# Nebraska Early Childhood Strategic Plan Appendices

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## APPENDIX A. STRATEGIC PLANNING PROCESSES PHASE 1: STAKEHOLDER ENGAGEMENT, PLAN DESIGN, AND GOVERNANCE (AUGUST 2019 – FEBRUARY 2020)

The development of the Nebraska Early Childhood Strategic Plan included multiple, concurrent, and integrated processes of stakeholder engagement and a newly established governance process.

- Strategic planning began with the Preschool Development Grant (PDG) needs assessment in order to understand the state's early childhood care and education (ECCE) system and the children and families it serves.
- Stakeholder engagement for strategic planning included three series of in-person meetings across the state and review and feedback from the PDG leadership teams.
- The Early Childhood Interagency Coordinating Council established a governance process for the purpose of overseeing and approving this strategic plan.

Because these processes were interconnected throughout the strategic plan development period, they are presented here in chronological order.

Development of the strategic plan also included coordination with existing workgroups and coalitions. These activities are also included after the description of the stakeholder and governance processes.

### PDG NEEDS ASSESSMENT

The Buffett Early Childhood Institute led the PDG needs assessment effort between March and November 2019. The PDG needs assessment had two related goals:

- Gather statewide, community-level data about the needs of families and providers as well as the availability and quality of ECCE services
- Gather information that can be combined with other data sources to directly inform the creation of the state's strategic plan developed through the PDG

In and of itself, the needs assessment represents significant stakeholder input in defining the needs of and gaps in the state's ECCE system. This first-of-its-kind comprehensive, statewide needs assessment used multiple methods to meet the objectives established in the PDG framework[1] as summarized below.

| Needs Assessment Element | Description |
|---|---|
| Statewide surveys with families | The *Focus on Nebraska Families* survey was mailed to over 90,000 households across the state, yielding responses from 3,541 families with children birth through age 5. |
| Statewide surveys and early childhood care and education providers | The *Early Childhood Program and Leadership* survey was mailed to a total of 4,002 leaders from all licensed child care center and family child care homes, Head Start and Early Head Start programs, license-exempt providers, and public PreK programs in Nebraska, yielding responses from 1,337 ECCE providers. |
| Focus groups with families | Ten focus groups were conducted with families of young children in communities across the state (50 participants total). |

[1] See Appendix C for detailed description of the PDG framework and how it guided the work of the needs assessment and strategic plan.

| Needs Assessment Element | Description |
|---|---|
| | Five focus groups were conducted with targeted populations, including African American, Latino, and Native American families (37 participants total). |
| Interviews and surveys with key informants | Ninety-minute individual interviews were held with nine key informants, who provided high-level perspectives on strengths and gaps in Nebraska's B-5 mixed delivery system. Thematic coding of these interviews informed the development of an online key informant survey, which gathered similar information from a broader audience of stakeholders, including leaders and service providers from state agencies, early childhood nonprofits, Educational Service Units, public schools, and higher education. Sixty-one key informants responded to the survey. |
| Family child care study | A team of researchers at the University of Nebraska Medical Center conducted a targeted study of family child care homes to investigate the strengths, challenges, and needs for quality improvement among these providers. The study included three points of contact for data collection: two surveys and a focus group or interview. A total of 101 providers filled out one or both surveys, and 50 of those providers participated in the focus groups. |

Data gathering began in June 2019 and initial data analysis started in August; all data gathering and analysis was finalized by October 2019. A draft needs assessment report was shared with the Nebraska leadership team [2] in early November. The needs assessment report was finalized and submitted to the federal Administration for Children and Families on Nov. 26, 2019[3].

NEBRASKA LEADERSHIP TEAM MEMBERSHIP

The team was composed of project leads on all PDG-funded activities. Members included the lead organizations for the PDG, all project leads within the PDG, and parent representatives. They met monthly for progress reports on the five PDG activities.

| **Nebraska Leadership Team Members** | |
|---|---|
| **Name** | **Affiliation** |
| Heather Arnold | Nebraska Department of Health and Human Services |
| Wende Baker | Consultant NCFF |
| Benjamin Baumfalk | First Five Nebraska |
| Marti Beard | Nebraska Children and Families Foundation |
| Amy Bornemeier | Nebraska Children and Families Foundation |
| Melissa Boyer | Buffett Early Childhood Institute |
| Lindsy Braddock | Nebraska Department of Health and Human Services |
| Lynne Brehm | Nebraska Children and Families Foundation |

[2] The PDG Nebraska Leadership Team served as an organization and communication forum for PDG implementation in Year 1. Members included the lead organizations for the PDG, all project leads within the PDG, and parent representatives.

[3] A full description of stakeholder engagement during the needs assessment phase can be found in the needs assessment report, which is available upon request from the Buffett Early Childhood Institute.

| Nebraska Leadership Team Members | |
|---|---|
| **Name** | **Affiliation** |
| Amy Bunnell | Nebraska Department of Education |
| Lauri Cimino | Nebraska Department of Education |
| Shannon Cotsoradis | Nebraska Early Childhood Collaborative |
| Hallie Duke | Consultant BECI |
| Adam Feser | First Five Nebraska |
| Dean Folkers | Nebraska Department of Education |
| Kathleen Gallagher | Buffett Early Childhood Institute |
| Meleah Gamvroudis | Nebraska Department of Education |
| Caitlin Goin | Nebraska Children and Families Foundation |
| Jen Goettemoeller | Prairie Oak Consulting |
| Jessica Hagerbaumer | Parent Representative |
| Holly Hatton-Bowers | University of Nebraska-Lincoln CYFS |
| Gladys Haynes | Buffett Early Childhood Fund |
| Michaela Hirschman | Nebraska Department of Health and Human Services |
| Melody Hobson | Nebraska Department of Education |
| Lisa Knoche | University of Nebraska-Lincoln CYFS |
| Stephanie Knust | Head Start Dodge County |
| Joan Luebbers | Nebraska Department of Education |
| Amy Mart | Buffett Early Childhood Institute |
| John Meals | Nebraska Department of Health and Human Services |
| Betty Medinger | Nebraska Children and Families Foundation |
| Abbie Raikes | University of Nebraska-Lincoln |
| Eva Roberts | Buffett Early Childhood Fund |
| Renee Savidge | Nebraska Department of Health and Human Services |
| Susan Sarver | Buffett Early Childhood Institute |
| Michelle Suarez | Nebraska Children and Families Foundation |
| Kate Sutton | Buffett Early Childhood Institute |
| Nicole Vint | Nebraska Department of Health and Human Services |
| Greg Welch | Buffett Early Childhood Institute |
| Renee Wessels | Buffett Early Childhood Institute |
| Brenda Weyers | Nebraska Children and Families Foundation |

## STRATEGIC PLAN DEVELOPMENT

The processes described below articulate the steps taken to use the findings of the needs assessment and stakeholders' input and suggestions about those findings as the foundational information for the identification of strategies and objectives for systems change in Nebraska. The development process is described in chronological order and includes a variety of stakeholder engagement processes as well as governance processes.

*Aug. 16, 2019: Creation of the ECICC PDG Task Force*

The Nebraska Early Childhood Interagency Coordinating Council[4] (ECICC, which is also the state advisory council) established a time-limited task force to oversee the development of the draft strategic plan and approve the final version. The ECICC PDG task force included four ECICC steering committee members, four members of the ECICC at large, additional members of the Nebraska leadership team, and others as needed.

| ECICC PDG Task Force | |
|---|---|
| **Name** | **Affiliation** |
| Benjamin Baumfalk | First Five Nebraska |
| Sue Borcher | Johnson County Hospital |
| Amy Bornemeier | Nebraska Children and Families Foundation |
| Amy Bunnell | Nebraska Department of Education |
| Gwen Easter | Safe Haven Early Childhood Preschool Education Academy |
| Kathleen Gallagher | Buffett Early Childhood Institute |
| Jessica Hagerbaumer | Parent Representative |
| Melody Hobson | Nebraska Department of Education |
| Nici Johnson | Educational Service Unit #13 - Panhandle |
| Stephanie Knust | Head Start Dodge County |
| Amy Lapointe | Parent, Winnebago Tribe of Nebraska |
| Katherine Lopez | Nebraska Children and Families Foundation |
| Joan Luebbers | Nebraska Department of Education |
| Mary Phillips | Educational Service Unit #6 |
| Ashley Schmit | Parent Representative |
| Nicole Vint | Nebraska Department of Health and Human Services |

The task force's charge was to oversee the strategic plan development process, including stakeholder engagement, to make decisions about the content of the strategic plan, and to recommend approval of the plan to the chair of the ECICC in February 2020 prior to submission to the federal government. The task force met once per month between October and February. Each of their meetings is described below.

*August 2019: Strategic Planning Advisory Team Meetings*

In the first week of August 2019, stakeholders across the state participated in Strategic Planning Advisory Team (SPAT) meetings. The Buffett Early Childhood Institute hosted these meetings Aug. 6, 7 and 8, 2019, in Bridgeport, Kearney, and Lincoln, respectively. A videoconference link was also available for anyone who could not travel to one of the meeting locations. A total of 72 stakeholders participated in these meetings. Participants represented a wide range of roles and organizations, including public schools, state agencies, Head Start grantees, home visitation programs, and university faculty.

- In Bridgeport, 10 people attended in person and 11 joined the meeting by Zoom.
- In Kearney, 13 people attended in person and 12 joined the meeting by Zoom.

[4] The Early Childhood Interagency Coordinating Council (ECICC) is a governor-appointed body that advises and assists collaborating agencies in carrying out the provisions of state and federal statutes pertaining to early childhood care and education initiatives under state supervision. www.eduation.ne.gov/ecicc/ The ECICC serves as the state advisory council under the Head Start Act and the state interagency coordinating council for Part C.

- In Lincoln, 12 people attended in person and 14 joined the meeting by Zoom.[5]

The objective of this series of SPAT meetings was for stakeholders to review initial findings of the PDG needs assessment and discuss how to interpret and use the information to better understand the strengths and needs related to ECCE in communities across Nebraska. The same agenda and process was followed at each meeting.

August SPAT Meeting Agenda and Process

The meeting was organized around five topics:

- Describing the population of vulnerable families and children
- Availability of and access to ECCE
- Quality of ECCE
- Family engagement
- Coordination and collaboration

After reviewing preliminary findings from the family and provider surveys on these topics, stakeholders participated in small group discussions and summarized their conversations. Highlights from these discussions were captured by note takers onsite. The findings and questions from the meeting were shared in an online survey with stakeholders who could not participate in the meetings.

All stakeholder input, including the transcripts from each meeting, were later analyzed for key themes. This stakeholder feedback guided further analysis of the survey data and informed the development of the key informant survey. Stakeholders also reviewed the draft key definitions that had been developed during the needs assessment process in an online review process after the meeting. Their feedback was used to refine the definitions, particularly the definition of quality.

*October 2019: ECICC PDG Task Force Kickoff Meeting*

At its initial meeting on Oct. 10, the task force reviewed its scope of responsibility and an initial outline of the strategic plan. Because of the diversity of members and varying familiarity with the work of the PDG initiative, this established a common understanding for all members regarding the expected content and process for developing a statewide strategic plan.

