does not fund this category of care with CCDF funds. License exempt CCDF in-home child care providers must be 19 years of age, not engage in or have a history of behavior injurious to or which may endanger the health or morals of children, be a U.S. citizen or qualified alien lawfully present in the U.S., and be able to understand and become familiar with CCDF regulations. Providers must meet all the standards set forth in 392 Neg. Admin. Code Chapter 4. Providers must complete Prepare to Care Health and Safety Orientation, maintain current certification of pediatric First Aid and CPR training and complete 4 hours of ongoing training annually.**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.10 Staff and Volunteer Orientation and Training 3-006.10A Orientation: When new staff or volunteers are employed, those individuals must be provided with orientation prior to their having direct responsibility for the care of children. The orientation must include: 1. Job duties and responsibilities; 2. Infection control practices including proper hand washing techniques, personal**

hygiene, and disposal of infectious material; 3. Information on abuse, neglect and sexual abuse of children and the state's reporting requirements; 4. Child care center regulations; 5. Evacuation plans in the event of fire; 6. Safety plans in the event of a tornado; 7. Emergency preparedness in the event of a natural or man made disaster; and 8. The center's method of interacting with children and discipline policies.

391 Neb. Admin. Code (NAC) § 3-006.10A Orientation: When new staff or volunteers are employed, those individuals must be provided with orientation prior to their having direct responsibility for the care of children. The orientation must include: 2. Infection control practices including proper hand washing techniques, personal hygiene, and disposal of infectious material;

391 Neb. Admin. Code (NAC) § 3-006.16 Communicable Diseases: The Department will provide the center with information about communicable diseases to assist the center in carrying out its responsibilities.

391 Neb. Admin. Code (NAC) § 3-006.16A Notification to Parents: The licensee/director must notify parents of all enrolled children of any case of any reportable communicable disease on the same day the licensee is informed of or observes the illness, unless otherwise directed by the health authority. The health authority is the local health department for the area. Proper notification includes: 1. Notification to parents of children in attendance; 2. Notification to parents of enrolled children who are not in attendance on that day; and 3. Posting notice of the outbreak in a conspicuous place.

391 Neb. Admin. Code (NAC) § 3-006.16B Confidentiality: Names of ill children must not be released to anyone except health authorities, unless parents have given their permission.

391 Neb. Admin. Code (NAC) § 3-006.16C Health Authority: The center must follow all directives given to the licensee by the health authority in the event of a communicable disease outbreak.

391 Neb. Admin. Code (NAC) § 3-006.17 Children Excluded Due to Illness: The center must have a written policy that identifies the circumstances under which children would be excluded from child care due to illness. To assist in writing the policy, the Department will provide the licensee with materials that include recommendations on: 1. Exclusion based on specific conditions such as fever, diarrhea, vomiting, etc.; and 2. Exclusion based on specific contagious and infectious diseases such as chickenpox, measles, mumps, etc. The licensee must enforce the center's exclusion policy and make it available to the Department and to the parents of enrolled children.

391 Neb. Admin. Code (NAC) § 3-006.22B Beds, Cribs, and Sleeping Surfaces: The licensee must ensure that sleeping surfaces appropriate to the child's age and level of development are available for each child in care. 2. The only acceptable sleeping surfaces for children age 12 months and under are cribs and playpens. When used, cribs and playpens must meet the following standards: d. Cribs and playpens must be kept clean, in good repair, and not have any surface covered by lead-based paint. 3. Cribs, playpens, cots, and mats must be separated by at least three feet of space. 4. Cribs, playpens, cots, and mats must be disinfected daily or marked for individual use and disinfected weekly or more often when needed.

391 Neb. Admin. Code (NAC) § 3-006.23B Diapering and Toileting 1. The licensee must ensure that diapering procedures are established and followed by center

staff. The procedures must include: a. Wet and/or soiled diapers are changed immediately; b. Diapers are checked on a frequent and regular basis; c. Individual washcloths or disposable towelettes are used; d. Wet and soiled diapers are properly stored and disposed; e. Diaper-changing surfaces are cleaned after each use by sanitizing the surface or changing the diaper pad or disposable sheeting and are disinfected daily; and f. Proper hand washing is done after each diaper change. 2. The licensee must ensure that toilet training is conducted in a manner agreed upon with the parent. The licensee must also ensure that: a. Potty chairs are not used or stored in eating or play areas; and b. Proper hand washing by the provider and the child is done each time a child is helped with toileting 391 Neb. Admin. Code (NAC) § 3-006.31 Environmental Services: The licensee must ensure that child care is provided in a safe, clean, comfortable environment. Every area and building on the same premises used for child care must comply with these regulations.

391 Neb. Admin. Code (NAC) § 3-006.31A Housekeeping and Maintenance: The licensee must ensure that the necessary housekeeping and maintenance are provided to protect the health and safety of children in care. The center and grounds must be kept clean, safe, and in good repair. 2. Rooms, walls, floors, and ceilings must be kept clean, dry, in good repair, and free of odor resulting from sewage, mold, mildew, or other environmental or biological hazards or unsanitary conditions. 3. Heating, ventilation, and lighting in all rooms used for child care must be adequate to protect the health of children. 4. The licensee must equip and maintain the premises to prevent the entrance, harborage, or breeding of rodents, flies and all other insects and vermin. All doors opening to the outside must be self-closing. (except sliding doors) and all windows used for ventilation must be screened. The center must have effective screening of all openings to the outside when flies or other flying insects are present. 5. All garbage and rubbish must be disposed of in a manner that minimizes odor and the transmission of infectious diseases, and prevents the attraction of rodents, flies, and all other insects and vermin. This includes: a. Using containers, both indoor and outdoor, for garbage and rubbish that are watertight, have tight fitting covers, and are fly and rodent-proof; b. Keeping all garbage and rubbish containers clean; and c. Not burning garbage on the premises.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: 391 Neb. Admin. Code (NAC) § 1-006.09 Communicable Diseases: The Department will provide the program with information about communicable diseases to assist the program in carrying out its responsibilities.

391 Neb. Admin. Code (NAC) § 1-006.09A Notification to Parents: The licensee must notify parents of all enrolled children of any case of any reportable communicable disease on the same day the licensee is informed of or observes the illness, unless otherwise directed by the health authority. The health authority is the local health department for the area. Proper notification includes: 1. Notification to parents of children in attendance; 2. Notification to parents of enrolled children who are not in attendance on that day; and 3. Posting notice of the outbreak in a conspicuous place.

391 Neb. Admin. Code (NAC) § 1-006.09B Confidentiality: Names of ill children must not be released to anyone except health authorities, unless parents have

given their permission.

391 Neb. Admin. Code (NAC) § 1-006.09C Health Authority: The licensee must follow all directives given to the licensee by the health authority in the event of a communicable disease outbreak.

391 Neb. Admin. Code (NAC) § 1-006.10 Children Excluded Due to Illness: The licensee must have a written policy that identifies the circumstances under which children would be excluded from child care due to illness. To assist in writing the policy, the Department will provide the licensee with materials that include recommendations on: 1. Exclusion based on specific conditions such as fever, diarrhea, vomiting, etc.; and 2. Exclusion based on specific contagious and infectious diseases such as chickenpox, measles, mumps, etc. The licensee must enforce the program's exclusion policy and make it available to the Department and to the parents of enrolled children.

391 Neb. Admin. Code (NAC) § 1-006.15B Beds, Cribs, and Sleeping Surfaces: Appropriate sleeping surfaces must be available for each child in care. 2. The only acceptable sleeping surfaces for children age 12 months and under are cribs and playpens. When used, cribs and playpens must meet the following standards: d. Cribs and playpens must be clean, in good repair, and not have any surface covered by lead-based paint.

391 Neb. Admin. Code (NAC) § 1-006.16A Diapering and Toileting 1. The licensee must ensure that diapering procedures are established and followed by staff. The procedures must require that: a. Wet and/or soiled diapers are changed immediately; b. Diapers are checked on a frequent and regular basis; c. Individual washcloths or disposable towelettes are used; d. Wet and soiled diapers are properly stored and disposed; e. Diaper-changing surfaces are cleaned after each use by sanitizing the surface or changing the diaper pad or disposable sheeting; and f. Proper hand washing is done after each diaper change. 2. The licensee must ensure that toilet training is conducted in a manner agreed upon by the primary provider and the parent. The licensee must also ensure that: a. Potty chairs are not used or stored in eating or play areas; and b. Proper hand washing by the provider and the child is done each time a child is helped with toileting.

391 Neb. Admin. Code (NAC) § 1-006.24 Environmental Services: The licensee must provide child care in a safe, clean, comfortable environment. Every area and building on the same premises used for child care must comply with these regulations.

391 Neb. Admin. Code (NAC) § 1-006.24A Housekeeping and Maintenance: The licensee must provide the necessary housekeeping and maintenance to protect the health and safety of children in care. The child care home and grounds must be kept clean, safe, and in good repair. 2. Rooms, walls, floors, and ceilings must be kept clean, in good repair, and free of odor resulting from sewage, mold, mildew, or other environmental or biological hazards or unsanitary conditions. 3. Heating, ventilation, and lighting in all rooms used for child care must be adequate to protect the health of children. 4. The licensee must equip and maintain the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin. All doors opening to the outside must be self-closing (except sliding doors) and all windows used for ventilation must be screened. 5. All garbage and rubbish must be disposed of in a manner that prevents the attraction of rodents, flies, and all other insects and vermin. The licensee must

dispose of garbage so as to minimize odor and the transmission of infectious diseases.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license-exempt center care.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (A) Prevention and control of infectious diseases, including immunizations: (i) Infection control practices; 392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance: The Department interprets the control of infectious diseases to include proper vaccinations for household pets susceptible to rabies.**

Child Care Provider Enrollment, page 6:

V. CCDF Health and Safety Requirements: Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 1. Prevention and control of infectious diseases (including immunization) a. Infection control practices;

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (A) Prevention and control of infectious diseases, including immunizations: (i) Infection control practices; 392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance: The Department interprets the control of infectious diseases to include proper vaccinations for household pets susceptible to rabies.**

Child Care Provider Enrollment, page 6:

V. CCDF Health and Safety Requirements: Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 1. Prevention and control of infectious diseases (including immunization) a. Infection control practices;

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.09 Staff and Volunteer Orientation and Training 391 Neb. Admin. Code (NAC) § 4-006.09A Orientation: When new staff or volunteers are employed, those individuals must be provided with orientation prior to their having direct responsibility for the care of children. The orientation must include: 2. Infection control practices including proper hand washing techniques, personal hygiene, and disposal of infectious material; 391 Neb. Admin. Code (NAC) § 4-006.15 Communicable Diseases: The Department**

will provide the center with information about communicable diseases to assist the center in carrying out its responsibilities.

391 Neb. Admin. Code (NAC) § 4-006.15A Notification to Parents: The licensee/director must notify parents of all enrolled children of any case of any reportable communicable disease on the same day the licensee is informed of or observes the illness, unless otherwise directed by the health authority. The health authority is the local health department for the area. Proper notification includes: 1. Notification to parents of children in attendance; 2. Notification to parents of enrolled children who are not in attendance on that day; and 3. Posting notice of the outbreak in a conspicuous place.

391 Neb. Admin. Code (NAC) § 4-006.15B Confidentiality: Names of ill children must not be released to anyone except health authorities, unless parents have given their permission.

391 Neb. Admin. Code (NAC) § 4-006.15C Health Authority: The center must follow all directives given to the licensee by the health authority in the event of a communicable disease outbreak.

391 Neb. Admin. Code (NAC) § 4-006.16 Children Excluded Due to Illness: The center must have a written policy that identifies the circumstances under which children would be excluded from child care due to illness. To assist in writing the policy, the Department will provide the licensee with materials that will include recommendations on: 1. Exclusion based on specific conditions such as fever, diarrhea, vomiting, etc.; and 2. Exclusion based on specific contagious and infectious diseases such as chickenpox, measles, mumps, etc. The center must enforce its own exclusion policy and make it available to the Department and to the parents of enrolled children.

391 Neb. Admin. Code (NAC) § 4-006.21B Sleeping Surfaces: When children nap or sleep at the center, the licensee must ensure that appropriate sleeping surfaces are available for each child in care.

391 Neb. Admin. Code (NAC) § 4-006.28 Environmental Services: The licensee must ensure that child care is provided in a safe, clean, comfortable environment. Every area and building on the same premises used for child care must comply with these regulations.

391 Neb. Admin. Code (NAC) § 4-006.28A Housekeeping and Maintenance: The licensee must ensure that the necessary housekeeping and maintenance are provided to protect the health and safety of children in care. The center and grounds must be kept clean, safe, and in good repair. 2. Rooms, walls, floors, and ceilings must be kept clean, dry, in good repair, and free of odor resulting from sewage, mold, mildew, or other environmental or biological hazards or unsanitary conditions. 3. Heating, ventilation, and lighting in all rooms used for child care must be adequate to protect the health of children. 4. The licensee must equip and maintain the premises to prevent the entrance, harborage, or breeding of rodents, flies and all other insects and vermin. All doors opening to the outside must be self-closing (except sliding doors) and all windows used for ventilation must be screened. The center must have effective screening of all openings to the outside when flies or other flying insects are present. 5. All garbage and rubbish must be disposed of in a manner that minimizes odor and the transmission of infectious diseases, and prevents the attraction of rodents, flies, and all other insects and vermin. This includes: a. Using containers, both indoor and outdoor,

for garbage and rubbish that are watertight, have tight fitting covers, and are fly and rodent proof; b. Keeping all garbage and rubbish containers clean; and c. Not burning garbage on the premises.

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.18 Immunizations: Within 30 days of a child’s enrollment, the licensee/director must obtain a copy of the child’s immunization record. Immunization records must be available for review upon request by the Department and updated each time the child receives additional immunizations. Each child’s immunization record must include: 1. Documentation of age-appropriate immunization; 2. Certification by a physician, advanced practice registered nurse, or physician assistant that immunization is not appropriate for a stated medical reason; or 3. A written statement that the parent or guardian does not wish to have the child immunized and the reasons for that decision. 391 Neb. Admin. Code (NAC) § 3-006.18A Immunization Report: The licensee must comply with all state statutes and regulations regarding immunization status of all enrolled children. This includes annual reporting to the Department. The Department will provide the program with materials to assist the program in carrying out its responsibilities.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Immunization records must include: 1. Documentation of appropriate immunization; 2. Certification by a physician, advanced practice registered nurse, or physician’s assistant that immunization is not appropriate for a stated medical reason; or 3. A written statement that the parent or guardian does not wish to have the child immunized and the reason for that decision.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.11 Immunizations: Within 30 days of a child’s enrollment, the licensee must obtain a copy of each enrolled child’s immunization record. Immunization records must be available for review upon request by the Department and updated each time the child receives additional immunizations. Each child’s immunization record must include: 1. Documentation of age-appropriate immunization; 2. Certification by a physician, advanced practice registered nurse, or physician assistant that immunization is not appropriate for a stated medical reason; or 3. A written statement that the parent or guardian does not wish to have the child immunized and the reasons for that decision. 391 Neb. Admin. Code (NAC) § 1-006.11A Immunization Report: The licensee must comply with all state statutes and regulations regarding immunization status of all enrolled children. This includes annual reporting to the Department. The Department will provide materials to assist the program in carrying out its responsibilities.**

☒ Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does**

not have CCDF-eligible license-exempt center care.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004 PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (ii) Each child's immunization record must include: (1) Documentation of age-appropriate immunization; (2) Certification by a physician, advanced practice registered nurse, or physician assistant that immunization is not appropriate for a stated medical reason; or (3) A written statement that the parent or guardian does not wish to have the child immunized and the reasons for that decision.**

Child Care Provider Enrollment, page 6: V. CCDF Health and Safety Requirements: Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 1. Prevention and control of infectious diseases (including immunization) b. Each child's immunization record must include one of the following: Documentation of age-appropriate immunizations; Certification by a physician, advanced practice registered nurse or physician's assistant that immunization is not appropriate for a stated medical reason; or, A written statement that the parent or guardian does not wish to have the child immunized and the reason for that decision.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004 PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (ii) Each child's immunization record must include: (1) Documentation of age-appropriate immunization; (2) Certification by a physician, advanced practice registered nurse, or physician assistant that immunization is not appropriate for a stated medical reason; or (3) A written statement that the parent or guardian does not wish to have the child immunized and the reasons for that decision.**

Child Care Provider Enrollment, page 6: V. CCDF Health and Safety Requirements: Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 1. Prevention and control of infectious diseases (including immunization) b. Each child's immunization record must include one of the following: Documentation of age-appropriate immunizations; Certification by a physician, advanced practice registered nurse or physician's assistant that immunization is not appropriate for a stated medical reason; or, A written statement that the parent or guardian does not wish to have the child immunized and the reason for that decision.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.17 Immunizations: If a school-age-only center is located on the premises of a school and the staff have access to the school's child immunization records, copies of immunization records are not required. For all other centers, within 30 days of a**

child's enrollment, the licensee/director must obtain a copy of the child's immunization record. Immunization records must be available for review upon request by the Department and updated each time the child receives additional immunizations. Each child's immunization record must include: 1. Documentation of age-appropriate immunization; 2. Certification by a physician, advanced practice registered nurse, or physician assistant that immunization is not appropriate for a stated medical reason; or 3. A written statement that the parent or guardian does not wish to have the child immunized and the reasons for that decision.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **State Statute § 71-1917.01. Blankets; prohibited in cribs. Blankets shall not be used in cribs in any child care facility**
State Statute § 43-2606. Providers of child care and school-age-care programs; training requirements; use of Nebraska Early Childhood Professional Record System. (1) The Department of Health and Human Services shall adopt and promulgate rules and regulations for mandatory training requirements for providers of child care and school-age-care programs. Such requirements shall include preservice orientation and at least four hours of annual in-service training. All child care programs required to be licensed under section 71-1911 shall show completion of a preservice orientation approved or delivered by the department prior to receiving a provisional license. (3) The training requirements shall be designed to meet the health, safety, and developmental needs of children and shall be tailored to the needs of licensed providers of child care programs. Preservice orientation and the training requirements for providers of child care programs shall include, but not be limited to, information on sudden unexpected infant death syndrome, abusive head trauma in infants and children, crying plans, and child abuse.
391 Neb. Admin. Code (NAC) § 3-006.08A Safety Training: The director must complete training developed by the Early Childhood Training Center on Sudden Infant Death Syndrome (SIDS), safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.
391 Neb. Admin. Code (NAC) § 3-006.09A Safety Training: Teachers must complete training developed by the Early Childhood Training Center (ECTC) on Sudden Infant Death Syndrome (SIDS), safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.
391 Neb. Admin. Code (NAC) § 3-006.15B Staffing Requirements 1. All staff must be awake and alert to the needs of the children at all times, including napping/sleeping times. 3. During naptime, at least one teacher must be in the room where children are napping, as long as the staff-to-child ratio is maintained center-wide.

391 Neb. Admin. Code (NAC) § 3-006.22B Beds, Cribs, and Sleeping Surfaces: The licensee must ensure that sleeping surfaces appropriate to the child's age and level of development are available for each child in care. 1. Acceptable sleeping surfaces for children over 12 months of age are: a. Beds; b. Cots; c. Cribs; d. Playpens; e. Sofas; f. Washable sleeping bags; and g. Waterproof mats, which must be at least one inch thick and at least 45 inches long. 2. The only acceptable sleeping surfaces for children age 12 months and under are cribs and playpens. When used, cribs and playpens must meet the following standards: a. Cribs and playpens must be federally approved; b. Cribs must be equipped with a waterproof crib mattress covered by a fitted sheet. The mattress pad for a playpen must be specifically designed for playpen use and covered by a fitted sheet; c. Cribs and playpens must contain no soft objects, bumper pads, toys, or loose bedding. If a blanket is used, it must be secured or tucked under the crib mattress or the pad of the playpen and reach no higher than the infant's chest; and d. Cribs and playpens must be kept clean, in good repair, and not have any surface covered by lead-based paint. 3. Cribs, playpens, cots, and mats must be separated by at least three feet of space. 4. Cribs, playpens, cots, and mats must be disinfected daily or marked for individual use and disinfected weekly or more often when needed. 5. For evening care, each child must be provided with a cot with a waterproof mattress. 6. The following must not be used as sleeping surfaces: a. The top level of a bunk for children age 5 and under; b. Stackable cribs; c. Waterbeds for children age 3 and under; and d. Cots, cushions, futons, mats, or pillows for infants 12 months and under.

391 Neb. Admin. Code (NAC) § 3-006.23 Infant/Toddler Care: If care is provided to infants and/or toddlers, the licensee must ensure that the emotional and physical needs of infants and toddlers are met consistently and promptly. Staff assigned to infants must be identified in writing and assigned to the same infants whenever possible. Center staff must: 6. Place infants on their backs to sleep unless there is a medical reason for a child to sleep in a different position. A written note from the infant's physician, physician assistant, or nurse practitioner indicating that the infant must sleep in a different position must be obtained, kept on file, and available for review by the Department.

391 Neb. Admin. Code (NAC) § 3-006.23A Infant Care Rooms: Rooms where infants are receiving care must be limited to the care of no more than 12 children at any one time. 1. If five or more infants are receiving care in a room, at least two staff members must be in the room. 2. If nine or more infants are receiving care in a room, at least three staff members must be in the room. 3. Equipment such as cribs with wheels, buggies, wagons, or laundry carts must be available for emergency evacuation unless additional staff above the ratio are available to carry infants.

391 Neb. Admin. Code (NAC) § 3-006.24 Overnight Care: If overnight care is provided, center staff must: 2. Remain awake and alert to the needs of children through the night.

391 Neb. Admin. Code (NAC) § 3-006.02 Director Requirements: The director is responsible for managing the day-to-day operations of the child care center. The director must report to the licensee all matters related to the maintenance, operation, and management of the child care center and be directly responsible to the licensee or to a person delegated governing authority by the licensee. The

director must: 10. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect, or sexual abuse may be occurring in the child care center, in the child's home, or elsewhere, or ensure that a report is filed;

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **State Statute § 71-1917.01. Blankets; prohibited in cribs. Blankets shall not be used in cribs in any child care facility**
State Statute § 43-2606. Providers of child care and school-age-care programs; training requirements; use of Nebraska Early Childhood Professional Record System. (1) The Department of Health and Human Services shall adopt and promulgate rules and regulations for mandatory training requirements for providers of child care and school-age-care programs. Such requirements shall include preservice orientation and at least four hours of annual in-service training. All child care programs required to be licensed under section 71-1911 shall show completion of a preservice orientation approved or delivered by the department prior to receiving a provisional license. (3) The training requirements shall be designed to meet the health, safety, and developmental needs of children and shall be tailored to the needs of licensed providers of child care programs. Preservice orientation and the training requirements for providers of child care programs shall include, but not be limited to, information on sudden unexpected infant death syndrome, abusive head trauma in infants and children, crying plans, and child abuse.
391 Neb. Admin. Code (NAC) § 1-006.04B Safety Training: The licensee must complete training developed by the Early Childhood Training Center on Sudden Infant Death Syndrome (SIDS), safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.
391 Neb. Admin. Code (NAC) § 1-006.15B Beds, Cribs, and Sleeping Surfaces: Appropriate sleeping surfaces must be available for each child in care. 1. Acceptable sleeping surfaces for children over 12 months of age are: a. Beds; b. Cots; c. Cribs; d. Playpens; e. Sofas; f. Washable sleeping bags; and g. Waterproof mats. 2. The only acceptable sleeping surfaces for children age 12 months and under are cribs and playpens. When used, cribs and playpens must meet the following standards: a. Cribs and playpens must be federally approved; b. Cribs must be equipped with a tight-fitting waterproof mattress covered by a fitted sheet. The mattress pad for a playpen must be specifically designed for playpen use and covered by a fitted sheet; c. Cribs and playpens must contain no soft objects, bumper pads, toys, or loose bedding, and d. Cribs and playpens must be clean, in good repair, and not have any surface covered by lead-based paint. 3. The following must not be used as sleeping surfaces: a. The top level of a bunk bed for children age 5 and under; b. Stackable cribs; c. Waterbeds for children age 3 and under; and d. Cots, cushions, futons, mats, or pillows for infants 12 months and under.
391 Neb. Admin. Code (NAC) § 1-006.16 Infant/Toddler Care: If care is provided to infants and/or toddlers, the licensee and staff must: 6. Place infants on their backs to sleep unless there is a medical reason for a child to sleep in a different position. A written note from the infant's physician, nurse practitioner, or physician

assistant indicating that the infant must sleep in a different position must be obtained, kept on file, and available for review by the Department.

391 Neb. Admin. Code (NAC) § 1-006.17 Overnight Care: If overnight care is provided, the licensee must ensure that: 2. The following fire safety standards for overnight care are met: a. The licensee/staff remain awake until all children are asleep; b. The licensee/staff sleep on the same level of the home as the children;

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license-exempt center care.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

392 Neb. Admin. Code (NAC) § 4-004 PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (B) Prevention of sudden infant death syndrome and use of safe sleeping practices: (i) Providers must practice and ensure safety for nap or sleep times: (1) Infants must sleep on their back unless there is a medical reason and written note from a physician; and (2) Providers must have appropriate sleeping surfaces for all children. (ii) The following must not be used as sleeping surfaces: (1) The top level of a bunk bed for children age five and under; (2) Stackable cribs; (3) Waterbeds for children age three and under; and (4) Cots, cushions, futons, mats, or pillows for infants 12 months or under.

392 Neb. Admin. Code (NAC) § 4-001 GENERAL STANDARDS Provide and use clean and comfortable napping and sleeping arrangements for the children;

Child Care Provider Enrollment, page 6: V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 2. Prevention of sudden infant death syndrome and use of safe sleeping practices a. Providers must practice and ensure safety for nap and sleep times: a. Infants must sleep on their back unless there is a medical reason and written note from a physician; and, Providers must have appropriate sleeping surfaces for all children. b. The following must not be used as sleep surfaces for infants: The top level of a bunk bed for children age five and under; Stackable cribs; Waterbeds for children age three and under; and, Cots, cushions, futons, mats or pillows for infants 12 months or under.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: 392 Neb. Admin. Code (NAC) § 4-004 PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (B) Prevention of sudden infant death syndrome and use of safe sleeping practices: (i) Providers must practice and ensure safety for nap or sleep times: (1) Infants must sleep on their back unless there is a medical reason and written note from a physician; and (2) Providers must have appropriate sleeping surfaces for all children. (ii) The following must not be used as sleeping surfaces: (1) The top level of a bunk bed for children age five and under; (2) Stackable cribs;

(3) Waterbeds for children age three and under; and (4) Cots, cushions, futons, mats, or pillows for infants 12 months or under.

