

NEBRASKA

DEPT. OF HEALTH AND HUMAN SERVICES



# Child Care Subsidy Provider Handbook



Find the online version of this handbook at:

[dhhs.ne.gov/Pages/Child-Care-Subsidy-Information-for-Providers.aspx](https://dhhs.ne.gov/Pages/Child-Care-Subsidy-Information-for-Providers.aspx)

## ACKNOWLEDGMENTS



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## SECTION 1

# overview

Dear child care subsidy provider:

The Nebraska Department of Health and Human Services (DHHS) welcomes you to the alliance of quality child care providers who assist families receiving child care subsidies. Thank you for the work you do to support Nebraska's children and families. DHHS is here to help you understand and navigate the changing landscape of subsidy child care and provide the information and support you need. We hope this handbook is a valuable resource.

Please feel free to contact your local DHHS resource developer (RD) with any questions.



### CONTACT US

**Nebraska Department of Health & Human Services**  
P.O. Box 95026  
Lincoln, NE 68509-5026

✉ [dhhs.ccsubsidy@nebraska.gov](mailto:dhhs.ccsubsidy@nebraska.gov)

☎ General Subsidy: **402-471-9152**

☎ Economic Assistance Customer Service:  
**1-800-383-4278**

### HELPFUL HINT

You'll notice quick response (QR) codes appear throughout the handbook. These allow you to easily access online resources. Use a mobile device with a camera to scan the QR codes.

## CHILD CARE SUBSIDY PROGRAM

The Child Care Subsidy Program within the DHHS Division of Children and Family Services:

- Provides oversight of subsidy regulations within Title 392 Nebraska Administrative Code (NAC).
- Determines eligibility and creates child care authorizations for subsidy-eligible families.
- Manages subsidy enrollment for licensed child care providers and monitors license-exempt child care providers.
- Oversees quality initiatives across the state.

The Child Care Subsidy Program provides eligible families with economic assistance for child care services to support employment, training, education and/or other approved needs. Parents/caregivers with children age 12 and younger may apply for benefits. Children ages 12-18 may be eligible with verified special needs.

**As a child care provider, you are essential to our service delivery system!**

## About the Handbook

The Child Care Subsidy Handbook is a resource for individuals who provide child care to families receiving support from DHHS through the Child Care Subsidy Program.

**This handbook will:**

- Help you to understand changes in child care subsidy regulations.
- Define child care subsidy program standards.
- Provide definitions of important terms.
- Clarify how families qualify for subsidy child care.
- Outline the provider approval process, as well as authorization and billing processes.
- Provide links to important forms and examples of how to fill them out.



### MORE INFORMATION

This handbook provides general guidance and is not comprehensive.



**To find detailed information about the Child Care Subsidy Program, visit:**

[dhhs.ne.gov/Pages/Child-Care-Subsidy.aspx](https://dhhs.ne.gov/Pages/Child-Care-Subsidy.aspx)

## Child Care Licensing vs Child Care Subsidy

All licensed and license-exempt/in-home providers who participate in the Child Care Subsidy Program will have their subsidy enrollment maintained by the Child Care Subsidy Program. While providers are not required to be licensed for the subsidy program, only licensed providers enrolled in the program are eligible for:

- Higher subsidy reimbursement rates.
- Step Up to Quality participation.
- Child care subsidy grants.

All subsidy questions should be directed to your assigned resource developer (RD). Licensing questions should be directed to the child care inspection specialist (CCIS).

## Child Care Provider Types

In Nebraska, anyone who provides child care to four or more children must be licensed as a child care provider. There are five child care license types:

1. Family Child Care Home I (FCCHI)
2. Family Child Care Home II (FCCHII)
3. Child Care Center (CCC)
4. Preschool (PRE)
5. School-Age Only Center (SAOC)

Providers caring for a smaller number of children may still be eligible for Child Care Subsidy enrollment:

- License-exempt child care providers (LE)
- In-home child care providers (IH)

Any provider type may apply to be a subsidy provider. However, most programs licensed as a preschool program are not eligible, as they are considered educational learning environments and not child care programs.

## Provider Regulations

The Child Care Subsidy Program and, subsequently, all providers participating in the program, are governed by both state and federal regulation. Providers are encouraged to make themselves familiar with the regulations found in Title 392 (NAC). These regulations govern a provider's identification and status, service standards, billing and payments, and certain conduct that is required, regardless of provider type.

Licensed providers who accept child care subsidies are expected to comply with:

- **Subsidy regulations:** Title 392 (NAC)
- **Licensing regulations:** Title 391 (NAC)

It is important for all providers to understand that child care subsidy regulations change periodically. Providers may be notified of these changes in a variety of ways, including, but not limited to: A mailed letter, electronic notification, social media or through their subsidy enrollment process. For the latest information, providers may subscribe to receive updates via the DHHS home page.

### *Notable recent changes to Title 392:*

- Each month, child care providers can bill up to five absence days for each subsidy child. Absences must be based on the child's regular attendance calendar and an "A" should be recorded in that calendar.



## LICENSE REGULATIONS



To review the full list of regulations that govern each license type, visit:


[dhhs.ne.gov/licensure/pages/child-care-licensing.aspx](https://dhhs.ne.gov/licensure/pages/child-care-licensing.aspx)



## QUESTIONS?

Please direct license-related questions to your child care inspection specialist (CCIS) or contact:

### **DHHS Licensure Unit (Children's Services Licensing)**

 Toll free: **1-800-600-1289**  
Lincoln: **402-471-6564**  
Omaha: **402-595-3343**

 [dhhs.childcarelicensing@nebraska.gov](mailto:dhhs.childcarelicensing@nebraska.gov)

- Considerations of policies and procedures in place in the event of a state emergency or disaster have been expanded, as well as the provider's obligations in developing preparedness plans.
- Health and safety training required of providers has been clarified and codified.
- The qualification age for license-exempt and in-home providers has been updated to age 19.
- Twelve-month eligibility periods and reduced-reason authorizations can be closed.
- Family fees cannot be increased during their eligibility period.
- Three-month job search after job loss.
- Children experiencing homelessness can be authorized for up to 40 hours per week to provide stability to the children and allow the caretaker the opportunity to seek out community resources.

## Licensed Providers

Programs required to hold a child care license under the Child Care Licensing Act will complete this process through Children's Services Licensing (CSL). CSL is part of DHHS Division of Public Health. Licensed programs will be assigned a child care inspection specialist (CCIS) who will complete required inspections. Licensed providers must keep their child care license current and maintain all licensing standards.

Failure to comply with licensing requirements will result in the department denying or recouping subsidy payments for the period in which the provider was non-compliant.

## License-Exempt + In-Home Providers

Providers who care for a smaller number of children, in the home of the child or in the home of the provider, can be approved as subsidy providers without becoming licensed. These providers are sometimes referred to as family, friend and neighbor providers.

License-exempt and in-home providers may only provide child care for up to three children from different families, or six children from the same family. They are also monitored by the Child Care Subsidy Program, which is part of DHHS Division of Children and Family Services.

Relative providers\*, defined as grandparent(s), great grandparent(s), step-grandparent(s), sibling(s) or step-sibling(s), aunt(s) and uncle(s), may be exempt from some of the requirements of being a subsidy provider.

**\*Note:** If applying as a relative, a Relative Exempt Request form must be submitted and approved. Proof of relationship may be requested.

### Additional requirements:

- CC-0351: License-Exempt Family Child Care Home Self-Certification Checklist
- CC-0350: In-Home Child Care Self-Certification Checklist

## Resource Developer (RD)

All providers will be assigned an RD who will complete initial and annual enrollment, monitor their health and safety standards and complete required inspections.

## Parent/Caregiver Obligations

Most families receiving subsidized child care services do so to pursue or maintain employment or to seek educational or occupational training. The families you serve have certain obligations and must meet specific guidelines to maintain eligibility for subsidy benefits. A parent/caregiver seeking subsidized child care must apply for services from DHHS and be deemed eligible to receive payment for child care. If the parent/caregiver earns above a certain income level, they are responsible to pay part of the child care cost as a family fee. The parent/caregiver must pay their part of the monthly child care cost to remain eligible for financial assistance through the state's Child Care Subsidy Program.

## ACCESSNebraska Referral

The parent/caregiver must refer their selected child care provider to ACCESSNebraska. If you have identified a subsidy-eligible family for which you would like to provide care and you are ready to begin the subsidy process, ask them to contact ACCESSNebraska to share your information as their provider. **To learn more, visit: [dhhs.ne.gov/pages/accessnebraska.aspx](https://dhhs.ne.gov/pages/accessnebraska.aspx).**

## Becoming a Child Care Subsidy Provider

To start the process of becoming a child care subsidy provider\*, you must complete the following (see Appendix on page 42 for forms):

### 1. Background checks, including FBI fingerprint checks.

*Local, state and federal background checks must be completed for all providers and staff. For providers who care for children in their homes, background checks must be completed for all household members age 13 and older (see page 26 for details).*

### 2. Child Care Provider Subsidy Enrollment (CC-9B).

*The provider and their assigned RD will complete and sign the CC-9B before child care services can be provided. This document is a formal agreement of rates and policies.*

### 3. Health and safety training

*Providers are required to complete Pediatric First Aid/Cardiopulmonary Resuscitation (CPR) certification and Prepare to Care, Nebraska's free, online, pre-service orientation training.*

**\*Note:** License-exempt and in-home providers who are solely caring for children related to them (meeting the relative definition) may be exempt from some of these requirements.

### 4. Home or facility visit

*All providers must agree to a thorough walk-through of the home or facility where care will be provided. This walk-through will include a detailed inspection of the entire premises, including outdoor play areas.*



## PREPARE TO CARE



To complete this training, visit:

[canvas.education.ne.gov/browse/earlychildhood/courses/prepare-to-care](https://canvas.education.ne.gov/browse/earlychildhood/courses/prepare-to-care)



## SECTION 2

# program standards

DHHS strives to provide the state's children and families with the highest quality child care services available. As a provider, you know the value of excellent child care and want to do the same. Because payments to child care subsidy providers come from a combination of federal and state funds, providers enrolled with DHHS are required to meet program standards. It is important to review both the general program standards and standards suited to the type of care you provide.



## QUICK STEPS

- Review health and safety requirements and make sure facilities meet standards.
- Make sure all staff have completed the required trainings.
- Build a plan for a smoke-free environment and be aware of the dangers of secondhand smoke, including vaping.
- Know the signs of child abuse and monitor children in your care. Be sure you understand your obligations as a provider if you find evidence of child abuse and/or neglect.
- Review best practices related to discipline, create a clear disciplinary plan and communicate this plan to all staff.
- Review the car seat safety requirements.
- Be aware of the importance of immunizations and review the CDC's immunization recommendations.



## Health + Safety Requirements

Providers are responsible for maintaining an environment that promotes health, safety and well-being among children and staff. To do so, you are expected to follow state and/or federal health and safety requirements and to provide necessary training to staff to maintain up-to-date knowledge of best practices for providers. Because state regulations may change periodically, please refer to Title 392 (NAC) for a current list of health and safety standards and requirements for subsidy providers.

**The information below includes both best practices and DHHS regulations.**

### Environmental Safety

- The building and physical premises are clean and in good repair.
- A working phone is available at all times.
- Emergency phone numbers are posted visibly within the home/facility and the provider is aware they are required to contact 911 or local emergency services if needed. Required numbers include: Emergency services for fire and rescue, police and poison control.
- The home/facility has operable utilities, including electricity, heat and water.
- The home/facility has a sufficient number of safe, age-appropriate play materials available for children to use.
- A first-aid kit is available on the premises and kept in locked storage. The kit should include a working fever thermometer, antiseptic wipes, band-aids, sterile gauze, first-aid tape, scissors and disposable gloves.
- Toilets and sinks are clean and in good working order for children to use.
- Outdoor play areas are free of safety hazards and children are not exposed to extreme temperatures.
- Children are protected from streets, alleyways, parking lots and garages, and do not have unsupervised access to bodies of water.
- Smoking and/or vaping is prohibited in any part of the home/facility where care is being provided (see page 11 for more information).
- Tobacco products and containers holding cigarette butts, cigar butts or ashes are inaccessible to children.



