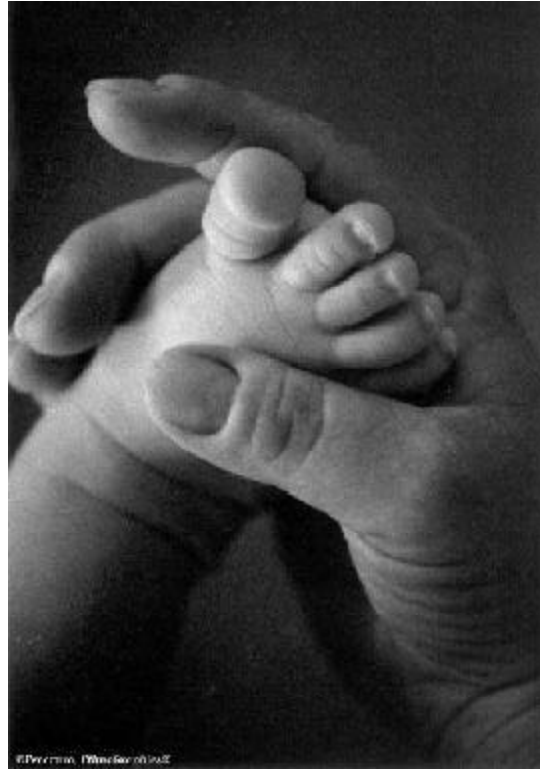


# 2002 Governor's Status Report



## Early Intervention and Early Childhood Care and Education

This report was prepared by the Early Childhood Interagency Coordinating Council

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The report was prepared with the assistance of staff from the  
Nebraska Department of Education and Health and Human Services System



*“Children come into the world eager to learn. The first five years of life are a time of enormous growth of linguistic, conceptual, social, emotional, and motor competence. Right from birth a healthy child is an active participant in that growth, exploring the environment, learning to communicate and, in relatively short order, beginning to construct ideas and theories about how*

*things work in the surrounding world. The pace of learning, however, will depend on whether and to what extent the child’s inclinations to learn encounter and engage supporting environments. There can be no question that the environment in which a child grows up has a powerful impact on how the child develops and what the child learns.”*

*“...care and education cannot be thought of as separate entities in dealing with young children. Adequate care involves providing quality cognitive stimulation, rich language environments, and the facilitation of social, emotional, and motor development. Likewise, adequate education for young children can occur only in the context of good physical care and warm affective relationships. Indeed, research suggests that secure attachment improves social and intellectual competence and the ability to exploit learning opportunities. Neither loving children nor teaching them is, in and of itself, sufficient for optimal development; thinking and feeling work in tandem.”*

*Executive Summary*

*Eager to Learn*

*National Research Council 2000*





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# I. Introduction

This report was developed by the Early Childhood Interagency Coordinating Council (hereafter referred to as ECICC or Council) to illustrate the progress that has been made over the last two years in early intervention and early childhood care and education. This report is required by Nebraska Revised Statutes 43-3402.



## The Early Childhood Interagency Coordinating Council

In 2000, The Early Childhood Interagency Coordinating Council was created by L.B. 1135 (43-3401-3403 R.R.S.) to advise and assist the collaborating agencies in carrying out the provisions of the Early Intervention Act, the Quality Child Care Act, and other early childhood care and education

initiatives under state supervision. The membership and activities of the ECICC must comply with all applicable provisions of federal law. Members of the Council are appointed by the Governor, and shall include, but not be limited to:

1. Parents of children who require early intervention services, early childhood special education, and other early childhood care and education services; and,
2. Representatives of school districts, social services, health and medical services, family child care and center-based early childhood care and education programs, agencies providing training to staff of child care programs, resource and referral agencies, mental health services, developmental disabilities services, educational service units, Head Start, higher education, physicians, the Legislature, business persons, and the collaborating agencies.

A full listing of the membership from September 2000-September 2002 can be found in Appendix D.

## Work of the Early Childhood Interagency Coordinating Council

The Council works diligently to identify opportunities and resources for *quality, integrated* early childhood care and education programs that meet each child's *individual* needs and *maximize* each child's potential. Ultimately, this is a Council that concerns itself with improving the early care and educational services provided to all young children and their families, and assures attention to children with special needs and their families.



## II. What's Working Well In Early Childhood in Nebraska



### A. What is Working Well in Early Childhood Services

#### 1. Co-Lead Administration of the Early Intervention Program

The Governor designated the Nebraska Department of Education (NDE) and Nebraska Department of Health and Human Services (HHS) as co-lead agencies for early intervention service for infants and toddlers with disabilities birth to age three and their families in August of 1991 (IDEA—Individuals with Disabilities Education Act, Part C). The co-leads continue working together in the entire early intervention program to better serve young children with disabilities and their families. The success of the program has been demonstrated through the quality assurance process, which has indicated that families feel the needs of their children are being met and appropriate services are being provided.

#### 2. Services Coordination For Infants/Toddlers with Disabilities

Services coordination continues through HHS for infants and toddlers with disabilities and their families and allows families to access resources and services in a timely manner. The November 2001 Quality Improvement Report for the Early Development Network (EDN) stated, “Family satisfaction is extremely high.” Survey information shows families “value services coordination; that they understand their rights and that in most cases their uniqueness is respected.”

The Center for Children, Families and the Law website, [www.Answers4Families.org](http://www.Answers4Families.org), provides a regular communication mechanism within the services coordination system for finding consistent answers to questions families are likely to pose to services coordinators.

### **3. Transition from Early Intervention to Early Childhood Special Education**

Transition in services from early intervention (ages birth to three) to special education (ages four to five) works well because Nebraska is a birth mandate state, which allows infants and toddlers who are verified with a disability to continue services beyond age three without interruption. Families asked the co-leads to provide services coordination up to age five so that transitions into kindergarten could be smooth. The Nebraska Department of Education initiated three pilot programs to serve children ages 4 and 5. The three planning regions participating in the project, Getting Families Connected, are in Region 3-Rural Omaha, Region 9-Hastings, and Region 13-Scottsbluff. Funding for the project will end in September 2003.

### **4. Public Awareness Efforts for Early Intervention**

The co-leads developed unified information that helped people better understand the early intervention program. Over the last two years a video was developed and distributed, along with informational brochures, pins and developmental wheels. The new name for the early intervention system is the Early Development Network, and the slogan for the public awareness campaign is “Babies Can’t Wait.” All materials were sent to the twenty-nine planning region teams and the ECICC. The co-leads will distribute this information to other groups as requested.

### **5. Nebraska Respite Network**

Nebraska is recognized nationally as one of three states to have implemented a statewide respite system. The Nebraska Respite Network is a coordinated infrastructure that is administered by HHS and contracts with six community organizations across the state. Each has a respite coordinator responsible for the coordination of respite resources within a multi-county area. Each area is responsible for providing information and referral for families regarding available respite services in their area and linking and matching those families with appropriate respite providers. They also actively recruit respite providers to meet the needs of families, especially in the rural areas where it is difficult to find providers. The network is responsible for marketing activities to increase public awareness of respite and for coordinating respite training for

both providers and consumers. While the statewide respite system is in place to serve people of all ages, the Nebraska Respite Network and NDE fund services for infants and toddlers with disabilities to ensure that the needs of those families are met.

## **6. Developmental TIPS**

Developmental TIPS (Tracking Infants Progress Statewide) is a project that maintains a statewide enrollment of infants who have had a neonatal intensive care unit (NICU) experience at any one of seven hospitals across Nebraska. The project provides specialized developmental follow-up for enrolled infants and collects and analyzes health developmental outcome data from these children.

The seven hospitals participating in Developmental TIPS are Alegent Health/Bergan Mercy Hospital, Children's Hospital, Nebraska Health Systems/University Medical Center, and the Creighton University Medical Center, Omaha; Good Samaritan Hospital, Kearney; Saint Elizabeth Regional Medical Center, Lincoln; and the Regional West Medical Center, Scottsbluff. Statewide clinics in five communities have increased accessibility of follow-up for families. Clinic sites include Children's Hospital and the Munroe-Meyer Institute in Omaha, Kearney Clinic, Saint Elizabeth Regional Medical Center, and Wee Ones Developmental Clinic in Scottsbluff. In addition, the Monroe-Meyer Institute operates a traveling clinic in the Norfolk area.

## **7. Early Intervention/Early Childhood Special Education Service Delivery**

The early intervention/early childhood special education service delivery system includes planning region teams, special educators, speech/language pathologists, audiologists, physical therapists, occupational therapists, and parents to develop individual family service plans (IFSP) for young children with disabilities. The November 2001 Quality Improvement Process Report on Nebraska Early Intervention Services indicated that, "satisfaction with the system is high or very high." Most school districts were deemed to "follow the letter and intent of the law to satisfactory and above satisfactory levels. ChildFind efforts are adequate, if not laudable." The major area of concern was related to providing continuous services because there appeared to be some fall off in service throughout the summer months.

## 8. Child Care Licensing

Nebraska requires any individual or agency providing child care to four or more children from different families to be licensed. Licensing regulations focus on minimum standards of health and safety. Fire safety inspections are conducted on all licensed programs.