The task force also established a draft set of guiding principles and selection criteria to provide an objective basis for making decisions about the strategic plan. (See page 10 of this appendix for the selection criteria.) These principles and criteria ensure that not only are the PDG requirements met, but that the values and expectations of the stakeholders and citizens of Nebraska are reflected in the strategic plan. The task force determined that decision-making regarding the goals, objectives, and strategies would be made by consensus. The agreed upon definition of consensus was that each task force member acknowledges and accepts that:

- Each member has had input and that input was heard by the group
- As objectively as possible, the task force has applied the selection criteria
- If 75% or more of the task force members agree to move forward on a decision, dissenting voters will openly support the decision when the plan is published

[5] Additional details of stakeholders involved in these meetings can be found in Appendix C.

*October 2019: Strategic Planning Advisory Team Meetings*

In the last week of October, stakeholders across the state participated in another series of SPAT meetings. The purpose of these meetings was for stakeholders to review the final findings of the PDG needs assessment and provide suggestions for what can and should be done to fill the needs and gaps identified.

The Buffett Early Childhood Institute hosted three SPAT meetings on Oct. 23, 24, and 25 in Bridgeport, Kearney, and La Vista/Omaha, respectively. A videoconference link was also available for anyone who could not travel to one of the meetings. The same agenda and process was followed at each meeting.

- In Bridgeport, 10 people attended in person and more than 10 joined the meeting by Zoom.
- In Kearney, nine people attended in person and 13 joined the meeting by Zoom.
- In Omaha/La Vista, 25 people attended in person and 10 joined the meeting by Zoom.[6]

October SPAT Meeting Agenda and Process

In addition to describing the scope and sampling of the needs assessment, stakeholders reviewed and discussed the key findings, gaps and needs related to:

- Availability of ECCE in Nebraska
- Outcomes for children (quality and transitions)
- Step Up to Quality (Nebraska's Quality Rating and Improvement System)
- Outcomes for families (access to ECCE and essential services)
- Outcomes for providers and professionals
- Outcomes for communities (collaboration)

After reviewing the key findings for each of these topics, the participating stakeholders held small group discussions and identified strategies they would recommend for closing the gap or addressing the needs identified.

A scribe at each meeting captured the stakeholders' suggestions and the meetings were recorded and later transcribed. Also, meeting participants wrote their suggestions on handouts provided, which were gathered and recorded. These three methods of capturing feedback ensured all of the suggestions were captured and validated to reflect the stakeholders' concepts and words.

After the meeting, the slides and a link to an online tool for answering the same questions asked during the meeting was sent out to all participants and to other stakeholders to give them a voice in setting the course for the strategic plan. All of the sources of stakeholder input were compiled into data files and coded for analysis.

## Analysis of Stakeholder Input

The analysis of stakeholders' suggestions from the October SPAT meetings resulted in the first set of themes and priorities for taking action. These themes and priorities were the foundation for the goals, objectives, and strategies of the strategic plan.

The suggestions were grouped initially by the topic in which they were presented.

[6] Additional details of stakeholders involved in these meetings can be found in Appendix C.

- Every individual suggestion (approximately 500 lines) that came in from the handouts during the meeting, comments written on the flip charts, and a follow-up online survey was coded for its primary point.
- Themes were created by sorting suggestions by their codes to create groups of ideas, with the most similar suggestions clustered together.
- Many of the suggestions from stakeholders identified specific strategies that, if implemented, would reach a preferred outcome (or objective). Some of the comments from stakeholders were not actionable but still represented and supported common themes of how the work should be carried out (or values).

After the coding and grouping suggestions by theme under each original topics was complete, they were aligned under one of the nine PDG framework objectives for the strategic plan.[7]

| **Preliminary Themes from October SPAT Meeting Analysis** | **PDG Framework Objective** |
|---|---|
| Increase Availability of ECCE<br>Increase Access to ECCE | Objective 2 |
| Increase Access to Essential Services for Early Childhood Development | Objective 5 |
| Improve Quality of ECCE<br>• Workforce<br>• Step Up to Quality<br>• Transitions<br>• Family Engagement | <br>Objective 2<br>Objective 3<br>Objective 4<br>Objective 6 |
| Collaboration and Coordination Among ECCE Providers | Objective 7 |
| Establish Statewide Alignment Around Shared Core Values About ECCE and Children B-5 | Objective 1 |
| General System Alignment and Efficiencies | Objective 8<br>Objective 9 |

This information-gathering effort served as the critical first step in developing a stakeholder-driven strategic plan.

*November 2019: ECICC PDG Task Force Review Findings and SPAT Analysis*

A summary of the needs assessment findings was paired with the main themes from the SPAT analysis for the task force's November meeting. The primary themes were labeled as "objectives" and the suggestions that were actionable (rather than conceptual) were labeled as "strategies" under the appropriate objective.

In a series of three meetings, task force members reviewed the needs assessment findings and the draft objectives and strategies. The task force provided direction on the alignment of the recommendations to fill the gaps identified by the needs assessment and the completeness of the scope of recommendations. This direction led to the creation of the first draft of the goals, objectives, and strategies for the strategic plan.

[7] See Appendix D for more about the PDG needs assessment and strategic planning framework and its objectives.

*December 2019: The First Strategic Plan Draft*

The first full draft of the goal, objective, and strategy structure was presented to the leadership team in early December. As described above, this draft was derived from and guided by the findings of Nebraska's needs assessment, the analysis of stakeholder feedback on those findings, and the task force review and direction.

The leadership team received an electronic copy of the full plan and members were asked to provide feedback on the whole plan between Dec. 6 and 13. A total of 12 people responded to the request for feedback.

In addition to the goal, objective, and strategy structure, the first draft included example action steps that could be chosen for implementation and an initial set of indicators of progress for each draft objective. The sources of activities for this first draft included stakeholder suggestions, proposed PDG continuation grant activities, Nebraska's Early Childhood Workforce Commission recommendations, and Pritzker Children's Initiative draft recommendations. It was understood that these sources of activity did not represent an exhaustive list of activities possible or necessary for reaching the plan's goals; and not all of the activities had approval or funding for implementation.

The rationale for including these activities at this stage was two-fold. First, the list of example actions aligned to the strategies demonstrated each strategy's initial viability by identifying gaps in available resources. Secondly, the review of these actions alongside the goal, objective, and strategy structure allowed stakeholders to voice support or express concern about moving into planning action steps at this stage. All of this information was needed for the task force's December review and subsequent decisions about the approval of the strategic plan in January and February of 2020.

*December 2019: ECICC PDG Task Force Direction Toward the Approved Strategic Plan*

The task force asserted from the beginning of the process that this strategic plan, while funded by the federal PDG, must be written as a comprehensive plan for the whole state and not only address PDG-funded projects. At the Dec. 17 meeting, the task force reaffirmed that this strategic plan should establish the core goals of what is needed to be accomplished in Nebraska to improve early childhood outcomes through systems change and that the plan should provide high-level direction for where to make change.

Prior to the Dec. 17 meeting, task force members were provided the same draft strategic plan that had been distributed to the leadership team. At this meeting, the full range of issues and concerns that were raised during the team's review were discussed, including global issues that impacted the whole plan (such as addressing continuity of care as an integration issue and ensuring community focus when choosing strategies and action plans) and strategic plan governance issues (such as final decision-making about resources and performance reporting). After discussing leadership team feedback and reviewing a draft of the goal, objective, and strategy structure, the task force provided the following direction for further development of the plan in preparation for stakeholder feedback in January 2020 and final approval in February 2020.

- With only three months of the strategic planning process completed, the task force set a target for developing a meaningful and succinct framework that provides a clear direction for change in Nebraska's ECCE system through the goals, objectives, and strategies. It was recognized that in order to create achievable and impactful action plans, additional work is needed.

- After the goals, objectives, and strategies structure was approved in February, the Nebraska ECCE leadership community will collaborate with ongoing workgroups that have significant linkages to the objectives of this plan (such as the Nebraska Early Childhood Workforce Commission and the Early Childhood Data Coalition), participate in coordinated planning with partners to identify existing and new resources, and engage further with stakeholders across the state.[8]

*January 2020: ECICC PDG Task Force Meeting*

On Jan. 7, the task force met in Lincoln to make the first round of decisions about the draft strategic plan. Members conducted a review of the entire set of goals, objectives, strategies—this included evaluating all of the objectives and strategies against the selection criteria and deliberating the objectives and strategies for which concerns had been expressed during the most recent review.

During these discussions, task force members reconsidered the intention and meaning of several objectives and the language was altered to express the essential and strategic target of the objective, providing clarity and focus for the work ahead.

- For most of the strategies approved for inclusion in the plan, prior drafts in the planning process had demonstrated long-established programs and newer programs primed for implementation or scaling that will be used to design action plans.
- For several of the strategies approved for inclusion in the plan, the task force acknowledged that the intention of the strategy is in alignment with the vision, values, and goals of the strategic plan, but that additional work is needed to identify activities, programs, and resources that could be used to design action plans.

At this meeting, the task force also gave direction on the governance strategy for developing action plans (Phase 2 of the strategic planning process), initiated review of the measurable indicators of progress for each objective, and approved the stakeholder engagement plan for later in the month.

Selection Criteria for the Objectives, Strategies, and Measurable Indicators of Progress

During the ECICC PDG task force's review process in January and February, all objectives and strategies under consideration were evaluated against the selection criteria agreed to at the October meeting.

When choosing **objectives** to achieve the goals, the task force evaluated whether they meet these criteria. Does, or is, the objective:

- Link to the PDG vision, strategic goal, and outcomes
- Align to the PDG guiding principles and integration strategy/model
- Align to the needs and gaps identified in the needs assessment
- Reduce barriers and gaps in access to quality ECCE with an explicit, but not exclusive, focus on equity (for racial and socioeconomic factors) and is it responsive to diverse situations
- Support a whole-child approach (that is, does it support good health, positive early learning experiences, and strong families)
- Encourage authentic partnerships and coordination among providers and partners at all levels of the ECCE system (effective partnerships among providers include sharing resources,

[8] See Appendix B for more details on future strategic planning efforts.)

cooperating on professional development, coordinating on program implementation, and communicating when significant changes will affect more than one provider)
- Enable both short- and long-term opportunities for improvement
- Implementable (or actionable)
- Impactful and measurable (can be quantified and tracked over time to determine the extent of progress being made)
- Easily communicated

When choosing **strategies** to achieve the objectives, the task force evaluated whether they meet these criteria. Does, or is, the strategy:
- Acknowledge the power of relationships—consider that children grow and develop in the context of their relationships with family, friends, neighbors, early learning professionals, and the broader community
- Reflect evidence-based, effective approaches, taking into account the people being served
- Include multigenerational strategies by integrating child-focused services, parent and caregiver services, and adult-focused services
- Leverage existing resources
- Specific and relevant to the objectives
- Results-oriented
- Attainable (focused, feasible, realistic)
- Measurable over time, including specific indicators and baseline data
- Connected to but not redundant to other strategies
- Distinct from programs already being offered
- Related to results with both short-term (1-2 years) and long-term (3-5 years) horizons
- Sustainable (without additional or grant-specific federal funding)

When choosing measurable indicators of progress for the objectives, the task force evaluated whether they meet these criteria:
- Meaningfully relate to the objective and goal
- Describe positive outcomes
- Demonstrate systems impact
- Demonstrate impact for target populations
- Measure objective rather than subjective conditions
- Are usable for assessing more than one sub-population
- Are clear and understandable in how it will track the results
- Have available and reliable data

*January 2020: Stakeholder Feedback*

In January, stakeholders were contacted for feedback on the draft strategic plan in three venues: parent meetings, SPAT meetings, and statewide, online feedback.