### SUBSIDY REGULATIONS

For a current list of health and safety standards and requirements for subsidy providers, visit:



**Child Care Subsidy Program  
Regulations – Title 392**

[dhhs.ne.gov/Pages/Title-392.aspx](https://dhhs.ne.gov/Pages/Title-392.aspx)



**Title 392 Guidance Document**

[dhhs.ne.gov/Guidance%20Docs/  
Title%20392%20Guidance%20  
Document.pdf](https://dhhs.ne.gov/Guidance%20Docs/Title%20392%20Guidance%20Document.pdf)

### Food or Allergic Reaction

- A prevention and response plan is in place for emergencies due to food and allergic reactions.
- Records are maintained that include a list of each child's allergies and intolerance to food, with clear instructions if exposure occurs.

### Safe Sleep

- Clean, comfortable and age-appropriate napping/sleeping arrangements and surfaces are available for each child.
- Practices are followed for safe nap/sleep times. Infants must sleep on their backs, unless there is a medical reason and written note from a physician.

### Child Development

- The provider understands child development, including physical, intellectual, social and emotional changes in children.

### Child Maltreatment

- The provider is trained to recognize and immediately report any signs of abusive head trauma.
- The provider understands how to recognize signs of child abuse and/or neglect and immediately reports concerns (see page 12 for more information).

### Transporting Children

- Written permission is obtained from parents before transporting children.
- Children are not left alone in the vehicle.

- All vehicles used for transporting children have proper insurance and registration.
- Children are transported in age-appropriate child restraints (see page 15 for more information).
- A first-aid kit is available in the vehicle.

### Prevention + Control of Infectious Diseases

- A plan is in place for prevention and control of infectious diseases in the home/facility and appropriate infection control practices are used.
- Each child's immunization history is documented and records are maintained.
  - » If immunizations are not up to date, the record must contain certification by the child's physician, advanced practice registered nurse or physician assistant, or a written statement from the parent with their wishes and reasons for the decision (see page 16 for more information).
- All animals on the premises are current on required vaccinations (particularly if they are susceptible to rabies) and have no history of aggression.

### Hazardous Materials + Equipment

- Medications, cleaning agents, poisons and other potentially hazardous items, materials or equipment are inaccessible to children through locked storage.
- Hazardous materials are properly handled, stored and discarded according to their labels.
- All alcohol is inaccessible to children.
- All weapons and firearms are unloaded and locked or stored in a locked cabinet or area.

- All ammunition is stored in a locked cabinet and stored separately from the firearms.

### Emergency Preparedness + Safety

- An evacuation plan for the children is in place for emergencies, including, but not limited to, fire and tornado drills and active shooter situations.
- The home/facility is free from fire hazards, such as exposed wiring, combustibles stored near a fire source (e.g., furnace, water heater, stove) and blocked exits that are part of an established evacuation plan.
- An emergency procedure is developed and used to reach children if they become locked in an area of the home/facility.
- Operable smoke and carbon monoxide detectors, maintained according to the manufacturer's recommendations, are located on each level of the home/facility used to provide care.
- A non-expired, fully functional fire extinguisher is available on site.
- Each child's parent/caregiver has provided a signed authorization for emergency care.
- Emergency preparedness and response plans have been completed, including past emergency drill forms.
- A plan to notify parents/caregivers in the event of an emergency is developed and followed.
- A reunification plan has been developed in the event of an emergency that requires evacuation, including a plan for how children with special needs will be kept safe.



### MORE INFORMATION

For more information about hazardous materials and equipment, visit:



**Child Care Technical Assistance Network**  
[childcareta.acf.hhs.gov/hazardous-materials-information-child-care-providers](http://childcareta.acf.hhs.gov/hazardous-materials-information-child-care-providers)



**Caring for Our Children Online Standards Database**  
[nrckids.org/CFOC](http://nrckids.org/CFOC)

### MEDICATION SAFETY

#### Five Rights of Safe Medication Administration

All staff who give or apply medication to children in their care must do so in accordance with the "Five Rights" as set out in the Medication Aid Act:

1. The right drug
2. The right recipient
3. The right dose
4. The right route
5. The right time



## Training Requirements

All providers\* and staff who work with children are required to complete the following:

- Pediatric First Aid/CPR training
- Prepare to Care health and safety pre-service orientation training

Providers must complete these trainings before subsidy enrollment; staff are allowed 90 days but must be supervised by a certified staff member until the trainings have been completed. Copies of certificates must be available for DHHS review upon request.

**\*Note:** License-exempt and in-home providers may be exempt if approved as a relative provider.

### Ongoing Professional Development

Licensed providers must comply with regulations governing training requirements for licensed child care providers. Children’s Services Licensing maintains licensed provider training records. To learn more about additional training options available to licensed providers, see page 38.

License-exempt and in-home providers are required to complete four clock hours of approved annual training. At least two clock hours of training must be a topic from the health and safety standards outlined in the Child Care Provider Subsidy enrollment. Training requirements will be reviewed by the RD during the provider’s annual renewal.

### TRAINING OPPORTUNITIES

To learn more about training opportunities, see Appendix on page 43:



**Nebraska Early Childhood Professional Record System**

[necprs.ne.gov/training-public](https://necprs.ne.gov/training-public)



**Nebraska Early Childhood Training Center**

[www.education.ne.gov/oec/early-childhood-training-center](https://www.education.ne.gov/oec/early-childhood-training-center)

## Secondhand Smoke

Secondhand smoke, also called environmental tobacco smoke, is the smoke exhaled by smokers and smoke from the burning end of a cigarette, cigar or pipe. The smoke from the end of a lit cigarette contains many harmful chemicals, including hydrogen cyanide and carbon monoxide. Evidence shows vaping is no better as far as exposing non-smokers to dangerous chemicals and the scented clouds of vape “smoke” are far more likely to attract young noses.

When someone smokes around a newborn, the infant has a higher risk of Sudden Infant Death Syndrome (SIDS). Children who breathe in cigarette smoke have a higher risk of developing other serious medical problems, including ear infections and hearing problems, upper respiratory infections, bronchitis, pneumonia, lung cancer, heart disease, cataracts or eye disease and asthma. As a provider, you are prohibited from smoking and/or vaping in any part of the home/facility where care is being provided. For more information, contact: Tobacco Free Nebraska at **402-471-2101** or **1-800-745-9311**.

## Child Abuse + Neglect Awareness

Child abuse and neglect, unfortunately, happen everywhere, including Nebraska. Child care providers need to know about child abuse and neglect, how to make a report, ways to strengthen families and how to prevent child abuse in their own child care program.

Most abuse is perpetrated by someone a child knows — not a stranger. In most cases, the abuse has gone on for some time before it is discovered. Abuse, and even more so, neglect, is not usually discovered with the first incident. It is very difficult to accept the fact that parents/caregivers may intentionally mistreat their children. Parenting is one of the toughest jobs any of us will ever take on and is one for which we receive the least preparation. No other task requires such absolute commitment of time, energy and emotions.

Child abuse/neglect is a community problem. We must all assume responsibility for seeing that all children have the love and care that will enable them to grow into healthy and productive members of society.

**For resources to support and prevent child abuse and neglect, visit: [aap.org/en/patient-care/child-abuse-and-neglect/prevention-of-child-abuse-and-neglect/](http://aap.org/en/patient-care/child-abuse-and-neglect/prevention-of-child-abuse-and-neglect/).**

### Abuse + Neglect Definitions<sup>1,2</sup>

Nebraska Revised Statutes define child abuse and neglect as knowingly, intentionally or negligently causing or permitting a minor child to be:

- Placed in a situation that endangers their life or physical or mental health.
- Cruelly confined or cruelly punished.
- Deprived of necessary food, clothing, shelter or care.
- Placed in a situation to be sexually exploited by allowing, encouraging or forcing such minor child to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films or depictions.
- Placed in a situation to be sexually abused.
- Placed in a situation to be a trafficking victim.

**It is important for providers to be aware of the following definitions of different forms of child abuse and neglect.**

*If you observe any of these signs, it is possible that the child is not receiving proper care. Nebraska law states that anyone, including child care providers, who have reason to believe a child is being abused must notify the proper authorities. Failure to report such cases is a misdemeanor.*



### TRAINING OPPORTUNITY

Licensed providers may be required to complete Power to Protect: Preventing Child Abuse and Neglect training per Nebraska State Statute 43-2606. Consult with CSL for additional training requirements.



**To complete this training, visit:**

**[www.education.ne.gov/oec/child-abuse-prevention-training](http://www.education.ne.gov/oec/child-abuse-prevention-training)**

**Child maltreatment:** Child maltreatment occurs when a child from birth through age 17 is physically, emotionally or sexually harmed.

**Physical abuse:** Information indicates the existence of an injury that is unexplained, not consistent with the explanation given or is non-accidental. The information may also only indicate a substantial risk of bodily injury. Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. Physical discipline, such as spanking, is prohibited.

**Emotional abuse:** Information indicates psychopathological or disturbed behavior in a child which is documented by a psychiatrist, psychologist or licensed mental health practitioner to be the result of continual scapegoating, rejection or exposure to violence by the child's parent/caregiver. Such abuse also includes a pattern of criticizing, insulting, isolating or humiliating the child.

**Sexual abuse:** Information indicates any sexually oriented act, practice, contact or interaction in which the child is or has been used for the sexual stimulation of a parent/caregiver, child or other person. Sexual exploitation includes, but is not limited to, any person causing, allowing, permitting, inflicting or encouraging a child to engage in voyeurism, exhibitionism or sexual acts in exchange for something, or in the production, distribution or acquisition of pornographic photographs, films or depiction of the child.



**Emotional neglect:** Information indicates that the child is suffering or has suffered severe negative emotional effects due to a parent/caregiver's failure to provide opportunities for normal experience that produce feelings of being loved, wanted, secure and worthy. Lack of such opportunities may impair the child's ability to form healthy relationships with others.

**Physical neglect:** Information indicates the failure of the parent/caregiver to provide basic needs or a safe and sanitary living environment for the child.

**Domestic neglect:** Domestic violence as neglect means the establishment of control and fear in a relationship using violence. A child exposed to domestic violence by being physically present or affected by the pattern of abuse.

**Note:** Substance use alone does not indicate abuse or neglect. Substance use that affects an adult's ability to meet a child's basic needs may result in suspected neglect.

### What happens if I am reported?

Nebraska state law requires that any person who believes a child has been or is being abused or neglected make a report. All reports that meet the definition of abuse and neglect must undergo an assessment. The identity of the person who made the report is confidential and cannot be released. The investigator cannot disclose who made the call, even if the reporter's identity is known. DHHS Child and Family Services specialists will review the information and decide whether to accept the report for investigation. Not all reports are accepted. If it is accepted, DHHS and/or law enforcement personnel will visit with you. Once the report is accepted for investigation, a representative from the department and/or law enforcement will investigate. It is their job to determine if abuse/neglect has occurred. Specific to Children's Services (Child Care Licensing), their role is to investigate licensing violations and determine appropriate responses.

## Mandatory Reporting

Nebraska Revised Statute 28-711 considers all Nebraskans to be mandatory reporters. **This means any adult, regardless of their profession, who has reasonable cause to believe a child has been subjected to abuse or neglect is required by law to make a report.** All reports that meet the definition of abuse and neglect must undergo an assessment. If the report is in good faith, you are not liable. Your identity will not be released. However, if the case goes to court, the reporter's identity may be revealed, and records subpoenaed.