As of September 30, 2002, Nebraska had licensed 4,367 programs with a total licensed capacity to serve 96,687 children. The types of licensed facilities and their capacity are:

- **Family Child Care Home I (licensed for 4-10 children):**  
A total of 2,652 are licensed in Nebraska with a licensed capacity to serve 26,016 children.
- **Family Child Care Home II (licensed for 11-12 children):**  
A total of 577 are licensed in Nebraska with a total licensed capacity to serve 6,864 children.
- **Child Care Centers (license capacity based on size of the facility and staff):**  
A total of 843 are licensed in Nebraska with a total licensed capacity to serve 57,789 children.
- **Preschools (license capacity based on size of the facility and staff):**  
A total of 295 preschools are licensed in Nebraska with a total licensed capacity to serve 6,018 children.

All licensed programs receive one unannounced inspection each year. Programs licensed for 30 or more children receive two unannounced inspections each year. In FY 2002, 9,999 inspections were conducted on licensed programs and 731 complaints were received.

Providing child care to four or more children from different families without a license is illegal. In FY 2002, 131 complaints were received alleging illegal operation of child care and 240 inspections were conducted to investigate these allegations.

## 9. Child Care Subsidy System

The Nebraska Department of Health and Human Services (HHS) provides financial assistance with child care expenses to families with children 12 years of age or younger, and/or with special needs. Due to budget reductions enacted by the 2002 Nebraska legislature, child care subsidy assistance was reduced effective July 1, 2002. With this reduction the Department instituted two levels of assistance:

Families transitioning from ADC (Aid to Dependent Children) assistance are eligible for up to 24 consecutive months of Child Care Subsidy with income up to 185% of the Federal Poverty Level (FPL). This reinstated a 2-year limit for families transitioning off ADC for receiving the subsidy up to 185% of the FPL. Families beyond the two year period are served at 120% of the FPL with no time limits.

Families who are not transitioning off of ADC are eligible with income up to 120% of the FPL for an unlimited time period. (This was a reduction from the previous 185% FPL guideline for these recipients and return to the 120% FPL guideline used prior to 1998)

Income before any deductions is used to calculate eligibility. Both earned income (e.g., wages) and unearned income (e.g., child support) are counted. The child care subsidy program is funded by the federal Child Care and Development Fund and the state's matching share.

Need for child care subsidy is based on:

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

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

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

All families eligible for child care assistance may select the provider of their choice. However, child care can only be subsidized for the care that is “legal.” In addition, the provider must meet established standards and have an agreement with HHS. Parents can select providers from the following:

- Licensed Family Child Care Home I or II programs
- Licensed Child Care Centers
- License Exempt Family Child Care Home: Care provided to three or fewer children or not more than six children from one family in the providers home.
- In-Home Care: Care provided in the parent’s home (this type of care can only be approved under certain conditions)

An average of 15,218 children received child care through HHS Child Care Subsidy program each month expending \$47,917,063 in FY 2001. In FY 2002 an average of 15,456 children received care through the program each month expending \$49,688,349.

## **10. Rule 11 Approved and in Effect**

Rule 11: Regulations for Early Childhood Education Programs was approved by Governor Johanns on May 8, 2002, and went into effect May 13, 2002. Rule 11 was developed in response to the passage of LB 759, the Early Childhood Act (79-1101-1104 R.R.S.) in the 2001 Legislative Session. It regulates pre-kindergarten programs operated in or through public schools or educational service units (ESUs). Until Rule 11 was promulgated, Nebraska did not apply standards to school-based early childhood programs except for those serving children in categorical programs (e.g., Early Childhood Special Education, Title I, etc.). Rule 11 applies to any program operated by a public school that serves children younger than kindergarten age, including categorical programs. It also contains additional regulations that apply to pre-kindergarten programs funded with state general funds through the Early Childhood Grant Program (Rule 11, Section 005).

On June 7, 2002, the Nebraska Board of Education approved a revised version of Rule 11, which postponed the effective date to July 1, 2004 for two regulations. One regulation requires 12 credit hours for paraprofessionals; the other requires 12 clock hours per week of program availability for children. The revised version was approved by the Governor on August 15, 2002, and went into effect August 20, 2002.

## **11. Early Childhood Programs Receiving Funding through NDE**

Nebraska increased the level of funding to expand the assistance to schools and Educational Service Units for early childhood programs operated under Rule 11 of the Nebraska Department of Education. Funding for 2002 was \$2,330, 200 (increased from \$500,000 per year from 1992-2000). These committed funds support early childhood grants in twenty-eight programs across the state and serve nearly 1,200 children. Funded programs are required to operate in compliance with Rule 11 and must reflect research-based elements of quality early childhood education, family support and development programs that produce strong outcomes for children. Programs funded through the grant program are intended to support the

development of children in the birth to kindergarten age range through the provision of comprehensive center-based programs. In most cases the grant programs expand and/or combine existing pre-kindergarten programs funded through district, federal, or parent fees, including Head Start. Each grantee receives funding for up to one-half of the total operating budget of the early childhood program per year, ranging from \$30,000 to \$50,000 per classroom on a continuing basis, subject to availability of the funds. A public school or an educational service unit is the fiscal agent.

Elements of quality required in a funded program include:

- a strong family involvement/education component recognizing the central role of parents in their children's development and learning;
- well-trained staff and optimum staff and child ratios in programs providing direct services to children;
- developmentally and linguistically appropriate and culturally sensitive curriculum, practices, and assessment;

- sensitivity to the economic and logistical needs and circumstances of families in the provision of services;
- integration of children of diverse social and economic characteristics;
- inclusion of children with disabilities;
- a sound evaluation component;
- continuity with programs in kindergarten and elementary grades;
- procedures to ensure participating children and families have access to comprehensive nutrition, health and social services; and,
- a parent/community advisory group that provides substantive ongoing direction to the program.

Funded programs are expected to:

- build on existing services in the community, including Head Start, early childhood special education, community child care programs, and other district pre-kindergarten initiatives.
- invite the participation of personnel from area private and non-profit early childhood care and education programs in professional development activities, thus influencing the quality of early childhood programs in the community at large.

## **12. Head Start and Early Head Start Services**

Head Start and Early Head Start are federally-funded comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. The programs take into account the integration of social, emotional, cognitive and physical development. The federal funds go directly to the local grantee. In Nebraska there are 17 Head Start grantees, including one migrant Head Start program, three American Indian Head Start programs, and eight Early Head Start Programs. The programs provide services to approximately 5,500 children aged birth–five years and their families.



### **13. Head Start State Collaboration Office**

The Head Start State Collaboration Office (HSSCO), housed at NDE, supports the ongoing development of comprehensive early childhood systems across Nebraska. HSSCO is embarking upon its thirteenth year of operation. Staff continues to be strongly linked to the Nebraska Head Start Association, the Regional Head Start Association and Region VII Administration for Children and Families Office in Kansas City. HSSCO has no regulatory authority over the local programs, but is mandated to provide opportunities to involve local Head Start agencies as a state partner. HSSCO activities support and develop connections among 18 Head Start federal-to-local funded grantees and to existing state systems and agencies that have responsibilities for providing portions of the mandated comprehensive services to preschoolers and their families. These services are targeted particularly to families who are economically disadvantaged, including many immigrant families and English language learners. The HSSCO is required to address priority areas of child care, children with special needs, family literacy, education and professional development, welfare reform, health, community service, and homeless children and family services. A Head Start director is a member of the ECICC, and the director of HSSCO participates as technical assistance staff.



## B. What is Working Well in Early Childhood Professional Development and Training

Professional development includes both preparation and on-going learning by staff, which is important for policy considerations as well as program implementation. Within early childhood/early intervention, the professional development system is complex due to the variety of settings and the multiple roles of staff with varying levels of preparation. Children are being served in homes, centers and other community-based settings—diverse settings that are designed to address the development and learning needs of young children, including those with special needs or disabilities. The staff are caregivers, teachers, administrators and other specialists whose preparation ranges from less than a high school diploma to advanced degrees.

Nebraska has created a system that supports effective professional development across the broad range of professionals in early childhood. The following organizations and initiatives provide examples of the quality professional development practices in Nebraska.

### 1. Early Childhood Training Center

The Early Childhood Training Center, a project of NDE's Office of Early Childhood and Office of Special Populations, provides support and training to staff working with young children (birth through age eight) and their families, and serves as a resource to families about parenting. The Center partners with state and regional agencies to provide workshops, conferences and special events that promote inclusive, quality care and education programs. During the past two years the Center has been engaged in numerous special state initiatives of the NDE and the Nebraska Health and Human Service System (HHSS). The Center developed or coordinated the training and educational activities of many of the professional development initiatives funded through the federal Child Care and Development Fund, IDEA, and ESEA (Elementary and Secondary Education Act), and coordinates training for the Early Development Network through state level events and workshops arranged for the local early intervention planning teams. The Center also arranges training and technical assistance for NDE's state-funded early childhood projects, Even Start projects and special events funded through the Head

Start State Collaboration Office. Of recent note is the receipt of a grant from the U.S. Department of Education's Early Childhood Professional Development in Early Literacy program. It is being implemented to support early literacy understanding, with special focus in six Nebraska communities of high poverty or second language learners. The Center has also partnered with HHS to promote Healthy Child Care Nebraska through training of child care health consultants. The Center provides staffing for the planning, early organization and on-going monitoring of T.E.A.C.H. Early Childhood® NEBRASKA, a scholarship/wage enhancement initiative. On-site training and consultation is also available on a fee for service basis.

In addition to training activities, the ECTC maintains a large multimedia collection as a free-loan resource to Nebraskans who work with and raise young children, as well as a toll-free line, publications, a statewide calendar of training events and mailings, which are used to reach early childhood staff throughout the state. An extensive website is intended as a "first-stop" connection to information of local, state, regional and national interest across the broad range of topics of child development, curriculum and instruction and early childhood policy.