Parent Meetings

In order to reach parents in January in Nebraska, the PDG team devised the strategy of seeking feedback from parents where they would already be gathering to meet. Leadership team members identified existing parent meetings, i.e., planned meetings within the community parents would already be attending. The meeting organizer was asked to present information to parents about the strategic plan which included summary information about the needs assessment findings and the goals and objectives

of the strategic plan. Parents were given a feedback form to answer three questions about the information they received:

- Do these goals and objectives look like the right ways to address the needs and gaps in the findings? If not, why not?
- What issues do you want decision-makers to consider as they approve this plan?
- Is there something unique about your community they should consider in developing action plans?

Four meetings were held in Crete, Hastings, and two in Omaha communities between Jan. 15 – Feb. 5, 2020; 28 parents provided feedback. Parents' feedback was compiled, and a summary was provided to the task force for its final review of the strategic plan in February 2020.

SPAT Meetings

On Jan. 16, 17, and 22, 2020, SPAT meetings were held through a videoconference link. The decision was made to present the draft strategic plan in this format rather than in person due to the unpredictability of winter weather in Nebraska.

| Date | Number of participants | Roles represented |
|---|---|---|
| 1-16-20 | 36 | Child advocates; educators/caregivers; provider directors; public officials |
| 1-17-20 | 14 | Child advocates; educators/caregivers; provider directors; public officials; parents |
| 1-22-20 | 13 | Child advocates; educators/caregivers; provider directors; public officials; parents; infant care teacher |

The presentation for this meeting incorporated the findings of the needs assessment and the goals, objectives, and strategies of the draft strategic plan. After reviewing the findings and the associated objectives and strategies, there was a time for questions and answers. From the beginning of the meeting, each participant had a link to an online tool that included all of the slides and a form to provide their feedback. The Q&A period allowed stakeholders time to enter their feedback immediately. The link was available to each respondent for one week, or until Jan. 29, 2020.

The three questions stakeholders were asked regarding each goal of the strategic plan (and its objectives and strategies) were consistent with the questions asked of parents, with modifications to capture different perspectives based on different roles.

- From your perspective, are these the right strategies to address the needs and gaps? If not, why not?
- What issues do you want decision-makers to consider as they approve this plan and develop more detailed action plans?
- Is there something unique about your community that they should consider in developing action plans? Provide examples of successes, if available.

Key Informant/Public Survey

The same link that had been provided to SPAT meeting participants was sent to the entire PDG key informant list (more than 600 names) inviting them to review the material (needs assessment findings and goals/objectives/strategies) and to provide feedback to the same three questions asked of the non-parent stakeholders. In the invitation, these stakeholders were asked to send the link to anyone in their network of colleagues, friends, and family who would be interested in providing feedback on the strategic plan. At the end of January, a total of 97 people completed the online feedback tool.

*ECICC PDG Task Force Meeting: Feb. 10, 2020*

On Feb. 10, the task force convened for its final meeting to approve the strategic plan. Having reviewed the entire document prior to the meeting, the task force suggested modifications to the introductory sections of the document. The primary focus of this meeting, however, was to review stakeholder feedback and make final changes to the objectives and strategies of the strategic plan, including:

- Clarifying the strategies under Goal 2, Objective 3 to be more specific about the expected actions
- Resolving questions about the strategies under Goal 3 to ensure the strategies are not redundant
- Ensuring that all of the transitions children experience from birth through age 5 are reflected under Goal 3
- Removing potentially charged language from Goal 4, Objective 1 to reflect the intent to explore viable options for addressing policy and funding barriers to access to quality care for each child in the state

In the January 2020 review of the draft strategic plan, stakeholders were asked whether something important was missing from the plan. Stakeholder responses to this question indicated that the needs and barriers faced by children with disabilities and their families, while addressed in the introductory text, were not addressed in the objectives and strategies.

- The task force added strategies under Goal 1, Objective 2 that focus on assessing the unique barriers facing families of children with disabilities with the aim of increasing access to affordable, quality care and addressing the need to eliminate suspension and expulsion practices.

The task force also approved the proposed new governance structure and process for the oversight of the strategic plan (see Appendix F) and the final draft of the indicators of measurable progress for the objectives of the plan (see Appendix E).

## EARLY CHILDHOOD DATA COALITION

Since 2009, the formally chartered Early Childhood Data Coalition (ECDC) has driven Nebraska's statewide work on early childhood data. ECDC is composed of leaders from state agencies, including the Nebraska Department of Health and Human Services (NDHHS) and the Nebraska Department of Education (NDE), and universities, early childhood experts, education professionals, and health sector partners.

| **ECDC Members** | |
|---|---|
| **Name** | **Affiliation** |
| Benjamin Baumfalk | First Five Nebraska |
| Amy Bornemeier | Nebraska Children and Families Foundation |
| Kathleen Brandert | University of Nebraska Medical Center |
| Lynne Brehm | Nebraska Children and Families Foundation |
| Catherine Brown | Nebraska Children and Families Foundation |
| Amy Bunnell | Nebraska Department of Education |
| David Dzewaltowski | University of Nebraska Medical Center |

| ECDC Members | |
|---|---|
| **Name** | **Affiliation** |
| Adam Feser | First Five Nebraska |
| Dean Folkers | Nebraska Department of Education |
| Kathleen Gallagher | Buffett Early Childhood Institute |
| Jen Goettemoeller | Prairie Oak Consulting |
| Tracy Gordon | NE Association for the Education of Young Children |
| Kim Hawekotte | Foster Care Review Office |
| Rick Helweg | Children's Hospital and Medical Center |
| Tammi Hicken | Nebraska Department of Education |
| Melody Hobson | Nebraska Department of Education |
| Liz Hruska | Legislative Fiscal Office |
| Barbara Jackson | University of Nebraska Medical Center |
| Lisa Knoche | University of Nebraska-Lincoln CYFS |
| Sarah Ann Kotchian | Omaha Early Childhood Collaborative |
| Brandee Lengel | NE Association for the Education of Young Children |
| Karla Lester | Children's Hospital and Medical Center |
| Joan Luebbers | Nebraska Department of Education |
| Sara Morgan | Nebraska Department of Health and Human Services |
| Abbie Raikes | University of Nebraska-Lincoln |
| Helen Raikes | University of Nebraska-Lincoln |
| Bob Rauner | Partnership for a Healthy Lincoln |
| Susan Sarver | Buffett Early Childhood Institute |
| Michelle Suarez | Nebraska Children and Families Foundation |
| Jennifer Severe-Oforah | Nebraska Department of Health and Human Services |
| Nancy Shank | University of Nebraska Public Policy Center |
| John Spatz | Nebraska Association of School Boards |
| John Stinner | Nebraska State Legislature |
| Pam Tagart | Nebraska Department of Education |
| Chrissy Tonkinson | Voices for Children |
| Nicole Vint | Nebraska Department of Health and Human Services |
| Greg Welch | Buffett Early Childhood Institute |
| Renee Wessels | Buffett Early Childhood Institute |

*ECDC MEETINGS: October 2019 – February 2020*

With the opportunity for significant progress presented by the PDG, the ECDC implemented an integrated key indicators/Early Childhood Integrated Data System (ECIDS) development strategy. This work built upon work in 2013 and 2017 by the ECDC to identify indicators that reliably reflect early childhood well-being. The prior lists of indicators used administrative and available data, making them reliable for tracking over time. However, these indicators do not reflect the full range of objectives in-scope for the PDG initiative.

Starting in the fall of 2019, the ECDC reviewed the PDG priority themes and outcomes and assisted in

developing measurable indicators of progress for the Nebraska Early Childhood Strategic Plan. Subsequently, the ECDC took critical steps to building foundational capacity for integrating early childhood data sources and systems.

Once a month from October 2019 to February 2020, the ECDC held in-person meetings with video conference links to identify the list of indicators of measurable progress aligned to strategic plan objectives and to catalyze the design of the long sought-after ECIDS for Nebraska.

- October 2019 – After responding to an online request to review target PDG outcomes and identify potential indicators of progress, the ECDC met to review and discuss the potential uses of those indicators in supporting systems change.
- November and December 2019 – The ECDC met for interactive workshops focused on tangible ways that different groups could use data to make progress on PDG's goals around enhancing ECCE services and improving system collaboration. This gave the ECDC an opportunity to discuss operational questions raised during the October meeting. These meetings resulted in clearly articulated "data use cases" that will support defining the technical requirements for the ECIDS.
- January and February 2020 – The ECDC met to review the current data use cases and a draft technical architecture design for the ECIDS. The ECDC also participated in the final review of the measurable indicators of progress for the strategic plan during these meetings.

The ECDC will continue to play a key leadership role in the development of the ECIDS road map and the data governance needs for Nebraska as that system is built.

## APPENDIX B: NEBRASKA PDG STAKEHOLDER ENGAGEMENT DETAILED REPORT

As required by the PDG strategic planning guidance, the participants of each stakeholder engagement event during the PDG needs assessment and strategic planning processes are listed below.

| Strategic Plan Advisory Team (SPAT) Meeting #1, March 7, 2019 | | | |
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| Strategic Plan Advisory Team (SPAT) Meeting #1, March 7, 2019 | | | |
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| Early Childhood Interagency Coordinating Council Task Force, Oct. 10, 2019 | | | |
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| Early Childhood Interagency Coordinating Council Task Force, Nov. 13, 18, 19, 2019 | | | |
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| Nebraska Leadership Team members providing feedback on the draft strategic plan, Dec. 6-13, 2019 | |
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| Parent Meetings in January 2020 | | | |
|---|---|---|---|
| **Date** | **Location** | **Organization Hosting** | **# of parents attended** |
| 1/16/2020 | Omaha, NE | Head Start | 27 |
| 1/20-1/30/2020 | Crete, NE | Sixpence | 9 |
| 1/27/2020 | Lincoln, NE | Early Head Start | 6 |
| 2/5/2020 | Omaha, NE | Head Start | 6 |

## APPENDIX C. ALIGNMENT OF THE PDG DOMAINS TO THE NEBRASKA EARLY CHILDHOOD STRATEGIC PLAN

**Developing Nebraska's PDG Framework for the Needs Assessment and Strategic Plan**

In early 2019, the initial themes for Nebraska's PDG efforts were identified: Access to Care, Engagement and Support, Quality of Services, Efficiency in State Systems, Community Collaborations, and Integrated Child Support Systems. These themes represent multiple issues that stakeholders had identified during the PDG application process as needing to be addressed in the PDG project. To ensure that the list of themes was complete and the issues under each theme represented the full scope of stakeholder interests, the draft PDG themes and issues were distributed to a group of stakeholders representing all regions of the state and all areas of the ECCE system in Nebraska.

The first Strategic Planning Advisory Team (SPAT) meeting was held on March 7 by videoconference to seek input on the themes and issues. In order to give all stakeholders the opportunity to respond, including those who could not participate on the videoconference, the stakeholders were also invited to submit written revisions to the draft and explain the impact of each of their suggestions. Ultimately, these stakeholder comments were integrated into the final draft of themes and issues that served as the basis for the PDG framework for the needs assessment and strategic plan.

The final themes and issues from stakeholders were synthesized with federal requirements (i.e., the domains in the PDG needs assessment guidance) to establish the Nebraska PDG framework for the needs assessment and strategic plan. The framework consisted of nine objectives.