### REPORTING ABUSE AND NEGLECT

- Immediately document the details of what you have seen or heard regarding the abuse or neglect as it relates to your role on the Child Abuse and Neglect Reporting Form: [dhhs.ne.gov/Pages/Child-Abuse.aspx](https://dhhs.ne.gov/Pages/Child-Abuse.aspx)
  - » Provide as much information as you can about the alleged victim(s) — the child(ren) — and the people in their household.
- Call Nebraska's Child Abuse and Neglect Hotline at **1-800-652-1999** or local law enforcement.
- Call Child Care Licensing at **1-800-600-1289** and provide the same information, along with the program's name and location.

# Discipline

Discipline is one step in the long, slow-building process of a person's knowledge of what is right and wrong, of what is acceptable and not acceptable, and of what the do's and don'ts in life are all about. No one is born knowing how to get along in the world. Someone must show or teach acceptable behavior to each child as they grow out of infancy through childhood, adolescence and into adulthood.

## Addressing Challenging Behaviors

A discipline system should demonstrate for children what they are expected to do rather than listing what they should not do. It should set forth clearly for children what is good and appropriate behavior and demonstrate it so children know what is being asked of them. If any consequences are to result from a child's behavior, it is preferable that they be positive responses to appropriate behavior rather than negative responses to inappropriate behavior.

The goal of discipline is to help children learn the skills necessary to control their own actions and decisions, rather than depending on outside controls from an adult. Learning self-control is a long process. We cannot expect a child to learn all these skills in the first few years of life.

## Discipline is not Punishment

Discipline and punishment are two separate approaches to children's behavior management. Enforcing a punishment creates suffering for the past behavior of the child. Discipline, though, can support the current and future behavior of the child.

Regardless of age, we respond more willingly to discipline that is loving, firm and kind than to that which is cold, angry and scornful. Discipline which is humiliating, frightening or physically harmful to the child should not be used at any time. A child should never be struck or forcibly isolated. It is recognized that there are times when firm restraint may need to be used. It should only be used when required to protect the child from harming themselves or others. When the need for the restraint is over, it should be explained to the child why the action was necessary.

## Recommendations for providers<sup>3</sup>

- Develop a written policy that prohibits suspension and expulsion.
- Develop written policy for positive behavioral support that is positive and not punitive.
- Develop a written policy for transitions for rare instances where the child has needs the program cannot meet. These plans include shared decision-making with families, a supportive handoff to another program, and securing any screenings, evaluations or supports identified by the caregiver, family, program staff and specialists.
- Access resources for early childhood mental health consultation, positive behavioral intervention support or other social-emotional supports and ensure these are implemented with attention to bias and disparity.
- Include content on racial bias in the context of challenging behavior and discipline as part of onboarding and ongoing training and professional development.
- Use a data collection system that records disaggregated data (at least by race, ethnicity, gender, disability and language) on disciplinary practices, including behavior incidences, expulsions, suspensions, planned transitions or any other form of harsh discipline. Data are examined at least quarterly and used to inform professional development and policy.

# Car Seat Safety

The Nebraska Safety Restraint Law, effective Jan. 1, 2019, requires that all children up to age 8 travel correctly secured in a federally approved child safety seat. Children age 2 and under must ride in a rear-facing seat, except where they have reached the upper height and weight limit allowed by the seat's manufacturer. As a provider, you are required by law to transport all children under your care in age-appropriate, federally approved child safety seats. Failure to do so results in a \$25 fine per violation plus court costs and one point off your driver's license.

## Car Seat Safety Makes a Difference!<sup>4</sup>

- Car seat use reduces the risk for injury in crashes by 71-82% for children, compared with seat belt use alone.
- Booster seat use reduces the risk for serious injury by 45% for children ages 4-8, compared with seat belt use alone.
- Seat belt use reduces the risk for death and serious injury by about half for older children and adults.

## SAFETY RESOURCES

To learn more about car seat safety and to find an event to get your car seat(s) checked, visit:



**Nebraska Department of Health and Human Services**

[dhhs.ne.gov/Pages/Safe-Kids-Nebraska.aspx](https://dhhs.ne.gov/Pages/Safe-Kids-Nebraska.aspx)

## Car Seat Safety Training<sup>5</sup>

It is important to have a plan for transporting children and the appropriate safety seats for the children in your care. Individuals who transport children on behalf of a licensed child care center must complete Safe Kids Buckle Up within 90 days of employment and every five years thereafter. These individuals must also maintain Pediatric First Aid/CPR training. Please reach out to your licensing CCIS for additional information.

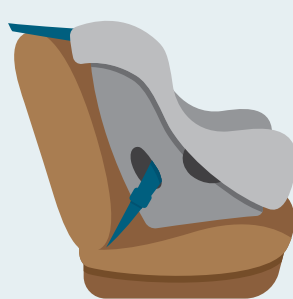
### RECOMMENDED CAR SEAT BY AGE<sup>4</sup>

*Adapted from Centers for Disease Control and Prevention.*



**REAR-FACING CAR SEAT**

Birth until age 2-4



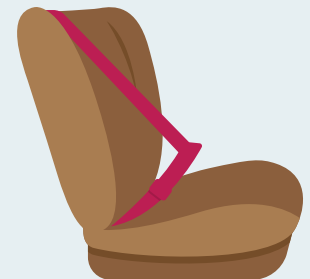
**FORWARD-FACING CAR SEAT**

After outgrowing rear-facing car seat and until at least age 5



**BOOSTER SEAT**

After outgrowing forward-facing car seat and until seat belt fits properly



**SEAT BELT**

When seat belt fits properly without a booster seat

# Immunization<sup>6</sup>

Children need 80% of their vaccinations in the first two years of life. This requires multiple doses of vaccines that are given over approximately five health care visits. Deaths and disabilities from vaccine-preventable diseases, even “mild” ones, still occur in the U.S., even though immunizations are available. Ten vaccine-preventable diseases are potentially fatal, including diphtheria, tetanus, pertussis, measles, mumps, rubella (German measles), polio, Haemophilus influenzae type B (Hib), hepatitis B and varicella. Tetanus kills three of every 10 people it strikes. Diphtheria kills one of 10.

## Preventing Disease with Vaccines

It is important that children receive their immunizations. However, parents/caregivers may choose not to immunize their children. When more children are vaccinated, there is a lower chance of an epidemic — and reduced risk for those who are vulnerable because they are very young, have deficient immune systems or lack medical care. In addition to protecting individual children, immunizations can protect the entire community.

In a child care setting, it is extremely important for the child’s primary caregiver to keep their child(ren) up to date with the shots appropriate for their age. Child care facilities usually care for children of different ages, and younger children must rely on the older children to be immunized to reduce the risk of becoming seriously ill. Even babies who are up to date on their shots must rely on the rest of the children to be immunized because some immunizations, like measles and chicken pox, cannot be given until a child is at least one year old and others require multiple doses before the child builds up full immunity.

## What is your role?

To maintain a safe and healthy environment for the children in your care, make sure all of them are up to date on their immunizations.

### Providers are expected to ensure the following:

- New children should have their immunization records when they enroll.
- Records should be checked annually in September with the parents/caregivers to see that each child is fully immunized for their age.
- Children who are 20 months old should be checked again in March to see if they meet the age-specific requirements. If they do, the records do not need to be reviewed again until kindergarten.
- Keep up to date on your own immunizations. Immunizations aren't just for children.



## VACCINE ASSESSMENT TOOL



Take a brief assessment to find out which vaccines are recommended for children and adolescents based on age, health conditions and other factors. To use the tool, visit:

**Centers for Disease Control and Prevention**

[www2a.cdc.gov/vaccines/childquiz](http://www2a.cdc.gov/vaccines/childquiz)



## CDC IMMUNIZATION RECOMMENDATIONS



The Centers for Disease Control and Prevention created a vaccination guide with recommendations for children from birth to age 6. To view the guide, visit:

**Centers for Disease Control and Prevention**

[cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](http://cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf)





## SECTION 3

# child + provider well-being

There are many ways to ensure children and staff have a safe, clean and healthy environment. Strategies include using research-based practices, inspecting your facility for any potential health concerns and complying with standard guidelines. The following tips and resources will help you create and sustain a safe and thriving facility for everyone who uses the space.



## QUICK STEPS

- Review nutrition and wellness standards.
- Review guidance on preventing food-borne illness and safe food preparation tips.
- Keep in mind choking hazards and techniques for preparing food that is safe for infants and toddlers.
- Follow hand-washing best practices and post protocols where all employees can see.
- Practice self-care and focus on strategies that promote your personal health and wellness.

## Nutrition + Wellness<sup>7</sup>

Providers are encouraged to ensure the following:

- All children are served nutritious meals and snacks appropriate for their age and development.
- Meals and snacks that account for allergies and food intolerances (see page 9 for requirements).
- Meals and snacks that meet established USDA requirements regarding food groups and serving sizes.
- Cooking and eating area utensils/equipment need to be properly washed, rinsed, sanitized, air dried and in good repair.
- Perishable foods served to children need to be stored in covered containers at a maximum temperature of 40 degrees Fahrenheit.

### Positive Mealtime Environments

Mealtime should be a pleasant, happy experience. Children can be involved in simple food preparations or table setting. A child should not be forced to eat. Forcing children to eat their food can contribute to feeding problems. Check with the parents/caregivers if a child consistently has a poor appetite. There may be a problem that warrants professional help. Food should not be withheld as a disciplinary measure. Serve small portions, arranged attractively, and vary flavors, colors and textures (children like to crunch). Introduce new foods periodically and encourage children to explore new tastes.

### Food-borne Illness

Illnesses can quickly be spread by food that is not properly prepared or monitored. Some food-borne illnesses can be dangerous or even deadly. Providers who are ill and don't follow proper hygiene precautions can contaminate food and pass illnesses on to children. Furthermore, the viruses, bacteria, mold and parasites that may contaminate raw and cooked foods can be spread and cause serious illness when proper food safety precautions are not observed. It is thus important to have food preparation procedures in place and to train any staff who will handle food in how to prevent contamination and infection. Be aware of symptoms and common sources of severe illness. Prompt treatment may be necessary if you recognize the signs of severe food-borne illness or if you suspect that a staff member or child has been infected.



### MEALTIME TIPS

To learn more about good eating habits and nutritional choices for preschool-age children, visit:



**Nebraska Department of Education,  
Coordinated Student Support Services**

[www.education.ne.gov/ns/cacfp/  
foodnutrition/nutrition-for-the-  
preschool-child](http://www.education.ne.gov/ns/cacfp/foodnutrition/nutrition-for-the-preschool-child)

### Food Preparation Tips

- Inspect food for spoilage every day. If food smells spoiled or looks moldy, throw it out. Food can smell fine, look fine and taste fine — and still make you sick.
- Look at the expiration date on unopened containers of food. Do not use food past this date, even if it looks okay. Don't serve it to children and don't eat it yourself.
- Do not use food in cans that are leaking, rusted, dented or have bulges. These bulges are caused by gas produced by dangerous bacteria inside the can.
- Do not use food in cans or jars that are cracked or have broken seals, or in packages that are torn. These openings may allow the food to be contaminated.
- Serving home-canned foods is discouraged because bacteria may grow in improperly canned foods and cause serious illness.
- Do not use foods in unlabeled cans or packages.
- Sanitize all cutting boards, knives and electric slicers immediately after contact with raw or cooked meats, fish or poultry.
- Promptly refrigerate any unused portions within two hours after preparation.
- Discard refrigerated leftovers within 24 hours.
- Wash hands before food preparations, after handling raw poultry and meat, smoking, sneezing, and after use of handkerchief or using the toilet.

- Avoid handling food with hands as much as possible. Use utensils or non-latex gloves instead.
- Clean any cuts or abrasions on hands, cover with bandages and a sterile glove before touching food.
- Keep the work area clean and wipe up all spills immediately. Sterilize surfaces after use.
- Keep all kitchen equipment washed and sterilized.
- Avoid cross-contamination. Food allergens can be accidentally introduced by cross-contamination.
- Wash all raw fruits and vegetables before serving with cold running water.