Website: [www.esu3.org/ectc/ECTChomepage.html](http://www.esu3.org/ectc/ECTChomepage.html)

## **2. Regional Training Coalitions**

Fourteen regional training coalitions work with the NDE's Office of Early Childhood and the Early Childhood Training Center to create and coordinate training opportunities at the local level. Local partnerships are organized to build an effective, coordinated system for preparing, supporting and recognizing the early childhood care and education workforce in order to provide high quality programs for young children and their families.

The training partnerships annually assess training needs, organize and advertise training for local staff, enhance visibility of quality, inclusive early childhood programs and support the collaborative promotion of early childhood as designated in the *Nebraska Framework for Early Childhood Professional Development*. A recently announced pilot in two of the regions will enhance the efforts of these coalitions and expand the availability of multi-disciplinary activity to encourage a fully integrated early childhood system

locally and regionally. Particular emphasis will be given to the collaborative work between the coalitions and the local early intervention planning region teams.

Website: [www.nde.state.ne.us/ECH/ESU/mapesu.html](http://www.nde.state.ne.us/ECH/ESU/mapesu.html)

### **3. Early Childhood Conferences**

Several annual state and regional early childhood conferences offer professional development opportunities to early childhood staff. The largest, Early Childhood Connections, has reached attendance exceeding 700. This collaborative event is cosponsored by nearly a dozen organizations and agencies “to promote and enhance a comprehensive understanding of the entire field of early childhood care and education.”

Nearly twenty regional child care/early education conferences are offered throughout the year, with special emphasis placed on topics of interest to caregivers and teachers in home and center-based programs. These events are planned in partnership with the early childhood regional training coalitions, local cooperative extension office, and others. They are intended to elevate understanding and practice to achieve quality care and learning experiences for children.

### **4. HeadsUP! Reading**

The Head Start State Collaboration Office, in partnership with the Early Childhood Training Center, has completed two years of the HeadsUp! Reading initiative across Nebraska. The third year of planning of this professional development opportunity in early literacy is well underway. HeadsUp! Reading is a unique distance-learning course that is broadcast via EchoStar satellite network to approximately 40 sites across the state. To date, over 800 early childhood professionals have participated in the course with over 350 of them accessing the course for college credit. An initiative of the National Head Start Association, the HeadsUp! Network provides the programming in collaboration with RISE Learning Solutions, Cincinnati, Ohio, and the Council for Professional Recognition. Nebraska has been one of the lead partnering states to offer this professional development/college course. Twelve of Nebraska’s institutions of higher education provide credit for the course. With the coordination and support of the early childhood regional training

coalitions, HeadsUp! Reading has assisted in establishing authentic learning communities that include child care providers, Head Start teachers, parents, elementary school teachers and administrators.

## **5. SpecialCare Training**

Nebraska introduced SpecialCare training across the state in 2000. SpecialCare training is based on the philosophy that all children have the right to participate in developmentally appropriate activities within inclusive and natural community settings. SpecialCare is a resource for training childcare providers to help them care for children with disabilities in inclusive childcare settings. The training increases the number of trained caregivers for children with disabilities; thus reducing one of the largest barriers to providing services in natural and least restrictive environments. During the initial trainings, 15 people were identified as SpecialCare trainers, with the goal that training would be made available across the state. Planning region teams and regional training coalitions are responsible for scheduling SpecialCare Trainings across the state.

## **6. Personal Development Facilitator Institute**

The purpose of the Personal Development Facilitator Institute (PDFI) is to support the delivery of services in natural and least restrictive environments by assisting teams of recognized leaders from across the state to function as personal development facilitators. By October 2002, all 29 planning regions had sent teams to one of these institutes, where they were trained in this systems change model that moves beyond isolated training workshops to create a comprehensive, statewide system for regional small group learning and ongoing, individualized coaching of newly learned skills and information.

Regional meetings are being scheduled across the state to bring together not only the PDFI teams, but also services coordinators, administrators and other related services providers to provide the next level of training and support. These meetings will also ensure that the implementation of this model goes smoothly, and that the State PDFI team is aware of the ongoing efforts across the state.

## 7. Higher Education Initiatives

**New Teaching Endorsements:** In 2002-03, two new complementary teaching endorsements were offered under NDE Rule 24. The two new endorsements are the Early Childhood Education Unified undergraduate teaching endorsement, and the Early Childhood Special Education (ECSE) graduate endorsement.

Practitioners with the new Unified endorsement will be prepared to teach young children from birth through grade three with a diverse range of abilities in inclusive settings, and to support families in developmentally appropriate care and education for all young children. The University of Nebraska-Lincoln (UNL) and Chadron State College began offering the Unified undergraduate endorsement program in Fall 2002. It is expected to be offered at the University of Nebraska at Kearney (UNK) beginning in Fall 2003.

The graduate ECSE endorsement is designed for further specialization to prepare personnel to consult and collaborate with early childhood teachers working with all young children in inclusive settings. It is offered at UNL.

**Supporting Change & Reform in Interdisciplinary Pre-service Training (SCRIPT):** In 1997, Nebraska was selected as a state to participate in SCRIPT (Supporting Change & Reform in Interdisciplinary Pre-service Training), a 3-year federally-funded project for early childhood/early intervention personnel preparation through the University of North Carolina – Chapel Hill. The goal of SCRIPT is to prepare entry-level personnel across disciplines to serve young children with disabilities and their families in inclusive community and school settings.

Building on the success of the original SCRIPT grant, Nebraska began a state initiative in 1999 to award grants to colleges and universities using funds from IDEA Part B (Section 619) and Part C to support early childhood, interdisciplinary personnel preparation. Awards are targeted as capacity-building grants to higher education, and must be responsive to a Request for Proposals issued by the Nebraska Department of Education.

Focus of the funded projects includes:

- Development and implementation of undergraduate Unified Early Childhood Education teacher certification programs in collaboration with community colleges and practitioners (Chadron State College, UNK and UNL).
  - Distance-delivery of coursework in family-centered services and medically-fragile infants and toddlers for interdisciplinary audiences with parents as co-instructors (UNL).
  - Preparation of allied health personnel (nursing, medicine, occupational therapy and physical therapy) in early intervention/early childhood through interactive problem-based learning (University of Nebraska Medical Center—UNMC).

**Natural Allies Project:** In April 2002 Nebraska was selected as one of four new states to participate in the Natural Allies Project operated through the University of North Carolina. The project is designed to enhance the preparation of community college students to work with infants, toddlers, and young children (ages birth to five) of diverse abilities and their families.

Nebraska's priorities for change are: 1) to increase the number of diverse, quality practica experiences for early childhood students; and 2) to develop early childhood competencies that support articulation and collaboration across settings and disciplines. The project will include:

- A statewide planning process to identify priorities for enhancing early childhood teacher preparation programs at community colleges.
- Instructional resources and educational experiences.
- Development of state and individual plans for improving the quality of community college preparation.

## **8. T.E.A.C.H. Early Childhood® NEBRASKA**

Nebraska initiated the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® NEBRASKA scholarship program in January 2002. The program was identified as one of the most promising ways to improve the quality of early childhood care and education. The program improves quality

by increasing the education of early childhood caregivers and educators, reducing the turnover rates for those teachers receiving scholarships, and improving the compensation of those teachers working toward a college education.

T.E.A.C.H. Early Childhood® NEBRASKA provides scholarships to early childhood caregivers and educators across Nebraska. Each scholarship pays for a large portion of the costs of tuition, books, a small travel stipend, release time for attending class or studying, and a bonus when a student has completed between 9-12 semester credit hours or 12-18 quarter credit hours at a community college in early childhood education. The scholarship recipients and the sponsoring early childhood center (if applicable) also contribute to the cost for their education. In return for the scholarships each recipient agrees to stay at their center for one year after completion of their year of study.

Since January of 2002, over 100 scholarships have been awarded to early childhood caregivers and educators across Nebraska.



# III. Refinements Needed in Early Childhood in Nebraska

## A. Refinements Needed in Early Childhood Services

### 1. Need to increase service delivery in natural and inclusive environments.



Providing services in natural and inclusive environments means:

- assisting families to provide teaching and learning opportunities for their child within the activities, routines, and events of their everyday life;
- supporting learning opportunities where and when the child uses the skills such as during meals, travel, getting dressed, etc; and,
- increasing the opportunities for ALL children to learn, play and interact, together.

According to Part C of the Individuals with Disabilities Education Act, early intervention services must be provided in natural environments to the maximum extent appropriate, including home and community settings in which children without disabilities participate. Services can only be provided in a setting other than a natural environment when early intervention cannot be achieved satisfactorily in a natural environment.

The percentage of children being served in natural environments continues to improve in Nebraska. Currently approximately 78% of infants and toddlers with disabilities are served in natural environments. Nebraska needs to continue to work toward providing services and care in natural environments to all children with disabilities and their families.

### 2. Need to increase the availability of child care for children with special needs.

Reports from families to the co-lead agencies indicate that families continue to struggle to access quality child care for their children with special needs. Finding child care is most critical for children who are medically fragile, or who have “low incidence” disabilities, such as vision, hearing, autism or serious

behavioral health or mental retardation concerns. Many times, this care has been provided in segregated settings. With the mandate to serve these children in natural or least restrictive environments, training must continue to be a priority. Even though there has been some training and technical assistance in this area, there is still a need to provide assistance for the kind of support that is necessary to provide both appropriate respite and child care for young children with disabilities.