- For the needs assessment phase, the objectives were phrased in terms of exploration and information gathering.
- For the strategic planning phase, the objectives were phrased in terms of actions to be taken to achieve the PDG goal.
- The working version of the framework contained the key questions that defined the PDG domains in the needs assessment guidance as they related to each of the objectives. See page 36 of this appendix for those details.

The PDG team consistently referenced the framework to ensure that stakeholders' priorities and federal requirements were included in the design and implementation of each element and stage of the needs assessment and strategic planning efforts.

| Nebraska PDG Framework for the Needs Assessment and Strategic Plan | | |
|---|---|---|
| | **Objectives for the Needs Assessment** | **Objectives for the Strategic Plan** |
| 1 | Understand the B-5 population of children and families in Nebraska. | Continue to study the population of children ages 0-5 in Nebraska, with emphasis on the vulnerable, underserved, and rural populations. |
| 2 | Describe availability and accessibility of high-quality ECCE services for vulnerable families. | Improve availability of and access to high-quality ECCE services for vulnerable families. |

| Nebraska PDG Framework for the Needs Assessment and Strategic Plan | | |
|---|---|---|
| 3 | Examine current systems for assessing and improving quality of care in Nebraska's ECCE system. | Strengthen Nebraska's systems that define, assess, track, and improve quality of ECCE. |
| 4 | Understand how families make choices about ECCE and how they are involved in their children's care and education. | Make more resources available to families to make informed choices about ECCE in support of their child's healthy development. |
| 5 | Analyze current mechanisms through which Nebraska families gain access to the full range of services needed to support their children's healthy development. | Create more efficiencies to ease families' access to the full range of services needed to support their child's healthy development. |
| 6 | Examine practices that facilitate transitions from early care and education to elementary school. | Improve/expand access to transition supports to help children make successful transitions into Kindergarten. |
| 7 | Examine collaboration and coordination among early childhood education programs in a mixed delivery system. | Create more opportunities for collaboration and coordination among ECCE programs. |
| 8 | Assess capacity of Nebraska's administrative infrastructure to support coordination and alignment of early childhood programs and services. | Build Nebraska's administrative capacity to support coordination and alignment of ECCE programs and services. |
| 9 | Identify opportunities for greater efficiency in Nebraska's early childhood programs and services. | Create greater efficiency in Nebraska's early childhood programs and services by reducing funding and policy barriers for families, providers, and state programs. |

The findings of the needs assessment in Nebraska identified gaps and needs across all nine objectives in the framework, and therefore, across all of the PDG domains.

**Aligning the Goals of the Strategic Plan to the PDG Domains**

Because the Nebraska PDG framework was designed to address stakeholders' priorities *and* federal requirements, there is not a simple, one-to-one alignment between the PDG domains and the nine objectives of the framework, or to the goals of the strategic plan. The following information demonstrates which framework objectives and PDG domains are addressed by the strategic plan.[9]

[9] The description of the development of the strategic plan in Appendix A provides more details on how stakeholder input was aligned with the PDG framework to generate the final strategic plan.

| **Goal 1: Each child and their family can access the quality ECCE services and the essential services they need to support each child's healthy development.** | |
|---|---|
| Objective 1: Increase availability of quality ECCE in communities across the state by creating funding strategies that pay providers for the full cost of quality services. | |
| Objective 2: Increase families' access to quality ECCE by improving continuity of care and removing barriers. | |
| Objective 3: Create coordinated and aligned resource, referral, and enrollment systems across the state, regional, and local levels that make it easier for families to find and enroll in (or access) quality ECCE services. | |
| Objective 4: Increase access to essential services especially for vulnerable families and families living in rural areas. | |
| **Nebraska's PDG Framework Objectives** | **PDG Domains** |
| Objective 2: Improve availability of and access to high-quality ECCE services for vulnerable families | • Quality and availability: availability and access<br>• Definition of key terms |
| Objective 4: Make more resources available to families to make informed choices about ECCE in support of their child's healthy development | • Quality and availability: family engagement |
| Objective 5: Create more efficiencies to ease families' access to the full range of services needed to support their child's healthy development | • Gaps in data or research to support collaboration between programs/services and maximize parental choice<br>• Quality and availability: programs and supports |

| **GOAL 2: All ECCE settings provide quality experiences for children.** | |
|---|---|
| Objective 1: Establish shared, statewide definition of quality to shape and direct all ECCE systems change efforts. | |
| Objective 2: Promote the provision of quality ECCE throughout the state by promoting, supporting, and training the early childhood workforce. | |
| Objective 3: Promote the provision of quality ECCE through improved family engagement practices. | |
| Objective 4: Promote the provision of quality ECCE by assessing the physical spaces and facilities where children receive care. | |
| Objective 5: Increase the provision of quality ECCE throughout the state using the Step Up to Quality (SUTQ) system. | |
| **Nebraska's PDG Framework Objectives** | **PDG Domains** |
| Objective 2: Improve availability of and access to high-quality ECCE services for vulnerable families | • Quality and availability: quality<br>• Definition of key terms |
| Objective 3: Strengthen Nebraska's systems that define, assess, track, and improve quality of ECCE | • Quality and availability: issues involving ECCE facilities |

| **GOAL 3: Communities coordinate a locally designed mixed delivery system that provides continuous care and meets the needs of families.** | |
|---|---|
| Objective 1: Create more collaboration among ECCE providers, schools, families, coaches, and businesses in communities and regions across the state. | |
| Objective 2: Provide models for communities to build customized collaboration plans that meet local families' needs. | |
| Objective 3: Build or expand capacity within communities to support continuity of quality care for children making transition across ECCE settings, including those from ECCE to Kindergarten. | |
| **Nebraska's PDG Framework Objectives** | **PDG Domains** |
| Objective 6: Improve/expand access to transition supports to help children make successful transitions into Kindergarten | • Transition supports and gaps<br>• Definition of key terms |
| Objective 7: Create more opportunities for collaboration and coordination among ECCE programs | • Gaps in data or research to support collaboration between programs/ services and maximize parental choice |

| **GOAL 4: Statewide systems align to support communities in creating an integrated and comprehensive mixed delivery system for all children.** | |
|---|---|
| Objective 1: Create more alignment and integration of vision and planning across state-level organizations, including agencies, nonprofits, private and philanthropic organizations, and advocacy groups. | |
| Objective 2: Promote the importance of early childhood and the value of quality ECCE to the community, state, and economy. | |
| Objective 3: Expand the state's capacity to support coordination and alignment of early childhood programs and services through integrated data systems that track outcomes and support decision-making at the state and community levels. | |
| Objective 4: Conduct ongoing needs assessment and strategic planning efforts to expand the knowledge gained and to continue to inform the efforts to transform the ECCE system. | |
| **Nebraska's PDG Framework Objectives** | **PDG Domains** |
| Objective 1: Expand understanding of the vulnerable, underserved, rural children ages 0-5 in Nebraska | • Definition of key terms<br>• Focal populations for the grant<br>• Number of children being served and awaiting service |
| Objective 8: Build Nebraska's administrative capacity to support coordination and alignment of ECCE programs and services | • Measurable Indicators of progress that align with the state/territory's vision and desired outcomes for the project<br>• Barriers to the funding and provision of high-quality early childhood care and education services and supports and opportunities for more efficient use of resources |
| Objective 9: Create greater efficiency in Nebraska's early childhood programs and services by reducing funding and policy barriers for families, providers, and state programs | • Barriers to the funding and provision of high-quality early childhood care and education services and supports and opportunities for more efficient use of resources<br>• System integration and interagency collaboration |

**Original Alignment of PDG Domains to the Needs Assessment Objectives**

| **NA Objective 1. Understand the ECCE population in Nebraska** |
|---|
| Describe how the state/territory defines key terms, including quality early childhood care and education, availability, vulnerable or underserved, and children in rural areas.<br>• Additional terms will be defined to support alignment in Nebraska. |
| Describe the populations of children who are vulnerable or underserved, and children in rural areas.<br>• Factors include (but are not limited to) family income, food or housing insecurity, employment of adults in home, health and well-being of adults in home, and refugee status. |
| Identify the unduplicated number of children being served in existing programs and the unduplicated number of children awaiting service in such programs.<br>• Describe how this number was achieved and the challenges faced. |

| **NA Objective 2. Describe availability and accessibility of high-quality ECCE services for vulnerable families across Nebraska.** |
|---|
| Assess availability of and access to quality early childhood care and education (ECCE). |
| Describe service use of families with children in the ECCE system (both children and family members). |
| Describe current strengths and gaps in availability of care across populations, regions, and settings, particularly for vulnerable or underserved children and those in rural areas. |
| Describe current strengths and gaps in quality of care across settings, particularly for vulnerable or underserved children and those in rural areas. |
| Describe all barriers to access including, but not exclusive to, cost/affordability of care, transportation, and suspension and expulsion practices. |
| Assess the supply of educators. |
| Address “access equity” in Nebraska. |
| Assess impact of parents’ and children’s absenteeism on access to care. |

| **NA Objective 3. Examine current systems for assessing and improving quality of care in Nebraska's ECCE system.** |
|---|
| Assess strengths and weaknesses of the state’s quality framework, including the strengths and weaknesses of the data available on quality. |
| Address provider/facility needs, particularly as they relate to moving up in Step Up to Quality or to meet accreditation standards. |
| Assess workforce (shortages, pay issues, credentialing, etc.). |
| Assess workforce development (educators’ qualifications and training). |
| Assess key concerns or issues related to the ECCE facilities. Describe strengths and weaknesses of data available on ECCE facilities and any initiatives to improve the data. |
| Assess licensing, quality assurance, monitoring, and evaluation practices. |

| **NA Objective 4. Understand how families make choices about ECCE and how they are involved in their children’s care and education.** |
|---|
| Assess initiatives to inform and educate parents about what constitutes high-quality ECCE. |
| Assess initiatives to promote and increase involvement by and engagement of parents in the development and education of their children. |
| Assess any initiatives that address parents’/families’ cultural and/or linguistic needs. Assess the impact on access to and availability of ECCE services. |
| Assess family voice/parent voice. |

| |
|---|
| Assess programs or supports to make sure that children of parents who are employed, looking for work, or in training are able to access child care that is compatible with their employment/training situation. |

| **NA Objective 5. Analyze current mechanisms through which Nebraska families gain access to the full range of services needed to support their children's healthy development.** |
|---|
| Assess programs or supports that help connect children to appropriate, high-quality care and education; specify supports for children who are non-English speaking. |
| Address how other systems (for example, health care, food assistance, family crisis support) provide support to families who are served by the ECCE system. |
| Assess programs or supports that ensure that early care and education settings are helping vulnerable or underserved children access needed support services such as health care, mental health, food assistance, housing support, economic assistance, and family crisis services; specify supports for children who are non-English speaking. (Specifically, assess the state's resource and referral system.) |
| Assess programs and supports to identify children who are developmentally delayed and connect them to these services. |
| Identify the most important gaps in data or research about the programs and supports available to families and children. Describe the challenges and what might be done to improve. |

| **NA Objective 6. Examine practices that facilitate transitions from early childhood to elementary school.** |
|---|
| Describe strengths and weaknesses current transition support services and gaps in that system. |
| Assess if these are targeted transition supports<br>(a) for vulnerable or underserved children and children in rural areas;<br>(b) across the age spans or are they for specific age populations;<br>(c) provided to parents in a culturally and linguistically sensitive way; and<br>(d) differ based on the type of early care and education provider (e.g., Head Start, state/territory PreK, home care provider, private or religious-based provider). |
| Assess the effectiveness of the communication between early care and education providers and school systems. |