## Choking

Young children can easily choke, as they are still learning how to chew and swallow food, and have small airways. Food needs to be cooked and prepared with the correct size, shape and texture for the developmental abilities of the children in your care. Some foods should be avoided all together. Children may also put small, non-food items in their mouths as they are learning about the world around them. They should not have access to small objects that could be accidentally swallowed and block an airway.

### COMMON FOODS THAT CAUSE CHOKING IN CHILDREN UNDER AGE 4<sup>8</sup>

<b>Vegetables</b>	<ul style="list-style-type: none"> <li>• Small pieces of raw vegetables (e.g., raw carrot rounds, baby carrots, string beans, celery), or other raw, partially cooked vegetables</li> <li>• Raw green peas</li> <li>• Cooked or uncooked whole corn kernels</li> <li>• Large, hard pieces of uncooked dried vegetables</li> </ul>
<b>Fruits</b>	<ul style="list-style-type: none"> <li>• Apples or other hard pieces of raw fruit, especially those with hard pits or seeds</li> <li>• Large, hard pieces of uncooked dried fruits</li> <li>• Whole pieces of canned fruit</li> <li>• Whole grapes, cherries, berries, melon balls or cherry and grape tomatoes</li> </ul>
<b>Protein-rich foods</b>	<ul style="list-style-type: none"> <li>• Tough or large chunks of meat</li> <li>• Hot dogs, meat sticks or sausages (even when cut into round slices)</li> <li>• Fish with bones</li> <li>• Large chunks of cheese or string cheese</li> <li>• Peanuts, nuts or seeds (e.g., sunflower or pumpkin seeds)</li> <li>• Chunks or spoonfuls of peanut butter or other nut and seed butters</li> <li>• Whole beans</li> </ul>
<b>Grain products</b>	<ul style="list-style-type: none"> <li>• Plain wheat germ</li> <li>• Whole-grain kernels</li> <li>• Crackers or breads with seeds</li> <li>• Nut pieces</li> <li>• Hard pretzels</li> </ul>
<b>Other foods/snacks</b>	<ul style="list-style-type: none"> <li>• Hard, sticky, round or gooey candy (e.g., jelly beans, caramels, gummies)</li> <li>• Chewy fruit snacks</li> <li>• Chewing gum</li> <li>• Marshmallows</li> <li>• Popcorn, potato or corn chips, or similar snack foods</li> <li>• Ice cubes</li> </ul>

# Food Assistance

## The Child + Adult Care Food Program

The goal of the Child and Adult Care Food Program (CACFP) is to see that well-balanced meals are served and that good eating habits are taught in child care settings. The CACFP provides reimbursement for nutritious meals and snacks for eligible children in child care centers, family child care homes and outside school-hours programs, as well as to eligible adults in adult care centers. The CACFP is administered by the Nebraska Department of Education and funding is provided by the U.S. Department of Agriculture (USDA). All program funds come from tax dollars, which is why all recipients must be accountable for how these funds are used. The program serves children birth through age 12, children of migrant workers through age 15, physically and mentally disabled persons receiving care in a setting where most children are age 18 and under, and adults in nonresidential care settings.

### Eligibility\*

Family child care home and license-exempt providers must be affiliated with a participating sponsor. Child care centers have the option to participate either with a sponsor or independently (see page 45 for a list of sponsors).

### Eligible programs may include:\*

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers with a current child care subsidy enrollment

### Child care centers must meet one of these criteria:

- Have tax-exempt status granted from the Internal Revenue Service (IRS)
- Have at least 25% of the children in care eligible for free/reduced price meals OR who receive child care subsidy

**\*Note:** CACFP is available to all individuals regardless of race, color, national origin, age, sex or disability. Any person who believes they have been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington, DC.

### Reimbursement

- The reimbursement rate is determined by the number of enrolled participants who are served meals, and the rates are set by the USDA.
- Reimbursement rates are the same in all sponsoring organizations.

### Provider responsibilities

- Serve meals meeting program requirements.
- Keep daily records of attendance, menus and number of meals served.
- Attend training activities that relate to the CACFP.
- Educate children about proper nutrition and establishing healthy eating habits.
- Provide support and training on nutrition, food service operations, program management and recordkeeping.
- Review and monitor program services to ensure good nutrition for all children.



# Hand-Washing

Hand-washing is the single most important thing child care providers can do to prevent the spread of infectious diseases. It is also the simplest and most economical way to wash away germs that can cause a wide variety of illness for children and adults.

## Hand-washing is recommended:

- When you begin your child care day in the morning.
- Before preparing, serving food or eating food.
- After diapering children, wiping their noses or cleaning up messes.
- After you've been to the bathroom — either with a child or by yourself.
- If you've been interrupted to care for another child while you were preparing food or spoon-feeding an infant.



## HAND-WASHING POSTERS

For free printable hand-washing posters in English and Spanish, visit:



Nebraska Extension: UNL Food  
[food.unl.edu/free-resource/handwashing-posters](http://food.unl.edu/free-resource/handwashing-posters)



## HAND-WASHING BEST PRACTICES<sup>9</sup>



1

Use soap and warm water. Any soap is good; anti-bacterial soap is not necessary.



2

Rub your hands vigorously for at least 20 seconds as you wash them.



3

Wash all surfaces, including backs of hands, wrists, between fingers and under fingernails.



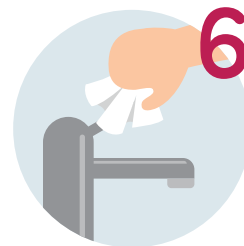
4

Rinse your hands well. Leave the water running while rinsing your hands.



5

Dry your hands with a single-use towel.



6

Turn off the water using a paper towel instead of bare hands.

## Self-Care

Part of using best practices is knowing how to support your own health and wellness. As a provider, it is important to recognize the signs and symptoms of feeling stressed, overwhelmed, burned out or other health issues. Self-care is not selfish!

### Self-care strategies to take care of you:

- **Try stress-reducing techniques.**
  - » Practice deep breathing, gently stretch and relax your muscles or slowly drink a glass of water.
- **Prioritize your health.**
  - » Eat nutritious food, get quality sleep and stay physically active.
- **Notice and name your feelings.**
  - » Try to slow down and check in with yourself. Have you been short with others? Do you feel like yourself? All emotions are okay!
  - » Notice what events or things cause you more stress. When you feel overwhelmed, identify a way to help you cope.
  - » Pay attention to your inner voice and ask, "Would I say this to my best friend?" If the answer is no, give yourself some kindness, patience and understanding.
- **Do something you enjoy.**
  - » Examples include taking a bath, going for a walk, journaling or doing something else you find soothing.
  - » Make time for yourself each day. Not everyone has 30 minutes at a time, so break it up if needed.



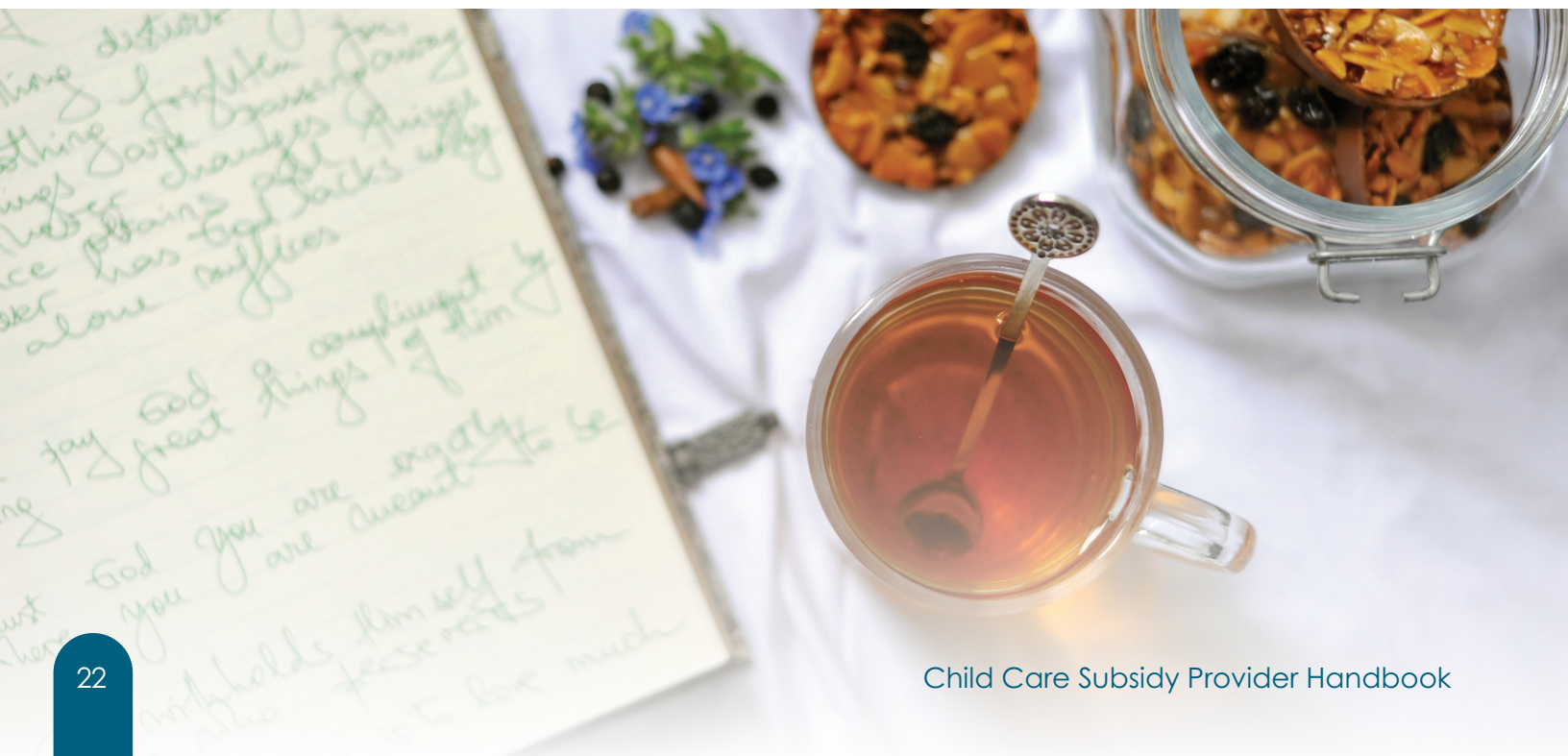
## TRAINING OPPORTUNITY

Reflective practices have many benefits for your personal and professional well-being. In Nebraska, providers may participate in Facilitated Attuned Interactions (FAN) training. For details, visit:



**Reflective Practice FAN Training**  
[nebraskababies.com/ncrp/fan-training](https://nebraskababies.com/ncrp/fan-training)

- **Set limits/boundaries.**
  - » Acknowledge what you can and cannot control.
  - » Work on rebuilding/establishing a routine. It is helpful to focus on the parts of your day that you can control.
  - » Say no if needed! It is okay to say no and limit feeling over committed.
- **Create a positive work environment.**
  - » Provide reflective supervision or opportunities for professional growth, such as reflective consultation, training on mindfulness, facilitating healthy communication or collaboration.
  - » Ensure that you and staff have regular breaks throughout the year and have a clean and comfortable space for staff to relax and lounge.
- **Reach out to others.**
  - » Accept help when you need it. People who help others also experience benefits.





## SECTION 4

# reevaluation + annual renewal

Providers operating under an active Child Care Provider Subsidy Enrollment (CC-9B) are required to renew their enrollment prior to the expiration date. The department will reevaluate each provider once per year, or more often if necessary, using established child care standards. All providers require a face-to-face visit as part of their renewal.