### **3. Need additional early childhood respite care providers in rural areas.**

Parents in rural areas have indicated to the ECICC members that accessing respite services in rural areas can be a problem at times. The November 2001 Quality Improvement Process Report indicated that respite opportunities continue to be a gap in the service system. While the statewide respite system is in place to serve the people of all ages, the Nebraska Respite Network understands the importance of working closely with those serving early childhood populations across Nebraska. The Early Development Network (EDN) plays an instrumental role by helping to identify the respite needs of the families they serve, so that the respite network's recruiting efforts can be more targeted toward providers that will serve those populations and enhance respite services for children with disabilities and their families.

To meet the demand, HHSS has increased the number of respite slots available to serve children under the age of 19 through the Lifespan Respite Program. There continue to be respite days available and anyone who needs respite can access services through the six respite coordinators located in the HHSS service areas by calling 866-737-7483.

### **4. Need to provide easier access to information for parents about the availability of services to children and families.**

Members of the ECICC have heard from parents in several areas of the state that they continue to have problems finding a single place to get information about services, disabilities, and support resources for families with young children. Many express concerns that there doesn't seem to be one place to get the information, and that the information varies based upon the knowledge and expertise of the person on the phone.

To help alleviate this need, [www.Answers4Families.org](http://www.Answers4Families.org) provides information, dialogue, education and support to families of children with disabilities and early intervention programs, as well as others across Nebraska. The website is a project of the Center on Children, Families, and the Law at the University of Nebraska in Lincoln and is supported by funding from the Nebraska Health and Human Services System: Aging and Disability Services, the Office of Protection and Safety, and the Office of Family Health; and the Nebraska Department of Education - Early Development Network. The website also provides support information for families dealing with an aging parent.

Omaha is piloting information on the “211” system, which parents in Omaha can call to access information on all types of educational and human services. It is similar to the “411” for directory assistance, and “911” for emergency assistance. People interested in “211” will examine whether the implementation of “211” has been successful.

#### **5. Need to increase the availability of tele-health services.**

Tele-health services allow medical specialists and other health professional specialists to consult with health professionals and others about a specific case via satellite telecommunications. Nebraska has worked to develop this capacity for a long time. The need to make health specialty expertise available to communities across Nebraska continues to be great. Tele-health services statewide could quickly solve the professional shortage in rural areas if the broadband capacity could be increased and the delivery mechanism improved. However, increasing the broadband capacity is a costly item for the state budget. The Co-leads continue to work on this issue.

#### **6. Need to increase mental health services for young children.**

Nebraska’s Early Childhood Mental Health Workgroup, in a recently released report “Early Childhood Mental Health: A Report to Nebraska”, calls upon all Nebraskans to focus attention on the healthy development of children beginning in the earliest years of infancy. This is the time that emotional wellness is fostered through secure, warm relationships with parents and other caregivers, resulting in healthy development and later school success. The report urges that “keen attention must be given to early signs of distress and behavioral problems” and the “appropriate and early intervention strategies

become critical to prevent a lifetime of increasingly complex and intense problems.”

The report offers five recommended goals that address 1) comprehensive, integrated and family-centered service delivery and quality assurance, 2) a family network of support; 3) education and training for professionals, parents and the community at large; 4) public awareness; and 5) funding for this integrated and family-centered system of care.

Three of the goals of Nebraska’s Early Childhood Mental Health Report were allocated \$250,000 for support . The funding will support grants based upon a Request for Proposals for early childhood mental health services. Other efforts supported by the funding are a public awareness effort that addresses early childhood mental health, and training that addresses mental health issues in young children.

Website: [www.esu3.org/ectc/partnerships/ecmh.htm](http://www.esu3.org/ectc/partnerships/ecmh.htm)

## **7. Need to improve quality through child care licensing and child care subsidy systems.**

“Among providers caring for children receiving subsidies, in some sectors the quality was lower when providers cared for larger portions of children receiving subsidies.” *Midwest Child Care Research Consortium- Child Care Characteristics and Quality in Nebraska-June 2002*

Nebraska child care licensing standards are designed to meet minimum health and safety requirements. The child care resource specialists regularly visit all licensed child care programs in the state and investigate any complaints. Child care licensing staff encourage licensed child care providers to exceed minimum standards and improve the quality of care. Barriers to improving the quality of care are typically attributed to the need for more resources for staffing, training/education and equipment.

The state does have some incentives in the subsidy system to improve upon the quality of care. For example, HHS reimburses at the 90<sup>th</sup> percentile for child care providers who are accredited with one of three accrediting bodies: the National Association for the Education of Young Children, the National

Family Child Care Association, and the National School Age Care Alliance. Programs not accredited are reimbursed at a lower percentile of the market rate survey.

The Child Care and Development Funds (CCDF) are expended to enhance quality care for children. Funding priorities to improve quality must balance the number of children who need to be served with the quality factors that can be impacted through the existing dollars. Ongoing exploration of new strategies is needed to constantly improve quality of care within this tenuous balance.

#### **8. Need to increase the availability of infant/toddler care.**

*Omaha EQUIP 2000* (Education Quality Improvement Project), a survey of child care centers in Omaha, indicated that child care centers had 588 infants and 761 toddlers enrolled in their programs. Centers also had waiting lists of 488 infants and 240 toddlers who needed child care. During the summer of 2001, Columbus completed the Child Care Counts Report. The report surveyed 50% of the family child care homes and all of the child care centers in Columbus. At the time of the survey 59 families had infants on the waiting list for care in this one community. Over 30% of the providers in the survey did not take infants.

Although the Omaha and Columbus surveys provide a snapshot of just two communities in Nebraska, they reflect a trend across Nebraska. Infant/toddler care continues to be less available to families than care for preschool and school-aged children. Early Head Start initiatives are one strategy to increase availability of care to Nebraska's youngest citizens, but more is needed.

#### **9. Need to encourage pre-literacy skills in young children in more early childhood programs.**

“In Nebraska, the child care literacy environments are substandard. The vast majority of programs, whether family daycare or center-based, were judged to be minimal or below minimal quality in providing books and reading materials, promoting language and reasoning, displaying pictures or children's work in a way that promotes conversation, and working towards cultural awareness.” *Midwest Child Care Research Consortium-Child Care Characteristics and Quality in Nebraska-June 2002*

Although Nebraska has provided several initiatives to improve early childhood teachers' understanding of early language and literacy development for young children, there is still work to be done in this regard. To support this effort, HeadsUp! Reading and Read For Joy help early childhood providers understand key elements of early literacy development. The Nebraska Early Language and Literacy Learning Connection (NELLLC) program, funded by the US Department of Education, is piloting more intensive help to four focus communities around early language and literacy development. The findings from this project may help inform other work across Nebraska for early childhood teachers.

#### **10. Need to reduce the high turnover rates among child care teachers.**

*Omaha EQUIP 2000* showed that turnover rates for early childhood teachers continue to be high. The average turnover rates for early childhood teachers were:

· Lead Teachers	28.5%
· Teachers	37.1%
· Assistant Teacher	57.3%

This means that some child care centers across the state have to replace one half of their staff every year. The constant changes in caregivers and educators for young children can be disruptive to brain development and social and emotional development.

There are many factors that play into this high turnover rate. They include low wages, long hours, few benefits, and few educational prerequisites to the work so staff feel overwhelmed in doing the work.

The T.E.A.C.H. Early Childhood® NEBRASKA program is one effort that has been introduced to slow turnover rates by supporting participation in college courses around early childhood education in exchange for a commitment to continued employment with the sponsoring early childhood program.

Outcomes from the T.E.A.C.H. Early Childhood® NEBRASKA program will provide data to determine if turnover rates are reduced in the programs where staff are participating. Turnover rates have been reduced in other states where T.E.A.C.H. Early Childhood® has been implemented.

## **11. Need to examine the current policy of basing child care reimbursement on daily attendance rather than enrollment.**

Early childhood programs have requested that Nebraska consider switching their subsidy reimbursements from daily attendance to enrollment. Child care subsidy reimbursements are currently based on daily attendance for children. The most common practice in the private pay sector is to reimburse by enrollment. The difference in payment between the private pay sector and the public subsidy system results in significant variances for early childhood program budgets. There are compelling arguments on each side of this policy decision, and any changes considered must be weighed against all the competing demands for limited dollars.

## **B. Refinements Needed in Early Childhood Professional Development and Training**

### **1. Need additional training for child care providers on serving children with disabilities.**

SpecialCare training is just beginning to prepare early childhood providers with information about caring for young children with disabilities. Many providers feel ill prepared to meet the basic health and educational needs of young children with disabilities. Opportunities for training early childhood teachers/caregivers to work in partnership with special education professionals will help advance Nebraska's ability to serve children with disabilities in natural and inclusive settings. Exploration of other levels of training for expanding people's knowledge, skills, and comfort in serving young children with disabilities is needed.

### **2. Need additional training on low incidence disabilities.**

The New Born Hearing Screening Program was designed to identify infants, assure appropriate interventions, and collect information on the incidence of hearing loss in infants born in Nebraska. The goal is screening for no less than 95% of newborns in Nebraska by December 1, 2003. As part of the newborn screening, a task force from the deaf and hard of hearing regional sites and early intervention met with representatives from Boys Town National Research Hospital to explore training for services coordinators and providers

throughout the state. A week long summer institute was held in Omaha in June 2002 and will continue next year so that providers and services coordinators will have better skills to work with infants and toddlers with a hearing loss.