| **NA Objective 7. Examine collaboration and coordination among early childhood education programs in a mixed delivery system.** |
|---|
| Assess public/private sector partnerships at state, regional, and local levels and identify potential improvements.<br>• Investigate existing collaborations and assess business owner and philanthropic perspectives. |
| Describe the most important gaps in data or research regarding collaboration across programs and services and maximizing parental choice. Assess initiatives currently underway to address these gaps. |

| **NA Objective 8. Assess capacity of Nebraska's administrative infrastructure to support coordination and alignment of early childhood programs and services.** |
|---|
| Identify and describe gaps in data and research about the quality and availability of quality ECCE programs (0-5, working families, and unemployed). |
| Assess Nebraska's capacity to build an integrated data system that will enable/improve collaboration and coordination of state, regional, and local services. |
| Describe the state's current measurable indicators of progress toward the goals of this grant and the strategic plan. Define measurable indicators that currently exist that can be used to track progress. |

| **NA Objective 8. Assess capacity of Nebraska's administrative infrastructure to support coordination and alignment of early childhood programs and services.** |
|---|
| Describe initiatives currently underway to develop additional measurable indicators to track progress in achieving the goals of this grant and your strategic plan. |

| **NA Objective 9. Identify opportunities for greater efficiency in Nebraska's early childhood programs and services.** |
|---|
| Assess any barriers to the funding and provision of high-quality ECCE supports, system integration, and interagency collaboration. |
| Address policy, funding, and regulatory barriers; include a discussion of supports in the broader early childhood system, not just the ECCE system. |
| Describe practices already in place that reflect effective and supportive interagency collaboration supporting young children and families. |
| Assess and discuss opportunities for a more efficient allocation of resources across the system. |

## APPENDIX D. DEFINING KEY TERMS FOR PDG AND NEBRASKA'S ECCE SYSTEM TRANSFORMATION

In the ongoing work to align resources to improve the availability and accessibility of quality ECCE services, it is important for partners to have shared definitions and understanding of the terms describing the population and the elements of the system they are working to change. Without shared definitions, unintentional miscommunication could lead to misaligned efforts and unexpected obstacles.

This appendix includes definitions for the terms considered essential to ensuring that partners and stakeholders have that shared understanding. While these terms could be defined in different ways for different circumstances, the purpose is to create shared definitions specific to Nebraska's needs and priorities. The definitions presented here were developed during the needs assessment phase and informed the analysis of data gathered through the needs assessment as well as the design and implementation of the strategic plan.

Key definitions created for Nebraska's PDG were useful for two purposes:

- Core definitions create shared understanding among partners about the ECCE system and its elements.
- Operationalized definitions define the term with the precision necessary for data analysis.

Note that these definitions are distinct from eligibility criteria.

- Eligibility criteria define characteristics of a family and/or child that allow them access to specific services. Eligibility criteria vary by program and are often mandated by federal or state statutes.

The key definitions have been arranged into the following groups.

Group 1 includes terms that are **foundational concepts to the PDG vision and goal**; each one is essential to setting the context for the direction of the strategic plan. During the review of stakeholder input, it became clear that these terms are closely interrelated and that understanding one of the five depends on clear understanding of the others.

1. Nebraska's Early Childhood Mixed Delivery System
    a. Early childhood care and education (ECCE) services
    b. Essential services for early childhood development
2. Vulnerable
3. Quality early childhood care and education
4. Availability of ECCE
5. Access to ECCE

Group 2 includes terms that **describe the PDG target population**. The need to clearly define these terms has both methodological and substantive impact on identifying and describing the target population, both of which may impact how resources are allocated and delivered.

6. Rural
7. Poverty
8. Low income
9. Underserved
10. Unduplicated count

Group 3 includes terms that **describe elements of the ECCE mixed delivery system or the administrative systems that monitor progress**. The clear use of these terms will have an impact on how Nebraska chooses to increase or improve capacity for the functions and services each term represents.

11. Transition support
12. ECCE facility issues
13. Early childhood integrated data system (ECIDS)

## About the Key Terms Defined Below

The core definition of each term reflects stakeholder input to the original drafts. Additionally, where relevant, information has been provided to articulate how the updated core definitions would be used for data analysis in the PDG needs assessment. This was a critical step necessary to move toward the operationalized definitions, which were articulated in the methodology of the needs assessment report. Each revised definition includes a potential impact statement on systems change.

## Stakeholder Review Process

The draft definitions were distributed to the PDG Nebraska Leadership Team[10] and other stakeholders across the state who participated in the Strategic Planning Advisory Team[11] meetings in August 2019. The survey for feedback on these definitions was open between Aug. 19 and Aug. 31, 2019. In addition to a document describing the request, respondents received a link to a Qualtrics survey that invited them to indicate the level of support they could offer to each definition on a five-point scale.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| I cannot support this definition at all. | | This definition has issues, but I can live with it. | | I fully support this definition. It will help us build better systems in Nebraska. |

Respondents were invited to comment on every definition, regardless of their level of support.
If respondents indicated a "1" or a "2" rating, there was a forced question asking the respondent to

> *"Please explain the problem(s) you see with this definition, including any problems that the definition will present for your organization."*

For one term (Rural), respondents were given the choice between two definitions. They were asked to identify which definition of "Rural" they supported more before rating their support for their selection.

A total of 18 respondents rated and/or commented on all definitions. After the survey closed, the stakeholder feedback was compiled and summarized. The results of the deliberative process to integrate the feedback is provided below.

[10] The Nebraska Leadership Team is the working group of grant managers and project leads that oversee and implement PDG activities in Nebraska.
[11] See Appendix A.

## Group 1: Foundational, System-Wide Definitions

The five terms and definitions in this group establish the foundation for the transformation of the ECCE system in Nebraska. In fact, one of these terms provides a new definition of the early childhood mixed delivery system that reflects the intended integration of the systems that support children birth through age 5. These definitions served as the organizational concepts for the PDG strategic plan.

**TERM: EARLY CHILDHOOD MIXED DELIVERY SYSTEM**

*Nebraska's early childhood mixed delivery system for children 0-5 years is composed of an array of services and providers that support the holistic development of children's social, emotional, cognitive, and physical needs in order to build a solid and broad foundation for lifelong learning and well-being. In order to support all of a child's needs, the mixed delivery system includes an integrated network of services across two domains:*

- *Early childhood care and education*
- *Essential services for early childhood development*

*Early Childhood Care and Education (ECCE) services are offered through a variety of programs in three main setting types[12].*

*Home-based settings*

- *Family child care homes (licensed, license-exempt, or not licensed)*
- *In-home child care*
- *Home visitation, including early intervention*

*Center-based settings*

- *Private child care centers (profit and nonprofit)*
- *Preschools*

*School-based settings*

- *Public schools*
- *Private schools*

*Essential services for early childhood development are offered by state agencies and regional and local community-based organizations to children and their families matched to needs such as:*

- *Nutrition support/food insecurity*
- *Housing insecurity*
- *Health care*
- *Mental health care*
- *Dental care*
- *Family crisis*
- *Developmental screening*

[12] While these settings listed below are categorical (primarily for data analysis purposes), some providers operate across these setting types to meet community needs and program funding requirements. The federally funded Head Start and Early Head Start program is administered through local grantees and includes both home- and center-based settings. The public PreK programs are operated by public schools or Educational Service Units. Community child care settings operating in homes and centers may be for-profit or nonprofit and may use a mix of private and public funding.

- *Parenting supports*
- *Transportation support*

**Use in PDG Needs Assessment Data Analysis**:
Data analysis from both parent and provider surveys was disaggregated by the type of care/education setting.

**Potential Impact on Systems Change:**
A core assumption of the PDG is that Nebraska's vulnerable children will thrive better in an integrated system of support services that creates seamless access to all services needed to support the child's development and well-being. This definition is designed to reflect integrated and nested support services in order to help move programs and policies toward an integrated system that will better support vulnerable children.

**TERM: VULNERABLE**

*Vulnerable children are those children experiencing conditions that could have a negative impact on their development and learning. Poorer developmental outcomes are expected when children experience multiple conditions. These conditions include (but are not limited to):*

- *Parental mental illness (including maternal depression)*
- *Discrimination based on race and/or ethnicity*
- *Trauma, including adverse childhood experiences (ACEs)*
- *Poverty*
- *Low socio-economic status*
- *Homelessness or housing insecurity*
- *Food insecurity*
- *Inadequate prenatal care*
- *Low birthweight*
- *Teen parents*
- *Parents without high school education*
- *Primary language at home is not English*
- *Special health needs or disability*
- *In state care/foster care*
- *Immigration or refugee status*
- *Discrimination based on identifying as LGBTQI*[13]

**Use in PDG Needs Assessment Data Analysis**:
Some of the vulnerability conditions listed above are not collected in data systems on a regular basis. The conditions that are available in state or federal data and will be used to describe the PDG target population are:

- Race and/or ethnicity
- Poverty
- Low socio-economic status
- Homelessness or housing insecurity

[13] Children and parents who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied.

- Food insecurity
- Inadequate prenatal care
- Low birthweight
- Teen parents
- Parents without high school education
- Primary language at home is not English
- Special health needs or disability
- In state care/foster care

For the PDG Needs Assessment analysis of data collected from parents, the operationalized definition of *vulnerable* included:

- Reported income 200% or less of federal poverty level
- Child diagnosed with a disability or condition
- Housing insecurity
- Less than high school education for spouse/partner
- Food insecurity
- Frequent mental distress (15 or more days/month) for primary caregiver
- Less than high school education for primary caregiver
- Hispanic, Latino/a, or Spanish origin ethnicity
- Reported income 100% or less of federal poverty level
- Spouse/partner mental health fair or poor
- Race other than White
- Speak a language other than English
- Inadequate prenatal care
- Sought assistance using supports for families experiencing domestic violence
- Child in foster care

**Potential Impact on Systems Change:**

By adopting a definition of vulnerability that includes the full range of conditions in a child's life that are likely to have adverse impact on their development and learning, planning and policy change efforts in Nebraska can and will now be informed by a complete set of factors for consideration. Intentionally considering all of these factors while developing programs, policies, and interventions will do more to ameliorate the impact of these factors.

- While not every program or policy will be designed to address all of these vulnerability factors, an intentional evaluation of whether each is relevant creates the opportunity to address them.
- It will be better to have considered it than to have omitted it due to lack of awareness.

**TERM: QUALITY EARLY CHILDHOOD CARE AND EDUCATION**

*Quality in early childhood care and education (ECCE) is defined by each **child's experience**; the environment in which quality care is experienced consists of a **nested set of provisions** designed to foster the child's healthy development and learning.*

*A **child experiences high-quality early care and education** as physical and emotional safety in the context of frequent one-on-one interactions with a caring adult/s that are warm, language-rich, and educational.*

*To increase the likelihood that a child experiences quality, adults in early childhood programs provide the following:*

- *Sensitive and responsive interactions with each individual child*
- *Developmentally appropriate instruction that addresses the whole child (physical, emotional, cognitive, social), and is individualized to each child's unique skills and needs*
- *Caregivers/teachers who are healthy mentally and physically and are educated, trained, and appropriately compensated*
- *Family engagement in the care and education of their children and in learning about their child's development*
- *Inclusion of the families' and children's culture and language*

*Quality early care and education is supported by local, state, and federal policies that enable ECCE providers to create this nested set of provisions, including:*

- *Economic, social, regulatory, and funding policies*
- *Observational assessment of the child's experiences of quality in addition to observations of the provisions*

**Use in PDG Needs Assessment Data Analysis**:
Given currently available system data and data collected within the needs assessment surveys, analysis will focus on beliefs and ideals families and providers report about quality and on the provisions that support a quality experience.