392 Neb. Admin. Code (NAC) § 4-001 GENERAL STANDARDS Provide and use clean and comfortable napping and sleeping arrangements for the children;

Child Care Provider Enrollment, page 6: V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 2. Prevention of sudden infant death syndrome and use of safe sleeping practices a. Providers must practice and ensure safety for nap and sleep times: a. Infants must sleep on their back unless there is a medical reason and written note from a physician; and, Providers must have appropriate sleeping surfaces for all children. b. The following must not be used as sleep surfaces for infants: The top level of a bunk bed for children age five and under; Stackable cribs; Waterbeds for children age three and under; and, Cots, cushions, futons, mats or pillows for infants 12 months or under.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: State Statute § 43-2606. Providers of child care and school-age-care programs; training requirements; use of Nebraska Early Childhood Professional Record System. (1) The Department of Health and Human Services shall adopt and promulgate rules and regulations for mandatory training requirements for providers of child care and school-age-care programs. Such requirements shall include preservice orientation and at least four hours of annual in-service training. All child care programs required to be licensed under section 71-1911 shall show completion of a preservice orientation approved or delivered by the department prior to receiving a provisional license. (3) The training requirements shall be designed to meet the health, safety, and developmental needs of children and shall be tailored to the needs of licensed providers of child care programs. Preservice orientation and the training requirements for providers of child care programs shall include, but not be limited to, information on sudden unexpected infant death syndrome, abusive head trauma in infants and children, crying plans, and child abuse.

391 Neb. Admin. Code (NAC) § 4-006.07A Safety Training: The director must complete training developed by the Early Childhood Training Center on Sudden Infant Death Syndrome (SIDS), safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.

391 Neb. Admin. Code (NAC) § 4-006.08A Safety Training: Teachers must complete training developed by the Early Childhood Training Center (ECTC) on Sudden Infant Death Syndrome (SIDS), safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.

391 Neb. Admin. Code (NAC) § 4-391 Neb. Admin. Code (NAC) § 006.14B Staffing Requirements 1. All staff must be awake and alert to the needs of the children at all times, including napping/sleeping times. 3. During naptime, at least one teacher must be in the room where children are napping, as long as the staff-to-child ratio is maintained center-wide. 4-006.21B Sleeping Surfaces: When children nap or sleep at the center, the licensee must ensure that appropriate sleeping surfaces are available for each child in care. Acceptable sleeping surfaces for school-age children are: 1. Beds; 2. Cots; 3. Sofas; 4. Washable sleeping bags; and

5. Waterproof mats which must be at least one inch thick and at least 45 inches long.

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.27 Medications: The licensee must ensure the following conditions are met when center staff or volunteers give or apply medication.**
391 Neb. Admin. Code (NAC) § 3-006.27A Giving or Applying Medication: Any staff who gives or applies medication must do so in accordance with the "Five Rights" as set out in the Medication Aide Act. The Five Rights are: 1. The right drug; 2. The right recipient; 3. In the right dose; 4. By the right route; and 5. At the right time.
391 Neb. Admin. Code (NAC) § 3-006.27B Competence to Give or Apply Medication: Parents or any licensed health care professional are responsible for determining if center staff are competent to give or apply medication. Any licensed health care professional, as directed by the prescribing health professional, is competent to give or apply medication under any circumstances as long as it is within the scope of practice of that health care professional. The center director has the responsibility to assess the ability of staff to give or apply medication.
391 Neb. Admin. Code (NAC) § 3-006.27C Confidentiality: Any staff who gives or applies medication must not disclose information about a child's medication or physical or mental health condition unless such information is needed to protect the health of other children or staff. The use of a posted medication sign-in sheet does not violate confidentiality if the parent has been advised in writing that the parent has the option of using a private method of informing center staff of the child's medication needs.
391 Neb. Admin. Code (NAC) § 3-006.27F Hand Washing: All individuals must properly wash their hands before giving or applying any medication. If handling any bodily fluids is involved, individuals must properly wash their hands after giving or applying medication.
391 Neb. Admin. Code (NAC) § 3-006.27G Storage: All medications must be kept in proper storage. This includes: 1. All prescription and non-prescription medications must be kept in locked storage at all times children are in care; 2. Separate locked storage must be provided for medications requiring refrigeration; 3. All medications must be kept in the original container and stored according to instructions, clearly labeled for the named child, and returned to the parent when no longer needed; and 4. Over-the-counter, non-toxic topical ointments such as lip balm, petroleum jelly, sun block and diaper ointment must be kept out of the reach of children.
391 Neb. Admin. Code (NAC) § 3-006.27H Record-Keeping: The licensee/director must maintain a record as to the time and amount of medication given or applied.
391 Neb. Admin. Code (NAC) § 3-006.32E Other Environmental Safety Requirements 2. ... medications (both prescription and nonprescription) ... must

be kept in locked storage at all times children are in care. Separate locked storage must be provided for medications requiring refrigeration.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.20 Medications:** The licensee must ensure the following conditions are met when center staff or volunteers give or apply medication.

391 Neb. Admin. Code (NAC) § 1-006.20A Giving or Applying Medication: Any staff who gives or applies medication must do so in accordance with the "Five Rights" as set out in the Medication Aide Act. The Five Rights are: 1. The right drug; 2. The right recipient; 3. In the right dose; 4. By the right route; and 5. At the right time.

391 Neb. Admin. Code (NAC) § 1-006.20B Competence to Give or Apply Medication: Parents or any licensed health care professional are responsible for determining if center staff are competent to give or apply medication. Any licensed health care professional, as directed by the prescribing health professional, is competent to give or apply medication under any circumstances as long as it is within the scope of practice of that health care professional. The center director has the responsibility to assess the ability of staff to give or apply medication.

391 Neb. Admin. Code (NAC) § 1-006.20C Confidentiality: Any staff who gives or applies medication must not disclose information about a child's medication or physical or mental health condition unless such information is needed to protect the health of other children or staff. The use of a posted medication sign-in sheet does not violate confidentiality if the parent has been advised in writing that the parent has the option of using a private method of informing center staff of the child's medication needs.

391 Neb. Admin. Code (NAC) § 1-006.20F Hand Washing: All individuals must properly wash their hands before giving or applying any medication. If handling any bodily fluids is involved, individuals must properly wash their hands after giving or applying medication.

391 Neb. Admin. Code (NAC) § 1-006.20G Storage: All medications must be kept in proper storage. This includes: 1. All prescription and non-prescription medications must be kept in locked storage at all times children are in care; 2. Separate locked storage must be provided for medications requiring refrigeration; 3. All medications must be kept in the original container and stored according to instructions, clearly labeled for the named child, and returned to the parent when no longer needed; and 4. Over-the-counter, non-toxic topical ointments such as lip balm, petroleum jelly, sun block and diaper ointment must be kept out of the reach of children.

391 Neb. Admin. Code (NAC) § 1-006.20H Record-Keeping: The licensee/director must maintain a record as to the time and amount of medication given or applied.

391 Neb. Admin. Code (NAC) § 1-006.25E Other Environmental Safety Requirements 2. ... medications (both prescription and nonprescription) ... must be kept in locked storage at all times children are in care. Separate locked storage must be provided for medications requiring refrigeration.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license-exempt center care.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (C) Administration of medication: (i) Providers who give or apply medication must follow the Five Rights: (1) The right drug; (2) The right recipient; (3) In the right dose; (4) By the right route; and (5) At the right time.**

Child Care Provider Enrollment, page 6:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 3. Administration of medication a. Providers who give or apply medication must follow the Five Rights: The right drug; The right recipient; In the right dose; By the right route; and, At the right time.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (C) Administration of medication: (i) Providers who give or apply medication must follow the Five Rights: (1) The right drug; (2) The right recipient; (3) In the right dose; (4) By the right route; and (5) At the right time.**

Child Care Provider Enrollment, page 6:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 3. Administration of medication a. Providers who give or apply medication must follow the Five Rights: The right drug; The right recipient; In the right dose; By the right route; and, At the right time.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.24 Medications: The licensee must ensure the following conditions are met when center staff give or apply medication. 391 Neb. Admin. Code (NAC) § 4-006.24A Giving or Applying Medication: Any staff who gives or applies medication must do so in accordance with the "Five Rights" as set out in the Medication Aide Act. The Five Rights are: 1. The right drug; 2. The right recipient; 3. In the right dose; 4. By the right route; and 5, At the right time. 391 Neb. Admin. Code (NAC) § 4-006.24B Competence to Give or Apply Medication: Parents or any licensed health care professional are responsible for determining if center staff are competent to give or apply medication. Any licensed health care professional, as directed by the prescribing health professional, is competent to give or apply medication under any circumstances as long as it is within the scope of practice of that health care professional. The center director has the responsibility to assess the ability of staff to give or apply medication.**

391 Neb. Admin. Code (NAC) § 4-006.24C Confidentiality: Any staff who gives or applies medication must not disclose information about a child's medication or physical or mental health condition unless such information is needed to protect the health of other children or staff. The use of a posted medication sign-in sheet does not violate confidentiality if the parent has been advised in writing that the parent has the option of using a private method of informing center staff of the child's medication needs.

391 Neb. Admin. Code (NAC) § 4-006.24G Storage: All medications must be kept in proper storage. This includes: 1. All prescription and non-prescription medications must be kept in locked storage at all times children are in care; 2. Separate locked storage must be provided for medications requiring refrigeration; 3. All medications must be kept in the original container and stored according to instructions, clearly labeled for a named child, and returned to the parent when no longer needed; and 4. Over-the-counter, non-toxic topical ointment such as lip balm, petroleum jelly, sun block and diaper ointment must be kept out of the reach of children.

391 Neb. Admin. Code (NAC) § 4-006.24H Record-Keeping: The licensee/director must maintain a record as to the time and amount of medication given or applied.

391 Neb. Admin. Code (NAC) § 4-006.24I Children Taking/Applying Medication: With written permission of the parent, a school-age child may take or apply his/her own medications at the direction of the parent who is responsible for direction and monitoring.

391 Neb. Admin. Code (NAC) § 4-006.29E Other Environmental Safety Requirements 2. ... medications (both prescription and nonprescription) ... must be kept in locked storage at all times children are in care. Separate locked storage must be provided for medications requiring refrigeration.

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.27D Written Permission and Instructions:** Any staff who gives or applies prescription or non-prescription medication may do so only with prior written permission and written instructions from a parent. Staff must comply with the instructions provided by the parent or inform the parent the medications will not be given or applied. 1. Any error in the giving or applying of medication must be reported to the parent. 2. The dosage must not exceed that which is printed on the label. 3. Expired medication must not be given or applied to a child and must be returned to the parent or destroyed.
391 Neb. Admin. Code (NAC) § 3-006.27E Unusual Circumstances: The licensee must obtain a written statement from the licensed health care professional who prescribed the medication allowing center staff to give the medication when: 1. Any prescription medication is given or applied as needed (PRN); or 2. By a route other than oral, topical, inhalant, or instillation. The written statement must describe the route and what symptoms need to exist in order for the medication to be given or applied.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb.**

Admin. Code (NAC) § 1-006.20D Written Permission and Instructions: Any staff who gives or applies prescription or non-prescription medication may do so only with prior written permission and written instructions from a parent. Staff must comply with the instructions provided by the parent or inform the parent the medications will not be given or applied. 1. Any error in the giving or applying of medication must be reported to the parent. 2. The dosage must not exceed that which is printed on the label. 3. Expired medication must not be given or applied to a child and must be returned to the parent or destroyed.

391 Neb. Admin. Code (NAC) § 1-006.20E Unusual Circumstances: The licensee must obtain a written statement from the licensed health care professional who prescribed the medication allowing center staff to give the medication when: 1. Any prescription medication is given or applied as needed (PRN); or 2. By a route other than oral, topical, inhalant, or instillation. The written statement must describe the route and what symptoms need to exist in order for the medication to be given or applied.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x]Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license-exempt center care.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance: To ensure the provider follows the Five Rights when dispensing medication, the Department expects the provider will receive written instructions from the parent/guardian before dispensing medication.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS** Guidance: To ensure the provider follows the Five Rights when dispensing medication, the Department expects the provider will receive written instructions from the parent/guardian before dispensing medication.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.24D**

Written Permission and Instructions: Any staff who gives or applies prescription or non-prescription medication may do so only with prior written permission and written instructions from a parent. Staff must comply with the instructions provided by the parent or inform the parent the medications will not be given or applied. 1. Any error in the giving or applying of medication must be reported to the parent. 2. The dosage must not exceed that which is printed on the label. 3. Expired medication must not be given or applied to a child and must be returned to the parent or destroyed.

391 Neb. Admin. Code (NAC) § 4-006.24E Unusual Circumstances: The licensee must obtain a written statement from the licensed health care professional who prescribed the medication allowing center staff to give the medication when: 1. Any prescription medication is given or applied as needed (PRN); or 2. By a route other than oral, topical, inhalant, or instillation. The written statement must describe the route and what symptoms need to exist in order for the medication to be given or applied.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.12 Child's Record: A Child's Record must be completed before the child's enrollment. The record must be kept current and available for review upon request by the Department. A Child's Record form may be used or a form may be created and must contain the following information for each child: 11. List of child's allergies and intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.21 Child's Record: A Child's Record must be completed before the child's enrollment. The record must be kept current and available for review upon request by the Department. A Child's Record form may be used or a form may be created and must contain the following information for each child: 11. List of child's allergies and intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license exempt center care.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (D) Prevention and response to emergencies due to food or allergic reaction. (i) Providers must keep records that include but are not limited to, the following: list of child's allergies and intolerance to food, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.**

Child Care Provider Enrollment, page 6:
V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards:
4.Prevention and response to emergencies due to food and allergic reaction a. Providers must keep records that include but are not limited to the following: list of child's allergies and intolerance to food, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb.**

Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (D) Prevention and response to emergencies due to food or allergic reaction. (i) Providers must keep records that include but are not limited to, the following: list of child's allergies and intolerance to food, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.

Child Care Provider Enrollment, page 6:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards:

4.Prevention and response to emergencies due to food and allergic reaction a.

Providers must keep records that include but are not limited to the following: list of child's allergies and intolerance to food, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.11 Child's Record: A Child's Record must be completed before the child's enrollment. The record must be kept current and available for review upon request by the Department. A Child's Record form may be used or a form may be created and must contain the following information for each child: 11. List of child's allergies and intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.12 Child's Record: A Child's Record must be completed before the child's enrollment. The record must be kept current and available for review upon request by the Department. A Child's Record form may be used or a form may be created and must contain the following information for each child: 11. List of child's allergies and intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.**
391 Neb. Admin. Code (NAC) § 3-006.30 Emergency Preparedness
391 Neb. Admin. Code (NAC) § 3-006.30A Telephone: A working, non-coin operated telephone must be available on the premises at all times. Emergency telephone numbers, including fire, rescue, police (or 911) and Poison Control, must be prominently posted.
391 Neb. Admin. Code (NAC) § 3-006.30E Notification to the Department of Emergencies: The licensee/director must notify the Department within 24 hours or next business day of the following occurrences at the center: 1. The death of a child; 2. Any accident or injury to a child which requires hospitalization or treatment at a medical facility;
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb.**

Admin. Code (NAC) § 1-006.21 Child's Record: A Child's Record must be completed before the child's enrollment. The record must be kept current and available for review upon request by the Department. A Child's Record form may be used or a form may be created and must contain the following information for each child:

11. List of child's allergies and intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.

391 Neb. Admin. Code (NAC) § 1-006.23 Emergency Preparedness

391 Neb. Admin. Code (NAC) § 1-006.23A Telephone: A working, non-coin operated telephone must be available on the premises at all times. Emergency telephone numbers, including fire, rescue, police (or 911) and Poison Control, must be prominently posted.

391 Neb. Admin. Code (NAC) § 1-006.23E Notification to the Department of Emergencies: The licensee/director must notify the Department within 24 hours or next business day of the following occurrences at the center: 1. The death of a child; 2. Any accident or injury to a child which requires hospitalization or treatment at a medical facility;

iii. All CCDF-eligible licensed in-home care. Provide the standard::

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license exempt center care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (D) Prevention and response to emergencies due to food or allergic reaction. (i) Providers must keep records that include but are not limited to, the following: list of child's allergies and intolerance to food, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.**

Child Care Provider Enrollment, page 6: V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 4. Prevention and response to emergencies due to food and allergic reaction a. Providers must keep records that include but are not limited to the following: list of child's allergies and intolerance to food, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (D) Prevention and response to emergencies due to food or allergic reaction. (i) Providers must keep records that include but are not limited to, the**

following: list of child's allergies and intolerance to food, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.

Child Care Provider Enrollment, page 6: V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 4. Prevention and response to emergencies due to food and allergic reaction a. Providers must keep records that include but are not limited to the following: list of child's allergies and intolerance to food, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.11 Child's Record: A Child's Record must be completed before the child's enrollment. The record must be kept current and available for review upon request by the Department. A Child's Record form may be used or a form may be created and must contain the following information for each child: 11. List of child's allergies and intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor. 391 Neb. Admin. Code (NAC) § 4-006.27 Emergency Preparedness 391 Neb. Admin. Code (NAC) § 4-006.27A Telephone: A working, non-coin operated telephone must be available on the premises at all times. Emergency telephone numbers, including fire, rescue, police (or 911) and Poison Control, must be prominently posted. 391 Neb. Admin. Code (NAC) § 4-006.27E Notification to the Department of Emergencies: The licensee/director must notify the Department within 24 hours or next business day of the following occurrences at the center: 1. The death of a child; 2. Any accident or injury to a child which requires hospitalization or treatment at a medical facility;**

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.15A Licensed Capacity: The number of children in care at any one time must not exceed the center's licensed capacity. Licensed capacity will be determined by the Department based on available space and the capacity authorized by the State Fire Marshal or delegated authority. Whichever number is smaller will be the licensed capacity of the center. 391 Neb. Admin. Code (NAC) § 3-006.32E Other Environmental Safety Requirements 1. Surfaces must be smooth and free of sharp edges, mold, or dirt, and the environment must be kept free of other conditions which may pose a potential risk. 2. All cleaning agents, medications (both prescription and nonprescription), and poisonous materials must be kept in locked storage at all**

times children are in care. Separate locked storage must be provided for medications requiring refrigeration. 3. All firearms, other potentially hazardous weapons, weapon accessories, and ammunition must not be on the premises of the center, unless the center is located in a private residence. If the center is located in a private residence, all firearms, other potentially hazardous weapons, weapon accessories, and ammunition must be kept in locked storage. Firearms must be unloaded and ammunition must be stored separately from firearms. 4. Electrical outlets within reach of children under age six must be covered with safety caps, ground fault interrupters, or have safety outlets installed. 5. Shared use of the following items is prohibited: a. Disposable towelettes; b. Drinking containers, cups, or glasses; c. Personal care items such as toothbrushes and hair brushes; and d. Towels and washcloths. 6. The licensee must ensure storage that is: a. Clean and adequate for all personal items of staff; b. Clean and adequate for all personal items of children; c. Covered and waterproof for soiled or wet clothing; and d. For staff and children's storage, areas separate from where food and medication are kept. 7. Deep freezers that cannot be opened from the inside must be locked or stored in a locked room.

391 Neb. Admin. Code (NAC) § 3-007 PHYSICAL PLANT STANDARDS: The center must be designed, constructed and maintained in a manner that is safe, clean and functional for child care. The following regulations apply to all areas of the center.

391 Neb. Admin. Code (NAC) § 3-007.01 Activity Space: The center must have space for children's activities, napping, and free play. The activity space must: 3. Have at least 35 square feet of activity space per child. Bathrooms, kitchen, isolation room, office, passageways, storage, or space occupied by cribs, cots, or built-in cabinets must not be considered when computing activity space.

391 Neb. Admin. Code (NAC) § 3-007.02A Plumbing: The licensee must ensure that: 1. No plumbing fixture or other device that provides a connection between a drinking water supply and a drainage, soil, waste, or other sewer pipe so as to make possible the backflow of sewage or waste water into the potable water supply system. Water that has been used for cooling or for any other purpose must not be returned to the system; and 2. All plumbing conforms to the local plumbing code. Where no plumbing code is in effect, plumbing must conform to national standards.

the center has and maintains an accessible, adequate, safe, and potable supply of water for drinking, food preparation, and hand washing. 1. If water is obtained from a source other than a public water supply system, the water must not contain contaminants that exceed the maximum contaminant levels set for nitrate, or total coliform for public water supply systems or the lead action level. The licensee must report to the Department the results of all tests that show the water contains contaminants that exceed a maximum contaminant or action level.

a. The water supply must be tested annually and the tests results must be available for review upon request. b. If the water supply does not meet nitrate, total coliform bacteria and lead standards, the licensee must, until the contaminants are lowered to acceptable levels: (1) Obtain water from a source approved by the Department; or (2) Purchase water from a commercial source. 2. Drinking water must be provided by sanitary drinking fountains or individual or disposable cups. a. Drinking fountains must have mouth guards with water issuing under sufficient pressure. b. Sanitary dispensing and disposal units must be

provided for paper cups. 3. The licensee must ensure that: a. Running water under pressure is provided; b. Each hot water storage tank is provided with a pressure and temperature relief valve; c. Adequate water heating facilities are provided so that a sufficient amount of hot water for general cleaning as well as washing and sanitizing utensils is available at proper temperatures; d. Water supply to all hand washing and bathing locations is maintained between a minimum of 100 degrees Fahrenheit and a maximum of 120 degrees Fahrenheit; and e. Soap is available for hand washing.

391 Neb. Admin. Code (NAC) § 3-007.02C Sewer Requirements: When a municipal sewage system is not available, the licensee must: 1. Collect, treat, and dispose of sewage and all liquid waste with a sewage system that conforms to local ordinances; or 2. Where local ordinances do not exist, sewage disposal systems must comply with the regulations of the Nebraska Department of Environmental Quality.

391 Neb. Admin. Code (NAC) § 3-007.03 Fenced Outdoor Play Area: When care is provided to children between the ages of six weeks and school-age, the licensee must ensure that a fenced outdoor play area is available.

391 Neb. Admin. Code (NAC) § 3-007.05 Fire Safety: The licensee must maintain fire safety approval at all times.

391 Neb. Admin. Code (NAC) § 3-007.06 Sanitation: The licensee must maintain sanitation approval at all times.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.08A Licensed Capacity:** The number of children in care at any one time must not exceed the licensed capacity. Licensed capacity will be determined by the Department based on available space and the capacity authorized by the State Fire Marshal or delegated authority. Whichever number is smaller will be the licensed capacity of the child care home.

391 Neb. Admin. Code (NAC) § 1-006.25E Other Environmental Safety Requirements 1. Surfaces must be smooth and free of sharp edges, mold, or dirt, and the environment must be kept free of other conditions which may pose a potential risk. 2. All cleaning agents, medications (both prescription and nonprescription), and poisonous materials must be kept in locked storage at all times children are in care. Separate locked storage must be provided for medications requiring refrigeration. 3. All firearms, other potentially hazardous weapons, weapon accessories, and ammunition must be kept in locked storage. Firearms must be unloaded and ammunition must be stored separately from firearms. 4. Electrical outlets within reach of children must be covered with safety caps, ground fault interrupters, or have safety outlets installed. 5. Shared use of the following items is prohibited: a. Disposable towelettes; b. Drinking containers, cups, or glasses; c. Personal care items such as toothbrushes and hair brushes; and d. Towels and washcloths. 6. Waterproof storage must be provided for soiled or wet clothing and must not be accessible to children.

391 Neb. Admin. Code (NAC) § 1-007 PHYSICAL PLANT STANDARDS: The child care home must be maintained in a manner that is safe, clean, and functional for child care.

391 Neb. Admin. Code (NAC) § 1-007.01 Activity Space: The center must have space for children's activities, napping, and free play. The activity space must: 3.

Have at least 35 square feet of activity space per child. Bathrooms, kitchen, isolation room, office, passageways, storage, or space occupied by cribs, cots, or built-in cabinets must not be considered when computing activity space.

391 Neb. Admin. Code (NAC) § 1-007.02A Water Supply: The licensee must have and maintain an accessible, adequate, safe, and potable supply of water for drinking, bathing, and hand washing. 1. If water is obtained from a source other than a public water supply system, the water must not contain contaminants that exceed the maximum contaminant levels set for nitrate, or total coliform for public water supply systems or the lead action level. The licensee must report to the Department the results of all tests that show the water contains contaminants that exceed a maximum contaminant or action level. a. The water supply must be tested annually and the tests results must be available for review upon request. b. If the water supply does not meet nitrate, total coliform bacteria and lead standards, the licensee must, until the contaminants are lowered to acceptable levels: (1) Obtain water from a source approved by the Department; or (2) Purchase water from a commercial source. 2. Drinking water must be provided by sanitary drinking fountains or individual or disposable cups. 3. The licensee must maintain hot and cold water to all hand washing and bathing locations. The hot water system must be maintained between a minimum of 100 degrees Fahrenheit and a maximum of 120 degrees Fahrenheit. Soap must be available at the hand washing sink.

391 Neb. Admin. Code (NAC) § 1-007.02B Sewer Requirements: The licensee must maintain a sanitary and functioning sewage system which includes no open sewage discharge on the child care premises. When the Department determines that there may be open sewage present on the child care premises, a referral will be made to the Nebraska Department of Environmental Quality for an inspection.

391 Neb. Admin. Code (NAC) § 1-007.03 Outdoor Play Areas: An outdoor play area must be available. 1. Have at least 50 square feet per child of age-appropriate play space; 2. Be kept clean and safe and contain no accident hazards, debris, or stagnant water; 3. Contain no barnyard animals or fowl; and 4. Be free of animal waste.