### QUICK STEPS

- Review specific compliance requirements for the type of child care you provide.
- Read and understand the DHHS reevaluation and renewal process.
- Review the changes you are required to report to DHHS and be aware of the need for parents/caregivers to report their choice of provider.
- Read and understand the requirements for background checks.

# Regulations Compliance

All providers must undergo an annual renewal process to maintain their enrollment in the state of Nebraska. During this process, the assigned RD will contact the provider in advance with necessary forms to complete before the renewal date. It is important to keep all contact information updated with the department, as the RD may reach out via email, phone or mail. Additionally, the assigned RD will schedule a visit to the home or facility. In-home providers will meet the RD at the local DHHS office or another public location.



## PROVIDER FORMS



Important forms can be found at:  
[dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx](https://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx)

Please refer to the following chart for typical requirements based on provider type.

### REGULATIONS COMPLIANCE REVIEW

All provider types are subject to review of the following:

- **CCDF Background Check:** Background check release forms can be requested from the assigned RD (more information for required background checks can be found on page 26).
  - » This form is to check:
    - State and National Sex Offender Registries
    - State of Nebraska Department of Motor Vehicles
    - Local and State Law Enforcement agencies
    - State and national fingerprint-based criminal history record information check
    - Central Registry Check (Adult and Child Abuse/Neglect Registries)
- **W-4 or W-9**
  - » New/updated forms can be provided if changes need to be made.
- **Driver's License**
  - » Please be prepared to provide a copy of your driver's license, or other form of photo identification, especially if it has expired since your previous renewal visit.
- **Health & Safety Training**
  - » Pediatric First Aid/CPR: subsidy requires that ALL providers and staff maintain pediatric first aid/CPR during subsidy enrollment. If yours is close to expiring and you need assistance locating a course, your RD can provide a list of approved courses.
  - » Prepare to Care: RD may request to view staff files to verify completion of pre-service training. A verification form will also need completed for all staff.
  - » Ongoing training: All provider types are required to maintain a certain number of ongoing training hours. Please refer to page 11 for more information.
- **Private Pay Rates**
  - » Providers must have an established pay rate before contracting with the department.
- **Face-to-Face Visit/Meeting**
  - » RD will meet with you to:
    - Discuss the subsidy enrollment (CC-9B).
    - Review tornado and fire drill maps, and discuss emergency response plans.
    - Ask how you are doing with billing and if any support can be provided.
    - Provide any updates to policy.
    - Answer any questions you may have.
    - If the visit is completed at the home or facility, a full walk-through will be completed to monitor for health and safety. This includes every level of the home and any outdoor play areas.



License-Exempt (LE)
<ul style="list-style-type: none"> <li>• <b>Regulations Compliance Review (CC-0351)</b> <ul style="list-style-type: none"> <li>» This checklist is used to determine provider compliance with subsidy regulations and expectations, including areas of health and safety (e.g., medications, first aid kit, cleaning agents, fire extinguisher, fire and carbon monoxide detectors, etc.)</li> </ul> </li> <li>• <b>Relative Exempt Request Form</b> <ul style="list-style-type: none"> <li>» This form is used to determine potential exemptions to some policies when a provider is related to all children in care. A “relative” is defined on page 7.</li> </ul> </li> </ul>
In-Home (IH)
<ul style="list-style-type: none"> <li>• <b>In-Home Self-Certification Checklist</b> <ul style="list-style-type: none"> <li>» Form is used to ensure provider and caregiver understand subsidy regulations and provider expectations, including areas of health and safety.</li> <li>» Checklist must be reviewed and signed by both the provider and caregiver.</li> </ul> </li> <li>• <b>Relative Exempt Request Form</b> <ul style="list-style-type: none"> <li>» (See LE above)</li> </ul> </li> <li>• <b>In-Person Meeting</b> <ul style="list-style-type: none"> <li>» RD will request to meet with you in the local DHHS office or other public location due to care being provided in the home of the child.</li> </ul> </li> </ul>
Family Child Care Home I & II (FCCHI/FCCHII)
<ul style="list-style-type: none"> <li>• <b>Health and Safety Training Verification</b> <ul style="list-style-type: none"> <li>» Directors, staff, substitutes, and volunteers who work directly with children must complete pediatric first aid/CPR training and Prepare to Care (pre-service training). Certification cards/certificates will be requested for some staff in addition to the verification form.</li> </ul> </li> <li>• <b>Home/Facility Visit</b> <ul style="list-style-type: none"> <li>» If provider has additional staff, RD will review a sample of the staff files to ensure trainings are completed and documentation is maintained.</li> </ul> </li> </ul>
Child Care Center (CCC)
<ul style="list-style-type: none"> <li>• <b>Health and Safety Training Verification</b> <ul style="list-style-type: none"> <li>» (See FCCHI/FCCHII above)</li> </ul> </li> <li>• <b>Facility Visit</b> <ul style="list-style-type: none"> <li>» RD will review a random sample of staff files to ensure trainings are completed and documentation is maintained.</li> </ul> </li> </ul>

## Reporting a Change

Any changes to your child care license or subsidy information should be reported to the appropriate individual (CCIS for licensing or RD for subsidy) as soon as possible to ensure full compliance with the license and subsidy contract.

If a new family has enrolled in your program and you are not yet receiving subsidy reimbursement for them, parents/caregivers must report their provider changes through ACCESSNebraska. If you report a new family has enrolled in your program, no action will be taken until this is confirmed by the family, and services may not be authorized for payment until after the change is completed.



## REPORTING A CHANGE



To report a provider change, parents/caregivers may call **800-383-4278** or visit [iserve.nebraska.gov](https://iserve.nebraska.gov).

On the iServe Nebraska Portal, scroll to the “Manage your benefits account” section and click “Report changes to your situation.” The provider’s RD can answer questions; however, they will not be able to create new authorizations for the family.

# Background Checks

The Child Care Subsidy Program completes background checks annually on all new and renewing child care subsidy providers and anyone age 13 and older if care is provided in the provider's home. Fingerprinting is required as part of National Criminal History Record Checks for all child care workers, including license-exempt and in-home providers (relatives are exempt).

**Note:** The department will not enter a subsidy provider enrollment with a potential individual provider if a history of convictions for misdemeanor or felony actions that endanger the health and safety of anyone is indicated.

## Background Check Requirements

All staff, volunteers and household members age 13 and older\* must sign a release of information and statement identifying any felony or misdemeanor convictions and pending criminal charges.

**Required background checks are conducted annually unless otherwise specified. Background checks include, but are not limited to:**

- State Patrol Sex Offenders Registry
- State of Nebraska Department of Motor Vehicles
- Local and state law enforcement agencies
- State of Nebraska Central Registry for Child Abuse and Neglect (Central Registry)
  - » Completed every five years
  - » Separate request form is required, typically completed online
- FBI Fingerprint-based Criminal History Check
  - » Completed every five years
  - » All household members/staff over age 18 must complete, unless related to all children in care (meeting relative definition)
  - » Separate fingerprint application and process required
    - Application submitted to Children's Services Licensing (CSL)
    - Fingerprints completed through Neb. State Patrol or local law enforcement agency

**\*Note:** Minors between ages 13-18 must have an adult sign for them.

## Appeals Process

Providers who are denied enrollment based on background check results may appeal within 30 days of receiving the denial letter. Appeals must be made in writing, either through a Request for Fair Hearing (DA-6) form or by submitting a written request (i.e., letter or email). Verbal requests are not accepted. Fingerprint-based background check denials require appeals to be made through CSL.

### MORE INFORMATION

To learn more about background checks and required procedures, visit:



**Child Care Subsidy Background Checks**

[dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx](https://dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx)



**Children's Services Licensing**

[dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx](https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx)



## SECTION 5

# financial matters

As a child care subsidy provider, you will probably have many questions concerning who can be paid, how to receive payment, how to file a claim for payment, how to process taxes and more. This section will cover many of the concerns and questions you have about financial matters for your child care business. If you have further questions, please contact your assigned RD.



### QUICK STEPS

- Review the types of providers parents/caregivers can choose from to be paid under subsidy provider agreements and how much each type of provider receives as payment.
- Understand methods of payment and how they can be received.
- Read DHHS tax policy and review documents you may need to obtain and provide.
- Familiarize yourself with overpayment policies and the appeals process.
- Read and understand the terms of the authorization form.
- Review attendance calendar requirements for proper billing procedures.
- Learn the best methods for handling your finances and consult accounting or legal professionals should you have questions.

# Payments + Taxes

## Who Can Be Paid as a Provider?

To be paid as a child care subsidy provider, the parent/caregiver must report you as their choice of provider on the ACCESSNebraska platform. Subsidy rates are set based on the results of the biannual Child Care Market Rate Survey (MRS), which collects private pay rates from providers across Nebraska. Survey results determine the rates DHHS will pay for child care subsidy. Rates may differ for providers participating in Nebraska's Step Up to Quality or other nationally accredited program. Providers who have been overpaid should work with their RD to correct the error. Providers may be temporarily or permanently disqualified if overpayments are not resolved in a timely manner.

## How Much Will I Get Paid?

The payment providers receive is determined by their provider type, location and the ages of the children they serve. Subsidy rates are also based on providers' private pay rates. However, according to Nebraska Revised State Statute 43-536, subsidy payments cannot exceed a provider's private pay rates. If a provider's rates are lower than the current subsidy rates, the subsidy reimbursement will not exceed the provider's private pay rates.

### Amounts paid to specific provider types are outlined below:

- License-exempt provider rates are set by DHHS.
- In-home provider rates will match the current state minimum wage.
- Special needs providers can be approved at a higher rate based on the needs of the family (see page 31 for more details on this process).
- If a parent/caregiver uses child care services for a reason other than the specified need for service or exceeds the limitations of hours stated on the service authorization, they will need to pay for these hours privately.



## CURRENT MARKET RATES



**Title 392 Child Care Subsidy Guidance Document**

[dhhs.ne.gov/Guidance%20Docs/Title%20392%20Guidance%20Document.pdf](https://dhhs.ne.gov/Guidance%20Docs/Title%20392%20Guidance%20Document.pdf)



**Market Rate Survey**

[dhhs.ne.gov/Pages/Market-Rate-Survey.aspx](https://dhhs.ne.gov/Pages/Market-Rate-Survey.aspx)

## Parent/Caregiver Fees

Reimbursement of certain fees can be approved for licensed programs only. By completing the Child Care Provider Enrollment, the provider agrees to accept these fees as payment in full and, therefore, cannot charge additional fees to child care subsidy families that they usually charge to private-paying families. Additional documentation of the fees charged to private-paying families may be requested to qualify for these fees.

### Fee types for licensed centers and homes may include:

1. **Enrollment fee:** One-time fee upon enrollment (amounts vary).
2. **Activity fee:** Up to three occurrences per year (amounts vary).

**Note:** Please reference the Guidance Document for current rates and fees, as these may change periodically.



## BLUEPRINT FOR SUCCESS

To download a step-by-step guide to support your child care business, visit:



**Nebraska Early Childhood Collaborative**

[nebraskaeearly.org/blueprint](https://nebraskaeearly.org/blueprint)

## Options for Receiving Payment

- **Monthly** (1 time per month)
  - » Payment for services from the 1st of the month through the last day of the month.
- **Semi-Monthly** (2 times per month)
  - » Payment for services from the 1st of the month through the 15th of the month and then the 16th of the month through the last day of the month.
- **Claims:** The full previous month's billing will be available to bill by the **2nd of the month**. For example, June 1-30 will be available to bill by July 2. There may be exceptions. Please contact your RD if you are missing claim lines in the portal. All claims must be made within 90 days of service.

**Note:** An RD will provide training and handouts on how to complete billing using the Provider Portal. Providers can request to bill semi-monthly, but approval will be at the RD's discretion. Providers must demonstrate a history of billing without errors.