**Potential Impact on Systems Change:**
This definition introduces two significant changes to the discussion of quality of ECCE: (1) focus on the child's experience and (2) addressing the provisions that create quality as an integrated set of environmental factors that, when woven together, improve the likelihood that the child will experience high-quality care and education.

Using this definition as a foundation for efforts to improve quality in the ECCE system, to improve the measurement of quality, and to design or redesign mechanisms that report quality will enhance the environmental provisions in care settings, and therefore the likelihood that children will experience quality.

**TERM: AVAILABILITY OF ECCE**

*Availability of ECCE refers to the sufficient supply of quality child care arrangements in a community for all families with children 0-5 years old to find a placement that satisfies their preferences with reasonable effort at an affordable price.*

**Use in PDG Needs Assessment Data Analysis:**
Not applicable.

**Potential Impact on Systems Change:**
This definition emphasizes that "availability" is a system supply issue that limits a parent's ability to find high-quality care; the deficit is not a function of demand (i.e., families' need). This clarity directs attention to the systems change needed, which is to build greater capacity in communities across the state to meet all families' needs for high-quality ECCE.

**TERM: ACCESS TO ECCE**

*Access to high-quality early care and education means that families can enroll their children in arrangements that support the children's development and meets the families' needs with minimal barriers, such as affordability and transportation.*

**Use in PDG Needs Assessment Data Analysis:**
Not applicable.

**Potential Impact on Systems Change:**
The definitions of access and availability are closely linked. The focus of the "access" definition is that families are actually able to enroll their child in the care setting that best meets the child's and family's needs without facing undue barriers. Systems changes that improve families' access to care will address the barriers that prevent families from enrolling in the care and education options that are available.

## Group 2: Definitions for Demographic Terms

These terms are necessary to fully describe the PDG target population (children birth – age 5 who are vulnerable, underserved, and living in rural communities). The definition of these terms has methodological and substantive impact on identifying and describing the target population, both of which may impact how resources are allocated and delivered.

**TERM: RURAL**

*Analysis of data collected during the PDG needs assessment will be conducted using the USDA's Economic Research Service's (ERS) Rural-Urban Continuum Codes (RUCC).*
*In the ERS's RUCC system, the counties are classified as either metropolitan (metro) or nonmetropolitan (nonmetro). Within these two main categories:*

- *Metro counties are designated based on the population of the metro area in the county.*
- *Nonmetro counties are designated by the degree of urbanization and distance from a metro area.*

*Metro and nonmetro categories are subdivided into three metro and six nonmetro groupings, resulting in a nine-part county classification.*

| Code | Description | # of NE counties in this category |
|---|---|---|
| Metro Counties[14] | | |
| 1 | Counties in metro areas of 1 million population or more | 0 |
| 2 | Counties in metro areas of 250,000 to 1 million population | 7 |
| 3 | Counties in metro areas of fewer than 250,000 population | 6 |
| Nonmetro counties: | | |
| 4 | Urban population of 20,000 or more, adjacent to a metro area | 3 |
| 5 | Urban population of 20,000 or more, not adjacent to a metro area | 4 |
| 6 | Urban population of 2,500 to 19,999, adjacent to a metro area | 6 |
| 7 | Urban population of 2,500 to 19,999, not adjacent to a metro area | 16 |
| 8 | Completely rural or less than 2,500 urban population, adjacent to a metro area | 9 |
| 9 | Completely rural or less than 2,500 urban population, not adjacent to a metro area | 42 |

[14] Nebraska counties assigned to these categories are listed at the end of this appendix.

**Use in PDG Needs Assessment Data Analysis:**
To define rurality, we combined the RUCC into three categories, which reflect the major regional distinctions within Nebraska:

- **Children in remote rural areas.** Children living in a county in a remote rural area, which is a region with a population less than 2,500.
- **Children in micropolitan areas.** Children living in a county that includes a small town or micropolitan community with a population between 2,500 and 250,000.
- **Children in metropolitan areas.** Children living in a county that includes a metropolitan community with a population of 250,000 or more.

**Potential Impact on Systems Change:**
Use of these codes has the following advantages for data analysis and for future changes in the system: better analysis and comparability potential with other states, which allows more discrete tracking of outcomes in proximity to services and will help with future funding opportunities. Use of these codes also offers more thorough differentiation of factors that make it possible to show when a rural community that is adjacent to a metro area that may be able to access more services.

**TERM: POVERTY**

*Poverty is defined by 100% of the federal poverty level, as defined on a yearly basis by the U.S. Census Bureau.*

See chart below for specific income levels by family size.

**TERM: LOW INCOME**

*Low income is defined by a family income that is 200% of the federal poverty level.*

| 2019 Federal Poverty Guidelines | | | | |
|---|---|---|---|---|
| **Number of People in Household** | **100% Federal Poverty Level (FPL)** | **150% of FPL** | **185% of FPL** | **200% of FPL** |
| One | $12,490 | $18,735 | $23,106.50 | $24,980 |
| Two | $16,910 | $25,365 | $31,283.50 | $33,820 |
| Three | $21,330 | $31,995 | $39,460.50 | $42,660 |
| Four | $25,750 | $38,625 | $47,637.50 | $51,500 |
| Five | $30,170 | $45,255 | $55,814.50 | $60,340 |
| Six | $34,590 | $51,885 | $63,991.50 | $69,180 |
| Seven | $39,010 | $58,515 | $72,168.50 | $78,020 |
| Eight | $43,430 | $65,145 | $80,345.50 | $86,860 |
| For nine or more, add this amount for each additional person | $4,420 | $6,630 | $8,177 | $8,840 |

**Use in PDG Needs Assessment Data Analysis:**
These definitions determined the level of income for families identified as vulnerable in the analysis.

**Potential Impact on Systems Change:**

Using the standard definition of poverty allows Nebraska to make direct comparisons to other analyses using this same benchmark. While many stakeholders expressed concern that the issue of poverty and low income is far more complex than income alone, and that the levels of income chosen here represent *deep* poverty, use of this definition allows more effective conversation with policymakers in identifying the population in greatest need of services.

**TERM: UNDERSERVED**

*Underserved children are those who are not currently receiving the full array of ECCE and essential services that support quality experiences and healthy, whole child (physical, emotional, cognitive, social) development.*

In this revised definition, "not getting the services needed to support healthy development" is the core of the definition. A child whose family doesn't meet the eligibility criteria will not get a needed support service. That child is "underserved" because the service wasn't provided, irrespective of eligibility status.

**Use in PDG Needs Assessment Data Analysis:**
No impact due to lack of available data.

**Potential Impact on Systems Change:**
This definition may add clarity to the conversation about who these children are. It may serve as a useful discussion point as partners work together to identify meaningful indicators that help describe and identify the population most in need of services.

**TERM: UNDUPLICATED COUNT**

*The unduplicated count of children being served is the number of children served, when each child is counted only once, no matter how many direct services the child receives during a year.*

*The unduplicated count of children on a wait list is the number of unique children that are on one or more wait lists for services at a specific point in time.*

This table provides an example to explain unduplicated count of children on a wait list.

| | Service A | Service B | Service C | Service D | Service E | Service F |
|---|---|---|---|---|---|---|
| Child 1 | X | | | | | |
| Child 2 | | X | X | X | | X |
| Child 3 | X | X | X | X | X | X |
| Child 4 | | X | | | | X |
| Child 5 | | | | | | |

There are two components of the understanding the unduplicated count of children on wait lists, (1) what to collect and (2) what to report.

- From a collection side, we should be collecting for each identified child, and for each service—whether they are eligible, have access, are on a wait list, and are enrolled/receiving services. This raw data, when focusing on wait lists, would result in a table such as laid out above.
- To report the unduplicated count of children on wait lists, the definition is *the number of unique children that are on one or more wait lists for services at a specific point in time*.
- Thus, in the example above, the answer is four.

**Use in PDG Needs Assessment Data Analysis:**
No impact due to lack of available data.

**Potential Impact on Systems Change:**
The Nebraska administrative systems currently have no means of tracking service utilization of individual children across multiple systems. Either establishing a unique identifier or creating better estimates of unduplicated counts in an integrated data system will create significant improvements in estimating the resources required to meet the actual levels of need in communities across the state.

## Group 3: System Elements Definitions

The last group of terms identifies elements of the ECCE mixed delivery system and an administrative system that monitor the performance of that system. Clearly defining these terms will provide a firm basis for developing programs, policies, and interventions intended to increase or improve capacity for the functions and services each term represents.

**TERM: TRANSITION SUPPORT**

*A transition support is a process within a program or a stand-alone service designed to support families and children in preparation for the transition from one early childhood care and education setting/service to another, including:*

- *All transitions as children age out (infant, toddler, etc.)*
- *Children transitioning from Early Head Start to PreK or from a PreK environment to Kindergarten*
- *Transitions between settings for any other reason*

**Use in PDG Needs Assessment Data Analysis:**
Data analyzed in the needs assessment focused on the transition to Kindergarten. Data on the transitions children experience prior to Kindergarten were not available.

**Potential Impact on Systems Change:**
By describing transition support as including every transition a child makes between care settings throughout their first 5 years, this definition directs organizations creating programs, policies, and interventions to consider and address the full scope of support needed by children in Nebraska.

**TERM: ECCE FACILITY ISSUES**

*"Facility Issues" for ECCE providers refer to situations in which the physical environment of a child care or education setting does not meet safety, developmental appropriateness, and/or quality standards that foster children's healthy development and learning.*

*Factors of a child care setting that contribute to the safety, developmental appropriateness, and quality of the physical environment that foster children's healthy development and learning include the following;*

- *Physical health and safety (including food handling and meal time; appropriate storage of cleaning products and medicines; sanitizing surfaces; toy and equipment safety; etc.)*
- *Toilets, sinks, and other fixtures and furniture that are easily accessible to children, including children with disabilities*
- *Appropriate amount of physical space for the number and age of children being served in each classroom or home for play, education, and nap time*
- *Playground and outdoor spaces that allow children to connect with nature and promote physical activity*

- *Bathrooms adjacent to classrooms and to playgrounds when possible*
- *Appropriate acoustics*
- *Windows in classrooms and common areas*
- *Soothing colors, open spaces, and different types of lighting that are comfortable, homelike, and inviting*
- *Entryways, common areas, and hallways that foster engagement with other children and teachers*

Because the physical spaces of early childhood care and education settings vary significantly, not all of these factors apply to all settings.

**Use in PDG Needs Assessment Data Analysis:**
None.

**Potential Impact on Systems Change:**
This definition may be useful in opening a conversation and a line of research or assessment of physical space issues in ECCE settings in Nebraska.