391 Neb. Admin. Code (NAC) § 1-007.07 Fire Safety: The child care home must maintain fire safety approval in addition to meeting the following standards: 1. There must be two unblocked exits approved by the Fire Marshal from every floor on which child care is provided; 2. Furnaces, wood-burning stoves, and other heaters must be inaccessible to children when in use; 3. Candles or incense must not be used while children are in care; 4. Open flames must not be present while children are in care; 5. All storage areas must be free of excessively combustible or highly flammable materials; 6. Bathroom and closet doors must be designed so they can be unlocked from the outside; 7. There must be properly mounted and operated smoke detection equipment as required by the Fire Marshal; and 8. When overnight care is provided, the licensee must ensure that additional fire safety requirements are met.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does**

not have CCDF-eligible license-exempt center care.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: 392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (E) Building and physical premises safety. (i) Physical environment standards must be designed, constructed, and maintained in a manner that is safe, clean, and functional for child care. 392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance: The Department interprets building and physical premises safety to include the following components: Have operable utilities, i.e., electricity, heat, water; Firearms, furnace and water heater are kept inaccessible to children; Maintain the home to be free from fire hazards such as exposed wiring, storage of combustibles near a fire source (furnace, water heater, stove), and blocked exits; Develop an emergency procedure to reach children should they become locked into an area of the home; Maintain an outdoor play area free of safety hazards; Ensure the home has operable smoke and carbon monoxide detectors, maintained according to manufacturer's recommendations, which are located on each level of the home used to provide care; Ensure a fire extinguisher is on site and not expired;

Child Care Provider Enrollment, page 6:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 5. Building and physical premises safety a. The indoor and outdoor environment, play area and equipment must be designed, constructed, and maintained in a safe and clean condition for child care.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: 392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (E) Building and physical premises safety. (i) Physical environment standards must be designed, constructed, and maintained in a manner that is safe, clean, and functional for child care. 392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance: The Department interprets building and physical premises safety to include the following components: Have operable utilities, i.e., electricity, heat, water; Firearms, furnace and water heater are kept inaccessible to children; Maintain the home to be free from fire hazards such as exposed wiring, storage of combustibles near a fire source (furnace, water heater, stove), and blocked exits; Develop an emergency procedure to reach children should they become locked into an area of the home; Maintain an outdoor play area free of safety hazards; Ensure the home has operable smoke and carbon monoxide detectors, maintained according to manufacturer's recommendations, which are located on each level of the home used to provide care; Ensure a fire extinguisher is on site and not expired;

Child Care Provider Enrollment, page 6:

V. CCDF Health and Safety Requirements Provider and provider's staff (if

applicable) are required to maintain the following health and safety standards: 5. Building and physical premises safety a. The indoor and outdoor environment, play area and equipment must be designed, constructed, and maintained in a safe and clean condition for child care.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.14A Licensed Capacity:** The number of children in care at any one time must not exceed the center's licensed capacity. Licensed capacity will be determined by the Department based on available space and the capacity authorized by the State Fire Marshal or delegated authority. Whichever number is smaller will be the licensed capacity of the center.

391 Neb. Admin. Code (NAC) § 4-006.29E Other Environmental Safety Requirements 1. Surfaces must be smooth and free of sharp edges, mold, or dirt, and the environment must be kept free of other conditions which may pose a potential risk. 2. All cleaning agents, medications (both prescription and nonprescription), and poisonous materials must be kept in locked storage at all times children are in care. Separate locked storage must be provided for medications requiring refrigeration. 3. All firearms, other potentially hazardous weapons, weapon accessories, and ammunition must not be on the premises of the center, unless the center is located in a private residence. If the center is located in a private residence, all firearms, other potentially hazardous weapons, weapon accessories, and ammunition must be kept in locked storage. Firearms must be unloaded and ammunition must be stored separately from firearms. 4. Electrical outlets within reach of children under age six must be covered with safety caps, ground fault interrupters, or have safety outlets installed. 5. Shared use of the following items is prohibited: a. Disposable towelettes; b. Drinking containers, cups, or glasses; c. Personal care items such as toothbrushes and hair brushes; and d. Towels and washcloths. 6. The licensee must ensure storage that is: a. Clean and adequate for all personal items of staff; b. Clean and adequate for all personal items of children; c. Covered and waterproof for soiled or wet clothing; and d. For staff and children's storage, areas separate from where food and medication are kept. 7. Deep freezers that cannot be opened from the inside must be locked or stored in a locked room.

391 Neb. Admin. Code (NAC) § 4-007 PHYSICAL PLANT STANDARDS: The center must be designed, constructed and maintained in a manner that is safe, clean and functional for child care. The following regulations apply to all areas of the center.

391 Neb. Admin. Code (NAC) § 4-007.01 Activity Space: The center must have space for children's activities, napping, and free play. The activity space must: 3. Have at least 35 square feet of activity space per child. Bathrooms, kitchen, isolation room, office, passageways, storage, or space occupied by cribs, cots, or built-in cabinets must not be considered when computing activity space.

391 Neb. Admin. Code (NAC) § 4-007.02A Plumbing: The licensee must ensure that: 1. No plumbing fixture or other device that provides a connection between a drinking water supply and a drainage, soil, waste, or other sewer pipe so as to make possible the backflow of sewage or waste water into the potable water supply system. Water that has been used for cooling or for any other purpose must not be returned to the system; and 2. All plumbing conforms to the local

plumbing code. Where no plumbing code is in effect, plumbing must conform to national standards.

391 Neb. Admin. Code (NAC) § 4-007.02B Water Supply: The licensee must ensure the center has and maintains an accessible, adequate, safe, and potable supply of water for drinking, food preparation, and hand washing. 1. If water is obtained from a source other than a public water supply system, the water must not contain contaminants that exceed the maximum contaminant levels set for nitrate, or total coliform for public water supply systems or the lead action level. The licensee must report to the Department the results of all tests that show the water contains contaminants that exceed a maximum contaminant or action level.

a. The water supply must be tested annually and the tests results must be available for review upon request. b. If the water supply does not meet nitrate, total coliform bacteria and lead standards, the licensee must, until the contaminants are lowered to acceptable levels: (1) Obtain water from a source approved by the Department; or (2) Purchase water from a commercial source. 2. Drinking water must be provided by sanitary drinking fountains or individual or disposable cups. a. Drinking fountains must have mouth guards with water issuing under sufficient pressure. b. Sanitary dispensing and disposal units must be provided for paper cups. 3. The licensee must ensure that: a. Running water under pressure is provided; b. Each hot water storage tank is provided with a pressure and temperature relief valve; c. Adequate water heating facilities are provided so that a sufficient amount of hot water for general cleaning as well as washing and sanitizing utensils is available at proper temperatures; d. Water supply to all hand washing and bathing locations is maintained between a minimum of 100 degrees Fahrenheit and a maximum of 120 degrees Fahrenheit; and e. Soap is available for hand washing.

391 Neb. Admin. Code (NAC) § 4-007.02C Sewer Requirements: When a municipal sewage system is not available, the licensee must: 1. Collect, treat, and dispose of sewage and all liquid waste with a sewage system that conforms to local ordinances; or 2. Where local ordinances do not exist, sewage disposal systems must comply with the regulations of the Nebraska Department of Environmental Quality.

391 Neb. Admin. Code (NAC) § 4-007.03 Outdoor Play Area: An outdoor play area must be available.

391 Neb. Admin. Code (NAC) § 4-007.05 Fire Safety: The licensee must maintain fire safety approval at all times.

391 Neb. Admin. Code (NAC) § 4-007.06 Sanitation: The licensee must maintain sanitation approval at all times.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-007.03 Fenced Outdoor Play Area:** When care is provided to children between the ages of six weeks and school-age, the licensee must ensure that a fenced outdoor play area is available.
391 Neb. Admin. Code (NAC) § 3-006.25 Wading and Swimming Activities: Children must be accompanied, kept safe, and adequately supervised during

wading and swimming activities while in care.

391 Neb. Admin. Code (NAC) § 3-006.25A Prohibited Water Sources: Children must not be allowed to use the following water sources for wading or swimming activities: 1. Natural bodies of water; 2. Hot tubs, spas or saunas; 3. Livestock tanks; or 4. Decorative ponds.

391 Neb. Admin. Code (NAC) § 3-006.25B Wading: If the licensee allows children to participate in wading or other water play activities: 1. Children must be accompanied and directly supervised; and 2. The licensee must ensure that the wading pool is drained and sanitized daily and is inaccessible to children when not in use.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.18 Wading and Swimming Activities:** Children must be accompanied, kept safe, and adequately supervised during wading and swimming activities while in care.
391 Neb. Admin. Code (NAC) § 1-006.18A Prohibited Water Sources: Children must not be allowed to use the following water sources for wading or swimming activities: 1. Natural bodies of water; 2. Hot tubs, spas, or saunas; 3. Livestock tanks; and 4. Decorative ponds.
391 Neb. Admin. Code (NAC) § 1-006.18B Wading: If the licensee allows children to participate in wading or other water play activities: 1. Children must be accompanied and directly supervised; and 2. The licensee must ensure that the wading pool is drained and sanitized daily and is inaccessible to children when not in use.
391 Neb. Admin. Code (NAC) § 1-007.04 Fencing: A fence is required when the following conditions exist on or near the child care premises: 1. Drainage ditches; 2. Wells; 3. Holes; 6. Bodies of water, including decorative ponds;
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license-exempt center care.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance:** The Department interprets building and physical premises safety to include the following components: Ensure children do not have unsupervised access to bodies of water.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance:** The Department interprets building and physical premises safety to include the following components: Ensure children do not have unsupervised access to bodies of water.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.22 Wading and Swimming Activities:** Children must be accompanied, kept safe, and adequately supervised during wading and swimming activities while in care.
391 Neb. Admin. Code (NAC) § 4-006.22A Prohibited Water Sources: Children

must not be allowed to use the following water sources for swimming or wading activities: 1. Natural bodies of water; 2. Hot tubs, spas or saunas; 3. Livestock tanks; or 4. Decorative ponds.

391 Neb. Admin. Code (NAC) § 4-006.22B Wading: If the licensee allows children to participate in wading or other water play activities: 1. Children must be accompanied and directly supervised; and 2. The licensee must ensure that the wading pool is drained and sanitized daily and is inaccessible to children when not in use.

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-007.03 Fenced Outdoor Play Area:** When care is provided to children between the ages of six weeks and school-age, the licensee must ensure that a fenced outdoor play area is available.
391 Neb. Admin. Code (NAC) § 3-007.03C Outdoor Play Equipment: The licensee must ensure that: 1. Stationary outdoor equipment such as climbing apparatus, swings, or slides are located away from traffic areas in the outdoor play area;
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-007.04 Fencing:** A fence is required when the following conditions exist on or near the child care premises: 7. Heavy street traffic;
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license exempt center care.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance:** The Department interprets building and physical premises safety to include the following components: Ensure children are protected from streets, alleyways, parking lots and garages;
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance:** The Department interprets building and physical premises safety to include the following components: Ensure children are protected from streets, alleyways, parking lots and garages;
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **392 Neb. Admin. Code (NAC) § 4-007.03B Outdoor Play Equipment:** The licensee must ensure that: 1. Stationary outdoor equipment such as climbing apparatus, swings, or slides must be located away from traffic areas in the outdoor play area;

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.08A Safety Training: The director must complete training developed by the Early Childhood Training Center on Sudden Infant Death Syndrome (SIDS), safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.**
391 Neb. Admin. Code (NAC) § 3-006.09A Safety Training: Teachers must complete training developed by the Early Childhood Training Center (ECTC) on Sudden Infant Death Syndrome (SIDS), safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.
391 Neb. Admin. Code (NAC) § 3-006.02 Director Requirements: The director is responsible for managing the day-to-day operations of the child care center. The director must report to the licensee all matters related to the maintenance, operation, and management of the child care center and be directly responsible to the licensee or to a person delegated governing authority by the licensee. The director must: 10. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect, or sexual abuse may be occurring in the child care center, in the child’s home, or elsewhere, or ensure that a report is filed;
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.04B Safety Training: The licensee must complete training developed by the Early Childhood Training Center on Sudden Infant Death Syndrome (SIDS), safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.**
391 Neb. Admin. Code (NAC) § 1-006.01 Licensee Qualifications and Requirements: The Family Child Care Home I licensee must: 17. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect, or sexual abuse may be occurring in the family child care home, in the child’s home, or elsewhere.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license exempt center care.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (F) Prevention of abusive head trauma. (i) Providers must be trained in recognizing and immediately reporting any signs of abusive head trauma. (1) Reports must be made to the Nebraska Child Abuse and Neglect**

Hotline.

Child Care Provider Enrollment, page 6-7:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 6. Prevention of abusive head trauma a. Providers must be trained in recognizing and immediately reporting any signs of abusive head trauma.; Immediately report any signs of suspected child abuse or neglect, including abusive head trauma and shaken baby syndrome to the Nebraska Child Abuse and Neglect Hotline at 1-800-652-1999 and/or local law enforcement agency.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (F) Prevention of abusive head trauma. (i) Providers must be trained in recognizing and immediately reporting any signs of abusive head trauma. (1) Reports must be made to the Nebraska Child Abuse and Neglect Hotline.**

Child Care Provider Enrollment, page 6-7:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 6. Prevention of abusive head trauma a. Providers must be trained in recognizing and immediately reporting any signs of abusive head trauma.; Immediately report any signs of suspected child abuse or neglect, including abusive head trauma and shaken baby syndrome to the Nebraska Child Abuse and Neglect Hotline at 1-800-652-1999 and/or local law enforcement agency.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.07A Safety Training: The director must complete training developed by the Early Childhood Training Center on Sudden Infant Death Syndrome (SIDS), safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.**
391 Neb. Admin. Code (NAC) § 4-006.08A Safety Training: Teachers must complete training developed by the Early Childhood Training Center (ECTC) on Sudden Infant Death Syndrome (SIDS), safe sleep, shaken baby syndrome, and child abuse/neglect and reporting.
391 Neb. Admin. Code (NAC) § 4-006.14B Staffing Requirements 1. All staff must be awake and alert to the needs of the children at all times, including napping/sleeping times. 3. During naptime, at least one teacher must be in the room where children are napping, as long as the staff-to-child ratio is maintained center-wide.
391 Neb. Admin. Code (NAC) § 4-006.02 Director Requirements: The director is responsible for managing the day-to-day operations of the school-age-only center. The director must report to the licensee all matters related to the maintenance, operation, and management of the center and be directly responsible to the licensee or to a person delegated governing authority by the licensee. The director must: 10. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has

reason to believe child abuse, neglect or sexual abuse may be occurring in the school-age-only center, in the child's home, or elsewhere, or ensure that a report is filed;

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. Child maltreatment is not a part of shaken baby syndrome and abusive head trauma prevention.**

391 Neb. Admin. Code (NAC) § 3-006.02 Director Requirements: The director is responsible for managing the day-today operations of the child care center. The director must report to the licensee all matters related to the maintenance, operation, and management of the child care center and be directly responsible to the licensee or to a person delegated governing authority by the licensee. The director must: 10. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect, or sexual abuse may be occurring in the child care center, in the child's home, or elsewhere, or ensure that a report is filed;
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. Child maltreatment is not a part of shaken baby syndrome and abusive head trauma prevention.**

391 Neb. Admin. Code (NAC) § 1-006.01 Licensee Qualifications and Requirements: The Family Child Care Home I licensee must: 17. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect, or sexual abuse may be occurring in the family child care home, in the child's home, or elsewhere.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license exempt center care.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance: Providers must be trained in recognizing and immediately reporting any signs of child abuse or neglect, including shaken baby syndrome.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance: Providers must be**

trained in recognizing and immediately reporting any signs of child abuse or neglect, including shaken baby syndrome.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. Child maltreatment is not a part of shaken baby syndrome and abusive head trauma prevention.**

391 Neb. Admin. Code (NAC) § 4-006.02 Director Requirements: The director is responsible for managing the day-to-day operations of the school-age-only center. The director must report to the licensee all matters related to the maintenance, operation, and management of the center and be directly responsible to the licensee or to a person delegated governing authority by the licensee. The director must: 10. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect or sexual abuse may be occurring in the school-age-only center, in the child's home, or elsewhere, or ensure that a report is filed;

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. ☒ Evacuation
- ii. ☒ Relocation
- iii. ☒ Shelter-in-place
- iv. ☒ Lock down
- v. Staff emergency preparedness
 - ☐ Training
 - ☒ Practice drills
- vi. Volunteer emergency preparedness
 - ☐ Training
 - ☒ Practice drills
- vii. ☒ Communication with families
- viii. ☒ Reunification with families
- ix. ☒ Continuity of operations
- x. Accommodation of
 - ☒ Infants
 - ☒ Toddlers

☒ Children with disabilities

☒ Children with chronic medical conditions

xi. If any of the above are not checked, describe: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. The Lead Agency expects all subsidy participating programs to be trained in emergency preparedness and to complete practice drills, however this expectation is not currently reflected in regulations for staff and volunteers of Family Child Care Homes I and II.**

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.27F Hand Washing: All individuals must properly wash their hands before giving or applying any medication. If handling any bodily fluids is involved, individuals must properly wash their hands after giving or applying medication.**
391 Neb. Admin. Code (NAC) § 3-006.32 Environmental Safety: The licensee is responsible for maintaining a safe and hazard-free environment to protect the health and safety of children in care. 391 Neb. Admin. Code (NAC) § 3-006.32A Smoking: Smoking anywhere indoors in a child care center is prohibited at all times, unless the center is located in a private residence. If the center is located in a private residence, the licensee must ensure that: 1. No one smokes indoors during the hours of operation when one or more children who are not occupants of the residence are present; and 2. Parents are informed before enrollment if the licensee or any household member smokes.
391 Neb. Admin. Code (NAC) § 3-006.32B Alcohol and Controlled Substances 1. If the center is located in a private residence, alcohol must not be consumed in any area used for child care during the hours of operation. 2. If the center is not located in a private residence, alcohol must not be present in any area used for child care whenever any child in care is present. 3. The unlawful use or possession of controlled substances is prohibited. Controlled substances that have not been legally prescribed must not be on the premises.
391 Neb. Admin. Code (NAC) § 3-006.32D Prohibited Animals: Exotic or unusual animals, or any animal that has bitten or attacked anyone without provocation or has been determined by the local health authority to be dangerous, must not be allowed on the premises during the hours of operation.
391 Neb. Admin. Code (NAC) § 3-006.32E Other Environmental Safety Requirements 1. Surfaces must be smooth and free of sharp edges, mold, or dirt, and the environment must be kept free of other conditions which may pose a potential risk. 2. All cleaning agents, medications (both prescription and nonprescription), and poisonous materials must be kept in locked storage at all times children are in care. Separate locked storage must be provided for

medications requiring refrigeration. 3. All firearms, other potentially hazardous weapons, weapon accessories, and ammunition must not be on the premises of the center, unless the center is located in a private residence. If the center is located in a private residence, all firearms, other potentially hazardous weapons, weapon accessories, and ammunition must be kept in locked storage. Firearms must be unloaded and ammunition must be stored separately from firearms. 4. Electrical outlets within reach of children under age six must be covered with safety caps, ground fault interrupters, or have safety outlets installed. 5. Shared use of the following items is prohibited: a. Disposable towelettes; b. Drinking containers, cups, or glasses; c. Personal care items such as toothbrushes and hair brushes; and d. Towels and washcloths. 6. The licensee must ensure storage that is: a. Clean and adequate for all personal items of staff; b. Clean and adequate for all personal items of children; c. Covered and waterproof for soiled or wet clothing; and d. For staff and children's storage, areas separate from where food and medication are kept. 7. Deep freezers that cannot be opened from the inside must be locked or stored in a locked room.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.20F Hand Washing:** All caregivers must properly wash their hands before giving or applying any medication. If handling any bodily fluids is involved, caregivers must properly wash their hands after giving or applying medication.
391 Neb. Admin. Code (NAC) § 1-006.25 Environmental Safety: The licensee is responsible for maintaining a safe and hazard-free environment.
391 Neb. Admin. Code (NAC) § 1-006.25A Smoking: Smoking anywhere indoors in a child care home is prohibited during the hours of operation when one or more children who are not occupants of the residence are present. If the licensee or any household member smokes, parents must be informed before enrollment of their child(ren).
391 Neb. Admin. Code (NAC) § 1-006.25B Alcohol and Controlled Substances 1. Alcohol must not be consumed in any area used for child care whenever any child in care is present. 2. The unlawful use or possession of controlled substances is prohibited. Controlled substances that have not been legally prescribed must not be on the premises.
391 Neb. Admin. Code (NAC) § 1-006.25D Prohibited Animals: Exotic or unusual animals, or any animal that has bitten or attacked anyone without provocation or has been determined by the local health authority to be dangerous, must not be allowed on the premises during the hours of operation.
391 Neb. Admin. Code (NAC) § 1-006.25E Other Environmental Safety Requirements 1. Surfaces must be smooth and free of sharp edges, mold, or dirt, and the environment must be kept free of other conditions which may pose a potential risk. 2. All cleaning agents, medications (both prescription and nonprescription), and poisonous materials must be kept in locked storage at all times children are in care. Separate locked storage must be provided for medications requiring refrigeration. 3. All firearms, other potentially hazardous weapons, weapon accessories, and ammunition must be kept in locked storage. Firearms must be unloaded and ammunition must be stored separately from firearms. 4. Electrical outlets within reach of children must be covered with safety

caps, ground fault interrupters, or have safety outlets installed. 5. Shared use of the following items is prohibited: a. Disposable towelettes; b. Drinking containers, cups, or glasses; c. Personal care items such as toothbrushes and hair brushes; and d. Towels and washcloths. 6. Waterproof storage must be provided for soiled or wet clothing and must not be accessible to children.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license-exempt center care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (H) Handling and storage of hazardous materials. (i) Poisonous materials and medications must be stored in a safe and locked area to prevent access to children. Waterproof storage must be used for soiled or wet clothing. Providers must follow sewer requirements to maintain sanitation and must properly dispose of garbage and rubbish.**

Child Care Provider Enrollment, page 7:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants a. Poisonous materials and medications must be stored in a safe and locked area to prevent access to children. Waterproof storage must be used for soiled or wet clothing. Providers must follow sewer requirements to maintain sanitation and must properly dispose of garbage and rubbish.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (H) Handling and storage of hazardous materials. (i) Poisonous materials and medications must be stored in a safe and locked area to prevent access to children. Waterproof storage must be used for soiled or wet clothing. Providers must follow sewer requirements to maintain sanitation and must properly dispose of garbage and rubbish.**

Child Care Provider Enrollment, page 7:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants a. Poisonous materials and medications must be stored in a safe and locked area to prevent access to children. Waterproof storage must be used for soiled or wet clothing. Providers must follow sewer requirements to maintain sanitation and must properly dispose of garbage and rubbish.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.24F Hand Washing: All individuals must properly wash their hands before giving or applying any medication. If handling any bodily fluids is involved, individuals must properly wash their hands after giving or applying medication.**
391 Neb. Admin. Code (NAC) § 4-006.29A Smoking: Smoking anywhere indoors in a school-age-only center is prohibited at all times, unless the center is located in a private residence. If the center is located in a private residence, the licensee must ensure that: 1. No one smokes indoors during the hours of operation when one or more children who are not occupants of the residence are present; and 2. Parents are informed before enrollment if the licensee or any household member smokes.
391 Neb. Admin. Code (NAC) § 4-006.29B Alcohol and Controlled Substances 1. If the center is located in a private residence, alcohol must not be consumed in any area used for child care whenever any child in care is present. 2. If the center is not located in a private residence, alcohol must not be present in any area used for child care during the hours of operation. 3. The unlawful use or possession of controlled substances is prohibited. Controlled substances that have not been legally prescribed must not be on the premises.
391 Neb. Admin. Code (NAC) § 4-006.29D Prohibited Animals: Exotic or unusual animals, or any animal that has bitten or attacked anyone without provocation or has been determined by the local health authority to be dangerous, must not be allowed on the premises during the hours of operation.
391 Neb. Admin. Code (NAC) § 4-006.29E Other Environmental Safety Requirements 1. Surfaces must be smooth and free of sharp edges, mold, or dirt, and the environment must be kept free of other conditions which may pose a potential risk. 2. All cleaning agents, medications (both prescription and nonprescription), and poisonous materials must be kept in locked storage at all times children are in care. Separate locked storage must be provided for medications requiring refrigeration. 3. All firearms, other potentially hazardous weapons, weapon accessories, and ammunition must not be on the premises of the center, unless the center is located in a private residence. a. If the center is located in a private residence, all firearms, other potentially hazardous weapons, weapon accessories, and ammunition must be kept in locked storage. Firearms must be unloaded and ammunition must be stored separately from firearms. 4. Electrical outlets within reach of children under age six must be covered with safety caps, ground fault interrupters, or have safety outlets installed. 5. Shared use of the following items is prohibited: a. Disposable towelettes; b. Drinking containers, cups, or glasses; c. Personal care items such as toothbrushes and hair brushes; and d. Towels and washcloths. 6. The licensee must ensure storage that is: a. Clean and adequate for all personal items of staff; b. Clean and adequate for all personal items of children; c. Covered and waterproof for soiled or wet clothing; and d. For staff and children's storage, areas separate from where food and medication are kept. 7. Deep freezers that cannot be opened from the inside must be locked or stored in a locked room.
 - b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin.**

Code (NAC) § 3-006.31 Environmental Services: The licensee must ensure that child care is provided in a safe, clean, comfortable environment. Every area and building on the same premises used for child care must comply with these regulations.

391 Neb. Admin. Code (NAC) § 3-006.31A Housekeeping and Maintenance: The licensee must ensure that the necessary housekeeping and maintenance are provided to protect the health and safety of children in care. The center and grounds must be kept clean, safe, and in good repair. 2. Rooms, walls, floors, and ceilings must be kept clean, dry, in good repair, and free of odor resulting from sewage, mold, mildew, or other environmental or biological hazards or unsanitary conditions. 5. All garbage and rubbish must be disposed of in a manner that minimizes odor and the transmission of infectious diseases, and prevents the attraction of rodents, flies, and all other insects and vermin. This includes: a. Using containers, both indoor and outdoor, for garbage and rubbish that are watertight, have tight fitting covers, and are fly and rodent-proof; b. Keeping all garbage and rubbish containers clean; and c. Not burning garbage on the premises.