## Tax Information

Child care providers are considered self-employed and are not employees of DHHS, therefore the department does not withhold federal or state income tax or federal unemployment insurance tax from payments. DHHS does not provide guidance on tax documents.

A Form 1099 is issued to all providers. Only one 1099 should be received. Please contact DHHS if more than one is received as this indicates an incorrect Social Security Number or Tax ID number was used.

In-home child care providers are considered service providers and employees of the family. Due to this, the department will withhold Federal Insurance Contribution Act (FICA) taxes from in-home provider payments.

## FICA Tax Withholding (IH Providers only)

In-home child care providers are subject to social security and Medicare tax (i.e. FICA) withholding according to requirements of the Household Employee Act. The department shall withhold this tax from all payments to affected providers. If a provider's earnings do not reach the income limit per calendar year per family, the amount withheld for that year is refunded.

In some situations, the department withholds Social Security taxes from in-home provider payments. The department, upon receiving a document that

appoints the parent/caregiver as agent for the provider, acts on behalf of the parent/caregiver to withhold mandatory taxes from the provider and pay the parent/caregiver's matching tax share to the Internal Revenue Services.

A Form W-2 is sent to each provider who earned qualifying FICA wages. A separate W-2 is provided for each family served since the family is considered the employer. Due to this, a provider may receive more than one W-2 from DHHS.

## Tax Statements

DHHS will issue all Tax Statements, Forms 1099 and Forms W-2, if applicable, to the provider and the IRS. The total amount paid to each provider is determined by adding the amounts shown on Forms 1099 and W-2.

## Overpayments + Underpayments

DHHS must take all reasonable steps necessary to promptly correct overpayments and underpayments. Providers should contact their assigned RD if there is an error on their claim before they try to submit. Once it is submitted, no one can edit the claim. If the provider does not appeal or contact the department to work out a repayment agreement, the overpayment will be recouped from future billings for the same or different children, or from another service. If the evidence clearly establishes that a provider willfully over-billed the department, the RD will refer the provider to the necessary Special Investigations Unit.

**Note:** There may be random audits or referral to the Issuance and Collections Center (ICC) resulting in overpayments or underpayments.

## Appeals Process

If the provider wishes to appeal their overpayment, they will need to reach out to the ICC using the contact information on the demand letter informing them of the overpayment. The provider has a 30-day window from date indicated on the letter to appeal the overpayment.

# Provider Authorization

To receive payment for subsidy families, providers must obtain a Provider Authorization. Parents/caregivers may be required to pay a portion of the monthly cost of care, which is referred to as a family fee. Other terms used for this contribution include sliding fee, customer obligation and co-pay.

## Family Fee

How much a parent/caregiver must pay is determined by their household income and is shown on the authorization. The family fee is considered the first dollar portion of the cost of care. The family fee is deducted from the total cost of care before the DHHS portion is determined. Here are two examples:

- If the total cost of care is \$250/month, and the parent/caregiver is responsible for \$100, the subsidy payment would be \$150.
  - »  $\$250 - \$100 = \$150$  subsidy payment
- If the total cost of care is \$100/month, and the parent/caregiver is responsible for \$100, the subsidy payment would be \$0.
  - »  $\$100 - \$100 = \$0$  subsidy payment
  - » In this case, a claim would need to be submitted via the Provider Portal showing no DHHS charge, and verifying that a family fee was collected.

**Note:** It is important to document that the family fee was collected each month. There may be a cooperative agreement between the provider and parent/caregiver regarding the specific timing of when this fee is paid during the month.

## Authorization Period

All authorizations have a beginning and ending date that defines the time period within which you may bill. The “from date” defines the beginning of service for a family while the “through date” indicates the length in days of service provided beginning with the “from date.” You will not be paid for care provided past the “through” date or before the “from” date of the authorization period.

## Authorization Types

There are several types of authorization you might receive. At some point in provider service, you will get one of three types of authorization: Provider Authorization, Provider Authorization Update or Notice of Discontinued Service Authorizations.

### Provider Authorization

A Provider Authorization serves as a legal document giving you permission to provide service(s) and to bill DHHS. This form is completed by a Social Services Worker (SSW).

### Provider Authorization Update

A Provider Authorization Update serves as a legal document for updating the terms of service.

- You may notice an increase in rates or an increase in units.
- The service authorization number only changes when a new authorization is created.

### Provider Notice of Discontinued Service Authorizations

A Notice of Discontinued Service Authorizations serves as a legal document voiding any previous authorization.

- This notice informs the provider that the “through date” from the Provider Authorization or Authorization Notice Update has changed to an earlier date.
- If an authorization is ended before the expiration date, you will receive a Discontinued Service Notice.
- If the authorization ends on its authorized end date, you will not receive a Discontinued Service Notice. It is important to periodically check and track authorized periods for this reason.
- Payment for any child care provided to that family after the date on the notice will be the family’s responsibility.
- Questions regarding this notice should be directed to ACCESSNebraska or the SSW whose name and phone number appear on the letter.

**Note:** Providers should sign up for notifications in the portal to receive notifications of when these updates are received. Authorizations updates come through the portal, not the mail.

## Multiple Authorizations

You may receive multiple authorizations for one family depending on the age of the child(ren)\*.

- Children are categorized by age:
  - » Infant (0 to 18 months)
  - » Toddler (18 months to 3 years)
  - » Preschool (3 years to not in school)
  - » School age (kindergarten and above)

**\*Note:** The age range of the children will determine which category they fall under and how many authorizations you receive.

## Authorization Forms

While some of the information provided on authorization forms is self-explanatory, it is important to be aware of what needs to be on each form and to ensure all details are provided. Some information requires coding that you will need to learn. This step may be unclear if you have not familiarized yourself with all the authorization details.

**Note:** Some forms may use the word *client*, which is represented below as *parent/caregiver*.

### Parent/Caregiver Details

The first section of the authorization form provides important details related to the parent/caregiver(s) for whom services are provided, including:

- Name(s) of parent/caregiver authorized to receive care.
- ID number(s) assigned by DHHS for each parent/caregiver listed on authorization form.
- Authorization number.
- Authorized child's name, ID number and provider authorization number.

**Note:** The Provider Authorization authorizes the family to receive child care services from you, however, **ONLY** those children listed on the form are eligible. DHHS will not be responsible for payment for children NOT authorized on this form.

### Service Codes

Service codes indicate the age category under which fees will be charged and the other types of fees that might be charged.

Infant – 8903	Toddler – 6679
Preschool – 9946	School Age – 3580
Family In-Home Care – 8775	In-Home CC Special Needs – 4907
Transportation* – 5641	Activity Fee – 7964
Enrollment Fee – 6529	

**\*Note:** Transportation will only be authorized to and from the child's home and child care, and for providers licensed with the department.

### Authorized Units

Authorized units refer to the time intervals listed on the authorization.

- **Partial day unit:** Up to 4 hours and 59 min.
- **Full day unit:** 5 hours to 9 hours and 59 min.

- **Full day unit, plus partial day unit:** 10 hours to 18 hours
- Hourly units are used only by in-home providers

### Authorized Rates

Rates on the Provider Authorization are based on the rates on your Child Care Provider Enrollment and the child(ren) authorized.

- Frequency is the type of billing occurring for the family, such as hourly or daily.
- Frequency codes include: Hour (HR), Partial Day (PD), Full Day (DY), Occurrence (OC) and One-Way Trip (OW).

## Special Needs Authorizations

Nebraska policy defines special needs as: "Requirement for extra care because of an acute or chronic physical or mental condition. Acute special needs include temporary conditions that require special medical attention and isolation from other children (e.g., recovery from surgery)." Chronic special needs include long-standing medical or behavioral problems that require, at all times, medical, behavioral or other services (e.g., medically fragile, attention deficit, etc.).

If a parent/caregiver has a child with special needs, they need to call ACCESSNebraska to request special needs child care. A Documentation of Special Needs for Child Care (CC-6) form can be provided, but it is not required.

## Billing Process

Claims are completed using information found on the Provider Authorization. The RD will provide training on how to complete billing in the Provider Portal. If you are on paper billing, reach out to your RD for information on how to complete and submit your billing document.

**Note:** If you provide child care to a family who is responsible for paying a portion of the cost, you must collect the family fee and deduct it from your billing document.

### QUICK TIP

A convenient way to keep track of how many units you have billed, either partial or full day, is to visualize your Provider Authorization as a checkbook with a beginning and ending balance. Start with the units authorized and subtract the units billed each month from the total.



## Attendance Calendars

Attendance calendars are to be completed for each child whose child care costs will be billed to DHHS. While attendance calendars may assist you in completing your claims by recording the actual hours of care, you will complete your billing through the Provider Portal using the appropriate units of service, policies and definitions found on your Child Care Provider Enrollment(CC-9B.)

You must complete an attendance calendar to accurately reflect the dates on which child care services were provided, as well as the exact number of hours of service provided. You should mark "A" on the calendars for children who are absent. Up to five absent days can be billed per child per month. Attendance calendars should be kept for four years per regulations.

All child care subsidy providers must use calendars provided by or approved by the department to record attendance. Attendance calendars must be signed by both the parent/caregiver and the provider to verify the hours are correct. Parents/caregivers should never be asked to sign a blank calendar.

**Note:** *In-home providers will track time differently than all other provider types. Please reach out to your RD with questions or concerns regarding attendance keeping.*

### FCCHI/II, IH + LE Providers

Use the attendance calendar provided by DHHS. Electronic and paper formats are available. Only one family should be on each attendance calendar. Providers and parents/caregivers must sign the calendar at the end of the billing period.

### CCC Providers

Child care centers have the option to use electronic or paper calendars provided by DHHS or an approved computerized system. If an alternate system is used, it must capture the same information on the department attendance calendars. Reach out to your RD for approval. Parents are not required to sign attendance calendars for child care centers.



### CALENDARS

Attendance calendars for all license types are available in English and Spanish.



**DHHS Attendance Calendars**

[dhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx](https://dhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx)



# Handling Your Finances

## FCCH I/II + LE Providers

As a child care provider, you should understand the financial aspects of caregiving. The actual fee charged is generally modest. It is an advantage to work through deductions allowed for using a private home for business purposes. You are classified as a self-employed person and are, therefore, liable for self-employed Social Security payments. Check with your nearest Social Security Office. This allows you to build up Social Security credits in your own right.

**Form 1040 Schedule E, or the latest equivalent form, is filed with the income tax form.**

- If the combined family income, including your earnings, is too low to pay income tax, using deductions is not the best method.
- If the combined income is at a level where you pay income tax, check with your Internal Revenue Office to determine whether the work involved in keeping records is worthwhile.

## Expenditures

Two types of expenditures are possible — direct expenditures, such as cost of food and toys; and indirect expenditures, which relate to the use of the home/facility where you provide care, such as rent, utilities, mortgage payments, etc. You are advised to consult with an attorney or accountant concerning financial and tax matters.

### *Direct Expenditure Tips*

- 1. Keep detailed records of all expenditures.** Separate out the deductible direct expenses for food, toys, supplies, cribs, as well as the cost of any advertisements (exclude your own family expenses).
- 2. Retain sample menus to gauge weekly costs for food.** Itemize all food expenses. For example, if the cost of a meal is \$18, divide by three children and the cost per child per week would be \$6. Then figure the number of weeks per year that each child was in your care. For example, \$6 a week per child for 40 weeks is \$240. For three children, it would be \$720.



### Indirect Expenditure Considerations

1. This is more complicated because it involves prorating the portion of the house used for caregiving. Indirect expenditures include a portion of rent, mortgage, interest, property tax, utility bills and even the telephone.
2. Depreciation is a major item and should be investigated by the provider. Each provider will have a unique item or area eligible for consideration.
3. For your protection, it is wise to consult the Internal Revenue Service as soon as possible. Remember, two days before April 15 is too late. The best advice to a provider who desires to use the business deduction method is to save receipts and canceled checks for the customary period in the event of an audit.