**TERM: EARLY CHILDHOOD INTEGRATED DATA SYSTEM (ECIDS)**

*An Early Childhood Integrated Data System (ECIDS) collects, integrates, and reports information from early childhood programs across multiple agencies within a state that serves children and families from birth through age 8. Each ECIDS will be designed to meet the state's goals and data/ information needs of decision-makers.*

**Use in PDG Needs Assessment Data Analysis:**
None.

**Potential Impact on Systems Change:**
Nebraska is planning to establish a federated data model for ECIDS, in which a new dataset is generated each time a new policy or research question needs to be answered. (The original data are always stored in the system that owns those data.) The process includes an extraction of appropriate data into the ECIDS directly from various data sources, creating a linkage with data across sources, and generating a dataset that can be used for research or data analysis. This process must be done each time a dataset needs to be generated.

**Nebraska Counties Listed by Rural Urban Continuum Codes**

| County Name | Population 2010 | RUCC 2013 |
|---|---|---|
| Cass | 25,241 | 2 |
| Douglas | 517,110 | 2 |
| Lancaster | 285,407 | 2 |
| Sarpy | 158,840 | 2 |
| Saunders | 20,780 | 2 |
| Seward | 16,750 | 2 |
| Washington | 20,234 | 2 |
| Dakota | 21,006 | 3 |
| Dixon | 6,000 | 3 |
| Hall | 58,607 | 3 |

| County Name | Population 2010 | RUCC 2013 |
|---|---|---|
| Hamilton | 9,124 | 3 |
| Howard | 6,274 | 3 |
| Merrick | 7,845 | 3 |
| Adams | 31,364 | 4 |
| Buffalo | 46,102 | 4 |
| Dodge | 36,691 | 4 |
| Lincoln | 36,288 | 5 |
| Madison | 34,876 | 5 |
| Platte | 32,237 | 5 |
| Scotts Bluff | 36,970 | 5 |
| Butler | 8,395 | 6 |
| Gage | 22,311 | 6 |
| Otoe | 15,740 | 6 |
| Saline | 14,200 | 6 |
| Wayne | 9,595 | 6 |
| York | 13,665 | 6 |
| Box Butte | 11,308 | 7 |
| Cherry | 5,713 | 7 |
| Cheyenne | 9,998 | 7 |
| Colfax | 10,515 | 7 |
| Cuming | 9,139 | 7 |
| Custer | 10,939 | 7 |
| Dawes | 9,182 | 7 |
| Dawson | 24,326 | 7 |
| Holt | 10,435 | 7 |
| Jefferson | 7,547 | 7 |
| Kearney | 6,489 | 7 |
| Keith | 8,368 | 7 |
| Nemaha | 7,248 | 7 |
| Phelps | 9,188 | 7 |
| Red Willow | 11,055 | 7 |
| Richardson | 8,363 | 7 |
| Burt | 6,858 | 8 |
| Clay | 6,542 | 8 |
| Fillmore | 5,890 | 8 |
| Greeley | 2,538 | 8 |
| Johnson | 5,217 | 8 |
| Kimball | 3,821 | 8 |
| Nance | 3,735 | 8 |
| Sherman | 3,152 | 8 |
| Thurston | 6,940 | 8 |
| Antelope | 6,685 | 9 |
| Arthur | 460 | 9 |
| Banner | 690 | 9 |

| County Name | Population 2010 | RUCC 2013 |
|---|---|---|
| Blaine | 478 | 9 |
| Boone | 5,505 | 9 |
| Boyd | 2,099 | 9 |
| Brown | 3,145 | 9 |
| Cedar | 8,852 | 9 |
| Chase | 3,966 | 9 |
| Deuel | 1,941 | 9 |
| Dundy | 2,008 | 9 |
| Franklin | 3,225 | 9 |
| Frontier | 2,756 | 9 |
| Furnas | 4,959 | 9 |
| Garden | 2,057 | 9 |
| Garfield | 2,049 | 9 |
| Gosper | 2,044 | 9 |
| Grant | 614 | 9 |
| Harlan | 3,423 | 9 |
| Hayes | 967 | 9 |
| Hitchcock | 2,908 | 9 |
| Hooker | 736 | 9 |
| Keya Paha | 824 | 9 |
| Knox | 8,701 | 9 |
| Logan | 763 | 9 |
| Loup | 632 | 9 |
| McPherson | 539 | 9 |
| Morrill | 5,042 | 9 |
| Nuckolls | 4,500 | 9 |
| Pawnee | 2,773 | 9 |
| Perkins | 2,970 | 9 |
| Pierce | 7,266 | 9 |
| Polk | 5,406 | 9 |
| Rock | 1,526 | 9 |
| Sheridan | 5,469 | 9 |
| Sioux | 1,311 | 9 |
| Stanton | 6,129 | 9 |
| Thayer | 5,228 | 9 |
| Thomas | 647 | 9 |
| Valley | 4,260 | 9 |
| Webster | 3,812 | 9 |
| Wheeler | 818 | 9 |

## APPENDIX E. NEBRASKA EARLY CHILDHOOD STRATEGIC PLAN INDICATORS OF MEASURABLE PROGRESS

The first set of measurable indicators of progress (below) has been identified to demonstrate progress toward the objectives of the Nebraska Early Childhood Strategic Plan. Two types of indicators were identified: currently available indicators and aspirational indicators.

Starting with the list of indicators that the Early Childhood Data Coalition developed in recent years, the ECDC and the ECICC PDG task force identified available measures from current state agencies and other organizations.

- In the next phase of strategic planning, these will be the foundational list of indicators used to track progress.
- Over time, the list will be evaluated and amended to include new data sources and indicators in conjunction with program performance evaluation efforts.

Aspirational indicators were also identified for many of the objectives to begin to shape movement toward collecting more data that will provide a more complete picture of how the ECCE system operations and progress toward the objectives.

- These indicators will be evaluated during the implementation phase in close coordination with the effort to build the Nebraska Early Childhood Integrated Data System.

Limitations of Data

One of the most important considerations in choosing any indicator is the reliability and trustworthiness of the data. The indicators on this list have been included with the understanding that there may yet be questions about the source and completeness of reporting of source data. Known limitations have been included with each of the indicators.

Ongoing evaluation of these indicators for the objectives of the Strategic Plan will assess the extent to which they meet these criteria:

- Meaningfully relate to the objective and goal
- Have available and reliable data
- Describe positive outcomes
- Demonstrate systems impact
- Demonstrate impact for target populations
- Measure objective rather than subjective conditions
- Are usable for assessing more than one sub-population
- Are clear and understandable in how they track change

| **GOAL 1: Each child and their family can access the quality ECCE services and the essential services they need to support each child's healthy development.** | | |
|---|---|---|
| **Goal 1, Objective 1 Indicators**<br>Increase availability of quality ECCE in communities across the state by creating funding strategies that pay providers for the full cost of quality services. | Source | Limitations |
| Number of providers by type and quality level within specified geographic regions | Nebraska Department of Education (NDE), Nebraska Department of Health and Human Services (DHHS), Head Start, Sixpence, Educare | |
| Capacity of licensed providers (the total number of slots reported by all licensed providers) | DHHS (Child Care Licensing) | The number of licensed slots does not indicate the number of quality slots available or the number of children enrolled. |
| Number of licensed child care slots per 1,000 NE children (ages 0-8) | DHHS (Child Care Licensing) | DHHS collects data on licensed capacities of providers but not actual enrollment or availability. |
| Number of informal care providers who moved to licensure (and the number of children in their care)<br>• # of "new" providers<br>• # of providers moving from provisional licenses | DHHS (Child Care Licensing) | The number of licensed slots does not indicate the number of quality slots available or the number of children enrolled. |
| Percent of licensed providers accepting child care subsidy | DHHS (Subsidy) | |
| Number districts offering public PreK | NDE (Statewide Longitudinal Data System) | |
| Number of slots available in public PreK programs | NDE (Statewide Longitudinal Data System) | |
| ***Aspirational Indicators*** | | |
| Change in share of contributions by private-sector business and philanthropy toward fully funding high-quality early care and education. | Early Head Start/Head Start | A system for acquiring private/business sector contributions needs to exist in order to measure the objective as presented. |
| Measure the impact of access to early learning scholarships on increased availability of quality by assisting the provider | Lincoln Office for Early Childhood/Prosper | Pilot project finishing its first year. |

| **GOAL 1: Each child and their family can access the quality ECCE services and the essential services they need to support each child's healthy development.** | | |
|---|---|---|
| in serving low to moderate income families. Measures include<br>• Number of slots in added capacity (slots)<br>• Opened slots in programs who were not previously accepting children on state subsidy<br>• Allowed for improving wages<br>• Improved bottom line for provider (i.e., not operating at a loss. | Lincoln/UNLPPC/Nebraska Children and Families Foundation (NCFF) | |
| Number of children B-5 served by a program receiving reimbursement rates increased by the model of paying for the full cost of quality. | None yet | "Cost of Quality" model needs to be determined for the state and accepted/endorsed by state admin, providers, etc. |
| **Goal 1, Objective 2 Indicators**<br>Increase families' access to quality ECCE by improving continuity of care and removing barriers. | Source | Limitations |
| Children 0-8 in out-of-home care Rate/1,000 (3a cases) | DHHS Child Welfare | |
| Number of children receiving ECCE services under subsidy (or continuous subsidy) | DHHS (Subsidy) | |
| Number of children served in HS/EHS when each child is only counted once | Regional Head Start programs, Head Start State Collaboration Office | Each regional HS/EHS collects their own student level data. There is not a unified, student level data system for NE HS/EHS programs. |
| Number children enrolled in public school PreK | NDE (Statewide Longitudinal Data System) | |
| Number Free and Reduced Lunch children enrolled in public school PreK | NDE (Statewide Longitudinal Data System) | |
| Percent of at-risk children enrolled in quality EC programs | NDE, DHHS, Head Start, Sixpence, Educare | Not all databases of quality EC programs would have child level demographics to determine percent at risk. We need to integrate these data at the child level to |

| GOAL 1: Each child and their family can access the quality ECCE services and the essential services they need to support each child's healthy development. | | |
|---|---|---|
| | | develop unique/unduplicated counts of children. |
| ***Aspirational Indicators*** | | |
| Number of licensed providers offering care during non-traditional hours | Market Rate Survey[15] | |
| Number of children who change ECCE arrangements during the day and/or week | New parent survey in ongoing needs assessment; NASIS[16] | Families are typically in and out of subsidy. This is a limitation for following patterns. |
| Number of parents identifying specific barriers to continuity of care | New parent survey in ongoing needs assessment; NASIS | |
| Number of children attending preschool and child care programs. | Schools districts are beginning to collect data on what preschool/ child care programs children attended. | Not currently widely implemented |
| **Goal 1, Objective 3 Indicators**<br>Create coordinated and aligned resource, referral, and enrollment systems across the state, regional, and local levels that make it easier for families to find and enroll in (or access) quality ECCE services. | Source | Limitations |
| | | |
| ***Aspirational Indicators*** | | |
| Number of communities with a coordinated strategy for helping families navigate and enroll for ECCE services | NCFF – Communities for Kids<br>NDE Early Childhood | NCFF could incorporate questions into evaluation work of C4K. |

[15] The Market Rate Survey is a biennial survey that examines the prices and fees charged by child care providers for services in the priced market. The purpose of the Market Rate Survey is to guide NDHHS in setting payment rates within the context of market conditions.