391 Neb. Admin. Code (NAC) § 3-006.23B Diapering and Toileting 1. The licensee must ensure that diapering procedures are established and followed by center staff. The procedures must include: a. Wet and/or soiled diapers are changed immediately; b. Diapers are checked on a frequent and regular basis; c. Individual washcloths or disposable towelettes are used; d. Wet and soiled diapers are properly stored and disposed; e. Diaper-changing surfaces are cleaned after each use by sanitizing the surface or changing the diaper pad or disposable sheeting and are disinfected daily; and f. Proper hand washing is done after each diaper change. 2. The licensee must ensure that toilet training is conducted in a manner agreed upon with the parent. The licensee must also ensure that: a. Potty chairs are not used or stored in eating or play areas; and b. Proper hand washing by the provider and the child is done each time a child is helped with toileting.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: 391 Neb. Admin. Code (NAC) § 1-006.24 Environmental Services: The licensee must provide child care in a safe, clean, comfortable environment. Every area and building on the same premises used for child care must comply with these regulations.

391 Neb. Admin. Code (NAC) § 1-006.24A Housekeeping and Maintenance: The licensee must provide the necessary housekeeping and maintenance to protect the health and safety of children in care. The child care home and grounds must be kept clean, safe, and in good repair. 2. Rooms, walls, floors, and ceilings must be kept clean, in good repair, and free of odor resulting from sewage, mold, mildew, or other environmental or biological hazards or unsanitary conditions. 5. All garbage and rubbish must be disposed of in a manner that prevents the attraction of rodents, flies, and all other insects and vermin. The licensee must dispose of garbage so as to minimize odor and the transmission of infectious diseases.

391 Neb. Admin. Code (NAC) § 1-006.16A Diapering and Toileting 1. The licensee must ensure that diapering procedures are established and followed by staff. The procedures must require that: a. Wet and/or soiled diapers are changed immediately; b. Diapers are checked on a frequent and regular basis; c. Individual washcloths or disposable towelettes are used; d. Wet and soiled diapers are

properly stored and disposed; e. Diaper-changing surfaces are cleaned after each use by sanitizing the surface or changing the diaper pad or disposable sheeting; and f. Proper hand washing is done after each diaper change. 2. The licensee must ensure that toilet training is conducted in a manner agreed upon by the primary provider and the parent. The licensee must also ensure that: a. Potty chairs are not used or stored in eating or play areas; and b. Proper hand washing by the provider and the child is done each time a child is helped with toileting.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license exempt center care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance: Hazardous materials includes bio-contaminants.**

Child Care Provider Enrollment, page 7:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants a. Poisonous materials and medications must be stored in a safe and locked area to prevent access to children. Waterproof storage must be used for soiled or wet clothing. Providers must follow sewer requirements to maintain sanitation and must properly dispose of garbage and rubbish.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS Guidance: Hazardous materials includes bio-contaminants.**

Child Care Provider Enrollment, page 7:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants a. Poisonous materials and medications must be stored in a safe and locked area to prevent access to children. Waterproof storage must be used for soiled or wet clothing. Providers must follow sewer requirements to maintain sanitation and must properly dispose of garbage and rubbish.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.28 Environmental Services: The licensee must ensure that child care is provided in a safe, clean, comfortable environment. Every area and building on the same premises used for child care must comply with these regulations. 391 Neb. Admin. Code (NAC) § 4-006.28A Housekeeping and Maintenance: The licensee must ensure that the necessary housekeeping and maintenance are provided to protect the health and safety of children in care. The center and grounds must be kept clean, safe, and in good repair. 1. The center and any building on the premises in or around areas where children are present must be**

kept free of exposed lead-based paint surfaces that are flaking, peeling, or chipped. 2. Rooms, walls, floors, and ceilings must be kept clean, dry, in good repair, and free of odor resulting from sewage, mold, mildew, or other environmental or biological hazards or unsanitary conditions. 5. All garbage and rubbish must be disposed of in a manner that minimizes odor and the transmission of infectious diseases, and prevents the attraction of rodents, flies, and all other insects and vermin. This includes: a. Using containers, both indoor and outdoor, for garbage and rubbish that are watertight, have tight fitting covers, and are fly and rodent proof; b. Keeping all garbage and rubbish containers clean; and c. Not burning garbage on the premises.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.10C Transportation Training: Individuals who transport children on behalf of a child care center must:** 1. Receive and maintain a valid certificate of completion of the "Safe Kids Buckle Up" program within 90 days of employment and every five years thereafter. Individuals who transport children who were employed before the operative date of these regulations must receive and maintain a valid certificate of completion for "Safe Kids Buckle Up" within one year and every five years thereafter. Any proposed equivalent training must be approved by the Department. 2. Maintain valid certificates for Cardiopulmonary Resuscitation (CPR) and First Aid Training. Individuals who transport children who were employed before the operative date of these regulations must complete CPR and First Aid Training within one year and maintain valid certificates thereafter. **391 Neb. Admin. Code (NAC) § 3-006.26 Transportation:** When transportation is provided for children in care, the licensee must ensure the following conditions are met: 1. No child must ever be left alone in the vehicle; 2. Smoking is prohibited in the vehicle used to transport children; 3. All doors on the vehicle must be locked when the vehicle is in motion; 4. Any individual who transports children must be at least 18 years of age, and must possess a current and valid driver's license for the type of vehicle used to transport children, as verified by the Department of Motor Vehicles; 5. The vehicle used to transport children must be properly registered and insured, and must contain a first aid kit and parent contact information for each child being transported; 6. The number of children transported must not exceed the seating capacity of the vehicle as indicated by the manufacturer; 7. All children transported must be properly secured in the appropriate restraint system; 8. All car seats must be federally approved and must be the correct type for the child's age and developmental level; 9. Written permission from parents for the center to transport children must be obtained, kept on file, and made available to the Department; 10. Children must not be transported to any location without the prior knowledge of the parents, except in a medical or other emergency; 11. Children must not be transported to avoid violations of capacity or staff-to-child ratio; 12. Staff-to-child ratio must be maintained whenever children are in care; 13. School-age children only may be transported with no staff in addition to the driver; 14. School-age children only

may be transported in buses over 10,000 pounds, unless the bus is equipped with and the children are properly secured in the appropriate restraint system. The center must have a written transportation policy that is given to all staff who transport children and is available to parents and the Department upon request. The transportation policy must describe: a. Restraints and safety equipment; b. Procedures to ensure children are never left alone in a vehicle at any time; and c. Emergency procedures in the event a child becomes ill, the vehicle breaks down or is involved in an accident, or other emergencies.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.19 Transportation: When transportation is provided for children in care, the licensee must ensure the following conditions are met: 1. No child must ever be left alone in the vehicle; 2. Smoking is prohibited in the vehicle when children are being transported; 3. All doors on the vehicle must be locked when the vehicle is in motion; 4. Any individual who transports children must possess a current and valid driver's license for the type of vehicle used to transport children, as verified by the Department of Motor Vehicles; 5. The vehicle used to transport children must be properly registered and must contain a first aid kit and parent contact information for each child being transported; 6. The number of children transported must not exceed the seating capacity of the vehicle as indicated by the manufacturer; 7. All children transported must be properly secured in an appropriate restraint system. All car seats must be federally approved and must be the correct type for the child's age and developmental level; 9. Written permission from parents for the program to transport children must be obtained, kept on file, and made available to the Department; 10. Children must not be transported to any location without the prior knowledge of the parent(s), except in a medical or other emergency; and 11. Children must not be transported to avoid violations of capacity or staff-to child ratio.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license exempt center care.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (I) Appropriate precautions in transporting children. (i) No child(ren) left alone in a vehicle; (ii) Proper vehicle insurance and registration; (iii) Appropriate car seat; (iv) Written permission from parents; and (v) First aid kit in vehicle.**

Child Care Provider Enrollment, page 7:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 9. Appropriate precautions in transporting children a. No child(ren) left alone in a

vehicle; b. Proper vehicle insurance and registration; c. Appropriate car seat; d. Written permission from parents; and, e. First aid kit in vehicle.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS.** All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (I) Appropriate precautions in transporting children. (i) No child(ren) left alone in a vehicle; (ii) Proper vehicle insurance and registration; (iii) Appropriate car seat; (iv) Written permission from parents; and (v) First aid kit in vehicle.

Child Care Provider Enrollment, page 7:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 9. Appropriate precautions in transporting children a. No child(ren) left alone in a vehicle; b. Proper vehicle insurance and registration; c. Appropriate car seat; d. Written permission from parents; and, e. First aid kit in vehicle.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.09C Transportation Training:** Individuals who transport children on behalf of a school-age only center must: 1. Receive and maintain a valid certificate of completion of the "Safe Kids Buckle Up" program within 90 days of employment and every five years thereafter. Individuals who transport children who were employed before the operative date of these regulations must receive and maintain a valid certificate of completion for "Safe Kids Buckle Up" within one year and every five years thereafter. Any proposed equivalent training must be approved by the Department. 2. Maintain valid certificates for Cardiopulmonary Resuscitation (CPR) and First Aid Training. Individuals who transport children who were employed before the operative date of these regulations must complete CPR and First Aid Training within one year and maintain valid certificates thereafter. **391 Neb. Admin. Code (NAC) § 4-006.23 Transportation:** When transportation is provided for children in care, the licensee must ensure the following conditions are met: 1. No child must ever be left alone in the vehicle; 2. Smoking is prohibited in the vehicle used to transport children; 3. All doors on the vehicle must be locked when the vehicle is in motion; 4. Any individual who transports children must be at least 18 years of age, and must possess a current and valid driver's license for the type of vehicle used to transport children, as verified by the Department of Motor Vehicles; 5. The vehicle used to transport children must be properly registered and insured, and must contain a first aid kit and parent contact information for each child being transported; 6. The number of children transported must not exceed the seating capacity of the vehicle as indicated by the manufacturer; 7. All children transported must be properly secured in the appropriate restraint system; 8. All car/booster seats must be federally approved and must be the correct type for the child's age and developmental level; 9. Written permission from parents for the center to transport children must be obtained, kept on file, and made available to the Department; 10. Children must not be transported to any location without the prior knowledge of the parents,

except in a medical or other emergency; 11. Children must not be transported to avoid violations of capacity or staff-to-child ratio; 12. School-age children only may be transported with no staff in addition to the driver; 13. School-age children only may be transported in buses over 10,000 pounds, unless the bus is equipped with and the children are properly secured in the appropriate restraint system; and 14. The center must have a written transportation policy that is given to all staff who transport children and is available to parents and the Department upon request. The transportation policy must describe: a. Restraints and safety equipment; b. Procedures to ensure children are never left alone in a vehicle at any time; and c. Emergency procedures in the event a child becomes ill, the vehicle breaks down or is involved in an accident, or other emergencies.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.10E CPR and First Aid Training** 1. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information about approved CPR courses. 2. At least one staff member with current CPR and First Aid training must be on the premises at all times during the hours/days of operation. 3. The CPR card and documentation of First Aid training must be available upon request. **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS.** All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (J) Pediatric first aid and cardiopulmonary resuscitation. (i) Training completion required prior to approval and maintain current certification during approval period.

Child Care Subsidy Provider Enrollment, page 5:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) Training a. The provider must complete pediatric first aid and CPR training prior to enrollment and maintain current certification during the approval period. Licensed Family Child Care II and Child Care Center staff must complete pediatric CPR and first aid within 90 days of hire. A certified staff member must supervise new hire until training is completed. b. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information on approved CPR courses. This training must be taken in person and the provider must demonstrate learned skills to the instructor. c. Provider must submit the CPR card and documentation of first aid training to the assigned Resource Developer upon completion. Staff copies must be available for review upon request.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb.**

Admin. Code (NAC) § 1-006.04F Cardiopulmonary Resuscitation (CPR) and First Aid Training 1. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information about approved CPR courses. 2. The licensee must maintain current CPR and First Aid training as long as s/he is licensed. 3. The CPR card and documentation of First Aid training must be available upon request.

392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (J) Pediatric first aid and cardiopulmonary resuscitation. (i) Training completion required prior to approval and maintain current certification during approval period.

Child Care Subsidy Provider Enrollment, page 5:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) Training a. The provider must complete pediatric first aid and CPR training prior to enrollment and maintain current certification during the approval period. Licensed Family Child Care II and Child Care Center staff must complete pediatric CPR and first aid within 90 days of hire. A certified staff member must supervise new hire until training is completed. b. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information on approved CPR courses. This training must be taken in person and the provider must demonstrate learned skills to the instructor. c. Provider must submit the CPR card and documentation of first aid training to the assigned Resource Developer upon completion. Staff copies must be available for review upon request.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license-exempt center care.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (J) Pediatric first aid and cardiopulmonary resuscitation. (i) Training completion required prior to approval and maintain current certification during approval period.

Child Care Subsidy Provider Enrollment, page 5:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) Training a. The provider must complete pediatric first aid and CPR training prior to enrollment

and maintain current certification during the approval period. Licensed Family Child Care II and Child Care Center staff must complete pediatric CPR and first aid within 90 days of hire. A certified staff member must supervise new hire until training is completed. b. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information on approved CPR courses. This training must be taken in person and the provider must demonstrate learned skills to the instructor. c. Provider must submit the CPR card and documentation of first aid training to the assigned Resource Developer upon completion. Staff copies must be available for review upon request.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS.** All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (J) Pediatric first aid and cardiopulmonary resuscitation. (i) Training completion required prior to approval and maintain current certification during approval period.

Child Care Subsidy Provider Enrollment, page 5:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) Training a. The provider must complete pediatric first aid and CPR training prior to enrollment and maintain current certification during the approval period. Licensed Family Child Care II and Child Care Center staff must complete pediatric CPR and first aid within 90 days of hire. A certified staff member must supervise new hire until training is completed. b. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information on approved CPR courses. This training must be taken in person and the provider must demonstrate learned skills to the instructor. c. Provider must submit the CPR card and documentation of first aid training to the assigned Resource Developer upon completion. Staff copies must be available for review upon request.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.09E CPR and First Aid Training** 1. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information about approved CPR courses. 2. At least one staff member with current CPR and First Aid training must be on the premises at all times during the hours/days of operation. 3. The CPR card and documentation of First Aid training must be available upon request. **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS.** All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (J) Pediatric first aid and cardiopulmonary resuscitation. (i) Training completion required prior to approval and maintain current certification during approval period.

Child Care Subsidy Provider Enrollment, page 5:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) Training a. The provider must complete pediatric first aid and CPR training prior to enrollment and maintain current certification during the approval period. Licensed Family Child Care II and Child Care Center staff must complete pediatric CPR and first aid within 90 days of hire. A certified staff member must supervise new hire until training is completed. b. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information on approved CPR courses. This training must be taken in person and the provider must demonstrate learned skills to the instructor. c. Provider must submit the CPR card and documentation of first aid training to the assigned Resource Developer upon completion. Staff copies must be available for review upon request.

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.10E CPR and First Aid Training** 1. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information about approved CPR courses. 2. At least one staff member with current CPR and First Aide training must be on the premises at all times during the hours/days of operation. 3. The CPR card and documentation of First Aid training must be available upon request.
392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (J) Pediatric first aid and cardiopulmonary resuscitation. (i) Training completion required prior to approval and maintain current certification during approval period.

Child Care Provider Enrollment, page 5: V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) Training a. The provider must complete pediatric first aid and CPR training prior to enrollment and maintain current certification during the approval period. Licensed Family Child Care II and Child Care Center staff must complete pediatric CPR and first aid within 90 days of hire. A certified staff member must supervise new hire until training is completed. b. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information on approved CPR courses. This training must be taken in person and the provider must demonstrate learned skills to the instructor. c. Provider must submit the CPR card and documentation of first aid training to the assigned

Resource Developer upon completion. Staff copies must be available for review upon request.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.04F Cardiopulmonary Resuscitation (CPR) and First Aid Training** 1. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information about approved CPR courses. 2. The licensee must maintain current CPR and First Aid training as long as s/he is licensed. 3. The CPR card and documentation of First Aid training must be available upon request.
392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (J) Pediatric first aid and cardiopulmonary resuscitation. (i) Training completion required prior to approval and maintain current certification during approval period.

Child Care Provider Enrollment, page 5:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) Training a. The provider must complete pediatric first aid and CPR training prior to enrollment and maintain current certification during the approval period. Licensed Family Child Care II and Child Care Center staff must complete pediatric CPR and first aid within 90 days of hire. A certified staff member must supervise new hire until training is completed. b. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information on approved CPR courses. This training must be taken in person and the provider must demonstrate learned skills to the instructor. c. Provider must submit the CPR card and documentation of first aid training to the assigned Resource Developer upon completion. Staff copies must be available for review upon request.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license exempt center care.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS.** All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (J) Pediatric first aid and cardiopulmonary resuscitation. (i) Training completion required prior to approval and maintain current certification during approval period.
392 Neb. Admin. Code (NAC) § 4-005. STAFF TRAINING REQUIREMENTS Guidance: Staff is defined as an individual who works with children providing direct care

and/or who may have unsupervised access to children in a licensed child care facility or license exempt home. This includes, but is not limited to: owners, directors, assistant directors, teachers, aides, substitutes, volunteers, cooks, bus drivers, or caregivers.

Child Care Provider Enrollment, page 5:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) Training a. The provider must complete pediatric first aid and CPR training prior to enrollment and maintain current certification during the approval period. Licensed Family Child Care II and Child Care Center staff must complete pediatric CPR and first aid within 90 days of hire. A certified staff member must supervise new hire until training is completed. b. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information on approved CPR courses. This training must be taken in person and the provider must demonstrate learned skills to the instructor. c. Provider must submit the CPR card and documentation of first aid training to the assigned Resource Developer upon completion. Staff copies must be available for review upon request.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS.** All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (J) Pediatric first aid and cardiopulmonary resuscitation. (i) Training completion required prior to approval and maintain current certification during approval period.
392 Neb. Admin. Code (NAC) § 4-005. STAFF TRAINING REQUIREMENTS Guidance: Staff is defined as an individual who works with children providing direct care and/or who may have unsupervised access to children in a licensed child care facility or license exempt home. This includes, but is not limited to: owners, directors, assistant directors, teachers, aides, substitutes, volunteers, cooks, bus drivers, or caregivers.

Child Care Provider Enrollment, page 5:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) Training a. The provider must complete pediatric first aid and CPR training prior to enrollment and maintain current certification during the approval period. Licensed Family Child Care II and Child Care Center staff must complete pediatric CPR and first aid within 90 days of hire. A certified staff member must supervise new hire until training is completed. b. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information on approved CPR courses. This training must be taken in person and the provider must demonstrate learned skills to the instructor. c. Provider must submit the CPR card and documentation

of first aid training to the assigned Resource Developer upon completion. Staff copies must be available for review upon request.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.09E CPR and First Aid Training** 1. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information about approved CPR courses. 2. At least one staff member with current CPR and First Aid training must be on the premises at all times during the hours/days of operation. 3. The CPR card and documentation of First Aid training must be available upon request. **392 Neb. Admin. Code (NAC) § 4-005. STAFF TRAINING REQUIREMENTS** Guidance: Staff is defined as an individual who works with children providing direct care and/or who may have unsupervised access to children in a licensed child care facility or license exempt home. This includes, but is not limited to: owners, directors, assistant directors, teachers, aides, substitutes, volunteers, cooks, bus drivers, or caregivers.

Child Care Provider Enrollment, page 5:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) Training a. The provider must complete pediatric first aid and CPR training prior to enrollment and maintain current certification during the approval period. Licensed Family Child Care II and Child Care Center staff must complete pediatric CPR and first aid within 90 days of hire. A certified staff member must supervise new hire until training is completed. b. CPR training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Medical Services. The Department will provide the program with information on approved CPR courses. This training must be taken in person and the provider must demonstrate learned skills to the instructor. c. Provider must submit the CPR card and documentation of first aid training to the assigned Resource Developer upon completion. Staff copies must be available for review upon request.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.02 Director Requirements**: The director is responsible for managing the day-to-day operations of the child care center. The director must report to the licensee all matters related to the maintenance, operation, and management of the child care center and be directly responsible to the licensee or to a person delegated governing authority by the licensee. The director must: 9. Develop and implement written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the child care center; 10. Immediately file a report with the Child Abuse-Neglect

Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect, or sexual abuse may be occurring in the child care center, in the child's home, or elsewhere, or ensure that a report is filed;

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.01 Licensee Qualifications and Requirements: The Family Child Care Home I licensee must: 17. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect, or sexual abuse may be occurring in the family child care home, in the child's home, or elsewhere.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license exempt center care.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (K) Recognition and reporting child abuse and neglect. (i) Providers must practice and have an understanding of recognizing and immediately reporting any signs of child abuse or neglect. (ii) Reports must be made to the Nebraska Child Abuse and Neglect Hotline.**

Child Care Provider Enrollment, page 8: V. CCDF Health and Safety Requirements
Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 10. Recognition and reporting child abuse and neglect a. Providers must practice and have an understanding of recognizing and immediately reporting any signs of child abuse or neglect.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (K) Recognition and reporting child abuse and neglect. (i) Providers must practice and have an understanding of recognizing and immediately reporting any signs of child abuse or neglect. (ii) Reports must be made to the Nebraska Child Abuse and Neglect Hotline.**

Child Care Provider Enrollment, page 8: V. CCDF Health and Safety Requirements
Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 10. Recognition and reporting child abuse and neglect a. Providers must practice and have an understanding of recognizing and immediately reporting any signs of child abuse or neglect.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.02 Director Requirements:** The director is responsible for managing the day-to-day operations of the school-age-only center. The director must report to the licensee all matters related to the maintenance, operation, and management of the center and be directly responsible to the licensee or to a person delegated governing authority by the licensee. The director must: 9. Develop and implement written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the school-age-only center; 10. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect or sexual abuse may be occurring in the school-age-only center, in the child's home, or elsewhere, or ensure that a report is filed

- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **391 Neb. Admin. Code (NAC) § 3-006.02 Director Requirements:** The director is responsible for managing the day-to-day operations of the child care center. The director must report to the licensee all matters related to the maintenance, operation, and management of the child care center and be directly responsible to the licensee or to a person delegated governing authority by the licensee. The director must: 9. Develop and implement written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the child care center; 10. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect, or sexual abuse may be occurring in the child care center, in the child's home, or elsewhere, or ensure that a report is filed;
391 Neb. Admin. Code (NAC) § 3-006.20 Discipline: When parents are not present, the responsibility for the discipline of children in care lies only with the licensee/director or the designated substitute. **391 Neb. Admin. Code (NAC) § 3-006.20A Prohibited Forms of Discipline:** The following actions are prohibited as a form of discipline: 1. Spanking; 2. Slapping; 3. Pinching 4. Punching; 5. Shaking; 6. Striking with any object; 7. Use of soap, hot sauce, or other unpleasant food and non-food items; 8. Isolating a child in a locked or closed room or closet; 9. Handling roughly; 10. Biting; 11. Denial of food; 12. Forced napping; 13. Subjecting children to derogatory remarks about the child or the child's family; 14. Abusive or profane language directed at children; 15. Yelling or screaming at children; 16. Threats of physical punishment; or 17. Mechanical restraints.
391 Neb. Admin. Code (NAC) § 3-006.20B Child Behavior That Cannot Be Disciplined: Children must not be disciplined for: 1. Toileting accidents; 2. Refusal to take medication; or 3. Refusal to eat.
391 Neb. Admin. Code (NAC) § 3-006.20C Use of Time Out: Separation from the group, if used, must be brief and appropriate for the child's age. The time out period must: 1. Take place within a safe, lighted, and well-ventilated area; 2. Occur within direct vision of staff; and 3. Not exceed more than one minute for each year of the child's age. If the time a child spends in time out is extended, it must be carried out as indicated by a behavioral management plan developed and

monitored by a licensed or certified professional qualified to identify the special needs of a child, as having a physical, emotional, or social developmental delay or impairment.

391 Neb. Admin. Code (NAC) § 3-006.20D Use of Physical Hold: Center staff may restrict a child's movement by the use of a physical hold. A physical hold may be used only: 1. When the child is hurting him/herself, others, or property; 2. When the hold does not prevent the child from breathing or speaking; and 3. Until the child is calm and able to demonstrate reasonable control of his/her behavior. **3-006.20D1 Notification and Documentation:** The licensee/director must notify the child's parents within 24 hours of the physical hold when a physical hold is used on their child. Written documentation of each use of a physical hold must be available for review by the parents of the child involved in the physical hold and the Department. The documentation must include: 1. Child's name; 2. Date of the incident; 3. Description of the incident; and 4. Names of the staff involved.

391 Neb. Admin. Code (NAC) § 3-006.20E Use of Restraints: The use of restraints is prohibited except under the following conditions: 1. All staff who participate in restraining a child must have received prior training in de-escalation and the use of restraints; 2. The training curriculum must be accepted by the Department; 3. The training must be taught by a certified trainer; and 4. Written documentation of each use of restraint must be available for review by the parents of the child involved in the restraint and the Department. The documentation must include: a. Child's name; b. Date of the incident; c. Description of the incident; and d. Names of the staff involved.

391 Neb. Admin. Code (NAC) § 3-006.21 Prohibited Language, Materials, and Actions: Children of any age must not be exposed to: 1. Profanity; 2. Sexually explicit material; 3. Acts of violence toward a person or animal; or 4. Acts of racism.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **391 Neb. Admin. Code (NAC) § 1-006.01 Licensee Qualifications and Requirements:** The Family Child Care Home I licensee must: 17. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect, or sexual abuse may be occurring in the family child care home, in the child's home, or elsewhere.

391 Neb. Admin. Code (NAC) § 1-006.13 Discipline: When parents are not present, the responsibility for the discipline of children in care lies only with the licensee or the designated substitute.

391 Neb. Admin. Code (NAC) § 1-006.13A Prohibited Forms of Discipline: The following actions are prohibited as a form of discipline: 1. Spanking; 2. Slapping; 3. Punching; 4. Pinching; 5. Shaking; 6. Striking with any object; 7. Use of soap, hot sauce or other unpleasant food or non-food items; 8. Isolating a child in a locked or closed room or closet; 9. Handling roughly; 10. Biting; 11. Denial of food; 12. Forced napping; 13. Subjecting a child to derogatory remarks about the child or the child's family; 14. Abusive or profane language directed at children; 15. Yelling or screaming at children; 16. Threats of physical punishment; or 17. Mechanical restraints.