### Insurance Sense

Liability insurance is required for licensed providers. If you transport children, be sure your automobile insurance covers the child care children. In some cases, a good homeowner or renter policy is adequate. Discuss this with your insurance agent.

The crucial thing to remember is the need for you to offer good supervision. This will reduce the likelihood of accidents. You have a responsibility to call a physician or ambulance in case of any serious injury, in addition to contacting the child's parent/caregiver. The physician will decide whether or not to treat the child if the parent/caregiver cannot be reached.

### Child Care Deductions/Flex Dollars

Some parents/caregivers may claim child care deductions on their income taxes or may have a flexible benefit option with their employer and will require a receipt for care given. It is a good idea to buy a receipt book with a carbon copy to be kept for your records. You may also be asked to provide your Social Security or Federal Identification (FID) number.

### Small Claims Court/Collections

Providers may file in small claims court to recover child care money owed by parents/caregivers. There will be a fee, plus costs associated with serving a subpoena. Check with your local court to find out the exact cost and determine whether to pursue this option. Contact the clerk magistrate of your county court to begin the process.

Providers may also choose to send unpaid invoices to a collections agency, which typically require a \$1,000 minimum debt owed.

- Parents/caregivers must be notified of the amount they owe and that the debt will be sent to a collections agency if not paid.
- Allow 30 days for debt to be paid.
  - » Do not harass, threaten or use abusive language. Be polite but firm.
- If the invoice remains unpaid, it may be sent to a collections agency. Most experts recommend waiting 90 days after an invoice is due before sending it to a collections agency.
- Keep all records of correspondence. If the family disputes the debt, this shows proper procedures were followed and proves the debt exists.
- You may need to provide contact information for the individual from whom the debt is being collected.

### Choosing an agency:

- Ask other child care providers, family and/or friends for recommendations.
- Take advantage of free consultations.
- Check with the local chamber of commerce and Better Business Bureau.

### Collections agency fees:

- Fees are based on a percentage of the collected debt.
- Amounts range from 33 to 50% of debt owed, but are usually around 40%.
- Agency may assess other charges.

**Note:** Contact your RD if you are having trouble collecting a family fee.



## PROVIDER GRANTS

There are a variety of grants available to child care providers in Nebraska. Staff in the DHHS grants office are available to assist you. To learn about grant opportunities and how to apply, explore these resources:



### DHHS Grant Opportunities

[dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Grant-Opportunities.aspx](https://dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Grant-Opportunities.aspx)

### Child Care Grants Helpline

402-417-3259

[ChildCareGrants@nebraska.gov](mailto:ChildCareGrants@nebraska.gov)



## SECTION 6

# quality child care

A quality early childhood program provides a safe and nurturing environment that supports all aspects of a child's development. To increase the likelihood that children experience quality care and education, early childhood settings should be structured to promote the well-being of providers and to foster children's healthy development and learning. The delivery of quality care and education across settings is facilitated by policies and continuous quality improvement practices that prioritize the children's experiences.



## QUICK STEPS

- Know the key aspects to providing quality care and education.
- Review options for program accreditation.
- Familiarize yourself with professional learning opportunities to strengthen partnerships with families.
- Familiarize yourself with helpful child care provider resources.

## WHAT DOES QUALITY CARE LOOK LIKE?

Characteristics of quality in an early care and education setting include<sup>3,10</sup>:

- Supportive adult-child and family relationships.
- Partnerships with families that consist of mutual trust.
- Safe, stimulating physical environments.
- Frequent one-on-one, language-rich, adult-child interactions.
- Opportunities for children to explore and learn across a variety of developmental domains — cognitive, language, emotional, social and physical.
- Adult behaviors that are sensitive to the individual and culture.
- Care is provided equitably and in an accessible manner.
- Fair and positive experiences for all children, especially those who have been historically marginalized.
- Efforts to identify and close disparities in child outcomes where they exist.



To learn more about quality child care practices, download:

**Essentials for Choosing Quality Child Care Guide**

[go.unl.edu/child-care](https://go.unl.edu/child-care)

## Indicators of Quality Care<sup>3, 11, 12</sup>

### Curriculum + Teaching Practices

- Provider implements teaching practices aligned with Ideal Learning Principles, including developmentally appropriate, play-based, child-based and anti-bias/anti-racist approaches.
- Staff professional development plans include support to create classroom environments that are culturally responsive and equitable. For example, creating lessons and selecting materials that represent children's lived cultural and linguistic experiences; communicating to Black, Latine, Indigenous and other children of color, including those with disabilities, about how their identities are sources of brilliance and joy; and incorporating families' knowledge and expertise into children's learning experiences.
- Provider has a systematic approach for evaluating and addressing the racial, ability, gender and linguistic diversity of classrooms' materials including toys, books and environmental print.

### Assessing Quality Globally

- Provider measures quality at the program and classroom/home level using equity-minded, valid and reliable tools. If no tool is available and/or only the Classroom Assessment Scoring System (CLASS) or Environmental Rating System (ERS) is used, the provider uses separate tools, alongside global classroom quality measures, to specifically assess dual-language learning (e.g., Linguistic Interaction Snapshot, Early Language and Literacy Classroom Observation-DLL) adaptation, bias and equity (e.g., Assessing Classroom Sociocultural Equity Scale), and inclusion of children with disabilities (e.g., Inclusive Classroom Profile).
- Provider ensures alignment between children and families' experiences of quality and the observational measure through caregiver-program feedback loops.
- Provider uses classroom quality findings to inform professional development and policy.

## Supporting Dual-Language Learners (DLLs)<sup>3</sup>

- Provider conducts annual home language surveys and uses data to guide assessment, family/caregiver engagement, instruction, curriculum and learning resources, and personnel needs.
- Provider ensures family/caregiver engagement activities, and all forms of communication, are provided in families' home language, with the aid of a trained interpreter as needed, and that information on the benefits of bilingualism and the home language are shared.
- Provider provides both monolingual and bilingual teachers with ongoing professional development focusing on how to provide valid assessments and instruction to children who speak different varieties of English and children who are DLLs, including children who are DLLs with disabilities.
- Provider assesses DLLs, including those with suspected or identified disabilities, in their home language and English, as appropriate. Speakers of different varieties of English are not penalized on assessments for the way they speak.
- Provider uses culturally sustaining curricula that centers children's cultures and languages, shows high expectations, and embeds authentic, cultural themes and materials into lessons.
- Provider embeds all the home languages represented in the classroom, even when the bulk of instruction occurs in English. The home languages are embedded by presenting vocabulary in home languages, having classroom materials, songs and books available in-home languages, conducting storybook readings in home languages and using visuals to facilitate English comprehension.
- Provider delivers instruction in the home language or in a dual-language model if more than a third of children share the same home language.



## Family Engagement + Leadership<sup>3</sup>

- Provider has written a family engagement policy that stresses partnership and includes ongoing elicitation of family input on programmatic operations, shared decision-making, and opportunities to engage in classroom or school activities and advocacy and leadership opportunities.
- Provider materials use inclusive language to represent the diversity in family structure.
- Family leadership training sessions are led by and for families.
- Provider has a family coordinator tasked with partnering with families to address their needs (e.g., access to job training, establishing a medical home or housing vouchers), elicit input, and coordinate accessible family engagement activities and relationships.
- Provider ensures family-directed materials, like flyers, are available in languages spoken in the home/facility and across literacy levels.
- Provider ensures family engagement activities and meetings are held at a variety of hours to accommodate diverse work and family schedules.



## Professional Learning Opportunities

### All Our Kin

The All Our Kin business training series is an initiative of the Nebraska Early Childhood Collaborative that provides business professional development to family child care providers. **For more information, visit: [nebraskapdg.org/who-we-are/providers/all-our-kin.html](http://nebraskapdg.org/who-we-are/providers/all-our-kin.html).**

### CHIME

Nebraska Extension's CHIME program, Cultivating Healthy Intentional Mindful Educators, supports early childhood professionals' health and well-being, and gives them strategies to promote mindfulness with the children in their care. **For more information, visit: [child.unl.edu/chime](http://child.unl.edu/chime).**

### Getting Ready

The University of Nebraska–Lincoln's Getting Ready program uses an evidence-based family engagement approach to build collaborative parent partnerships and increase school readiness among children who participate in home visitation or center-based early childhood programs. **For more information, visit: [gettingready.unl.edu](http://gettingready.unl.edu).**

### Help Me Grow Nebraska

Help Me Grow Nebraska aims to build a more streamlined and equitable health system for families and children. The statewide initiative connects families to a network of community resources to enhance the health, behavior, learning and development of young children. **For more information, visit: [helpmegrownebraska.org](http://helpmegrownebraska.org).**

### Pyramid Model

The Pyramid Model for Supporting Social-Emotional Competence in Infants and Young Children is a positive behavioral intervention and support framework providers can use to promote young children's social and emotional development and prevent and address challenging behavior. The Nebraska State Pyramid Team collaborates regarding funding, training, technical assistance and evaluation. **For more information, visit: [nebraskachildren.org/who-we-are/staff.html](http://nebraskachildren.org/who-we-are/staff.html).**

## Interested in accreditation?

Accreditation provides recognition for programs that meet identified criteria for quality. Accreditation provides parents and the community with information about what to look for and some assurance that accredited programs can offer their children opportunities to grow and develop to their full potential. Research on early childhood programs consistently shows that high-quality programs have greater benefits for children.

The DHHS Child Care Subsidy program pays a higher rate for nationally accredited programs. Programs accredited through the following accrediting bodies are currently eligible for enhanced subsidy rates:

- American Montessori Society
- Cognia
- Council of Accreditation
- National Association for the Education of Young Children
- National Association for Family Child Care
- National Early Childhood Program Accreditation
- National Lutheran School accreditation

*Previously approved programs not on this list may also apply.*



### ACCREDITATION



**For more information, visit:**  
[www.education.ne.gov/oec/national-early-childhood-program-accreditation](http://www.education.ne.gov/oec/national-early-childhood-program-accreditation)

## Reflective Practice

The Nebraska Center on Reflective Practice provides reflective practice FAN (Facilitated Attuned Interactions) training to providers to promote well-being, resilience, self-awareness and improved interactions with others. **For more information, visit: [nebraskababies.com/ncrp](https://nebraskababies.com/ncrp).**

## Step Up to Quality

Nebraska's Step Up to Quality program supports providers in delivering high-quality care to families and children, including providing access to coaching, professional development, increased rates of child care subsidy reimbursement, incentive bonuses and financial support and grants. **For more information visit: [www.education.ne.gov/stepuptoquality](http://www.education.ne.gov/stepuptoquality).**

**Note:** Licensed providers receiving \$250,000 or more in child care subsidy are required to participate in Step Up to Quality (Neb Rev Stat 71-1957).



## RESOURCES WHEN HELP IS NEEDED

### Parent Assistance Line

As a provider, if you are aware of a parent/caregiver who is isolated or overwhelmed, and you feel the children are sometimes paying the price for that situation, please refer them to the Parent Assistance Line (**1-800-642-9909**) for confidential help.

### Child Care Hotline

For questions about child care resources and training, call the Child Care Hotline at the Early Childhood Training Center (**1-800-89-CHILD**).