Similar programs are needed for other low-incidence disabilities, such as vision, autism, and severe mental and behavioral disorders.

### **3. Need to increase the educational prerequisites for early childhood professionals.**

In general, when appropriate information is made available to early childhood professionals, the likelihood that children will receive quality care increases. Additional education also enhances earning opportunities for these early care and education professionals. The T.E.A.C.H. Early Childhood® project is one example of a strategy aimed at increasing opportunities for early childhood caregivers to earn an associate degree in early childhood education.

Participation in this relatively new initiative is entirely voluntary. A limited number of scholarships are available to eligible applicants. The Midwest Child Care Research Consortium also recommended that Nebraska embed CDA (Child Development Associate, a nationally defined course of study and credential for early childhood professionals) training in the two-year programs to ensure more rigorous preparation.

States that have been successful in raising educational prerequisites for child care staff have invested CCDF quality funds in a variety of initiatives to improve the accessibility and availability of training for direct care staff and directors. These efforts have led to the hiring of staff with more education and training and their retention as directors and teachers in child care/preschool settings.

### **4. Need more consistency in the quality of child care professional development programs.**

The Midwest Child Care Research Consortium Study shows that there is great variation in the quality of training early childhood professionals receive across Nebraska. The most promise for lasting results from continuing education



occurred when in-person training took place. This is useful information in channeling Nebraska's continuing education efforts.

The continuing education requirements for licensed child care programs in Nebraska allow for review of videos, reading early childhood educational packets, home study, workshops, child care conferences, and college courses. Strategies to increase the percentage of continuing education hours from in-person training might need to be considered.

Continuing education efforts need to target information and educational materials for all types of early childhood care and education providers, including family child care homes, child care centers, head start programs, preschools, and school-based preschool programs.



## IV. What Needs Improvement to Address Gaps, Barriers, and Concerns in Nebraska

### A. What Needs Improvement To Address Gaps, Barriers and Concerns In Early Childhood Services

#### **1. Need to increase the number of dentists serving Medicaid participants.**

The Medicaid division of the Health and Human Services System reports that 752 dentists across Nebraska are active participants in the Medicaid program; yet, parents of young children with disabilities have indicated that they are having trouble accessing dental care for Medicaid. The problem can be that although dentists are actively participating, they might not be accepting new cases. In addition, there appears to be areas of the state where a limited number of dentists accept Medicaid.

#### **2. Need to increase the capacity of programs to respond to cultural and linguistic diversity of young children and their families.**

The racial/ethnic diversity of young children and their families in Nebraska continues to change. The increase in the number of Spanish speaking families, refugees and immigrants from Africa, Central America, Southeast Asia, and the Middle East all place new demands on service providers who strive to serve the children in their care. Challenges include becoming more familiar with cultural traditions, the need for bilingual staff and/or translators, and the ability to create a learning environment where children feel comfortable and can thrive. The projected changes in Nebraska's demographics indicate these needs will only increase and service providers will need even more capacity to respond to cultural and linguistic diversity of young children and their families.

### **3. Need to develop a mechanism to track the service professional gap in rural areas.**

There have been indications from families with young children with disabilities that there is a shortage of service providers in some rural areas of Nebraska. Concerns are expressed about accessing physical therapy, occupational therapy, speech/language pathologists, and audiologists. Parents have reported having to travel 2 hours or more to get to appointments for care. Currently, there is no mechanism in Nebraska to track the distribution of professionals across the state to determine if the shortage is at a level that requires some incentives or specific strategies to encourage professionals to locate in rural areas. A mechanism is needed to locate providers geographically across Nebraska in order to assess the capacity to meet the needs of young children and their families.

### **4. Need to continue to focus on a family-friendly professional service system.**

Parents have written to the Early Childhood Interagency Coordinating Council indicating that there continues to be occasions when parents of children with disabilities do not feel they are being treated respectfully in meetings or correspondence with staff. The November 2001 Quality Improvement Process Report for the Early Development Network indicated that families' satisfaction with services coordination was very high. However, parents also indicated that they are sometimes unclear about their role in Individual Family Service Plan (IFSP) meetings; that meetings with multiple providers can be overwhelming, and that use of technical jargon may intimidate some parents. Parents in one region in particular felt that the program was more "child-centered" and was not particularly responsive to parents' needs.

Orientation and professional development systems for all professionals working in all early childhood programs need to include specific information about working respectfully with families, encouraging parents' active involvement in the service plans and service delivery, and respecting the many demands that families juggle in trying to help their children grow and develop. Nebraska has had excellent examples utilizing parents as trainers and educators to help providers understand the importance of engaging

effectively with families. More opportunities are needed to utilize parents as trainers and experts in developing best practice for care and education of young children.

#### **5. Need to develop consistent transportation regulations for young children across agencies.**

Transportation regulations for young children are inconsistent across agencies. Many Head Start programs provide transportation via school buses as required by National Highway Transportation and Safety Administration (NHTSA). Head Start programs using federal funds to acquire vehicles must use those funds to purchase school buses. The national standards do not, however, necessarily complement the state pupil transportation regulations. Head Start programs that are directly linked with school districts provide transportation under the auspices of the pupil transportation regulations. Head Start programs that choose to provide transportation to children and are not directly linked to school districts must follow the NHTSA regulations. NHTSA regulations are more stringent than state pupil transportation regulations. One additional complicating factor is that licensed child care programs via Health and Human Services System have no regulations for transportation. Many child care programs provide transportation to young children, and in some cases the staff-to-child ratio is literally the driver to well over 8 young children. Although child passenger restraint regulations are in place in Nebraska for all vehicles, this does not ensure the entire safety issues of children in licensed child care vehicles. Many Head Start programs have formal contracts with licensed child care providers to expand their part-day/part-year services to full-day/full-year. The transportation and safety inconsistencies among school, Head Start, and licensed child care regulations are having an impact on the capacity of programs for young children and agencies to effectively engage in partnerships. The ECICC committee on Gaps and Barriers may address the transportation issues but will need support from state policy makers to consider the broad scope and nature in this regard.

#### **6. Need to implement business and community incentives for child care.**

In June of 1999, Governor Johanns established the Business Council on Child Care Financing. Their mission was “to examine child care issues from a

business perspective and recommend ways to improve access to...and financing for...quality early childhood care and education.” Building on their recommendations, LB 433 in 2001 gave businesses providing child care services to employees a nonrefundable credit against their taxes equal to 30% of costs incurred in providing the service. LB 433 became operative for taxable years beginning on or after Jan. 1, 2001 under the Internal Revenue code. However, in the First Special session of 2002, the operative date was postponed until 2003.

## **7. Need parents to have access to information on licensed child care programs and indicators for quality care and education.**

HHSS currently provides information on their website that includes Nebraska’s child care licensing regulations, a page to assist parents in selecting a child care setting for children, and some possible questions to ask child care providers when interviewing them as a potential care provider. The information makes clear that a child care license only reflects that the center has been inspected for meeting minimum health and safety standards. The HHSS web site provides parents with information on licensing regulations and a procedure to request copies of compliance reports on licensed child care programs. Per state statute, parents need to pay for copying costs for any compliance reports that exceed 10 pages.

Parents need information on licensed child care programs and facilities that is easily accessible on the web, including information on substantiated complaints against a licensed program. It would be helpful if parents could review compliance reports on a program for the previous year.

National accreditation standards are established for family child care homes, child care centers, and school-age care programs. The HHSS websites do not currently help parents understand what national accreditation means, what national standards of quality are, and how to identify degrees of quality in child care providers. Clearer information on what quality child care looks like would be more helpful to parents. Parents need to know if a licensed program has achieved national accreditation to better determine if the program has met nationally determined measures of quality.

NDE provides support to help early childhood programs achieve national accreditation. Funding comes from the quality portion of the Child Care Development Fund. The Project gives center-, home-, and school-based early childhood care and education programs the opportunity to apply for funds to help with the costs of national accreditation. Achieving national accreditation provides the opportunity for care education programs to show parents and community that their setting offers children greater opportunity to grow and develop to their highest capacity.

## **8. Need to increase child care wages.**

*Omaha EQUIP 2000*, a survey of child care centers and family child care homes, found that the average wages for a child care center teacher was \$7.45 per hour; assistant teachers averaged \$6.96 per hour. The Midwest Child Care Research Consortium indicates the average child care provider in Nebraska is making \$7.06 per hour. In their study of the four-states in Region VII, the Midwest Child Care Research Consortium found a relationship between provider earnings and quality in center-based care; this was found to be most true for infant/toddler providers. They also saw an overall relationship between wages and observed quality that was strongest for infant/toddler center based care. There was a positive relationship between receiving key benefits and observed center-based quality. For these reasons Nebraska needs to continue to pay attention to wages and benefits for the early care and education work force.

In an attempt to address the issue of retention, Nebraska has launched the T.E.A.C.H. Early Childhood® NEBRASKA initiative. T.E.A.C.H. Early Childhood® provides scholarships to teachers, family child care home providers, directors, and assistant directors of early care and education programs. Once the scholarship recipient has completed the credit hours, he or she receives a bonus or raise. In return the recipient agrees to continue employment for a 12-month period, ensuring stability in the early childhood program.

The desire to improve upon compensation to child care workers continues to be a challenge for policy makers in the state. Living wages and access to benefits show a positive relationship to quality of early care and education for children and will continue to be a focus of attention.