391 Neb. Admin. Code (NAC) § 1-006.13B Child Behavior That Cannot Be

Disciplined: Children must not be disciplined for the following: 1. Toileting accidents; 2. Refusal to take medication; or 3. Refusal to eat.

391 Neb. Admin. Code (NAC) § 1-006.13C Use of Time Out: Separation from the group, if used, must be brief and appropriate for the child's age. The time out period must: 1. Take place in a safe, lighted, and well-ventilated area; 2. Occur within hearing distance of staff; and 3. Not exceed more than one minute for each year of the child's age. If the time a child spends in time out is extended, it must be carried out as indicated by a behavioral management plan developed and monitored by a licensed or certified professional qualified to identify the special needs of a child, as having a physical, emotional, or social developmental delay or impairment.

391 Neb. Admin. Code (NAC) § 1-006.13D Use of Physical Hold: The licensee and staff may restrict a child's movement by the use of a physical hold. A physical hold may be used only: 1. When the child is hurting him/herself, others, or property; 2. When the hold does not prevent the child from breathing or speaking; and 3. Until the child is calm and able to show reasonable control of his/her behavior.

391 Neb. Admin. Code (NAC) § 1-006.13D1 Notification and Documentation: The licensee must notify the child's parents within 24 hours of the physical hold when a physical hold is used on their child. Written documentation of each use of a physical hold must be available for review by the parents of the child involved in the physical hold and the Department. The documentation must include: 1. Child's name; 2. Date of the incident; 3. Description of the incident; and 4. Names of the staff involved.

391 Neb. Admin. Code (NAC) § 1-006.13E Use of Restraints: The use of restraints is prohibited except under the following conditions: 1. All staff who participate in restraining a child must have received prior training in de-escalation and the use of restraints. 2. The training curriculum must be accepted by the Department. 3. The training must be taught by a certified trainer. 4. Written documentation of each use of restraint must be available for review by the parents of the child involved in the restraint and the Department. The documentation must include: a. Child's name; b. Date of the incident; c. Description of the incident; and d. Names of the staff involved.

391 Neb. Admin. Code (NAC) § 1-006.14 Prohibited Language, Materials, and Actions: Children of any age must not be exposed to: 1. Profanity; 2. Sexually explicit material; 3. Acts of violence towards a person or animal; or 4. Acts of racism.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Nebraska does not have CCDF-eligible license exempt center care.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS. All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (K) Recognition and reporting child abuse and neglect. (i) Providers must practice and have an understanding of recognizing and**

immediately reporting any signs of child abuse or neglect. (ii) Reports must be made to the Nebraska Child Abuse and Neglect Hotline.

Child Care Provider Enrollment, page 8:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 10. Recognition and reporting child abuse and neglect a. Providers must practice and have an understanding of recognizing and immediately reporting any signs of child abuse or neglect.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **392 Neb. Admin. Code (NAC) § 4-004. PROVIDER STANDARDS.** All Child Care Development Fund providers and staff must agree to all the terms found in the provider enrollment and must complete and maintain the following health and safety standards: (K) Recognition and reporting child abuse and neglect. (i) Providers must practice and have an understanding of recognizing and immediately reporting any signs of child abuse or neglect. (ii) Reports must be made to the Nebraska Child Abuse and Neglect Hotline.

Child Care Provider Enrollment, page 8:

V. CCDF Health and Safety Requirements Provider and provider's staff (if applicable) are required to maintain the following health and safety standards: 10. Recognition and reporting child abuse and neglect a. Providers must practice and have an understanding of recognizing and immediately reporting any signs of child abuse or neglect.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **391 Neb. Admin. Code (NAC) § 4-006.02 Director Requirements:** The director is responsible for managing the day-to-day operations of the school-age-only center. The director must report to the licensee all matters related to the maintenance, operation, and management of the center and be directly responsible to the licensee or to a person delegated governing authority by the licensee. The director must: 9. Develop and implement written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the school-age-only center; 10. Immediately file a report with the Child Abuse-Neglect Hotline (1-800-652- 1999) and/or appropriate local law enforcement agency when s/he has reason to believe child abuse, neglect or sexual abuse may be occurring in the school-age-only center, in the child's home, or elsewhere, or ensure that a report is filed; **391 Neb. Admin. Code (NAC) § 4-006.19 Discipline:** When parents are not present, the responsibility for the discipline of children in care lies only with the licensee/director or the designated substitute. **391 Neb. Admin. Code (NAC) § 4-006.19A Prohibited Forms of Discipline:** The following actions are prohibited as a form of discipline: 1. Spanking; 2. Slapping; 3. Pinching 4. Punching; 5. Shaking; 6. Striking with any object; 7. Use of soap, hot sauce, or other unpleasant food and non-food items; 8. Isolating a child in a locked or closed room or closet; 9. Handling roughly; 10. Biting; 11. Denial of food; 12. Forced napping; 13. Subjecting children to derogatory remarks about the child or the child's family; 14. Abusive or profane language directed at children; 15.

Yelling or screaming at children; 16. Threats of physical punishment; or 17. Mechanical restraints.

391 Neb. Admin. Code (NAC) § 4-006.19B Child Behavior That Cannot Be Disciplined: Children must not be disciplined for: 1. Toileting accidents; 2. Refusal to take medication; or 3. Refusal to eat.

391 Neb. Admin. Code (NAC) § 4-006.19C Use of Time Out: Separation from the group, if used, must be brief and appropriate for the child's age. The time out period must: 1. Take place within a safe, lighted, and well-ventilated area; 2. Occur within direct vision of staff; and 3. Not exceed more than one minute for each year of the child's age. If the time a child spends in time out is extended, it must be carried out as indicated by a behavioral management plan developed and monitored by a licensed or certified professional qualified to identify the special needs of a child, as having a physical, emotional, or social developmental delay or impairment.

391 Neb. Admin. Code (NAC) § 4-006.19D Use of Physical Hold: Center staff may restrict a child's movement by the use of a physical hold. A physical hold may be used only: 1. When the child is hurting him/herself, others, or property; 2. When the hold does not prevent the child from breathing or speaking; and 3. Until the child is calm and able to demonstrate reasonable control of his/her behavior.

391 Neb. Admin. Code (NAC) § 4-006.19D1 Notification and Documentation: The licensee/director must notify the child's parents within 24 hours of the physical hold when a physical hold is used on their child. Written documentation of each use of a physical hold must be available for review by the parents of the child involved in the physical hold and the Department. The documentation must include: 1. Child's name; 2. Date of the incident; 3. Description of the incident; and 4. Names of the staff involved.

391 Neb. Admin. Code (NAC) § 4-006.19E Use of Restraints: The use of restraints is prohibited except under the following conditions: 1. All staff who participate in restraining a child must have received prior training in de-escalation and the use of restraints; 2. The training curriculum must be accepted by the Department; 3. The training must be taught by a certified trainer; and 4. Written documentation of each use of restraint must be available for review by the parents of the child involved in the restraint and the Department. The documentation must include: a. Child's name; b. Date of the incident; c. Description of the incident; and d. Names of the staff involved.

391 Neb. Admin. Code (NAC) § 4-006.20 Prohibited Language, Materials, and Actions: Children of any age must not be exposed to: 1. Profanity; 2. Sexually explicit material; 3. Acts of violence toward a person or animal; or 4. Acts of racism.

- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

☒ Yes, confirmed.

☐ No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **All staff in licensed center programs who are responsible for menu planning, food preparation, and food safety must complete 4 clock hours of training in nutrition and food safety within 30 days of employment and annually thereafter. All licensed child care providers must meet USDA requirements regarding food groups and serving sizes, meals, and snacks must be appropriate to the needs of children in care, and weekly menus must be given to parents upon request. License-exempt providers are required to serve nutritious meals and snacks. Providers must keep cooking areas, eating areas, and equipment clean and in good repair. All licensed CCDF programs must comply with licensing requirements.**
- ii. Access to physical activity. Describe: **Licensed child care programs must have indoor and outdoor play areas, at least 35 square feet of indoor activity space per child, and at least 50 square feet per child outdoor activity space. All licensed CCDF programs must comply with licensing requirements.**
- iii. Caring for children with special needs. Describe: **Licensed child care providers are required to assess their ability and the ability of all staff to provide care for children with special needs while meeting the needs of other children in care. Providers must have a written plan of how evacuation of children with special needs will be conducted in the event of a disaster, fire, or tornado. Providers must have toilets and sinks designed to accommodate children with special needs. All licensed CCDF programs must comply with licensing requirements.**
- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **Providers must have an understanding of child development, which includes physical, intellectual, social, and emotional changes in children.**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[x]	[x]	[x]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[]	[]	[x]
f. Prevention of shaken baby syndrome, abusive	[]	[]	[]

head trauma and child maltreatment			
g. Emergency preparedness and response planning and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. Building and physical premises (vehicular traffic), prevention of maltreatment, emergency preparedness and response planning (accommodation of infants, and toddlers) are missing from Prepare to Care. The City of Lincoln training which is an equivalence of Prepare to care is also missing aspects of the Health and Safety preservice requirements.**
- n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?
- ☐ No
- ☒ Yes. If yes, describe: **License-exempt providers who meet the relative definition are not required to complete preservice orientation training.**

The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. Building and physical premises (vehicular traffic), prevention of

maltreatment, emergency preparedness and response planning (accommodation of infants, and toddlers) are missing from Prepare to Care. The City of Lincoln training which is an equivalence of Prepare to care is also missing aspects of the Health and Safety preservice requirements.

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

☐ Yes.

☒ No. If no, describe: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. Family Child Care Home I and II providers Emergency Preparedness and response planning components do not include staff training and volunteer training and volunteer drills). Inspecting group size ratio has been completed.**

- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

☐ Annually.

☐ More than once a year. If more than once a year, describe:

☒ Other. If other, describe: **Programs providing care to 29 or fewer children are required to receive one unannounced annual licensing inspection. Programs providing care to 30 or more children are required to receive two unannounced licensing inspections annually.**

The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. Family Child Care Home I and II providers Emergency Preparedness and response planning components do not include staff training and volunteer training and volunteer drills). Inspecting group size ratio has been completed.

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No. If no, describe: **To ensure providers are competent and use safe and adequate Health and Safety Standards as expected in applicable regulations and statutes, Child Care Inspection Specialists complete unannounced inspections at the child care program at least annually for a program licensed to provide care for 29 or fewer children and at least twice every year for a program licensed to care for 30 or more children under the Child Care Licensing Act. At each unannounced routine inspection, the applicable Regulations Compliance Review Licensing Checklist is used to determine if a program is: in compliance, not in compliance, or if the regulation is not applicable or not observed. At programs with 29 or fewer children, an entire checklist is completed during the annual inspection and all regulations must be documented as in compliance, not in compliance, or not applicable. At programs requiring two annual inspections, the Regulations Compliance Review Licensing Checklist is completed in its entirety between the two inspections. This means every regulation must be observed between the two inspections conducted annually. This is conducted for all licensed and licensed CCDF providers.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Department of Health and Human Services, Division of Public Health, Children's Services Licensing**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

☐ Yes.

☒ No. If no, describe: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. Family Child Care Home I and II providers Emergency Preparedness and response planning components do not include staff training and volunteer training and volunteer drills). Inspecting group size ratio has been completed.**

- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

☐ Annually.

☐ More than once a year. If more than once a year, describe:

☒ Other. If other, describe: **There are annual inspections for family home providers.**

The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. Family Child Care Home I and II providers Emergency Preparedness and response planning components do not include staff training and volunteer training and volunteer drills). Inspecting group size ratio has been completed.

- iii. Does the Lead Agency implement a differential monitoring approach when

monitoring licensed family child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No. If no, describe: **At programs with 29 or fewer children, an entire checklist is completed during the annual inspection and all regulations must be documented as in compliance, not in compliance, or not applicable.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Department of Health and Human Services, Division of Public Health, Children's Services Licensing**

c. Licensed in-home CCDF child care providers

- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

☒ No.

☐ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

☐ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

☐ Annually.

☐ More than once a year. If more than once a year, describe:

☒ Other. If other, describe: **Nebraska does not license CCDF in-home child care providers.**

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **Nebraska does not license CCDF in-home child care providers.**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers

- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
 - ☐ Annually.
 - ☐ More than once a year. If more than once a year, describe:
 - ☒ Other. If other, describe: **Nebraska does not have CCDF-eligible license-exempt center-based child care providers.**
- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
 - ☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - ☒ No.
- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Nebraska does not have CCDF-eligible license-exempt center-based child care providers.**
- b. License-exempt CCDF family child care providers
 - i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
 - ☐ Annually.
 - ☐ More than once a year. If more than once a year, describe:
 - ☒ Other. If other, describe: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. The Lead Agency has health and safety requirements for license exempt providers which are monitored annually, however was found to be out of compliance with inspecting for some of these standards.**
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
 - ☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - ☒ No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Department of Health and Human Services, Office of Economic Assistance, Child Care Subsidy**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced

or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **The Lead Agency funds in-home child care (care provided in child's home) with state dollars; no CCDF funds or state matching funds are used. The Lead Agency does not conduct inspections of in-home providers or post annual inspections and monitoring reports for in-home child care subsidy providers. The Lead Agency has policies and procedures in place to monitor in-home child care providers. These include initial and annual in-person meetings between the Lead Agency and the in-home provider to renew the child care subsidy provider agreement; signed checklist agreement between the provider and client stating they understand subsidy rules and regulations; applicable required background checks; required CPR and First Aid training; required to Prepare to Care (Health and Safety) training; completion of the emergency preparedness workbook; and required 4 hours of annual training.**

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers:
Department of Health and Human Services, Office of Economic Assistance, Child Care Subsidy

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

- a. Does the Lead Agency post:
 - i. ☐ Pre-licensing inspection reports for licensed programs.
 - ii. ☒ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. ☒ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
<https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>
 - iv. ☒ Other. Describe: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency will be in compliance by October 1, 2024 with posting pre-licensing inspection reports for licensed programs.**

- b. Check if the monitoring and inspection reports and any related plain language summaries include:

- i. ☒ Date of inspection.
- ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **When investigating, the Licensing Inspection Specialist cites all relevant regulations in the investigation report. Compliance review reports are completed following an inspection and/or investigation.**

For licensing inspections, the compliance review report is divided into three sections: the regulation evaluated, observations/discussions/determination, and what is needed to come into compliance. If a health and safety regulation was violated, the reader can easily identify which regulation was evaluated and which were found to be in violation. In addition to these being posted on the public website, all licensed programs are required to have these reports available to show to parents upon request.

A compliance review report is completed for all license-exempt inspections. This report lists all regulations applicable for license exempt providers and that they must be following. It identifies if the program was in compliance, out of compliance, or if the regulation is not applicable to the provider. All license exempt reports are found on the Lead Agency's website.

In-Home child care is not funded with CCDF or state matching funds. The Lead Agency does not conduct home inspections of In-Home providers or post annual inspection or monitoring reports for In-Home Child Care Subsidy Providers.

- iii. ☒ Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **Nebraska has a negative action option that is referred to as Corrective Action Status (CAS), which is an option that can be offered to a licensee in the event the violation does not rise to the level of a discipline. Programs have the option to refuse, but if they do, it is likely the Lead Agency would then initiate disciplinary action. Part of the process includes the requirement that licensees submit a formal corrective action plan that addresses the violations to Children's Services Licensing for approval. The CAS document informs the provider of the violation(s) identified during inspection and develops a plan (or steps) on how to correct the violation(s). If approved, Children's Services Licensing monitors the submitted plan. The CAS document is uploaded onto the public website once all corrections have been made. If the program fails to follow its plan, Children's Services Licensing may initiate disciplinary action, such as being placed on a probationary license, for failure to follow through on the agreed plan. A new, probationary license is issued to the child care provider and information is located on the public website. The probationary license will indicate the probation period. If the provider completes the probationary period successfully, a new operating license will be issued to the provider.**

Not all violations warrant a Corrective Action Status. Less serious violations will be cited, and the provider will be asked to fix these on-site during the inspection, immediately following the inspection, or may be given up to 30 days to correct the violation(s). The licensing specialist verifies that all cited violation(s) are corrected. The date of correction for each violation is updated on the inspection report, which supports compliance. This document is uploaded on the Lead Agency's website, demonstrating violations are corrected.

For license exempt providers, violations are identified on the inspection form with time frames on when the violations need to be corrected. Notes are added to the inspection form once the issue is corrected and/or a new inspection form is uploaded to the webpage indicating full compliance.

- iv. ☒ A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain:
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted: **License Exempt Providers: <https://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>**
Licensed Providers: <https://www.nebraska.gov/LISearch/search.cgi>
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Children's Services Licensing Inspections are posted within 30 days of completion of the inspection except in relation to negative or disciplinary actions. Inspections containing negative or disciplinary actions are not posted until the actions are finalized, which may exceed 30 days. License Exempt Annual Monitoring Compliance checklists are updated on the Lead Agency webpage at least every 90 days.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
☒ Yes.
☐ No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
☒ Yes.
☐ No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
☒ Yes.
☐ No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **State of Nebraska Class Specification for a Child Care Inspection Specialist states these individuals must graduate from an accredited 4-year college or university with a specialization in elementary/early childhood education, human development, sociology, psychology, child development, social work, nursing, or a related field. They must also have experience as an inspector/complaint investigator in human services licensing or child welfare, and/or a children's services provider at the level of licensee, director, or assistant director at a child care center. During the first six months of employment, new Child Care Inspection Specialists are expected to learn regulations, statutes, policies, and procedures related to licensed child care. They shadow experienced Specialists for the first six months, and once they begin to complete their own inspections, their reports are monitored by a supervisor until it has been determined they are competent to complete inspections independently.**

Child Care Resource Developers must have post-high school coursework or training in social work, sociology, guidance, psychology, child development, or a related field and experience in resource development, eligibility determination, or contract monitoring within a public service organization, or a bachelor's degree in one of the above. Resource Developer candidates are also preferred to have experience providing case management services to children and families and/or previous experience working with child care providers.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **The Lead Agency does not have a policy/procedure regarding the ratio of licensing inspectors to child care programs. Nebraska law states that all licensed child care programs must have at least one unannounced inspection annually if the program has a capacity of 29 or fewer children, and at least two unannounced annual inspections if the program has a capacity of 30 or more children. Inspection numbers are monitored monthly to ensure they are on track to be completed by the end of the year. If an area of the state has more complaints or staff vacancies, inspections are re-assigned to other staff. Metro areas have larger centers which, if over a licensing capacity of 30 would require two unannounced inspections annually. An estimation of the number of annual/semi-annual inspections at the beginning of the year is made to adjust staff/program ratios for the year. Metros areas with larger centers can average 1:125 and rural areas of the state, where there are smaller facilities that do not require as many inspections but require more traveling, can average 1:55. Each January, caseloads and supervisor caseload assignments are reviewed to account for**

any changes in child care provider populations and growth. Most caseloads have approximately 160 required annual routine inspection to be completed within an average of 250 annual working days.

The average ratio of Resource Developers to CCDF child care providers, including licensed and license-exempt for rural areas, is typically 1:120, and in urban areas is typically 1:140. Resource Developer Supervisors review caseloads and assignments regularly and assign new providers as appropriate.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete 6 hours of annual training. If the substitute works over 20 hours per week and is counted in the staff-to-child ratio, the substitute must obtain 12 clock hours of annual training and any additional training required if the substitute is a Director or Teacher. New staff orientation training includes training on job duties, infection control, abuse and neglect, child care center regulations, emergency preparedness, interacting with children, and discipline policies. Other required teacher training includes: safety training (including sudden infant death, shaken baby syndrome and child abuse/neglect and reporting), training on Nebraska’s Early Learning Guidelines, CPR and First Aid, Safe and Healthy Environments, Learning Environments, Physical Development, Cognitive Learning, Communication, creative Learning, Self-Esteem, Social Development, guidance, Family Relationships, Program Management, and Professionalism. Additional training is also required on, but is not limited to, transportation, abusive head trauma, crying plans, and safe sleep.**
- b. License-exempt child care centers: **Nebraska does not have CCDF-eligible license exempt child care centers.**
- c. Licensed family child care homes: **Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete 6 hours of annual training. If the substitute works over 20 hours per week and is counted in the staff-to-child ratio, the substitute must obtain 12 clock hours of annual training and any additional training required if the substitute is a Director or Teacher. New staff orientation training includes training on job duties, infection control, abuse and neglect, child care center regulations, emergency preparedness, interacting with children, and discipline policies. Other required teacher training includes: safety training (including sudden infant death, shaken baby syndrome**

and child abuse/neglect and reporting), training on Nebraska's Early Learning Guidelines, CPR and First Aid, Safe and Healthy Environments, Learning Environments, Physical Development, Cognitive Learning, Communication, creative Learning, Self-Esteem, Social Development, guidance, Family Relationships, Program Management, and Professionalism. Additional training is also required on, but is not limited to, transportation, abusive head trauma, crying plans, and safe sleep.

- d. License-exempt family child care homes: License exempt family child care home providers are required to complete at least 4 hours of annual ongoing training, with at least 2 hours being from health and safety standards. These standards include prevention and control of infectious diseases, immunization, safe sleep practices, administration of medication, prevention and response to emergencies due to food or allergic reaction, safe and healthy environments, prevention of abusive head trauma, emergency preparedness, handling and storage of hazardous materials, transportation of children, pediatric first aid and CPR, child abuse and neglect, and child development. Approved relative providers are exempt.
- e. Regulated or registered in-home child care: In-home child care providers are required to complete at least 4 hours of annual ongoing training, with at least 2 hours being from health and safety standards. Approved relative providers are exempt. This population of providers is not funded with CCDF funds.
- f. Non-regulated or registered in-home child care: There is not a category of non-regulated CCDF care in Nebraska. All license exempt in-home child care providers who wish to receive child care subsidy must be registered with the Lead Agency and meet all Lead Agency requirements, including ongoing training requirements.

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of

licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
☒ Yes.
☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.
- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
☒ Yes.
☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.
- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?
☒ Yes.
☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
☒ Yes.
☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.
- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
☒ Yes.
☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.
- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?
☒ Yes.
☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.
- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- ☒ Yes.
- ☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.
- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?
- ☒ Yes.
- ☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.
- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- ☒ Yes.
- ☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.
- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

☒ Yes.

☐ No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for

CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

☒ Yes.

☐ No. If no, describe the disqualifying criteria:

- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

☐ Yes.

☒ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers: **Child Care Licensing regulations disqualify any person with an arson conviction for 20 years from the date of the conviction from working in a child care setting.**

- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **Child Care Licensing regulations clearly state that any person with an APS/CPS registry finding may not work in a child care setting.**
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **Child Care Licensing regulations clearly state that any person with an APS/CPS registry finding may not work in a child care setting.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

☒ Yes.

☐ No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

☒ Yes.

☐ No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

☒ Yes.

☐ No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information

challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

☒ Yes.

☐ No. Describe:

- iv. Get completed in a timely manner.

☒ Yes.

☐ No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

☒ Yes.

☐ No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

☒ Yes.

☐ No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

☒ Yes.

☐ No. If no, describe:

- b. In-state criminal background check with fingerprints.

☒ Yes.

☐ No. If no, describe:

- c. In-state Sex Offender Registry.

☒ Yes.

- ☐ No. If no, describe:
- d. In-state child abuse and neglect registry.
☒ Yes.
☐ No. If no, describe:
- e. Name-based national Sex Offender Registry (NCIC NSOR).
☒ Yes.
☐ No. If no, describe:
- f. Interstate criminal background check, as applicable.
☐ Yes.
☒ No. If no, describe: **If a staff member indicates on their application that they have lived outside Nebraska in the last five years, the process to obtain the Interstate criminal background check is initiated immediately on the staff member. When the FBI Criminal Background Check results are received DHHS reviews the staff member's Interstate records as they appear on the FBI Criminal Background Check. If disqualifying offenses are listed on the Interstate record, any determination of eligibility is placed on hold until all applicable Interstate criminal background checks are received and reviewed.**
- g. Interstate Sex Offender Registry check, as applicable.
☒ Yes.
☐ No. If no, describe:
- h. Interstate child abuse and neglect registry check, as applicable.
☐ Yes.
☒ No. If no, describe: **If a staff member indicates on their application that they have lived outside Nebraska in the last five years, the process to obtain the Interstate child abuse and neglect registry check is initiated immediately on the staff member. When the FBI Criminal Background Check results are received DHHS reviews the staff member's Interstate records as they appear on the FBI Criminal Background Check. If disqualifying offenses or offenses that could potentially place a person on the child abuse and neglect registry are listed on the Interstate record, any determination of eligibility is placed on hold until all applicable Interstate child abuse and neglect registry checks are received and reviewed.**
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?
☐ Yes.
☒ No. If no, describe: **In-state and FBI criminal background checks, in-state APS/CPS registry check, and national, in-state, and interstate sex offender checks must all be completed prior to a staff member being determined eligible to work in a child care setting. If interstate criminal and child abuse and neglect registry results are not yet obtained, FBI Criminal Background Check results are reviewed for interstate disqualifying offenses prior to eligibility being determined.**

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

☒ Yes.

☐ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

☒ Yes.

☐ No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

☐ Yes.

☒ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Information posted on Child Care Licensing website:**

<https://dhhs.ne.gov/licensure/Documents/Out%20of%20State%20Request%20for%20Nebraska%20Child%20Abuse%20and%20Criminal%20Record.pdf>

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

☐ Yes. If yes, describe the current policy.

☒ No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members:

<https://dhhs.ne.gov/licensure/Documents/Out%20of%20State%20Request%20for%20Nebraska%20Child%20Abuse%20and%20Criminal%20Record.pdf>

braska%20Child%20Abuse%20and%20Criminal%20Record.pdf

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:
- i. ☒ Agency name
 - ii. ☒ Address
 - iii. ☒ Phone number
 - iv. ☒ Email
 - v. ☒ Website
 - vi. ☒ Instructions
 - vii. ☒ Forms
 - viii. ☒ Fees
 - ix. ☒ Is the State a National Fingerprint File (NFF) State?
 - x. ☒ Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe:
- c. Interstate sex offender registry (SOR) check:
- i. ☒ Agency name
 - ii. ☒ Address
 - iii. ☒ Phone number
 - iv. ☒ Email
 - v. ☒ Website
 - vi. ☒ Instructions
 - vii. ☒ Forms
 - viii. ☒ Fees
 - ix. If not all boxes above are checked, describe:
- d. Interstate child abuse and neglect (CAN) registry check:
- i. ☒ Agency name
 - ii. ☒ Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. ☒ Address
 - iv. ☒ Phone number
 - v. ☒ Email
 - vi. ☒ Website
 - vii. ☒ Instructions

- viii. ☒ Forms
- ix. ☒ Fees
- x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

☒ Yes.