### Nebraska Family Helpline

The Nebraska Family Helpline is available 24/7. Call **1-888-866-8660** or visit:

**[dhs.ne.gov/Pages/Nebraska-Family-Helpline.aspx](https://dhs.ne.gov/Pages/Nebraska-Family-Helpline.aspx)**



### 211 Helpline

211 is a one-stop source of information for people in need of assistance, acting as a single point of contact to thousands of social service programs. Call **211** or visit: **[ne211.org](https://ne211.org)**



### 988 Lifeline

The 988 Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones. Call **988** or visit: **[988lifeline.org](https://988lifeline.org)**



## APPENDIX

# letters, forms + links

The Appendix includes the following helpful resources:

- A. Provider Authorization (Sample Form)
- B. Forms and Documents
- C. Provider Training and Professional Development Resources
- D. Glossary of Important Terms
- E. Additional Resources
- F. References



# Provider Authorization (Sample Form)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LINCOLN OFFICE  
1050 "N" ST  
LINCOLN NE 68508

Office Number -  
Worker Name -  
Phone Number -  
Toll Free Number -  
Date of Notice -  
Mail Date -

## PROVIDER AUTHORIZATION Child Care

Telephone:

Provider ID:

On behalf of the client named below, the Department of Health and Human Services authorizes you to provide the service indicated below. This document authorizes you to provide and bill for the listed service in accordance with the units of service, the rate of charge and the authorization period stated. In providing authorized services you accept responsibility and liability for injury to client(s) or damage to clients' property resulting from negligence by you or your employees in the provision of services. All billings must be received by the Department within ninety (90) days of service provision.

---

Case Number:

Telephone:

---

Changes in the parent/caretaker's schedule of 10 or more hours in a week must be reported to the case manager. The case manager must be notified if a child does not attend the child care for three consecutive days.

Authorized Service:

Service Code:

Authorized Clients  
JONES, FRANCIE

Client ID#

Authorization #

Authorized Period:

Authorized Units:

Authorized Rate:

## Forms + Documents



### DHHS Child Care Provider Subsidy Provider Forms

The following forms can be found at:

[dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx](https://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx)

- Attendance Calendars (English & Spanish)
- Child Care Provider Subsidy Enrollment
- In-Home Child Care Self-Certification Checklist
- License-Exempt Family Child Care Home Self-Certification Checklist
- Health and Safety Verification Form
- Relative Exempt Request Form



### Child Care Center Regulations Compliance Review Form

[dhhs.ne.gov/Child%20Care%20Documents/Child%20Care%20Center%20Checklist%20with%20Cover%20Sheet%20CRED-0964.pdf](https://dhhs.ne.gov/Child%20Care%20Documents/Child%20Care%20Center%20Checklist%20with%20Cover%20Sheet%20CRED-0964.pdf)

### Child Care Fingerprint Criminal History Check Application



#### Child Care Subsidy Background Checks

[dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx](https://dhhs.ne.gov/Pages/Child-Care-Subsidy-Background-Checks.aspx)



#### Child Care Licensing

[dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx](https://dhhs.ne.gov/licensure/Pages/Child-Care-Licensing.aspx)



### Child Care Provider Release of Information Felony/Misdemeanor Statement

[dhhs.ne.gov/Child%20Care%20Documents/CCDF%20Background%20Check%20Release%20Form.pdf](https://dhhs.ne.gov/Child%20Care%20Documents/CCDF%20Background%20Check%20Release%20Form.pdf)



### Child Care Subsidy Program Regulations – Title 392, Chapters 1-5

[dhhs.ne.gov/Pages/Title-392.aspx](https://dhhs.ne.gov/Pages/Title-392.aspx)



### Children's Services Licensing Regulations – Title 391, Chapters 1-8

[dhhs.ne.gov/Pages/Title-391.aspx](https://dhhs.ne.gov/Pages/Title-391.aspx)



### Emergency Preparedness Documents + Forms

[dhhs.ne.gov/Pages/Emergency-Preparedness-in-Child-Care.aspx](https://dhhs.ne.gov/Pages/Emergency-Preparedness-in-Child-Care.aspx)



### Title 392 Guidance Document

[dhhs.ne.gov/Guidance%20Docs/Title%20392%20Guidance%20Document.pdf](https://dhhs.ne.gov/Guidance%20Docs/Title%20392%20Guidance%20Document.pdf)

## Provider Training + Professional Development Resources



### All Our Kin

[nebraskapdg.org/who-we-are/providers/all-our-kin.html](http://nebraskapdg.org/who-we-are/providers/all-our-kin.html)



### Prepare to Care

[canvas.education.ne.gov/browse/earlychildhood/courses/prepare-to-care](http://canvas.education.ne.gov/browse/earlychildhood/courses/prepare-to-care)



### CHIME

[child.unl.edu/chime](http://child.unl.edu/chime)



### Pyramid Model

[nebraskachildren.org/who-we-are/staff.html](http://nebraskachildren.org/who-we-are/staff.html)



### Getting Ready

[gettingready.unl.edu](http://gettingready.unl.edu)



### Reflective Practice

[nebraskababies.com/ncrp](http://nebraskababies.com/ncrp)



### Help Me Grow Nebraska

[helpmegrownebraska.org](http://helpmegrownebraska.org)



### Step Up to Quality

[www.education.ne.gov/stepuptoquality](http://www.education.ne.gov/stepuptoquality)



### Power to Protect

[www.education.ne.gov/oec/child-abuse-prevention-training](http://www.education.ne.gov/oec/child-abuse-prevention-training)

## FIND OPPORTUNITIES

Visit these resources to find additional professional development opportunities and to learn more about training requirements.



### DHHS Child Care Training and Development

[dhhs.ne.gov/Pages/Child-Care-Training-and-Development.aspx](http://dhhs.ne.gov/Pages/Child-Care-Training-and-Development.aspx)



### Nebraska Early Childhood Professional Record System

[necprs.ne.gov/training-public](http://necprs.ne.gov/training-public)



### NDE Learning Network

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



### Nebraska Early Childhood Training Center

[www.education.ne.gov/oec/early-childhood-training-center](http://www.education.ne.gov/oec/early-childhood-training-center)



### NDE Online Training Opportunities

[www.education.ne.gov/oec/online-training-opportunities/#1684174309761-fe62184a-3230](http://www.education.ne.gov/oec/online-training-opportunities/#1684174309761-fe62184a-3230)

# Glossary of Important Terms

**Attendance calendar:** Calendar used to accurately reflect the dates on which child care services were provided, as well as the exact number of hours of service provided.

**Authorization "From Date":** Defines the beginning of service for a subsidy family.

**Authorization "Through Date":** Indicates the length in days of service provided beginning with the "from date."

**Authorized Units:** The partial or full day units listed on the Authorization and are for the total time frame of the Authorization period.

**Child Care:** The business of exercising the care and supervision of children age 12 or younger or children age 18 or younger with special needs, for compensation or hire, for part of a day, in lieu of the care or supervision normally exercised by parents/caregivers in their own home.

**Child Care Center:** A facility licensed to provide child care for 13 or more children.

**Family Child Care Home I:** Child care program in the licensee's residence which is licensed to serve at least four but not more than eight children, except that a licensee may be approved to serve up to two additional school-age children during non-school hours if no more than two of the other children in care are under 18 months of age.

**Family Child Care Home II:** Child care program in the licensee's residence or another location which is licensed to serve at least four but not more than 12 children.

**Family Fee:** Monthly portion of the cost of care the parent/caregiver is responsible for paying.

**Full Day:** Billing units used for anything five hours or more charged in a day.

**Homelessness:** Children and youth experience homelessness when they lack a fixed, regular and adequate nighttime residence, as defined by the McKinney-Vento Homeless Assistance Act, Subtitle VII-B.

**In-Home Child Care Provider:** Child care provided to children in their own home.

**Intentional Program Violations:** (A) Made a false statement or misrepresented, concealed or withheld facts for the purpose of receiving or attempting to receive Supplemental Nutrition Assistance Program benefits to which the person or the person's household was not entitled; or (B) Committed an act that constitutes a violation of the Food Stamp Act,

federal or state Supplemental Nutrition Assistance Program regulations, or any state law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking Supplemental Nutrition Assistance Program benefits.

**License-Exempt Provider:** Provider caring for a maximum of six children from one family or three or fewer children from more than one family.

**Partial Day:** Billing units used for anything less than five hours charged in a day.

**Provider Authorization:** Legal document giving you permission to provide service(s) and to bill the DHHS.

**Provider Authorization Update:** Legal document updating the terms of service.

**Provider Notice of Discontinued Service:** Legal document voiding any previous authorization.

**Provider Portal:** DHHS online portal used for managing billing and other transactions.

**Resource Developer (RD):** Staff who are assigned resource development duties and are responsible for resource recruitment, provider approvals and agreements, staff development and training, provider training and public relations.

**Social Services Worker (SWW):** State of Nebraska employee responsible for reviewing Economic Assistance applications and determining eligibility; other responsibilities include collecting, verifying, and updating financial and demographic information.

**Special Needs:** A child is considered to have special needs if their independence, self-sufficiency and safety is dependent on others and requires extra supervision, care or assistance in the child care setting due to the behavioral, emotional or physical conditions outlined in NAC Title 392 1-001.28.

## Additional Resources

### Caring for Our Children, National Health and Safety Performance Standards



[publications.aap.org/aapbooks/book/530/Caring-for-Our-Children-National-Health-and-Safety?autologincheck=redirected](https://publications.aap.org/aapbooks/book/530/Caring-for-Our-Children-National-Health-and-Safety?autologincheck=redirected)

### Center on Social Emotional Foundations of Early Learning



[csefel.vanderbilt.edu](https://csefel.vanderbilt.edu)

### Child Care Essentials: Choosing Quality Child Care in Nebraska



[go.unl.edu/child-care](https://go.unl.edu/child-care)

### Child Safety Restraint Law (Nebraska Department of Transportation)



[dot.nebraska.gov/safety/driving/cps](https://dot.nebraska.gov/safety/driving/cps)

### Child Care Grants



[dhhs.ne.gov/Pages/Child-Care-Grants.aspx](https://dhhs.ne.gov/Pages/Child-Care-Grants.aspx)

### Child Care Resources



[dhhs.ne.gov/Pages/Child-Care-Resources.aspx](https://dhhs.ne.gov/Pages/Child-Care-Resources.aspx)

### Infant Feeding Guide (U.S. Department of Agriculture)



[wicworks.fns.usda.gov/sites/default/files/media/document/infant-feeding-guide.pdf](https://wicworks.fns.usda.gov/sites/default/files/media/document/infant-feeding-guide.pdf)

### Provider Portal



[ecmp.nebraska.gov/DHHS-Claims](https://ecmp.nebraska.gov/DHHS-Claims)

### National Center for Pyramid Model Innovations



[challengingbehavior.org](https://challengingbehavior.org)

### National Resource Center for Health and Safety in Child Care and Early Education



[nrckids.org/CFOC](https://nrckids.org/CFOC)

### Nebraska Children and Families Foundation



[nebraskachildren.org](https://nebraskachildren.org)

## CHILD + ADULT CARE FOOD PROGRAM



### Child + Adult Care Food Program

[www.education.ne.gov/ns/cacfp/](https://www.education.ne.gov/ns/cacfp/)



### Family Day Care Home Sponsors

[www.education.ne.gov/ns/cacfp/family-day-care-home-sponsors/](https://www.education.ne.gov/ns/cacfp/family-day-care-home-sponsors/)



### Sponsor Map – Nebraska Counties

[www.education.ne.gov/ns/forms-resources/sponsormap/](https://www.education.ne.gov/ns/forms-resources/sponsormap/)

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## Contributors

This handbook was developed in collaboration with the following individuals:

### Nebraska Department of Health and Human Services

- Sarah Carnahan
- Rebecca Cromer
- Marie Dutra Gross
- Sonia Hernandez
- Joy Loschen
- Rachael Peterson
- Alyssa Pullen
- Amy Redden
- Samantha Robicheaux
- Kay Smith
- Nicole Vint
- Kari Von Busch

### Nebraska Extension Early Childhood Team

- Cindy Brison
- Lynn DeVries
- Jaci Foged
- Holly Hatton-Bowers
- Erin Kambbell
- Katie Krause
- Ingrid Lindal
- Linda Reddish

### Nebraska Center for Research on Children, Youth, Families & Schools

- Chuck Green
- Dana Ludvik
- Kyleigh Skaggs
- Seth Teager





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