## **9. Need to establish more incentives in the state subsidy system to improve the quality of care.**

The state does have some incentives in the subsidy system to improve upon the quality of care. For example, HHS reimburses at the 90<sup>th</sup> percentile for child care providers who are accredited with one of three accrediting bodies: the National Association for the Education of Young Children, the National Family Child Care Association, and the National School Age Care Alliance. Programs not accredited are reimbursed at a lower percentile of the market rate survey.

Additional incentives to promote quality care in those programs receiving subsidy payments need to be explored.

## **10. Need to address the shortage of nurses.**

Nebraska is experiencing a shortage of nurses to serve all ages across the state. Care for some children with special needs is being provided in acute care hospitals and skilled nursing facilities. There is a great need for nurses to provide care to children with medically complex needs. Young children with disabilities are being served in nursing homes or hospitals due to the lack of availability for in-home health care.

## **11. Need to identify a medical home for all young children.**

A medical home is needed for medical care of infants, children and adolescents to assure that medical care is accessible, continuous, comprehensive, family centered, coordinated, compassionate and culturally effective. A well-trained physician who provides primary care and helps to manage and facilitate all aspects of childhood medical care should direct it. The physician would develop an on-going mutual responsibility and trust with the family in contrast to sporadic care provided through emergency departments, walk-in clinics and other urgent-care facilities. Though sometimes necessary, these facilities are often more costly in the long run and are less effective. Creating a medical home for children with special health care needs is a concept that provides medical care in a more holistic manner in the context of the family. Medical home training includes training of services coordination staff, physicians,

physician assistants, nurse practitioners, school nurses and families—virtually all who work with children with special needs.

Nebraska providers had an opportunity to learn more about this concept at a conference on November 8, 2002, at the Crowne Plaza in Omaha. The conference, entitled “Early Childhood Intervention: Role of Healthcare Provider and Educator” was designed for all the above groups including services coordinators for the Early Development Network, home and community based Medicaid Waiver and Medically Handicapped Children’s Program. Information about autism, newborn metabolic and newborn hearing screening was also included.

## **B. Improvements Needed to Address Gaps, Barriers and Concerns in Early Childhood Professional Development and Training**

### **1. Need additional training and cross training to serve all children ages birth to five.**

There have been many different professional development initiatives described in the preceding pages. Many are early in their development and their impact has yet to be realized across the system of early childhood care and education. Perhaps the greatest challenge in continuing to improve the professional development system is to develop the cross training between the early intervention system and the early childhood care and education system. The effectiveness of natural and inclusive environments where all children can be served cannot be realized until both systems become comfortable working in partnership with each other to improve the lives and education of young children. Part of the challenge will be to move away from using jargon and interventions that only one professional system understands and move toward learning to speak in a language that all providers and families can understand. Within the early childhood care and education delivery system there are many people with little to no formal education and lots of real life experience as well as many people with advanced educational degrees. Bringing these worlds together is a challenge that has to be realized in order to improve the lives of young children.



## **2. Need to encourage directors of child care centers to hold a degree in early childhood education.**

Nebraska is fortunate that many child care centers choose to have directors who have completed formal education in early childhood education. *Omaha EQUIP 2000* indicated that 65% of the centers responding had a director with a BA/BS or higher degree, 10.7% of the family child care homes had a person with a BA/BS degree operating the programs. The 2001 Columbus Child Care Counts Survey indicated that 15% of family child care home providers had an associate's degree, and that 22% of the child care center directors had an associate's degree and 44% had a bachelor's degree.

Currently Nebraska does not require directors of child care centers or family child care homes to complete formal education. Nationally, there are efforts to increase the educational requirements for directors, since there is significant research indicating that the higher the education of the staff, the higher the quality of care. Nebraska will need to consider what qualifications it wants in the leadership of its early childhood care and education programs as it considers ways to impact the quality of care provided to young children.

## **3. Need to maintain strong personnel preparation programs as SCRIPT funding ends.**

The SCRIPT Project has provided a unique opportunity for Nebraska higher education institutions to focus on curriculum planning to develop educational programs that better prepare early childhood personnel to serve all young children. SCRIPT is intended to assure cross-disciplinary preparation, which integrates the knowledge and skills needed to teach in inclusive programs serving all children, including young children with disabilities and their families. An outcome of SCRIPT is the development and implementation of the Early Childhood Unified endorsement. The first institution to offer this endorsement option began in Fall 2002, with others scheduled to begin in 2003. It will be some time before students in these higher education programs graduate and impact practices in the early childhood field.

With SCRIPT ending as a funded project, there are concerns that the interdisciplinary work of faculty will not have the support needed to continue in this effort. NDE is committed to providing some follow-up support through

professional development opportunities and through seeking higher education participation in the development of core knowledge and competencies for personnel preparation across early childhood programs and settings.

In addition, NDE has been awarded a Natural Allies grant to support 2-year institutions in developing interdisciplinary curriculum in early childhood personnel preparation programs to assure that students are prepared to work with children with disabilities and their families in inclusive, family-centered child care and early childhood programs. Just as SCRIPT grants were awarded to 4-year institutions to work collaboratively with 2-year institutions, Natural Allies grants support 2-year institutions to work collaboratively with 4-year institutions.

While having the Natural Allies grant is a great help, finding adequate resources to support this time-intensive work, and particularly to support parent participation in the work, creates a barrier to maximizing the outcome of this collaborative, interdisciplinary effort.

#### **4. Need to provide more training on early childhood mental health.**

Early Childhood Mental Health training is urgently needed to help all those who work with young children and their families better promote children's optimal development and also to recognize when special interventions are needed to address the child's social, emotional or behavioral health. Training that is being piloted in Nebraska during 2002-2003 includes an overview of children's mental health, effective screening and assessment for mental health problems and partnering with community mental health providers to design integrated and family-centered services. Resources are needed to support statewide implementation of such training. Additionally, public education about this important area of need will require investment of time and other resources.

Website: [www.esu3.org/ectc/partnerships/ecmh.htm](http://www.esu3.org/ectc/partnerships/ecmh.htm)

# V. Emerging Issues in Early Childhood Care and Education



## A. Federal Emerging Issues

### 1. TANF Reauthorization

The Temporary Assistance to Needy Families (TANF) Block Grant provides federal funds to Nebraska. TANF provides a lump sum of money that can be used for an array of purposes. A state can transfer up to 30% of its TANF funds to the Child Care and Development Block Grant, subject to certain limits. The purposes of the funds are:

- to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- to end the dependence of needy parents on government benefits by promoting job preparation;
- to prevent and reduce the incidence of out-of-wedlock pregnancies and establish numerical goals for preventing and reducing the incidence of these pregnancies; and,
- to encourage the formation and maintenance of two parent families.

In 2002 Nebraska transferred \$9,000,000 from the TANF block grant to the Child Care Development Block Grant. Congress will take up reauthorization of TANF sometime in 2002-2003. The final reauthorization of these funds could have significant impact on early childhood services in Nebraska.

### 2. IDEA Reauthorization

The Individuals with Disabilities Education Act (IDEA) is also due for reauthorization in 2002-2003. IDEA includes the following provisions:

- a mandate to provide free, appropriate public education for children with disabilities
- a requirement that an Individualized Education Program (IEP) be developed for each student identified as disabled

- a requirement that an Individualized Family Service Plan (IFSP) be developed for each child served through Part C of IDEA.
- a requirement that schools actively involve parents in planning their child's education
- a requirement that students with disabilities be placed in the least restrictive environment

IDEA has provided funding that is essential to support prevention and intervention, attention to learning goals for children with disabilities, and ongoing professional development needed to ensure that young children with disabilities have equal opportunities to meet high standards. Reauthorization of these funds will have a significant impact on educational and support services that are provided to young children with disabilities, and the professional development system that helps develop an effective educational and care giving workforce in Nebraska.

IDEA provides significant funding to local schools and service providers for care and education of young children with disabilities. Part B of IDEA provides assistance for education of all children with disabilities, Section 619 of Part B provides support for preschool grants, and Part C of IDEA specifically relates to children from birth to age 3.

### **3. CCDF Reauthorization**

The Child Care Development Fund (CCDF) provides another source of federal funds that are critical to providing subsidies for low-income children in Nebraska. The CCDF also:

- provides grants to help upgrade child care facilities in the state;
- helps improve the quality of the care provided;
- ensures funding is in place so that licensed child care programs in Nebraska are regularly inspected; and,
- helps provide a network of professional development opportunities across the state.

Nebraska receives over \$25 million dollars through CCDF. The state funds to match those dollars were \$15,365,885 in 2002. The reauthorization of these funds in 2002-2003 will have a significant impact on care and education of young children in Nebraska.

#### **4. Head Start Reauthorization**

The Head Start Act of the U.S. Department of Health and Human Services (U.S. DHHS) is scheduled for reauthorization in 2003. Many changes have occurred within the Head Start Bureau and federal initiatives since the Act was last reauthorized in 1998. The Bush Administration's agenda is to move this multi-billion dollar federal program from the U.S. DHHS to the U.S. Department of Education (USDE). There are varying opinions about the feasibility and plausibility of this move and what it would mean to local programs, federal agencies, and state systems. A joint task force of representatives from both U.S. DHHS and USDE has developed some processes and products that are updated periodically on the respective agencies national websites. As liaison between state and Head Start to the federal offices, the Head Start-State Collaboration Office at the Nebraska Department of Education remains vigilant related to this proposal and other updates relevant and critical to Head Start and other early childhood priorities. At this juncture, it is prudent for state systems to have a better understanding of Head Start and to continue to ensure strong representation in statewide early childhood systems and initiatives. Should the Head Start funding/program eventually move from one agency to the other, there may be implications for Nebraska's Head Start eligible children and families and strong implications for the state systems that provide services to that target population.