☐ No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

☐ No.

☒ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

Relative providers (defined as grandparents, great grandparents, step-grandparents, siblings or stepsiblings, aunts, and uncles) are exempt from completing state and FBI fingerprint checks, as well as all out-of-state/interstate background checks.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that

successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. ☐ Providing program-level grants to support investments in staff compensation.
 - ii. ☐ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. ☐ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. ☐ Other. Describe:
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Lead Agency will continue to partner with vested statewide partners that are addressing ways to improve workforce compensation. The Preschool Development Grant (PDG) Action Agenda has workforce as a top priority, seeking to address the workforce crisis by effective, innovative, and sustainable solutions.**

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **The Lead Agency will continue to partner with vested statewide partners that are addressing ways to improve workforce benefits.**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Lead Agency will continue to partner with vested statewide partners that are addressing ways to improve workforce mental health.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **The Lead Agency will continue to partner with vested statewide partners that are addressing ways to improve workforce compensation. The Preschool Development Grant (PDG) Action Agenda has workforce as a top priority, seeking to address the workforce crisis by effective, innovative, and sustainable solutions.**

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The Nebraska Department of Education offers the Management Training Program for directors of child care centers and the Getting Down to Business training series for family child care providers as business trainings. They are required for child care licensing and embedded into Step 2 of Step Up to Quality. The training series are offered in each region of the state multiple times per year and are now offered via distance learning. These trainings are designed to improve business practices, policies and procedures, and program operations, and to assist programs to better support their staff and children in their programs. Both trainings are also currently being revised by a workgroup made of representatives from multiple agencies to better support providers and their needs.**
- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
 - i. ☒ Fiscal management.
 - ii. ☒ Budgeting.
 - iii. ☒ Recordkeeping.
 - iv. ☒ Hiring, developing, and retaining qualified staff.
 - v. ☒ Risk management.
 - vi. ☒ Community relationships.
 - vii. ☒ Marketing and public relations.
 - viii. ☒ Parent-provider communications.
 - ix. ☒ Use of technology in business administration.
 - x. ☒ Compliance with employment and labor laws.
 - xi. ☐ Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **The Early Childhood Training Center (ECTC), part of the Nebraska Department of Education (NDE), works with several community centers in the Omaha metro area (the largest metropolitan area in Nebraska) to ensure training is accessible to providers for whom English is not their primary language. Two of the community centers predominately work with the Spanish-speaking population. A third community center, Heartland Family Service, serves a clientele of families and childcare providers from Myanmar who speak Burmese or Karen, or Southeast Asia who speak Hmong. ECTC approves training for these entities and provides as many translated resources as possible. The Midlands Latino Community Development Corporation works with ECTC to provide training and resources for non-English speakers wanting to work in child care to get licensed and trained. This work will continue.**

The ECTC translates training materials for child care providers. Spanish is the most requested language; others include Arabic and Hmong. Step Up to Quality materials are also translated into Spanish. Additionally, NDE works with schools and Early Learning Coordinators across the state with large English Language Learner (ELL) populations to try to identify multi-lingual persons, preferably from non-English speaking cultures, who are interested in becoming trainers.

- b. Providers and staff who have disabilities: **The Nebraska Early Childhood Professional Record System (NECPRS) has modified processes for persons with disabilities to ensure their successful participation. Web materials are created to be ADA compliant. Interpreters for providers who are deaf or hard of hearing are available to sign for required training.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

[] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

☒ No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

☒ Yes. If yes, identify the other key groups: **The Nebraska Child Development Associate credential (CDA) Roundtable has made significant progress in streamlining the CDA process and closing gaps for early childhood CDA candidates in the state. Through the formation of subcommittees and collaboration with key partners, the Roundtable has been able to establish structured pathways, create a central hub website, hire a full-time CDA Navigator, recruit and retain a network of dedicated Professional Development Specialists (PDS), expand coaching efforts, secure funding opportunities, and develop marketing resources. These efforts have not only benefitted CDA candidates by providing them with more support and resources, but have also improved the overall early childhood workforce in Nebraska. By working together and leveraging the strengths of various organizations and stakeholders, the Roundtable has been able to make significant strides in advancing the CDA credential and supporting early childhood educators in the state.**

☐ No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **Nebraska's Core Competencies for Early Childhood Professionals: Core Competencies are what all adults who work with children need to know, understand, and be able to do. Following the voluntary Core Competency guide will provide practical, usable, and reasonable goals to assist early childhood educators in supporting each child's development and school readiness in any setting or capacity. Bloom's Taxonomy (Revised) was used to guide the revision of the Nebraska Core Competencies. The four levels advance in difficulty, as each builds upon the previous one. There is an expectation that a person working at any level should have the skills of the previous levels in that specific area. This framework provides a roadmap for professional learning design. It does not equate to any specific credential, license, or certification. There are nine areas of knowledge and skill in Nebraska's Core Competencies:**

- A. Child Growth and Development.
- B. Health, Safety, and Nutrition
- C. Learning Environments
- D. Planning, Learning Experiences, and Curriculum
- E. Relationships and Social-Emotional Guidance
- F. Observation, Documentation, and Assessment
- G. Partnerships with Families and Communities

- H. Professionalism and Leadership
- I. Administration, Program Planning, and Development

To assist educators in achieving their professional goals, a self-assessment tool is available in both English and Spanish. It helps the practitioner identify strengths and areas for improvement.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **Nebraska's Career Pathways are described in the Early Childhood Education Career Advising Guide. The pathway begins as early as a Career and Technical Education (CTE) concentration in high school or with a high school diploma and progresses through individual training/workshops, the Child Development Associate Credential (CDA), certificate/diploma programs, associate degrees, bachelor's degrees, post-bachelors degree specializations and endorsements, master's degrees, and graduate-level teaching 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-informed practices are embedded. The Career Advising Guide has been updated to reflect the revised Core Competencies and updates in the field.**
- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Nebraska Early Childhood Interagency Coordinating Council (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 State Advisory Council (SAC) for Nebraska as well as the state Interagency Coordinating Council (ICC) for IDEA Part C.**
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **The Early Childhood Career Development Coordinator, housed at the Early Childhood Training Center (ECTC), facilitates a group of early childhood educators representing Nebraska two-year colleges. This group coordinates and aligns early childhood course offerings across the campuses of the Nebraska Community College system. This group also established a CDA pathway that is attainable through any community college across the state. Additionally, the Career Development Coordinator works with representatives of the state college system, the campuses of the University of Nebraska, and the Buffett Early Childhood Institute to attempt to bring two- and four-year institutions together to improve articulation agreements for students transferring between or among colleges and universities.**
- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **Nebraska has created a professional registry for early childhood education and care providers. The Nebraska Early Childhood Professional Record System (NECPRS) is available for early childhood education and care providers to create and maintain their personal education and**

training records. As of February 29, 2024, there were 21,568 active users with professional education and training records in NECPRS. The system also contains a statewide, searchable training calendar in which early childhood training approved by the Early Childhood Training Center (ECTC) is posted. NECPRS is tied to Step Up to Quality, Nebraska's Quality Rating and Improvement System, and tracks the progress of programs participating in Step Up to Quality. NECPRS can track salaries and benefits for early childhood education and care providers. This information is voluntary and is self-reported by programs. The Nebraska Department of Education (NDE) and the Lead Agency are not able to verify the self-reported financial data. The system will eventually be able to link to the Teacher Education certification system.

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **The Lead Agency provides CCDF funding to support TEACH Early Childhood Nebraska® scholarships and WAGE\$ wage enhancements.**

b. Does the Lead Agency use additional elements?

☒ Yes.

If yes, describe the element(s). Check all that apply.

- i. ☐ Continuing education unit trainings and credit-bearing professional development. Describe:
- ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **The Office of Early Childhood Education at the Nebraska Department of Education (NDE) offers a variety of eLearning courses for early childhood educators. In 2023 and 2024, seven new and/or updated courses were added to the NDE Learning Network. Three of these courses are in Spanish. All courses follow current ADA guidelines for digital learning. Nebraska partners have received a privately funded grant entitled Responsive Equitable System for Preparing Early Childhood Teachers across Nebraska (RESPECT). The grant partners include the University of Nebraska system, community and state colleges, NDE, the Nebraska Department of Health and Human Services, the Nebraska Council on Teacher Education, and the Nebraska Association for the Education of Young Children (NAEYC). The three aims of the grant are:**
 - 1. **Build a competency-based framework that defines common expectations for educator preparation, credentialing, and licensing across all early childhood settings.**
 - 2. **Collaborate with local communities to ensure the competency-based curriculum and accessible pathways are implemented in ways that are contextually grounded and culturally relevant.**
 - 3. **Develop accessible pathways and support mechanisms to ensure all members of Nebraska's early childhood workforce have equitable opportunities to earn a bachelor's degree in early childhood education and teaching certification.**

iii. ☐ Other. Describe:

☐ No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **The TEACH® Early Childhood Nebraska program helped 122 individuals increase their education. 27.9% of TEACH® recipients were people of color and/or Latinx. Recipients attended one of eight community colleges or five universities offering early childhood degree programs in Nebraska. TEACH® scholars worked as teachers for children birth through preschool and as center directors or family child care directors.**
- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **Nebraska's Core Competencies are aligned with the Child Development Associate Credential (CDA). Nebraska uses CCDF to assist early childhood education and care providers in beginning a pathway of education through the CDA credential. CCDF pays for an individual's fees for applying for the initial CDA assessment and renewal of the CDA. In the last fiscal year, 106 early educators accessed CCDF funds to earn or renew their CDA.**
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The ECICC, the state's advisory council, is the Advisory body for the Preschool Development Grant (PDG) Strategic Plan for Nebraska. The Strategic Plan has identified a goal of Access for workforce compensation. The activity that drives the goal is to increase availability quality early care and education services in communities across the state by creating funding strategies that pay providers for the full cost of quality services.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The Early Childhood Career Development Coordinator, housed at the Early Childhood Training Center (ECTC), facilitates a group of early childhood educators representing Nebraska two-year colleges. This group coordinates and aligns early childhood course offerings across the campuses of the Nebraska Community College system. Additionally, the Career Development Coordinator works with representatives of the state college system, the campuses of the University of Nebraska, and the Buffett Early Childhood Institute to attempt to bring two- and four-year institutions together to improve articulation agreements for students transferring between or among colleges and universities.**
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor

Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **Nebraska has created a professional registry for early childhood education and care providers. The Nebraska Early Childhood Professional Record System (NECPRS) is available for early childhood education and care providers to create and maintain their personal education and training records. As of February 29, 2024, there were 21,568 active users with professional education and training records in NECPRS. NECPRS can track salaries and benefits for early childhood education and care providers. This information is voluntary and is self-reported by programs. The Nebraska Department of Education (NDE) and the Lead Agency are not able to verify the self-reported financial data.**

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The Lead Agency pays in-home child care providers the state's minimum wage.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete 6 hours of annual training. If the substitute works over 20 hours per week and is counted in the staff-to-child ratio, the substitute must meet the staff requirements for the position they are assuming, including annual training hours.**
- b. License-exempt child care centers: **Nebraska does not have CCDF-eligible license exempt child care centers.**
- c. Licensed family child care homes: **Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete 6 hours of annual training. Current regulations do not require family child care home substitutes to obtain preservice or annual training. Proposed revised regulations will require substitutes to obtain preservice and annual trainings.**
- d. License-exempt family child care homes: **License exempt family child care home providers must complete 4 clock hours of annually training annually, with two of the four hours focused on topics of health and safety standards.**
- e. Regulated or registered in-home child care: **In-home child care home providers must complete 4 clock hours of annually training annually, with 2 of the 4 hours focused on topics of health and safety standards. This category of provider is not funded with CCDF**

dollars.

- f. Non-regulated or registered in-home child care: **Nebraska does not monitor non-regulated in-home child care. To be eligible for CCDF in Nebraska, providers must meet all health and safety requirements, including ongoing training requirements. A program that is not participating in CCDF would be considered non-regulated and would not be monitored by the Lead Agency.**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The regional Early Learning Connection Coordinators invite and encourage participation of staff from child care, Head Start, and school-based early childhood programs located on tribal lands in regional planning meetings. Training events are planned to meet the needs of the tribal communities. Education specialists from the Department of Education (NDE) provide technical assistance to school district early childhood programs in tribal areas. Step Up to Quality provides coaching to early childhood education programs that participate in Step Up to Quality.**

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The Early Childhood Training Center (ECTC) works with several community centers to ensure training is accessible to providers for whom English is not their primary language. Training is reviewed by the ECTC and translated resources are provided as often as possible. ECTC also partners with The Midlands Latino Community Development Corporation to provide training and resources for non-English speakers wanting to work in child care to get licensed and trained. The Department of Education (NDE) translates training materials and materials for the quality rating system for child care providers, with Spanish being the most requested language. NDE also works with school and Early Learning Coordinators across the state to attempt to locate multi-lingual persons who are interested in becoming trainers.**

The Nebraska Early Childhood Professional Record System (NECPRS) has modified processes for persons with disabilities to ensure their successful participation. Web materials are created to be ADA compliant. Interpreters for providers who are deaf or hard of hearing are available to sign for required training.

Materials and concepts taught in licensing-required training are inclusive. Materials are created to support inclusivity, regarding socioeconomic level, culture, language, and ability. Training is provided throughout the state at times when providers can attend. Trainings are held evenings, weekends, and by distance learning when appropriate.

Nebraska has an Early Childhood Inclusive teaching certificate. This credential prepares teachers to meet the needs of children in an inclusive setting who are birth through grade 3 and who are either typically developing or who have a range of abilities. Institutions of Higher Education offer concentrations of either birth to age 5, or age 3 through grade three, for students choosing this endorsement.

Nebraska has revised an introductory training entitled Special Care, which is intended to provide an overview of supports and resources for child care providers who are hesitant about caring for children with disabilities. Special Care can be provided either in-person or via technology. The current version of Special Care was revised within the past year and includes current resources for providers. This was revised using a combination of CCDF and non-CCDF funds.

Other resources such as CARA's Kit are available to child care providers through training across the state. CARA's Kit: Milbourne, S.A., and Campbell, P.H. (2007). Cara's Kit: Creating adaptations for routines and activities. Philadelphia, P.A.: Child and Family Studies Research Programs, Thomas Jefferson University.

CARA's Kit is a practical resource written with specific common challenges that young children with disabilities may encounter in a group setting. The assistance provided outlines ways to help the child be successful with suggested adaptations in one or more of the following five categories: Environment, Activity, Materials, Requirement/Instruction, or Assistance.

Additionally, the Early Learning Coordinators partner with local Early Childhood Planning Region Teams to coordinate training for providers serving children with disabilities and their families.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (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) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **1. Local Planning region teams provide training and information regarding children suspected of having a disability. Additionally, information is available from the Early Development Network/Answers4families (<http://edn.ne.gov/cms/what-is-earlyintervention>) regarding procedures for requesting a developmental screening. Information about referring children to Child Find, the outreach campaign from the Early Development Network, for identifying children with disabilities is in the Early Learning Guidelines: Nebraska's Birth to Five Learning and Development Standards book (Early Learning Guidelines (ELG)). Every domain training of the ELG training contains a walk-through of the ELG book with discussion about meeting the needs of diverse learners, including information on inclusion and referral to Child Find. Early Learning Guidelines domain trainings are required for teachers from child care centers and providers in family child care homes. Individuals who are approved to train on any of the domains of the ELG are familiarized with every part of the ELG book and taught to highlight and**

discuss all parts of the ELG book then concentrate on the specific domain they are training. All trainers are required to follow the content points for the ELG training. The number of ELG trainings and the number of participants is tracked quarterly.

2. Child care providers can make referrals to Nebraska's Early Development Network if they believe a child in their care may be at risk for cognitive or other developmental delays. The contact information is available through their website or linked through the child care consumer education website.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
 - i. ☒ Research-based.
 - ii. ☒ Developmentally appropriate.
 - iii. ☒ Culturally and linguistically appropriate.
 - iv. ☒ Aligned with kindergarten entry.
 - v. ☒ Appropriate for all children from birth to kindergarten entry.
 - vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
 - i. ☒ Cognition, including language arts and mathematics.
 - ii. ☒ Social development.
 - iii. ☒ Emotional development.
 - iv. ☒ Physical development.
 - v. ☒ Approaches toward learning.
 - vi. ☒ Other optional domains. Describe any optional domains: **Creative Arts, Science**
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently

updated and for what reason? **In 2018, a periodic revision was made to align with current K-12 standards and update references and examples. The next revision is set to begin in 2025.**

- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
<https://www.education.ne.gov/oec/early-learning-guidelines/>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines.
Curriculum used in programs participating in Step Up to Quality must be aligned with the Nebraska Early Learning Guidelines (ELG). Additionally, programs for children birth to kindergarten-age operated by school districts or Educational Service Units must also use a curriculum that is aligned to the ELG. Finally, licensed child care providers are required to take training on the domains of the ELG.
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
 - i. ☒ Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. ☒ Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. ☒ Will be used as the primary or sole method for assessing program effectiveness.
 - iv. ☒ Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and

services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **The Statewide Early Learning Connection (ELC) Partnerships engage in an annual needs assessment. The ELCs use information from training evaluations, surveys of partners, and annual partnership engagement to determine the saturation level of state required training. They also determine the training needed in local areas to increase provider competency and program involvement. CCDF funds also support the work of some of the contracted coaches to guide programs participating in Step Up to Quality. Programs completing the work to meet the requirements to be rated Step 2 complete a coaching questionnaire. Based on the needs identified, a Step Up to Quality Coach Specialist contacts the program director/owner to assess the program's need for support. If the program wants coaching services, the Coach Specialist matches the program with a coach with skills to match the needs identified in the coaching questionnaire. Additionally, Early Childhood Education Endowment Grantees (commonly known as Sixpence) use their annual grantee application for continuation of funding to identify their needs. This information is used by the Sixpence Endowment Technical Assistance provider to plan technical assistance. Finally, the Rooted in Relationships/Nurturing Healthy Behaviors project includes needs assessments for their suite of activities, including needs assessments around the implementation of the Pyramid Model.**

All grantees of CCDF funds provide regular reports demonstrating the work they are doing and the impact these funds have on providers, families, and the communities. All grantees provide a final report at the end of their grant. All reports are reviewed, and the success of the program is assessed to determine additional funding.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **The following items were most often reported as needs or barriers to professional development:**

Providers in very rural parts of the state reported that distance to in-person training was a barrier. Nebraska has converted every training required for child care licensing to a virtual learning format and has trained cadres of trainers and computer assistants in delivering each of these training virtually. An ongoing goal is to increase additional types of trainings available virtually including asynchronous eLearning options.

In addition to virtual training options, interest, ability, and/or availability of computers and

internet access has been reported as a barrier. The Early Learning Connection Partnerships and the Early Childhood Training Center (ECTC) are exploring ways to offer training on use of computers for child care training to those who are hesitant.

Another barrier reported was that there are few Spanish-speaking trainers or trainers fluent in other languages available across the state. Nebraska has created a statewide Bilingual training coordinator position as part of one of the Early Learning Connection partnership grants. The person in this role works with the ECTC to build cadres of bilingual trainers. A goal was created to translate every training required by child care licensing or Step Up to Quality into Spanish with appropriate training supports and resources for growing bilingual training pool.

There was also a need identified surrounding professional development to address behavior challenges. The goal moving forward is to increase availability of coaches with knowledge of the Pyramid Model. Family engagement resources were also identified as a need. The ECTC plans to partner with the Nebraska Department of Education (NDE) and Community Engagement Coordination Initiative to provide family engagement materials in the Nebraska Early Learning Library. These resources will be available to the early childhood community on a free loan basis.

Many communities continue to struggle with a lack of childcare options and cannot find adequate child care for their children who have special needs. A goal has been developed to continue to offer Special Care training regularly. All grantees of CCDF funds provide regular reports demonstrating the work they are doing and the impact these funds have on providers, families, and the communities.

All grantees provide a final report at the end of their grant. All reports are reviewed, and the success of the program is assessed to determine additional funding.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available.
<https://dhhs.ne.gov/Pages/Child-Care-Community.aspx>
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Grants to fund the Early Learning Connection Training Partnerships across the state will be continued. Grants to support the Early Learning Connection Coach Consultant system will be continued. Training curricula and resources will be revised on a rotating schedule and Training of Trainers will be held to build and maintain an effective trainer pool. Additionally, CCDF will support a grant to an Educational Service Unit (ESU) to continue and build on the work of the CDA Navigator.**

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Training on the Early Learning Guidelines will be held regularly throughout the state.**

- iii. Developing, implementing, or enhancing a quality improvement system.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Step Up to Quality will continue to implement the revised system. The Nebraska Coaching infrastructure will be maintained and improved. Research-informed program quality assessment tools will continue to be used, and a system of reliable observers and state anchors will be maintained.**

- iv. Improving the supply and quality of child care services for infants and toddlers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Start-up and expansion grants are available for child care programs through the Lead Agency and other statewide entities. Nebraska's Sixpence Child Care Partnerships focus on improving the quality of child care for infants and toddlers.**

- v. Establishing or expanding a statewide system of CCR&R services.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The Child Care Referral Network (CCRN) will be maintained. CCRN and NECPRS will be studied for ways to streamline and maintain the greatest functionality with the least amount of duplication for providers, parents, and state agency implementation. The Resource and Referral services will continue to be maintained while looking for areas of increased parent engagement at the ECTC and through the Early Learning Connection Training partnerships.**

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **CCDF quality dollars fund Child Care Licensing Specialists who inspect and monitor all licensed child care**

providers. The specialists ensure all health and safety standards are met in every facility by annual and semi-annual inspections.

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- viii. Accreditation support.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Nebraska has a state level team that is actively participating in the U.S. Department of Education's Kindergarten as a Sturdy Bridge initiative. The Nebraska Department of Education is working with partners to improve early childhood experiences, build kindergarten readiness of children, and ensure that schools are ready to serve kindergarteners.**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Early Childhood Interagency Coordinating Council (ECICC) consists of Governor-appointed members who represent various career and parenting categories. The CCDF Administrator and CCDF Program Specialist are appointed to this council and attend quarterly meetings. The council provides recommendations for the professional development system and is charged with advising the Governor and other State Agencies with issues related to early childhood education and care. Coordination goals continue to be ensuring that the CCDF Administrator and Program Specialist have a presence at all scheduled ECICC meetings and planning opportunities. CCDF representation will highlight CCDF issues for the council's discussion, recommendations, and change if needed. CCDF representation will look for opportunities to enhance partnerships, services, support, and provide ongoing education about CCDF to this council and the array of members and agencies represented. CCDF continues to be a standing topic at every ECICC meeting. The Lead Agency also assists in the creation of the Governor's Biennial Report.**
- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The Lead Agency's goal is to establish and build a working relationship with the Nebraska Tribes receiving CCDF, which are the Omaha Tribe of Nebraska, Santee Sioux Tribe of Nebraska, Iowa Tribe of Kansas and Nebraska, Ponca Tribe, and Winnebago Tribe. During State Plan consultation, the Lead Agency met with the CCDF administrator of the Winnebago Tribe of Nebraska and provided an overview of the state's CCDF program. Winnebago also provided a high-level overview of how their program is run, as well. Monthly meetings will be set up, as well as in-person meetings. The Lead Agency will continue to communicate with Winnebago about CCDF and the State Plan, as both entities are able and willing.**

☐ Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.
- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Lead Agency works with the program responsible for children with special needs, which includes intervention and the Individuals with Disabilities Education Act (IDEA) (Part C for infants and toddlers and Section 619 for preschool). The goal is to continue coordination that**

include the Lead Agency and this program meeting on related topics for children with special needs, expulsion/suspensions, and early screenings with a goal to link comprehensive services to children in child care settings. Planning for IDEA is facilitated through Nebraska's Early Childhood Interagency Coordination Council (ECICC). The Lead Agency continues to be an active member of the council and offers additional consultations, planning, and supports as needed.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Lead Agency works with the director of Nebraska's Head Start Collaboration Office regularly through a variety of forms. The goal of this collaborative work is to align early care and education services and supports for children and families prenatally to age 5, focusing specifically on the Early Head Start and Head Start eligible population in quality child care settings. Additionally, opportunities to work together to collect and use data to guide decision-making and improve child and family outcomes, and to support the expansion of and access to high-quality workforce and career development opportunities for early care and education staff in this shared space are priorities for this work. The Lead Agency will continue to work with the Head Start Collaboration Office Director to review and align CCDF requirements and standards with the Head Start Act and the Head Start Program Performance Standards. Both entities will continue meeting to discuss and explore state licensing regulations, fingerprint/background check requirements, and child care subsidy as they apply to the state's Head Start grant recipients. The results from this work will lead to better service coordination between all programs, additional resources for families, and improved outcomes for children in Nebraska.**
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Division of Public Health is responsible for immunizations and is part of the Lead Agency. Public Health and the CCDF program will continue to work together to increase immunization awareness, education, and access. The goal for coordination is to provide educational information on the Child Care Subsidy and Licensing websites to include information on the Vaccines for Children Program (VFC), which is an entitlement program and would benefit low-income children and families. Holding ongoing meetings and increasing communication will take place to implement this goal. Results of this goal and coordination will increase awareness and education about immunization, especially related to COVID-19 vaccinations, for child care providers and parents.**
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Nebraska Department of Labor is responsible for employment services workforce development. The Lead Agency coordinates with the Department of Labor through an Economic Mobility Taskforce. This task force meets on a quarterly basis with partners from Department of Labor, Department of Health and Human Services, Vocational Rehabilitation and external partners that work with the SNAP Employment and Training Program. The Economic Mobility Taskforce's goal is to build bridges so families can thrive. The Economic Mobility Taskforce has taken a role in addressing the benefits cliff that Nebraskans may face when they receive pay increases through their current employment or are offered higher paying positions. Through the Economic Mobility Taskforce, a Benefit Cliff Tool from the Atlanta Federal Reserve is now being utilized with a small population as a pilot to collect data and**

will be rolled out statewide once an analysis can determine the positive impacts of utilizing this tool for different State Agencies.