#### **5. No Child Left Behind**

President Bush's education initiative through the *No Child Left Behind Act* identifies the education of every child in America among his top domestic priorities. The *No Child Left Behind Act* calls for reform to assure that public schools are teaching students what they need to know to be successful in life. It calls for collaboration among federal programs and among state and local programs to achieve a comprehensive approach to meeting the educational needs of all children K-12.

The *No Child Left Behind* initiative includes attention to the importance of experiences and support in the first five years of a child's life as critical in the development of learning to read and vital to the success in school. To nurture their growth and learning, children need love, nutrition, health, social and

emotional security, and stimulation in the important skills that prepare them for success in school and in life. This calls for a comprehensive approach to ensure opportunities for all children.

In keeping with this collaborative approach, NDE submitted a comprehensive state plan to the U.S. Department of Education (USDE) that is inclusive of all NDE-administered federal programs funded by USDE. Early childhood is identified as one of the components addressed in the comprehensive state plan.

Good Start, Grow Smart, the Bush Administration's early childhood initiative, is being implemented in conjunction with *No Child Left Behind*. Good Start, Grow Smart addresses three major areas:

- Strengthening Head Start—Through the U.S. HHSS, the Administration is developing a new accountability system for Head Start to ensure that every Head Start center assesses standards of learning in early literacy, language, and numeracy skills. U.S. HHSS is also implementing a national training program with the goal of training the nearly 50,000 Head Start teachers in early literacy teaching techniques.
- Partnership with states to improve early childhood education—The Administration proposes a stronger federal-state partnership in the delivery of quality early childhood programs. This new approach is asking states to develop quality criteria for early childhood education, including voluntary guidelines on pre-reading, language skills and math skills activities that align with state K-12 standards. To help states meet these criteria, states will have more flexibility with their federal child care funds.
- Providing information to teachers, caregivers and parents—In order to close the gap between the best research and current practices in early childhood education, the USDE will establish a range of partnerships as part of a broad public awareness campaign targeted toward parents, early childhood educators, child care providers, and other interested parties. To assist this effort, the Bush Administration supports an unprecedented \$45 million research collaborative between the National Institute of Child Health and Human Development and the USDE to

identify effective pre-reading and language curricula and teaching strategies.

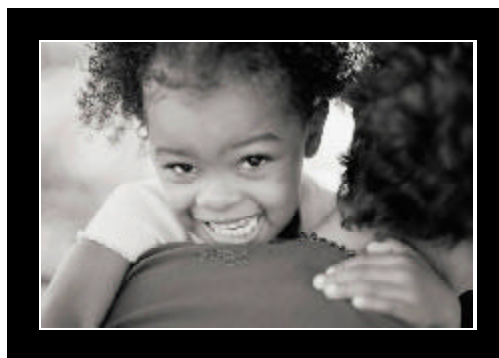
## **B. State Emerging Issues**

### **1. State Fiscal Resources**

Nebraska has been through a significant downturn in its economy. The state has completed three budget-cutting efforts within the last twelve months and faces a legislative session in 2003 that will address another budget shortfall estimated to be more than \$600 million for the biennium. The budget cuts of 2002 hit low-income families with children very hard, with cuts occurring in both child care subsidies and Medicaid eligibility criteria. The state continues to examine where cuts can come when revenues do not match state budgetary requirements. The ECICC recognizes that any new initiatives that require significant new dollars are not likely to be initiated in the current state economy.

## VI. Next Steps for the ECICC

### A. Establishment of Task Forces and Standing Committees



In September 2002 the Early Childhood Interagency Coordinating Council established three focus areas for further reviewing and considering some of the issues discussed in this report. The ECICC voted to charter one standing committee and two task forces to review and study issues in more detail, and to bring recommendations before the entire ECICC for approval to forward the recommendations to the Governor, the Legislature or the state agencies. The three groups are:

- Gaps and Barriers Standing Committee—The committee will focus on the needs of children with disabilities but will also encompass gaps and barriers for all young children. This standing committee is established to provide an on-going structure and process for communication about gaps and barriers between state, regional and local entities as mandated in statute and regulations.
- Public Awareness Strategy Task Force—The task force will identify and examine current practices, and make recommendations that will enhance early childhood public awareness programs in the state of Nebraska. The task force will develop recommendations for public awareness campaigns that might assist parents in accessing services in the early childhood system.
- Quality Child Care and Worthy Wage Task Force—The task force is established to develop advice and recommendations for the state agencies, Governor, and the Legislature on ways the state can improve the quality of care and education for all young children in Nebraska, and what wage initiative might assist in improving the quality of care and education.

The charters, committee/task force membership, and action steps are described in the appendices that follow.



# Acknowledgements:

This report could not have been possible without the strong commitment of the members of the Early Childhood Interagency Coordinating Council (ECICC). Special thanks go to the members of the ECICC, the technical assistance staff, and the state agencies for bringing their diverse perspectives, interests and issues continually before the Council for consideration and discussion. Over the last two years, Council members have shown a willingness to persevere through the formation of the Council in order to continue to work for systems of care and education that will benefit all young children and their families. The future work of the ECICC will bring specific recommendations to the Governor and the Legislature that can help make critical improvements in the early childhood service system in Nebraska.

\* \* \* \* \*

# Resources

Information contributed from Nebraska Department of Education and Health and Human Services System employees.

*Child Care Characteristics and Quality in Nebraska*, Midwest Child Care Research Consortium, June 2002.

*Nebraska Quality Improvement Process Early Development Network: Findings and Conclusions*, Gadberry and Associates, November 2001.

*Omaha EQUIP 2000*, Greater Omaha Chamber of Commerce, 2000.

*2001 Columbus Child Care Counts! Report*, Columbus Collaborative Team Child Care Standing Committee, 2001.

## Appendix A



# Charter of the Early Childhood Interagency Coordinating Council Gaps and Barriers Standing Committee

*Approved by the ECICC September 13, 2002*

## I. Purpose:

The ECICC Gaps and Barriers Standing Committee will focus on the needs of children with disabilities but will encompass gaps and barriers for all children.

## II. Scope:

- The standing committee will determine federal requirements of the Individuals with Disabilities Education Act, Part C (IDEA-infants and toddlers) regarding state actions related to gaps and barriers.
- The standing committee will provide an on-going structure and process for communication about gaps and barriers between state, regional and local entities as mandated in statute and regulations.
- Gaps and barriers are defined as issues that impede children with disabilities and their families from reaching their goals. Examples of gaps and barriers are lack of resources, conflicting policies or conflicting interpretation of policies, counterproductive policies, and lack of coordination of services. We recognize that these occur at different levels—family, service providers, agencies/organizations, and statewide systems.
- The standing committee will identify roles and responsibilities for addressing gaps and barriers:
  - Which issues go to Part C Co-leads
  - Which issues go to the ECICC
  - Which issues go to Planning Region Teams
  - Which issues go to service coordination contractors
  - Which issues go to higher education or other statewide systems
  - Which issues go to profit and/or non-profit organizations providing delivery of services (e.g., community action organizations, HUD, WIC, etc.)

- The standing committee will develop a process to address gaps and barriers. This process will include gathering information, prioritizing issues, and recommending action or delegating responsibility for action, as appropriate.
- The standing committee will determine who should be involved in the issue and a timeline for action.

### **III. Sponsor:**

The standing committee is chartered by the Early Childhood Interagency Coordinating Council.

### **IV. Roles and Responsibilities:**

The Early Childhood Interagency Coordinating Council will advise and contribute information to the standing committee, review work products, and make recommendations to the Governor, Legislature, state agencies, or others.

The standing committee will establish timelines and action steps, organize materials, call meetings of the standing committee, develop documents, report to the ECICC, and finalize work products.

#### **Limitation of standing committee responsibilities:**

- The standing committee may have autonomy to take action within their scope (as defined above for determining roles and responsibilities and gathering and processing information).
- The standing committee may not interpret policy, but may identify where there is a lack of clarity and communicate that to the agencies/entities involved.
- The standing committee may make recommendations on policy for Council action.
- The standing committee responsibility would be subject to Council approval in the following areas:
  - Actions that have fiscal impact;
  - Actions involving statewide issues;
  - Actions requiring communication with the governor, the lieutenant governor, the legislature, or the media; and,
  - Actions that would speak for the whole Council.

## **V. Committee Membership:**

Co-Leaders for this standing committee are: Sue Obermiller and Patrick Donaldson

Committee members are:

Senator Dennis Byars  
Carolyn Edwards  
Mary Jo Iwan  
Barbara Jackson  
Cindy Kennedy  
Susan Kringle  
Christine Z. Peterson  
Sandra Peterson  
Brad Schaefer  
Barbara Schliesser  
**Wayne Stubberg**  
**Denise Wright**

Technical assistance and support staff are:

Nina Baker  
**Judy Fricke**  
**Joan Luebbers**  
**Charlie Lewis**  
**Betty Medinger**  
**Linda Shandera**

## **VI. Desired Outcomes:**

1. A process to address gaps and barriers
2. Alleviation of gaps and barriers
3. Awareness of gaps and barriers by appropriate sources

## **VII. Communication Process:**

The standing committee leaders will report routinely to the Early Childhood Interagency Coordinating Council in accordance with its agreed upon process.

## Appendix B



# Charter of the Early Childhood Interagency Coordinating Council Public Awareness Strategy Task Force

*Approved by the ECICC September 13, 2002*

### I. Purpose:

The purpose of the Public Awareness Strategy Task Force is to recommend a comprehensive early childhood public awareness campaign that will result in an elevated importance of quality early childhood, and to make and submit recommendations for a viable and compelling approach to public awareness of early childhood services in the state of Nebraska.

### II. Scope:

The Public Awareness Strategy Task Force will:

- Collect and analyze public awareness materials and methods currently available on a statewide basis.
- Gather information on how and to whom the materials are distributed.
- Analyze the information gathered in order to summarize current practices and to determine strengths and/or gaps in the current procedures.
- Identify approaches that have shown success in the past as well as make suggestions for enhancing current practices.
- Investigate options for providing public awareness of early childhood programs to an expanded audience and in non-traditional settings.
- Explore and identify cost effective uses of mass media and multimedia approaches to the delivery of early childhood information and services.
- Seek options for delivering public awareness information in a variety of languages and systems of delivery as needed to accommodate a diverse population of parents.
- Design a flowchart or easily understandable means of helping parents and communities understand how to access services in the early childhood system.

### **III. Sponsor:**

The Public Awareness Strategy Task Force is chartered through the Early Childhood Interagency Coordinating Council.

### **IV. Roles and Responsibilities:**

The Public Awareness Strategy Task Force will present its findings and information to the Early Childhood Interagency Coordinating Council for review and suggestions. Once the recommendations are incorporated into the draft copy of the work, the Interagency Council will serve as the vehicle for submitting the results to the Lieutenant Governor's Office.

Given a target date of June 2003, the Public Awareness Strategy Task Force will review the purposes and scope, establish time lines, determine action plans, implement the objectives of the Task Force and report the results, plus provide the finished product, to the ECICC. Co-leaders for the Task Force will call meetings as needed and make sure the team is accountable to the goals that have been set forth in this document.

### **V. Membership: (*September 13, 2002*)**

Co-Leaders for this task force are:

- Marge Beatty and Jeanine Huntoon

Task force members will include, but not be limited to:

- Lyris Peak
- Sally Hansen
- Betsy Beck
- Paul Matson
- Mary Afrank
- Scott Snake
- Linda Shafer
- Dora Chen
- Jason Bruns
- Beth Birnstihl
- Mary Beth Rathe
- Ron Elmshauser
- Jeanne Atkinson

Technical assistance and support staff are:

- Rae Anderson (*will float among all task forces*)
- Carol Fichter (*will float among all task forces*)
- Mary Jo Iwan (*for the parent piece on how to navigate the system*)

## **VI. Communication Process:**

The standing committee leaders will report routinely to the Early Childhood Interagency Coordinating Council in accordance with its agreed upon process.

## Appendix C



# Charter of the Early Childhood Interagency Coordinating Council Quality Child Care and Worthy Wage Task Force *Approved by the ECICC September 13, 2002*

## I. Purpose:

The Quality Child Care and Worthy Wage Task Force is established to develop advise and recommendations for the state agencies, Governor, and Legislature on ways the state can improve the quality of care and education for all young children in Nebraska and what wage initiatives might assist in improving the quality of care and education.

## II. Scope:

- Review the findings from the Midwest Child Care Study and the National Child Care Information Center as they relate to quality child care.
- Define quality early care and education.
- Study and make recommendations for higher quality and worthy wage enhancements. Areas of study will include:
  - a. Tiered Licensing and/or Reimbursement Systems
  - b. Flexible Funding
  - c. Partnerships with business, state agencies, and local agencies.
- Evaluate child care and education subsidy rates across Nebraska.
- Evaluate methods for establishing costs of early care and education.
- Examine ways to eliminate duplication of occupational therapy, physical therapy, and other support services at early care and education provider locations.
- Examine current state funding efforts that support children with disabilities in natural and inclusive environments. (Determine if support is sufficient to support quality care for children with disabilities.)



- Continue to evaluate issues and concern that might impact the quality of early care and education in Nebraska.
- Examine other issues in collaboration with other task forces and standing committees.
- Example: Transportation.
- Examine what other states have done in the identified key focus areas.
- Finalize recommendations that can most impact quality of early care and education and the wages paid to early childhood teachers/providers.

### **III. Sponsor:**

The task force is chartered by the Early Childhood Interagency Coordinating Council.

### **IV. Roles and Responsibilities:**

The Early Childhood Interagency Coordinating Council will advise and contribute information to the task force, review work products, and make recommendations for accepting, modifying and transmitting its work products to the Governor, Legislature, and/or State Agencies.

The task force will establish timelines and action steps, organize materials, call meetings of the task force members, develop documents, and report to the ECICC, and finalize work products. The leaders of the task force will assure timely completion of its work, with a target date for completion of May 2003.

### **V. Membership: (*September 13, 2002*)**

Leaders for this task force are:

- Carrie Witte

Task force members are:

- Kim Madsen
- Melody Hobson

- Angela Nickel
- Paul Bryant
- Maricela Flores
- Lea Ann Johnson
- Shelly Story
- Patti Waltman
- Pat Nauroth

Technical assistance and support staff are:

- Rae Anderson (*will float among all task forces*)
- Carol Fichter (*will float among all task forces*)

## **VI. Desired Outcomes:**

Determine which recommendations from the Midwest Child Care Study the ECICC should pursue in order to improve quality and wages within child care.

Determine if current subsidy for care to children with disabilities in child care is sufficient to support quality care.

Identify initiatives that might impact quality and wages within child care.

Develop recommendations for action by state agencies, legislature, and the Governor which can improve the quality of care and wages within the early childhood field.

## **VII. Communication Process:**

The task force leaders will report routinely to the Early Childhood Interagency Coordinating Council in accordance with its agreed upon process.

## Appendix D

# Early Childhood Interagency Coordinating Council

## Membership List

September 30, 2000 to September 30, 2002

Mary Afrank  
Lincoln Action Program-Head Start  
Lincoln, NE

Dora Chen  
University of NE-Omaha  
Omaha, NE

Jeri Baumgartner  
Parent  
McCook, NE

Melvin A. Clancy  
Omaha Public Schools  
Omaha, NE

Marge Beatty  
ESU #16  
Ogallala, NE

Paul Connolly  
Parent  
Lincoln, NE

Betsy Beck  
Parent  
Kearney, NE

Denise Cook  
Parent  
Beatrice, NE

Beth Birnstihl  
Cooperative Extension  
University of NE-Lincoln  
Lincoln, NE

Marcia Corr  
Nebraska Department of Education  
Lincoln, NE

Jason Bruns  
Parent  
Sidney, NE

Patrick Donaldson  
Parent  
Norfolk, NE

Paul Bryant  
BryCo  
Omaha, NE

Carolyn Edwards  
University of Nebraska Lincoln  
Lincoln, NE

Senator Dennis Byars  
Lincoln, NE

Harriet Egertson  
Nebraska Department of Education  
Lincoln, NE

Ron Elmshauser  
Department of Insurance  
Lincoln, NE

Margaret Ewing  
Department of Health and Human Services  
Lincoln, NE

Maricela Flores  
Parent  
Crete, NE

Sally Hansen  
ESU #9  
Hastings, NE

Melody Hobson  
Blue River Family Resource Center  
Crete, NE

Mary Jo Iwan  
Dept. of Health and Human Services  
Lincoln, NE

Barbara Jackson  
University of Nebraska Medical Center  
Omaha, NE

Lea Ann Johnson  
Lincoln Public Schools  
Lincoln, NE

Cindy Kennedy  
Parent  
Kimball, NE

Chris Kline  
First National Bank of Omaha  
Omaha, NE

Susan Kringle  
Parent  
Loup City, NE

Charlene Laughlin  
Parent  
Lincoln, NE

Kim Madsen  
Chadron State College  
Chadron, NE

Pat Matson  
Parent  
Columbus, NE

Clay Naff  
NE Community Action Agencies  
Lincoln, NE

Pat Nauroth  
Dakota City Elementary School  
Dakota City, NE

Angela Nickel  
Parent  
Kearney, NE

Suzan Obermiller  
Central NE Community Services  
Loup City, NE

Lyris Crowdy-Peak  
Family Resource Center Coalition of  
NE  
Omaha, NE

John Peetz III  
Crete Carrier Corporation  
Lincoln, NE

Christine Peterson  
Health and Human Services System  
Lincoln, NE

Sandra Peterson  
ESU #3  
Omaha, NE

Mary Beth Rathe  
Association of NE Community Action  
Agencies  
Lincoln, NE

Tom Salestrom  
The Partners Network  
Omaha, NE

Bradley Shaefer  
Physician, UNMC-Munroe Meyer  
Omaha, NE

Barbara Schliesser  
NE Department of Education  
Lincoln, NE

Linda Shafer, *Chairperson*  
State Farm Insurance  
Lincoln, NE

Scott Snake  
Parent  
Winnebago, NE

Shelly Story  
Parent  
Hartington, NE

Wayne Stuberg  
Physical Therapist  
UNMC-Munroe-Meyer  
Omaha, NE

Joyce Thomas  
Santee Head Start  
Niobrara, NE

Sonia Varona-Munoz  
Parent  
Lexington, NE

Patti Waltman  
Family Child Care Provider  
North Platte, NE

George Williams  
Behavioral Pediatric Program  
Lincoln, NE

Carrie Witte  
Child Care Center Director  
North Platte, NE

Denise Wright  
ESU #13  
Scottsbluff, NE

Maha Younes  
University of Nebraska Kearney  
Kearney