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency has a continuing relationship with the Nebraska Department of Education (NDE). NDE is the agency responsible for pre-kindergarten through grade 12 education including monitoring of the state pre-kindergarten programs and other birth-to-age-5 programs operated by Local Education Agencies (LEA) and intermediate service agencies. The Lead Agency grants money to NDE to operate the regional early childhood provider training system, the professional records system (NECPRS), and together, the two state agencies partner to implement Step Up to Quality, Nebraska's Quality Rating and Improvement system, and are Co-Lead Agencies for Part C early intervention.**
- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **Child care licensing and child care subsidy are administered out of different divisions within the Lead Agency. Child care licensing and child care subsidy have continual communication, coordination, and collaboration to better serve child care providers and the children served. Child care licensing and child care subsidy share communication about providers, including concerns or violations, and provider changes (i.e., household members, address, etc.). Both divisions strive to streamline processes and align policies where available. Both divisions will work to ensure health and safety requirements are being met by all providers and background check processes align with federal requirements. The Lead Agency is currently working together to streamline a plan to renew fingerprint background checks for all required individuals. Coordination goal results will include a more cohesive administration of child care subsidy and licensing, allowing for a better experience for child care providers. Results will also include the completion of provider/staff/family background checks as both divisions work together on this requirement.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The Lead Agency and the Child and Adult Care Food Program (CACFP), administered through the Nebraska Department of Education (NDE), have ongoing communication. The goals are to continue communication, inform parents, providers, and the community of the CACFP program on the subsidy website and work together on cases where there may be issues or concerns. Currently, license-exempt providers receive an incentive payment for their participation with CACFP. Results of these goals will ensure all child care providers are aware of the CACFP resource, which if utilized, increase healthy and nutritional meals served to children and assist with the cost of food for child care providers. CACFP trainings are listed on the Nebraska Early Childhood Professional Record System (NECPRS) training calendar. The NDE office that operates CACFP also operates a farm-to-child care program working with child care programs across the state to use local agricultural products in their food supply.**
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The McKinney-Vento program and the CCDF Subsidy program continue to meet to provide each other program overviews and updates. Representation from the McKinney-Vento**

program has also participated in the state's ECICC council. When Subsidy regulations changed, the Lead Agency notified the McKinney-Vento program that CCDF Subsidy now uses the McKinney-Vento definition for homelessness. Homelessness is a need for service for families newly applying for child care subsidy, which allows families time to seek and secure employment while receiving full-time childcare subsidy. The overarching goal between the Lead Agency and Nebraska's McKinney-Vento program will continue to be to provide education about resources to families applying for subsidy, and assisting in child care subsidy eligibility and authorizations, as well as providing information on other economic assistance programs (e.g., SNAP, TANF, LIHEAP, etc.) to families. Ongoing meetings and communication will continue to take place to implement these goals. Results will lead to increased access to child care for families experiencing homelessness, which can assist in securing stable housing and employment.

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **Families receiving TANF assistance may be required to participate with Employment First. Employment First is a workforce development and employment program which helps families achieve economic self-sufficiency through job training, education, and employment preparation. The Lead Agency administers the TANF and CCDF programs. Ongoing communication and planning occur between TANF and CCDF to ensure child care is not a barrier for individuals to participate with Employment First. The goal continues to be ongoing communication, participation in monthly alignment meetings, and to serve this population the best way possible. Results will ensure that access to child care is not a barrier for families participating with Employment First.**
- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **CCDF and the Medicaid and Children's Health Insurance Program (CHIP) are administrated out of different divisions within the Lead Agency. Program leaders participate in monthly meetings to provide updates and any new information or resources regarding their programs. Coordination between CCDF and Medicaid will continue to ensure families can contact ACCESSNebraska for their child care, medical, and any other economic assistance needs. Application processes will continue to be reviewed and streamlined when possible.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **There are various entities across the state that incorporate early childhood mental health (ECMH) supportive services in early care settings and/or provide consultation. Currently, the Lead Agency coordinates and supports various initiatives both privately and publicly driven; some of these initiatives include implementation of the Pyramid Model. Nebraska's Early Development Network, Section 619, Part C, Early Head Start and Head Start, Nurturing Healthy Behaviors, and Rooted in Relationships all partner to provide a variety of ECMH supports. The goal remains to continue to be engaged with planning and coordination with all these entities/initiatives. Lead Agency staff will attend meetings to stay informed and provide education about child care subsidy. Results of this goal will help bring together key members in the state to ensure family access to these services through multiple avenues.**
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **Regularly scheduled meetings between the Lead Agency and the Department of Education (NDE) occur. NDE implements**

the Early Childhood Training System (ECTC) and operates the CCR&R for the state and will be taking over operation of the Child Care Referral Network (CCRN). Meetings include program updates, planning, and coordination. Both CCR&R and ECTC are supported by CCDF funds. The goal is to continue these meetings and work on strengthening communication and resources for parents, children, and providers. Results of this will help families find quality child care that fits their needs.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Lead Agency currently attends regular meetings and collaborates with the statewide afterschool network, Beyond School Bells. CCDF funds are granted to Beyond School Bells to support the work of the statewide network, including providing support for statewide conferences and professional development. This work builds on work the Lead Agency provided to the Beyond School Bells by granting CCDF CARES Act funds to assist with afterschool programs and summer learning care programs for children impacted by the COVID-19 pandemic. Coordination goals continue to include supporting quality enhancements, finding ways to increase the number of children eligible for CCDF/Subsidy in quality afterschool programs and supporting attempts to build locally sustainable programs. The Lead Agency also offers technical assistance for afterschool programs working through state licensing and child care subsidy requirements.**
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Lead Agency works with Public Health, Nebraska Emergency Management Agency (NEMA), Head Start, Children’s Services Licensing, and the Nebraska Department of Education to develop and implement appropriate emergency management and response procedures. The Division of Public Health is part of the Lead Agency and coordinates disaster and emergency planning and response throughout entities across the state. Nebraska’s CCR&R also coordinates with several emergency management and response entities and remains in regular communication with the Lead Agency. Partnership with these divisions has allowed the Lead Agency to develop and implement emergency preparedness procedures for licensed and license-exempt child care providers. The goal is to continue working together as needed, addressing child care needs. As a result, providers will have resources and tools to be prepared for emergency situations.**
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
 - i. ☒ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The Lead Agency has provided and continues to offer technical assistance to the Early Head Start Child Care Partnership (EHS-CCP) grant recipients in the state. A continued goal is to increase communication between EHS-CCP grant recipients, the Head Start Collaboration Office, and the Lead Agency, as needed, which will result in a better understanding of policies and procedures related to child care subsidy and current EHS-CCP grants and to identify potential opportunities to build further capacity and increase access in this area in the future.**
 - ii. ☒ State/Territory institutions for higher education, including community colleges.

Describe: Through the Nebraska Department of Education (NDE), CCDF supports a Career Development Specialist who facilitates the work of the Early Childhood Community College Consortium. The Consortium creates and uses common early childhood syllabi and course numbers for ease in getting and transferring credit among 2-year colleges. Community Colleges and the University of Nebraska system are part of the CDA Roundtable and work jointly with state agencies and others to improve CDA pathways. The University of Nebraska Extension employs early childhood staff who are professional development specialists for the Council for Professional Recognition's CDA process. Early Childhood staff from 2- and 4-year institutions participate on regional Early Learning Connection Partnerships to identify needs, participate in training events, and provide input.

- iii. ☐ Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
- iv. ☒ State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **Nebraska CCDF and the Nebraska - Maternal Infant Early Childhood Home Visitation (N-MIECHV) program are administrated out of different divisions within the Lead Agency. Communication via emails, phone calls, and virtual calls will continue as needed. Both programs will look for opportunities to share information and meet. The CCDF program will provide the N-MIECHV program information about the CCDF Subsidy program to ensure home visitors are providing child care resources to the families they work with. Results will be an increase in coordinated services between both programs, serving families and children to the best capacity.**
- v. ☒ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **Nebraska's Early Development Network (EDN) is a collaborative effort of the Nebraska Department of Education and the Lead Agency to serve infants and toddlers with disabilities and their families. EDN provides services and supports that are designed based on the needs of children birth to age 3 and their families, with the belief that parents know what is best for their families. These services are designed to act on what families think is important for their child and the family. The program helps families to understand their child's disability and assists in dealing with situations that interfere with the child's development. The goal of EDN is to provide coordinated services for Nebraska families as conveniently as possible. The Lead Agency will continue to provide information regarding EDN on the child care subsidy application and to child care providers. The result will increase family and provider awareness of these services.**
- vi. ☒ State/Territory agency responsible for child welfare. Describe: **The Lead Agency administers both CCDF and child welfare. The Lead Agency strives to keep an open line of communication between the two programs to best serve Nebraska's children with CCDF and other resources. CCDF processes continue to be reviewed to find areas that can be streamlined or improved. Trainings have been developed and delivered by the CCDF Program for child welfare workers. Goals include the CCDF program to review and modify the child welfare application based on suggestions from field workers and to provide regular resources, tools, and tips to assist workers. The result will ensure services are being authorized timely and**

accurately.

- vii. ☒ Child care provider groups or associations. Describe: **The Lead Agency attends regular meetings with providers and provider organizations. The goals of these meetings vary but include increasing communication on CCDF policies and procedures, providing up-to-date information on available funding, and hearing from providers what provider and subsidy family needs may be. The Lead Agency is willing to participate in opportunities to engage and communicate with providers.**
- viii. ☐ Parent groups or organizations. Describe:
- ix. ☐ Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. ☐ Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a 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 Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

☐ No. (If no, skip to question 8.2.2)

☒ Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

☒ Title XX (Social Services Block Grant, SSBG)

☐ Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

☐ State- or Territory-only child care funds

☐ TANF direct funds for child care not transferred into CCDF

☐ Title IV-B funds (Social Security Act)

☐ Title IV-E funds (Social Security Act)

☐ Other. Describe:

- ii. If yes, what does the Lead Agency use combined funds to support, 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? **Title XX funds are transferred to general CCDF funds and used for child care subsidy.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

- a. Does the Lead Agency use public funds to meet match requirements?

☐ Yes. If yes, describe which funds are used:

☒ No.

- b. Does the Lead Agency use donated funds to meet match requirements?

☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. ☐ Donated directly to the state.

ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

☒ No.

- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working

parents.

- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

☐ Yes.

☒ No. If no, describe: **Funds are not used to meet the MOE**

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

☐ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☒ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Lead Agency provides funding to the Nebraska Department of Education (NDE) to maintain the state's CCR&R. Phone and computer assistance is available to families for child care and for providers using the CCR&R phone line or the two available online referral websites, the Child Care Referral Network (CCRN) and the Nebraska Resource and Referral System (NRRS), as well as the online child care provider roster. CCR&R staff regularly attend community events where families and providers are present to provide assistance. The CCR&R can also provide information on quality child care providers and provide information on the state's QRIS, Step Up to Quality. In addition, NDE is the agency responsible for Part B, Section 619 and Part C. They work closely with the Lead Agency on identifying gaps in child care in various categories of care.**

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Lead Agency embraces the role of private organizations in our efforts to enhance service delivery systems relating to the care of children. These public-private partnerships benefit children and families and allow the Lead Agency to leverage the knowledge of experts in the field and strive to improve the supply, quality, and efficiency of the child care system. The blending and braiding of public-private funds is an effective strategy that allows maximization of return on investment in the activity areas of quality programming; social, emotional, and behavioral development; physical health and nutrition; professional development; education and wages; public policy; and online resource networks. Partnerships span across the state and include both rural and urban components, which allow effective coordination statewide. The Lead Agency uses CCDF quality, infant/toddler, and discretionary funds, through annual sub-awards and contracts, in the partner network, which includes the following:**

Nebraska Children and Families Foundation leads efforts in cross-sector community systems planning and high-quality programming in the early childhood development system. They serve as an integral partner in delivering services of the Sixpence and Preschool Development Grant programs. Their mission is "cultivating the good life for all Nebraska children."

Buffet Early Childhood Institute is a multidisciplinary research, education, outreach, and policy institute helping transform early childhood development and education in Nebraska. They are charged with the service delivery of multiple components of the Preschool Development Grant program. Their mission is to "transform the lives of young children by improving their learning and development."

CEDARS Youth Services is a nonprofit partner whose mission is to help children achieve safety, stability, and enduring family relationships. The Nurturing Healthy Behavior activities of this organization integrate social and emotional well-being of children. Head Start Child & Family Development Program offers high-quality child development services to children and families from all backgrounds, provides child-focused learning, as well as comprehensive services to the child's family. Their partnership provides services for infant and toddler quality initiatives, as well as nurturing healthy behaviors which focuses on the social and emotional well-being of children.

Region VI Behavioral Healthcare is responsible for the planning, developing, funding, monitoring, and evaluating of behavioral health services in Cass, Dodge, Douglas, Sarpy, and Washington counties in Nebraska. They lead the initiative to build the capacity of both early childhood and mental health professionals, with enhanced ability to address the challenging behaviors and life circumstances of young children.

Blue Valley Community Action's vision is that families are financially secure, and everyone has opportunities to develop their potential. The partnership provides support to families and enhances children's development through infant and toddler quality initiatives.

Community Action Partnership of Lancaster and Saunders Counties is a partnership that provides support to families and enhances children's development through infant and toddler quality initiatives. Their mission is to empower people living in poverty to reach economic stability.

Childcare Providers: Family Home I and II, Child Care Center, Preschool, and School-Age Only Centers provide the framework for quality child care across the state of Nebraska. The care provided by this comprehensive, quality focused network of providers is the backbone of the child care industry.

In addition, Lead Agency partnerships extend to other publicly funded organizations. The expertise they offer in the child care arena is an invaluable resource and we work together to accomplish shared goals and objectives. These entities provide various activities related to infant, toddler and school-age children, resource and referral systems and other quality initiatives for providers, children and families in Nebraska. They also provide services relating to the health and safety of child care facilities as it relates to licensing and background checks of staff providing care. These partners include:

The Nebraska Department of Education promotes student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access which begins at

birth. The partnership is aimed at implementing various activities related to school age, resource and referral, infant/toddler, and other quality activities for providers, children, and families in Nebraska.

Educational Service Units in Nebraska are intermediate agencies providing supplementary educational services to school districts in Nebraska, including quality programming and enhanced development focused on infants, toddlers, and school-age children.

University of Nebraska Lincoln Child, Youth and Family Studies is committed to enhancing the well-being of children, youth, adults, and families in the state by improving the environments in which they live and learn. They provide services through the Nutritional and Physical Activity program focusing on healthy eating and physical activity.

Nebraska State Patrol provides comprehensive criminal background checks on staff members in the childcare industry in order to ensure the safety of children of the child care system.

University of Nebraska Center for Research on Children, Youth, Families and Schools provides academic intervention and learning, early education and development, psychosocial development, behavioral health, and research and evaluation methods. They also provide services through the Nutritional and Physical Activity program, which focuses on healthy eating and physical activity of young children.

The Lead Agency values each and every partner in the network and we all work to attain the shared goal of maximizing the impact we can make on young children in Nebraska.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **The Disaster Plan was last updated in 2021 to add expectations for procedures for child care providers.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:
 - ☒ State human services agency.
 - ☒ State emergency management agency.
 - ☒ State licensing agency.
 - ☒ State health department or public health department.

- ☒ Local and State child care resource and referral agencies.
- ☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- ii. ☒ The plan includes guidelines for the continuation of child care subsidies.
- iii. ☒ The plan includes guidelines for the continuation of child care services.
- iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
- v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - ☒ Procedures for evacuation.
 - ☒ Procedures for relocation.
 - ☒ Procedures for shelter-in-place.
 - ☒ Procedures for communication and reunification with families.
 - ☒ Procedures for continuity of operations.
 - ☒ Procedures for accommodations of infants and toddlers.
 - ☒ Procedures for accommodations of children with disabilities.
 - ☒ Procedures for accommodations of children with chronic medical conditions.
- vi. ☒ The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. ☒ The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: <https://dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Disaster-Plan.aspx>

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **Parents can submit complaints about licensed providers in a few different manners. The Nebraska Department of Health and Human Services Child Abuse and Neglect Hotline is available by phone and is accessible 24 hours a day, 7 days a week at 1-800-652-1999. Parents can also contact Children's Services Licensing with the Division of Public Health through their phone hotline at 1-800-600-1289. Complaints may be submitted by fax to Children's Services Licensing at 402-471-7763, and electronically at <https://dhhs.ne.gov/licensure/Pages/Childrens-Services-Licensing-How-to-File-a-Complaint.aspx> Complaints about License Exempt and In-Home providers can also be made to the Child Abuse and Neglect Hotline, or through the Child Care Subsidy general line at 402-471-9152. Information will be collected from the caller and sent to the Resource Developer Supervisor and CCDF Administrator for follow-up.**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **When complaints are made by phone, callers who speak a language other than English have access to the Language Line services, where they can be connected with an interpreter. For complaints made online, the reporter can select an option to translate the website into the language of their choice. Complaints can also be made in the reporter's spoken/written language when submitted via mail.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The Lead Agency phone line offers a Telecommunications Device for the Deaf (TDD) phone line. Complaints can also be made in writing, by fax, or electronically.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
[x] Yes. If yes, describe: Children's Services Licensing partners with Children and Family Services (CFS) Protection and Safety staff to screen for abuse and neglect allegations, work collaboratively to investigate the complaint and determine if abuse or neglect occurred with a child care provider. Complaints that do not involve abuse or neglect but are in violation of licensing regulations are investigated by Children's Services Licensing. If the provider is a CCDF provider, Children's Services Licensing Investigators will work in collaboration with Resource Development staff, as well. Complaints on all licensed child care programs are documented on a form called a Compliance Review Report, which is

maintained for a minimum of seven years. Complaints are maintained and stored in a central file located in the Children's Services Licensing office at the State Office Building in Lincoln, Nebraska. All complaint information is maintained for a minimum of seven years. Complaints received for license exempt and in-home providers are sent to the CCDF team. The CCDF team works with Children's Services Licensing and CFS staff to identify the issue and make recommendations to improve the care provided. The CCDF team records and maintains electronic records of complaints made against license exempt and in-home providers.

[] No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **Complaints on all child care programs licensed by the Division of Public Health are documented on a form called a Compliance Review Report. These complaints and investigations are stored and tracked within an electronic system through narratives and scanned documentation allowing the Lead Agency to review past issues and consider past offenses when new complaints occur. All information entered into the electronic system is retained indefinitely. Past issues with providers are considered when determining appropriate action on new complaints.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **The public can review monitoring and disciplinary information at any time on this site: <https://www.nebraska.gov/LISSearch/search.cgi>. For this link, a user must click on either "individual search" or "business/service search" and type in the name or license number of the child care or provider. If they are a licensed provider, any disciplinary action and monitoring will appear at the bottom of the screen. This includes all licensed CCDF providers. Reports before 10/01/18 are not posted, but can be requested through the Licensure Unit at 402-471-9278 or DHHS.ChildCareLicensing@nebraska.gov.**

Traditionally, most complaints about license exempt child care providers are received through the Lead Agency's abuse and neglect hotline. If complaints are substantiated, the provider subsidy agreement is closed or terminated immediately. If the provider is closed and no longer eligible for child care subsidy, the complaint is not posted. The Lead Agency does not make public relative-exempt complaints. Other complaints would be posted with annual monitoring compliance at the following link: <https://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;

- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency's consumer education website homepage:
<https://dhhs.ne.gov/Pages/Child-Care-Subsidy.aspx>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
[x] Yes.
[] No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
[x] Yes.
[] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://nebraskalegislature.gov/laws/statutes.php?statute=71-1911>**
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: **<https://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>**
<https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>
- Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
<https://dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx>
<https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx>
- Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **<https://dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx>**
<https://dhhs.ne.gov/Pages/Title-391.aspx>

9.2.3 Searchable list of providers

- The consumer education website must include a list of all licensed providers searchable by

ZIP code.

- i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

☒ Yes.

☐ No. If no, describe:

- ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://dhhs.ne.gov/licensure/Documents/ChildCareRoster.pdf>

There is also a searchable list outside of the consumer website at:
<https://www.nechildcarereferral.org/> and <https://nrns.ne.gov/therightplace/>

- iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

☐ License-exempt center-based CCDF providers.

☐ License-exempt family child care CCDF providers.

☐ License-exempt non-CCDF providers.

☐ Relative CCDF child care providers.

☒ Other (e.g., summer camps, public pre-Kindergarten). Describe: **Head Start/Early Head Start programs**

- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i. ☒ All licensed providers. Describe: <https://www.nechildcarereferral.org> also includes a map of the program location, whether the location is currently accepting new enrollment and what age groups they are enrolling. <https://dhhs.ne.gov/licensure/Documents/ChildCareRoster.pdf> also includes the license number and type, and whether the program is accredited.
 - ii. ☐ License-exempt CCDF center-based providers. Describe:
 - iii. ☐ License-exempt CCDF family child care providers. Describe:
 - iv. ☐ License-exempt, non-CCDF providers. Describe:
 - v. ☐ Relative CCDF providers. Describe:
 - vi. ☐ Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. ☒ Quality improvement system.
 - ii. ☒ National accreditation.
 - iii. ☐ Enhanced licensing system.
 - iv. ☐ Meeting Head Start/Early Head Start Program Performance Standards.
 - v. ☐ Meeting pre-Kindergarten quality requirements.
 - vi. ☐ School-age standards.
 - vii. ☐ Quality framework or quality improvement system.
 - viii. ☐ Other. Describe:
- b. For what types of child care providers is quality information available?

- i. **[x]** Licensed CCDF providers. Describe the quality information: **Step Up to Quality (Nebraska's QRIS) ratings are available for licensed child care programs and are based on quality indicators. Providers are awarded a rating between Step 1 and Step 5 based upon criteria and indicators met. These programs are rated based on program curriculum, learning environments, teacher-child interactions, child outcomes, professional development and training, family engagement and partnerships, and program administration. This information is available on the child care licensing roster, as well as the Step Up to Quality webpage.**
- ii. **[x]** Licensed non-CCDF providers. Describe the quality information: **Step Up to Quality (Nebraska's QRIS) ratings are available for licensed child care programs and are based on quality indicators. Providers are awarded a rating between Step 1 and Step 5 based upon criteria and indicators met. These programs are rated based on program curriculum, learning environments, teacher-child interactions, child outcomes, professional development and training, family engagement and partnerships, and program administration. This information is available on the child care licensing roster, as well as the Step Up to Quality webpage.**
- iii. **[]** License-exempt center-based CCDF providers. Describe the quality information:
- iv. **[]** License-exempt FCC CCDF providers. Describe the quality information:
- v. **[x]** License-exempt non-CCDF providers. Describe the quality information: **Head Start and Early Head Start programs are not required to be licensed and are not eligible for CCDF. These programs are eligible for Step Up to Quality (Nebraska's QRIS) and quality ratings are available for these programs on the Step Up to Quality webpage and Child Care Resource and Referral Network (CCRN) webpage.**
- vi. **[]** Relative child care providers. Describe the quality information:
- vii. **[]** Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

- ii. ☒ The total number of deaths of children in care by provider category and licensing status.
 - iii. ☒ The total number of substantiated instances of child abuse in child care settings.
 - iv. ☐ The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe: **The Lead Agency received the preliminary monitoring notice on April 20, 2024. The Lead Agency needs additional time to meet the requirement and does not expect to have it met by October 1, 2024. The Lead Agency is receiving Technical Assistance to come into compliance with the requirement to report the total number of children in care by provider category and licensing status within the aggregate data report each year.**
- b. Certify by providing:
- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Licensed providers must submit reports of any serious injuries or deaths of children occurring in child care to Children’s Services Licensing. CCDF providers who are not licensed must submit reports of any serious injuries or deaths of children occurring in child care to their assigned Resource Developer. Children’s Services Licensing is part of the Lead Agency.**
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **Child abuse is substantiated by the Lead Agency when the preponderance of the evidence indicates that it is more likely than not that child abuse or neglect occurred.**
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement: **A serious injury is defined as any accident or injury to a child which requires hospitalization or treatment at a medical facility.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **<https://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
 - ☒ Yes.
 - ☐ No.
 - ☐ Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information:

<https://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?
☒ Yes.
☐ No.
- b. Provide the direct URL/website link to this information: <https://dhhs.ne.gov/Pages/Child-Care-Parents.aspx>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?
☒ Yes.
☐ No.
- b. Provide the direct URL/website link to the sliding fee scale.
<https://dhhs.ne.gov/Pages/Child-Care-Parents.aspx>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The consumer website offers information to eligible parents, the general public, and other interested parties about the availability of child care programs accepting child care subsidy, as well as other child care programs. Eligible parents are also offered a printed copy of the child care roster if requested when they become eligible. Social Service Workers assisting eligible parents are also able to identify providers in the family's area while completing the eligibility process via**

phone or in person. The general public and child care providers can learn more about Child Care Subsidy at 1-800-383-4278 or visit a local DHHS office to get more information.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

[] No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **Nebraska Department of Education's (NDE) Office of Early Childhood, the Lead Agency, and other partners provide resources on child development to families through various means, such as ACCESSNebraska, the CCR&R Specialist located at the Early Childhood Training Center, the Office of Early Childhood website, public events, and trainings held across the state and online. Written materials are provided through the NDE and Lead Agency's website, in person at community events, and by mail following a written or phone request. Examples of materials include:**

- Early Learning Foundations, a parent companion piece to the Nebraska Early Learning Guidelines.
- The Early Development and the Behavior has Meaning wheels.
- Ready for Success-What Families Want to Know about Starting School in Nebraska (available in Arabic, English, Karen, Somali, Spanish, and Vietnamese).
- Learning Begins at Birth, a resource given to parents of each child born in Nebraska to provide information on child development, child care, how children learn, children's health, and other relevant information.
- Copies of the parent brochure for Step Up to Quality that is disseminated widely to families across the state. Materials are often given free of charge at community events. Quantities of some of the materials can be purchased at a price that covers shipping. Information is also given to families through direct communication using the CCR&R line for parents and the child care information line for providers and the general public. Families are given brochures about Step Up to Quality and directed to the geo-coded map on the Step Up to Quality website that can be clicked on to show child care providers who participate in Step Up to Quality, as well as the program rating and other information.

Nebraska Education Television's 'Ready to Learn' project reaches families across the state and the Head Start State Collaboration Office provides resources to families of young children in poverty. Nebraska's Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) assists child care providers in providing education to support children's healthy eating and physical activities.

Go NAP SACC offers in-service hours, nutrition and physical activity resources to use for their program and parent education, one-on-one mentoring from trainers, and continuing education opportunities. The materials given to providers who receive training in Go NAP SACC are as follows:

- Early Care Matters: Obesity Prevention;
- Supporting Breastfeeding and Infant Feeding in Child Care;
- Nutrition for Young Children;
- Personal Health & Wellness;
- Infant & Child Physical Activity; and

·**Growing Healthy Children Together: Promoting Family Engagement.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **Providers are required to complete Nebraska Early Learning Guidelines (ELG) trainings, which provides general information about social and emotional development. ELG can be accessed through the NDE Office of Early Childhood website. Multiple divisions within the Lead Agency are part of planning and implementation. Nebraska has implemented Circle of Security training for families throughout the state through Early Learning Connection (ELC) networks, as well as Planning Region Teams funded through IDEA Part C. Circle of Security™ Parenting is a parenting program based on years of research about how to build a strong relationship with children. It is designed to help parents learn how to respond to their child's needs in a way that enhances their connection with them, which often leads to changes in the child's behavior. Circle of Security™ Parenting helps parents give their children a feeling of security and confidence so they can explore, learn, grow, and build positive relationships: all essential skills for life-long success. Nebraska uses the Pyramid Model for Supporting Social Emotional Competence in Infant and Young Children with child care providers, school district early childhood programs, and Head Start classrooms. The Pyramid Model training for child care providers is offered through initiatives such as Rooted in Relationships and Nurturing Healthy Behaviors. The Pyramid Model implements coaching and mental consultation with involved programs as necessary. These and other mental health trainings are embedded into Step Up to Quality, Nebraska's QRIS, and other statewide initiatives. The Pyramid Model is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development. Its structure is rooted and built upon an effective workforce that is able to adopt and sustain the evidence-based practices of the overall model. The remaining pieces of the pyramid promote an individualized, three-tiered approach to early care and education systems. The first tier is universal supports for all children, so they are cared for in high-quality environments and engaged in nurturing and responsive relationships. The second tier focuses on prevention with practices that are aimed to prevent challenging behavior. Its targeted approach gives children explicit instruction and support as well as mechanisms for understanding emotions, developing social relationships, and problem-solving. The final tier is comprised of practices for intensive intervention. The approach is individualized and is family-centered, comprehensive, assessment-based and focused on skill building. The Pyramid Model is a science based, data-driven strategy that has proven to be effective in the social and emotional development of children.**

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **All child care programs are required to have written policies regarding the suspension and expulsion of children from their program. It is required that these policies describe the conditions for suspending and terminating care are written and available to parents and the Lead Agency. Children’s Services Licensing enforces if the provider has a policy. If Children’s Services Licensing receives a complaint about a child being suspended or terminated, the program may be evaluated if they followed their stated policy. This does not apply for License Exempt providers, as in Nebraska it only consists of the family/friend/neighbor population. Providers are offered training through the Pyramid Model, Nebraska Early Learning Guidelines, and local Planning Regional Teams for social/emotional training. These trainings help providers understand the importance of early childhood environments and supporting challenging behaviors of children. Outcomes of these trainings should reflect a reduction in suspension and expulsions and greater understating in the classroom. The Nebraska Department of Education has a committee collecting data regarding how many children between the ages of 3-5 are being expelled or suspended from child care and school-age programs to meet the federal reporting requirements for IDEA Part B. This committee is developing an infographic detailing the impact of expulsion and suspension on 3-to-5-year-olds, which will be shared with child care providers once completed. There continue to be opportunities with various vested entities across Nebraska to continue to strengthen, educate, create and implement trainings.**
- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **Child Care Licensing requires Child Care Centers, Preschools, and School Age-Only Centers to have written policies that detail their conditions for suspending and terminating care. CCDF-eligible licensed providers are required to meet all licensing requirements and follow all licensing regulations.**

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
☒ Yes.
☐ No. If no, describe:
- b. 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 Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
☒ Yes.
☐ No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
☒ Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **CCDF parents receive a notice of their authorization once they are determined eligible for services. This notice includes information on the importance of developmental screenings, as well as a contact number to receive further information including a parent screening tool. This information will also be provided on the application for services through ACCESSNebraska, Nebraska’s portal that allows individuals to apply for Medicaid and Economic Assistance programs and manage their benefits.**
☐ No. If no, describe:
- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.
☒ Yes.
☐ No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program’s internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The CCDF Program is administered by the CCDF Administrator. The CCDF Administrator works directly with the Director of the Office of Economic Assistance to ensure the program is ran with effective internal controls. The CCDF Administrator directly supervises the CCDF Federal Aid Administrator III who manages Child Care Grants.**

DHHS maintains a Model Internal Control plan that governs its fiscal management. The Lead Agency has written policies and procedures that address all of the process and control activities for ensuring that reporting is complete and accurate, and maintains a tracking system to ensure timely compliance. The Lead Agency has developed a Federal Funding Accountability and Transparency Act worksheet that is submitted with all subawards.

All reports are reviewed by supervisors to ensure accuracy and completion. The Lead agency separates responsibility for preparing reports on one had and reviewing and filing reports on the other, ensuring that no single individual is solely responsible for the content of reports.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **Monthly case reviews are completed on subsidy cases. Some cases are targeted, looking at the dollar amount of subsidy paid out. Where there is a finding, cases are referred to the fraud unit and overpayments are determined. Monthly reports are generated that provide data on the subsidy spending of federal and state funds. CCDF sub-awards and contracts are reviewed at the time of startup or renewal by the CCDF Lead Agency Grant Program Coordinators and CCDF Administrator, Legal Services, Support Services, and Financial Services. Ongoing monitoring is with the CCDF Grant Program Coordinator and CCDF**

Administrator. 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 sub-recipients and subsidy. The CCDF team and administration review monthly spending reports that reflect the amount of CCDF federal funds and state general funds spent on child care subsidy and CCDF grants. Reports help project future spending.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **All sub-awards and contracts are approved with language stating the Department agrees to pay the subrecipient for actual, allowable, and reasonable costs of the activities described in the agreed-upon budget. Reimbursement (payment) requests from the subrecipient are reviewed and tracked on an Excel spreadsheet. The CCDF Grant Program Coordinator also works closely with the Lead Agency's finance and grant departments when reviewing and making payments.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **Fiscal and Grant Management staff prepare state and federal reports. Reports are shared with the CCDF Program Administrator and Deputy Director of Quality, Program Integrity, and Finance for review. Once approved, they are submitted appropriately.**
- d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **DHHS abides state policy by employing an Internal Audit team that regularly tests policies and procedures, and ensures that allowable use guidelines are followed. This team also ensures that corrective action plans and other deliverables are met subsequent to the annual single audit.**

DHHS's single audit performs audits of Agency federal award expenditures as required by OMB. DHHS further ensures compliance through regular meetings between central finance and the programs that carry out grant functions. These meetings cover topics ranging from grant allowability to accurate reporting of federal finance reports.

An administrative team reviews the errors and will develop an implementation plan that will address the errors by targeted education for staff and providers. Audit errors may also inform the need to may system changes to technology.

- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **DHHS has a Statewide Single Audit performed annually that assesses fiscal management practices and allowable use of Federal Funding as governed by both state regulations and applicable federal regulations such as 2 CFR 200. In addition to this audit, the Agency houses an Internal Audit team that performs audits throughout the year and ensures that corrective action plans resulting from the Statewide Single Audit are performed timely. Similar reviews and audits are performed at the individual grant and program level, such as the following:**

- Monthly random claim line reviews on childcare program claims.
- In-depth reviews of claims for providers referred for potential over-billing.
- Determination and establishment of overpayments for collections of misused childcare funds.

- c. How the results inform implementation. Describe: **Both the Statewide Single Audit and the Internal Audit teams publish findings resulting from their audits. These findings indicate what caused the error, and each finding requires a management response in the form of a corrective action plan. At the grant and program level, similar informal procedures are performed to correct issues that are discovered as part of the review process.**
- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Lead Agency has a case review management system, Nebraska Family Online Client User System (N-FOCUS), that is used to review casework conducted by eligibility operations staff to ensure that the program is being conducted correctly. Lead Agency staff conduct case reviews to review elements of eligibility for the program to ensure that every element has been done correctly. If errors are found in a case review, they must be corrected within 10 days of the case being sent back to the eligibility worker for corrections. Trends are developed and reviewed to track and risk factors for the program. With these trends, additional resources, guidance, and trainings are developed to ensure that these trends are resolved. If the risk factor continues, additional trainings and guidance will then be developed to ensure that the risk factors are mitigated for the program. Program Accuracy Specialists (PAS), Eligibility Operations Supervisors, and Program Specialists conduct the risk assessments. The CCDF Federal Aid Administrator completes a 10% audit of all subaward and contract reimbursement invoices. The administrator will cite any discrepancies and ask for expenses to be removed if they are not allowed.**
- b. The frequency of each risk assessment. Describe: **Program Accuracy Specialists (PAS), Eligibility Operations Supervisors, and Program Specialists all have monthly goals for completing subsidy case reviews. The CCDF Federal Aid Administrator completes a 10% audit of all subaward and contract reimbursement invoices. Invoices are submitted monthly, quarterly, and bi-annually, pending the award agreement. The administrator will cite any discrepancies and ask for expenses to be removed if they are not allowed.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **Trends are developed and reviewed to track any risk factors for the program. With these trends, additional resources, guidance, and trainings are developed to ensure that these trends are resolved. If the risk factor continues, additional trainings and guidance will then be developed to ensure that the risk factors are mitigated for the program.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **PAS, CCDF Staff, and trainers have monthly meetings discussing trends in policy**

questions and errors, which helps identify if additional training or policy/process tips are needed. The Lead Agency also has tools to see what documents are used the most by staff and which are used the least by staff to determine which documents hold the most important information for staff and can update the underutilized documents to ensure that staff have the resources they need. The Lead Agency works monthly reports that require corrections to be made by staff to ensure internal controls of the program. These reports are monitored to ensure the number of cases on them each month decreases, ensuring the number of errors decreases. If there is a month where there is an increase in errors on the report the Lead Agency will send out additional resources to staff to ensure they are taking the proper steps on cases.

e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **All staff members must complete new hire training for the CCDF program before working eligibility for the program. Once staff are trained in the program, they will then mentor staff who have worked the program to see the work being done and ask any questions regarding the program. Once staff begin working the Child Care Subsidy program, they receive assistance from Eligibility Operations Supervisors and Lead Workers to answer any questions regarding the program they may have and to ensure the program is being correctly implemented.**
 - ii. Describe how staff training is evaluated for effectiveness: **All staff must pass an examination at the end of the training in order to work eligibility for the program. As soon as a worker starts working eligibility of the Child Care Subsidy program, they are added to the rotation of case reviews from both Program Accuracy Specialists (PAS) and their Supervisor to ensure program integrity. If there are any error trends with a worker, the Supervisor may request additional training for that worker or additional mentoring time for that worker. They can also request PAS to complete additional case reviews, or the Supervisor can complete additional case reviews.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The program staff meet monthly with both Program Accuracy Staff and Training staff to go over any error trends that are seen or reported to ensure that the information is accurate in the training manual and to make any necessary adjustment to training materials and resources that are distributed to staff.**
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are

informed and trained regarding CCDF program requirements and program integrity:

- i. Describe the training for providers around CCDF program requirements and program integrity: **CCDF providers receive training at their initial enrollment. They receive billing training, which goes over what is allowable to bill, how to calculate partial and full days, and how to enter billings into the portal. Providers can ask for additional training at any time. The subsidy agreement also goes over what is allowable to bill and this is reviewed annually with providers.**
- ii. Describe how provider training is evaluated for effectiveness: **Prior to subsidy renewal, the Resource Developer will spot check the provider's billing to ensure there are any issues or concerns. If a concern is identified, the Resource Developer will review billing training at the renewal. Workers can spot check billings at any time.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **There are a variety of reports reviewed monthly that target providers and billing. Trends identified prompt creating quick tips and refresher trainings for Resource Developers to review and take. These prompt Resource Developers to then reach out to providers throughout their subsidy enrollment and at initial enrollment and renewals to offer assistance and training.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Error Rate Review is shared with the administration of the Lead Agency; it is also shared with Eligibility Operations Staff and Administration. The Lead Agency uses the information to update any resources and create new resources and reports to ensure program integrity for the errors found in the review moving forward.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Audit findings are shared with the administration of the Lead Agency; it is also shared with Eligibility Operations Staff and Administration. The Lead Agency uses the information to update any resources and create new resources and reports to ensure program integrity for the errors found in the review moving forward.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. ☒ No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. **When high error rates are determined through internal controls and audits, the Lead Agency develops a corrective action plan. Most common errors identified stem from providers over billing, billing outside of their**

authorization, and not providing billing calendars upon request. These errors were cited in the most recent audit. Along with provider errors there were a few errors cited where the worker put the child in the wrong age categories.

- b. ☐ Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. ☒ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, 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)).
 - i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Nebraska currently shares data with the following programs: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Housing Energy Assistance Program (LIHEAP), Aid to the Aged, Blind, and Disabled (AABD), and Social Services for the Aged and Disabled (SSAD), as all of these programs share the same eligibility system. This allows the Child Care program to have access to data that may be shared with another program that is not shared with the Child Care program. This helps prevent fraud and intentional program violations because it can show information that is required to be reported for the Child Care program but may have not been reported, such as over the SMI limit for income or moving to another state. Nebraska also uses the PARIS system to determine other state benefits to ensure that applicants are not already receiving Child Care in another state or that recipients don't have cases in multiple states, such as those who live on the borders to other states. Nebraska also receives interface information from the Social Security Administration, Department of Labor, Child Support Enforcement, and Vital Statistics to help prevent fraud and intentional program violations by receiving information from these systems that may be required to be reported for the program but was not reported. Please note: The Child Care program only acts on information from these other programs if the recipient is required to report it or if it will benefit the household.**
 - ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Nebraska currently shares data**

with the following programs: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Housing Energy Assistance Program (LIHEAP), Aid to the Aged, Blind, and Disabled (AABD), and Social Services for the Aged and Disabled (SSAD), as all of these programs share the same eligibility system. This allows the Child Care program to have access to data that may be shared with another program that is not shared with the Child Care program. This helps unintentional program violations because it can show information that is required to be reported for the Child Care program but may have not been reported directly to the program, as we are a multiprogram system, such as over the SMI limit for income or moving to another state. Nebraska also uses the PARIS system to determine other state benefits to ensure that applicants are not already receiving Child Care in another state or that recipients don't have cases in multiple states, such as those who live on the borders to other states. Nebraska also receives interface information from the Social Security Administration, Department of Labor, Child Support Enforcement, and Vital Statistics to help prevent unintentional program violations by receiving information from these systems that may be required to be reported for the program but was not reported. Please note: The Child Care program only acts on information from these other programs if the recipient is required to report it or if it will benefit the household.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Nebraska currently shares data with the following programs: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Housing Energy Assistance Program (LIHEAP), Aid to the Aged, Blind, and Disabled (AABD), and Social Services for the Aged and Disabled (SSAD), as all of these programs share the same eligibility system. This allows the Child Care program to have access to data that may be shared with another program that is not shared with the Child Care program. This helps prevent agency errors because it can show information that may have been reported to another program that is a change that will benefit the recipient for the Child Care program. Nebraska also uses the PARIS system to determine other state benefits to ensure that applicants are not already receiving Child Care in another state or that recipients don't have cases in multiple states, such as those who live on the borders to other states. Nebraska also receives interface information from the Social Security Administration, Department of Labor, Child Support Enforcement, and Vital Statistics to help prevent agency errors to act on information that will benefit the recipient but may have not been directly reported to the program.**

- b. **[x]** Run system reports that flag errors (include types).

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Nebraska runs monthly reports through the eligibility system that flag cases for clients who are receiving transportation when they should not be eligible for it, copayments that are being deducted from payments to the provider to make sure the co-payment has been deducted from the bill the provider submits to the Lead Agency, in-home providers that have billed over 180 hours in one month to confirm they are billing**

the correct hours, providers that have billed more days or partial days than are allowable in one month, and providers that make an excess of \$250,000 per fiscal year. This allows monitoring and timely actions and/or corrections to be made.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Nebraska runs monthly reports through the eligibility system that flag cases for clients who are receiving transportation when they should not be eligible for it, copayments that are being deducted from payments to the provider to make sure the co-payment has been deducted from the bill the provider submits to the Lead Agency, in-home providers that have billed over 180 hours in one month to confirm they are billing the correct hours, providers that have billed more days or partial days than are allowable in one month, and providers that make an excess of \$250,000 per fiscal year. This allows monitoring and timely actions and/or corrections to be made.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Nebraska runs monthly reports through the eligibility system that flag cases for clients who are receiving transportation when they should not be eligible for it, copayments that are being deducted from payments to the provider to make sure the co-payment has been deducted from the bill the provider submits to the Lead Agency, in-home providers that have billed over 180 hours in one month to confirm they are billing the correct hours, providers that have bill more days or partial days than are allowable in one month, and providers that make an excess of \$250,000 per fiscal year. This allows monitoring and timely actions and/or corrections to be made.**
- c. **[x]** Review enrollment documents and attendance or billing records.
- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours for in-home care. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly, then calendars will be requested for review. Once these calendars are received, if the provider is overbilling, they will receive an overpayment in the amount they overbilled. CCDF Program staff also review a monthly report to check for any providers that have billed more days or partial days than allowable. This is flagged by providers that are billing more days or partial days than there are days in that given month. This prompts program staff to request attendance and billing records, and overpayments will be determined accordingly. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months, then further actions are taken at that time.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Program Specialists and**

Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours for in-home care. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly, then calendars will be requested for review. Once these calendars are received, if the provider is overbilling, they will receive an overpayment in the amount they overbilled. CCDF Program staff also review a monthly report to check for any providers that have bill more days or partial days than allowable. This is flagged by providers that are billing more days or partial days than there are days in that given month. This prompts program staff to request attendance and billing records and overpayments will be determined accordingly. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months, then further actions are taken at that time.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours for in-home care. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly, then calendars will be requested for review. Once these calendars are received, if the provider is overbilling, they will receive an overpayment in the amount they overbilled. CCDF Program staff also review a monthly report to check for any providers that have bill more days or partial days than allowable. This is flagged by providers that are billing more days or partial days than there are days in that given month. This prompts program staff to request attendance and billing records and overpayments will be determined accordingly. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months, then further actions are taken at that time.**
 - d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Program Accuracy Specialists (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. All cases that did not have a correct element are sent to the supervisor of the field staff worker to correct within 10 days of receipt. PAS, CCDF Staff, and trainers have monthly meetings discussing trends in policy questions and errors, which helps identify if additional training or policy/process tips are needed.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Program Accuracy Specialists**

(PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. All cases that did not have a correct element are sent to the supervisor of the field staff worker to correct within 10 days of receipt. PAS, CCDF Staff, and trainers have monthly meetings discussing trends in policy questions and errors, which helps identify if additional training or policy/process tips are needed.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Program Accuracy Specialists (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. All cases that did not have a correct element are sent to the supervisor of the field staff worker to correct within 10 days of receipt. PAS, CCDF Staff, and trainers have monthly meetings discussing trends in policy questions and errors, which helps identify if additional training or policy/process tips are needed.**
- e. **[x]** Audit provider records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours for in-home care. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly, then calendars will be requested for review. Once these calendars are received, if the provider is overbilling, they will receive an overpayment in the amount they overbilled. CCDF Program staff also review a monthly report to check for any providers that have billed more days or partial days than allowable. This is flagged by providers that are billing more days or partial days than there are days in that given month. This prompts program staff to request attendance and billing records and overpayments will be determined accordingly. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months, then further actions are taken at that time.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours for in-home care. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly, then calendars will be requested for review. Once these calendars are received, if the provider is overbilling, they will receive an overpayment in the amount they overbilled. CCDF Program staff also review a monthly report to check for any providers that have billed more days or partial days than allowable. This is flagged by providers that are billing more days or partial days than there are days in that given month. This prompts program staff to request attendance and billing records and**

overpayments will be determined accordingly. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months, then further actions are taken at that time.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Program Specialists and Resource Development staff will review billing and attendance records regularly to ensure program integrity. For example, a monthly report is generated for all providers that bill over 180 hours for in-home care. All claims that are submitted for that month over 180 hours are reviewed to ensure the provider is billing within the allowed hours. If the provider is not billing correctly, then calendars will be requested for review. Once these calendars are received, if the provider is overbilling, they will receive an overpayment in the amount they overbilled. CCDF Program staff also review a monthly report to check for any providers that have billed more days or partial days than allowable. This is flagged by providers that are billing more days or partial days than there are days in that given month. This prompts program staff to request attendance and billing records and overpayments will be determined accordingly. The provider will also be given additional training by the Resource Development worker on correct billing practices to ensure they are billing correctly in the future and a letter is sent to the provider certifying that they have received this training. If the provider continues to overbill for future months, then further actions are taken at that time.**

f. **[x]** Train staff on policy and/or audits.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility staff are trained on program requirements at new hire and as needed by Supervisory staff. Eligibility staff are also trained by CCDF Program Staff when there are any major program changes, such as updates to policies or procedures. Resource Development staff also receive new employee training and ongoing training as needed. Audit results are shared with all staff that works the Child Care Subsidy program so they are aware of what audit issues have become larger concerns.**
- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility staff are trained on program requirements as new hires and as needed by Supervisory staff. Eligibility staff are also trained by CCDF Program Staff when there are any major program changes, such as updates to policies or procedures. Resource Development staff also receive new employee training and ongoing training as needed. Audit results are shared with all staff that works the Child Care Subsidy program so they are aware of what audit issues have become larger concerns.**
- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Eligibility staff are trained on program requirements at new hire and as needed by Supervisory staff. Eligibility staff are also trained by CCDF Program Staff when there are any major program changes, such as updates**

to policies or procedures. Resource Development staff also receive new employee training and ongoing training as needed. Audit results are shared with all staff that works the Child Care Subsidy program so they are aware of what audit issues have become larger concerns.

- g. ☐ Other. Describe the activity(ies):
 - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Lead Agency has a Special Investigations Unit that reviews and pursues any potentially fraudulent activity. There is also an Overpayment team that referrals are sent to for any suspected overpayments. Once the Overpayment team determines if there is an overpayment if the case meets the definitions of fraudulent activity a referral is then made to the fraud departments. The Issuance and Collections Department also reviews and determines provider overpayments for the Lead Agency.**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
 - ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
 - iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **If a CCDF provider has an improper payment due to an unintentional program violation, the Lead Agency will set up a payment plan with the provider if they are not active. They have the option to pay in full or make payment arrangements. Ideal results of this would be a full recoupment of the full overpayment.**
 - iv. ☒ Reduce payments in subsequent months. Describe the activities and the results

of these activities based on the most recent analysis: **If a CCDF provider has an improper payment due to an unintentional program violation, the Lead Agency will reduce the subsequent payments made to the provider by a percentage each month until the improper payment has been paid in full. If the provider fails to make payment arrangements, the entire unintentional program violation amount will be taken at the next billing cycle. Ideal results of this would be a full recoupment of the full overpayment amount.**

- v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Issuance and Collections unit is made up of Fiscal Compliance Analysts who will investigate the unintentional program violations, decide, and attempt to collect an overpayment. Establishing this team has increased the number of cases reviewed and the recoupment of overpayments.**
- viii. ☐ Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

☐ No.

☒ Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
- ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **If a CCDF provider has an improper payment due to an unintentional program violation, the Lead Agency will set up a payment plan with the provider if they are not active. They have the option to pay in full or make payment arrangements. Ideal results would be a full recoupment of the full overpayment amount.**
- iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **If a CCDF provider has an**

improper payment due to an unintentional program violation, the Lead Agency will reduce the subsequent payments made to the provider by a percentage each month until the improper payment has been paid in full. If the provider fails to make payment arrangements, the entire unintentional program violation amount will be taken at the next billing cycle. Ideal results would be a full recoupment of the full overpayment amount.

- v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Issuance and Collections unit is made up of Fiscal Compliance Analysts who will investigate the unintentional program violations, decide, and attempt to collect an overpayment. Establishing this team has increased the number of cases reviewed and the recoupment of overpayments.**
 - viii. ☐ Other. Describe the activities and the results of these activities:
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- ☒ No.
- ☐ Yes.
- If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.
- i. ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
 - ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
 - iii. ☐ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:
 - iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
 - v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities

based on the most recent analysis:

- viii. ☐ Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Overpayments caused by recipient error will be recouped or collected by any lawful means. When the overpayment appears to be the result of fraud, the case will be referred to the Special Investigations Unit, Central Office, or the Omaha Special Investigations Unit for Omaha cases. An individual who is found to have committed an intentional program violation is disqualified from receiving Child Care Subsidy Services. If an individual is found to have committed an intentional program violation, a period of disqualification must be imposed. The disqualification applied to the individual found to have committed the intentional program violation and the household. These penalties will also be imposed if the individual is found by a court to have committed an intentional program violation. The period will be determined by the Department after an administrative hearing, or without a hearing, if the individual waives their right to a hearing. The period of disqualification is: 1. For a first violation, the individual is disqualified for one year; 2. For a second violation, the individual is disqualified for two years; and 3. For a third violation, the individual is permanently disqualified. A client has 90 days to file an appeal if they do not agree with the actions taken to determine an overpayment or intentional program violation. The appeal must be filed in writing to the hearing office or on a DA-6 (Request for Fair Hearing) form provided by the Lead Agency.**
- ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **If a CCDF provider breaches their Subsidy agreement, they may lose the ability to be a CCDF provider for 10 years. CCDF providers do not have the right to appeal Department decisions, except when an overpayment has been assessed or the termination or denial was the result of a criminal background check. If the provider disagrees with a Department decision other than an overpayment or background check, they can request their case to be re-evaluated by the Lead Agency. If the Lead Agency finds that the decision was made in error, the Lead Agency will overturn the decision. If the provider disagrees with the Department's determination regarding an overpayment or background check, the provider has 30 days from the date of mailing to appeal.**
- iii. ☐ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis:
- iv. ☐ Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		