[16] The Nebraska Annual Social Indicators Survey (NASIS) is an omnibus survey where a representative sample of Nebraskans is asked to give their opinion on a variety of topics and issues. This survey is a product of the Bureau of Sociological Research of the University of Nebraska-Lincoln working in collaboration with state agencies and other educational and research organizations.

| **GOAL 1: Each child and their family can access the quality ECCE services and the essential services they need to support each child's healthy development.** | | |
|---|---|---|
| Number of families using the statewide child care resource and referral system to locate quality care for their child | DHHS – Website statistics on use of Child Care Roster, and Licensing Information System<br><br>NDE – Early Childhood Training Center 800 #. | The data could be the same person seeking information multiple times; there is no current indicator of the purpose for someone checking the Roster or LIS.<br><br>ECTC use is tracked quarterly and reported to Federal DHHS. |
| Number of children where access to EL scholarship allowed the child to remain in a quality program after the family was no longer eligible for the state child care subsidy, allowed parent to accept increased wage, assisted family experiencing an acute financial crisis (e.g., health, job, housing). | Lincoln Pilot Project Evaluation. (Scholarships to programs Step 2 or higher on SUTQ for families earning between 130-200% FPL)<br>Lincoln Office for Early Childhood, Prosper Lincoln, LCF, UNL/PPC, NCFF. | Small number due to pilot testing a specific intervention |
| Number of unique interactions | Central Access Point Model | Assumes that the Central Access Point model is operational and collecting data. |
| Number of unique children served | Central Access Point Model | Assumes that the Central Access Point model is operational and collecting data. |
| Demographics of children/families served | Central Access Point Model | Assumes that the Central Access Point model is operational and collecting data. |
| Fidelity of implementation to the accepted model | Central Access Point Model | Assumes that the Central Access Point model is operational and collecting data. |
| Number of family to services linkages | Central Access Point Model | Assumes that the Central Access Point model is operational and collecting data. |
| Mechanism used for follow-up | Central Access Point Model | Assumes that the Central Access Point model is operational and collecting data. |
| Timeframe for follow-up | Central Access Point Model | Assumes that the Central Access Point model is operational and collecting data. |
| Frequency and duration of follow-up | Central Access Point Model | Assumes that the Central Access Point model is operational and collecting data. |

| **GOAL 1: Each child and their family can access the quality ECCE services and the essential services they need to support each child's healthy development.** | | |
|---|---|---|
| Scope of follow-up | Central Access Point Model | Assumes that the Central Access Point model is operational and collecting data. |
| Number attending community outreach events | Central Access Point Model | Assumes that the Central Access Point model is operational and collecting data. |
| **Goal 1, Objective 4 Indicators**<br>Increase access to essential services especially for vulnerable families and families living in rural areas. | Source | Limitations |
| Number of providers accepting Medicaid | DHHS (Nebraska Medical Assistance Program) | Not sure this data is available |
| Number of children being served by Medicaid-eligible providers (including mental health, dental, etc.) across the state | DHHS (Nebraska Medical Assistance Program)<br>Early Head Start/Head Start | |
| Number of pregnant women served by Medicaid-eligible providers (including mental health, dental, etc.) across the state | DHHS (Nebraska Medical Assistance Program) | Aspirational: Pediatric provider survey; Medicare records |
| Number of new and expecting mothers who receive maternal depression services through Medicaid | DHHS (Nebraska Medical Assistance Program)<br>Early Head Start/Head Start | Questions about whether providers are consistently reporting this information. |
| The number of infants/toddlers referred to the Early Development Network (EDN) from the child welfare system and how many of those children/families participated in EDN services (if child was deemed eligible) | DHHS (CFS NFOCUS)<br>DHHS (EDN CONNECT) | Is there a mechanism in place for referring programs to report? |
| Number/percent of pregnant women utilizing WIC | DHHS (WIC) | |
| Number/percent of children birth to age 3 utilizing WIC | DHHS (WIC) | |
| Number of children and families served through Community Response across the state and utilization of flex funds (purpose) | NCFF and University of Nebraska Medical Center (UNMC) – Bring Up Nebraska Annual Evaluation Report | |
| ***Aspirational Indicators*** | | |
| | | |

| **GOAL 2: All ECCE settings provide quality experiences for children.** | | |
|---|---|---|
| **Goal 2, Objective 1 Indicators**<br>Establish shared, statewide definition of quality to shape and direct all ECCE systems change efforts. | Source | Limitations |
| | | |
| ***Aspirational Indicators*** | | |
| Number of state agencies and private entities using shared definition of quality ECCE | Agreements, MOUs/resolutions from agencies/entities/providers | Requires a new tracking mechanism and a process to help guide partners through the "adoption" process. |
| **Goal 2, Objective 2 Indicators**<br>Promote the provision of quality ECCE throughout the state by promoting, supporting, and training the early childhood workforce. | Source | Limitations |
| Number of trainings provided throughout the state for EC workforce<br>• Number of trainings provided<br>• Providers attended via ELC regions | NECPRS[17] | NECPRS is only required for SUTQ participants; it is voluntary for all other providers/employees, so it would not be comprehensive. |
| Number of posts by early childhood state entities on social media | Reports showing the number of posts from state entities promoting ECCE via Facebook, Instagram, Twitter, etc. | |
| Number of calls taken by SUTQ help desk, number of hours of coaching to programs, etc. | SUTQ, Sixpence CCPs, RiR, Go NAPP SAC, showing the support given | Could show not only total support to providers as a whole, but also potentially to individuals getting support from state partners. |
| Median hourly wage of ECCE workforce | | |
| Turnover rates of employees in quality ECCE programs and services | NDE, DHHS, Head Start, Sixpence, Educare | Not all ECCE programs maintain detailed, individual level professional records. The data are not integrated across programs. |
| ***Aspirational Indicators*** | | |

[17] The Nebraska Early Childhood Professional Record System (NECPRS) was established by the Office of Early Childhood to collect data about Nebraska's early childhood programs and determine their standing in the Step Up to Quality process.

| **GOAL 2: All ECCE settings provide quality experiences for children.** | | |
|---|---|---|
| Number of ECCE providers with credentials: degrees, certificates, required training | NECPRS users enter their current level of education in the system. Early Head Start/Head Start | Through NECPRS we should also be able to track the number of providers who have all the licensing required trainings completed in total or by requirement, increases in degrees, etc.<br>NECPRS is only required for SUTQ participants; it is voluntary for all other providers/employees, so it would not be comprehensive. |
| **Goal 2, Objective 3 Indicators**<br>Promote the provision of quality ECCE through improved family engagement practices. | Source | Limitations |
| Number of programs utilizing Ready Rosie | NCFF (Ready Rosie Reporting) | |
| Numbers of Circle of Security classes provided throughout the state | NDE/DHHS: State COSP/Infant Toddler MH System and local collaboratives already tracking the number of classes provided | |
| Number of programs that use parent engagement practices | NDE/DHHS: Number of programs who got points in SUTQ notebooks for utilizing parent engagement practices in their programs.<br>HS/EHS<br>NDE/DHHS: PreK programs | While the data exist, they may not yet be tracked and reported. Must ask data system owners to build into the system.<br>NECPRS, SUTQ notebook data collection.<br>12% of eligible providers are enrolled in SUTQ. |
| Number of programs utilizing parent/provider conferences | NDE/DHHS: SUTQ provider notebooks, PreK programs, HS/EHS | 12% of eligible providers are enrolled in SUTQ. |
| ***Aspirational Indicators*** | | |
| Number of children 0-3 receiving ADC whose parents participate in child development trainings and EDN | DHHS – Children/Family Services - NFOCUS (for ADC) | Need to explore whether sharing of individual child/family's record re: EDN referral/eligibility and services is |

| GOAL 2: All ECCE settings provide quality experiences for children. | | |
|---|---|---|
| | DHHS – Medicaid/Long-term Care – CONNECT (for EDN info)<br><br>Early Head Start/Head Start programs | protected by HIPPA and FERPA since there is no state/federal regulation allowing the transfer of this type of data across our systems; also, if the family must sign a release of information in order to cross-reference/access this level of information.<br>If the data-sharing legal barriers can be overcome, then would need to build data system/sharing characteristics between NFOCUS/ADC eligibility and CONNECT/EDN eligibility. |
| **Goal 2, Objective 4 Indicators**<br>Promote the provision of quality ECCE by assessing the physical spaces and facilities where children receive care. | Source | Limitations |
| Number of programs receiving ERS observations | SUTQ, NDE Rule 11, Sixpence, Head Start | |
| ***Aspirational Indicators*** | | |
| Licensed providers' facility evaluations<br>(logic: all are assessed by a licensing specialist to meet basic requirements) | DHHS (child care licensing) | Does a "tool/checklist" for assessing already exist? If not, capacity of the current system would be an issue. |
| Observations of provider facilities conducted at Step 3<br>• For providers on SUTQ at a 3 or greater, and providers participating in pyramid coaching, and providers participating in Getting Ready Coaching | NDE-Step Up to Quality<br>• Rooted in Relationships (RiR) and NDE for Pyramid participants<br>• UNL-CYFS for Getting Ready | Currently, the data is not aggregated and unduplicated. |
| **Goal 2, Objective 5 Indicators**<br>Increase the provision of quality ECCE throughout the state using the Step Up to Quality (SUTQ) system. | Source | Limitations |
| Number of providers enrolled in SUTQ (by provider type and by region) | NDE-SUTQ | |
| Number of providers moving up a step (quarterly) | NDE-SUTQ | |

| GOAL 2: All ECCE settings provide quality experiences for children. | | |
|---|---|---|
| Percent of all licensed providers who are participating in SUTQ, disaggregated by region, type of provider, language background, SES and racial/ethnic background | NDE-SUTQ | There is an interactive map that is updates monthly that shows participating programs by step/type of provider/and capacity-enrollment/with contact information and a place for a web link for additional information. |
| ***Aspirational Indicators*** | | |
| Number of providers who "moved" through the SUTQ process | NDE-SUTQ | |
| Number of children ages 0-5 served by a SUTQ-required provider each time they move up in step level | NDE-SUTQ | |

| GOAL 3: Communities coordinate a locally designed mixed delivery system that provides continuous care and meets the needs of families. | | |
|---|---|---|
| **Goal 3, Objective 1 Indicators**<br>Create more collaboration among ECCE providers, schools, families, coaches, and businesses in communities and regions across the state. | Source | Limitations |
| Number of communities participating in Rooted in Relationships (RiR), Communities for Kids (C4K) | NCFF/UNMC Annual Rooted in Relationships Report<br>Communities for Kids reports | |
| Numbers of communities working with C4K who have community collaboratives | NCFF-C4K | It might be possible for C4K to align their outcomes with this section to improve data. |
| ***Aspirational Indicators*** | | |
| Number of communities that have early childhood initiatives | | |
| **Goal 3, Objective 2 Indicators**<br>Provide models for communities to build customized collaboration plans that meet the local families' needs. | Source | Limitations |
| Number of Bring Up NE community coalitions, C4K, and/or RiR | NCFF online resources and annual reports | These are all in various stages of development and functionality. |

| | | |
|---|---|---|
| ***Aspirational Indicators*** | | |
| Number of communities with high-functioning and sustainable family support and ECCE infrastructures and services | NCFF/DHHS/UNMC/NDE/Buffett Early Childhood Institute (BECI)<br><br>C4K reports | Developing and ongoing, separate reporting<br>High functioning and sustainable are not defined; there is no mechanism to get this information from each and every community. |
| **Goal 3, Objective 3 Indicators**<br>Build or expand capacity within communities to support continuity of quality care for children making the transition from ECCE to Kindergarten. | Source | Limitations |
| Average teacher/child ratio in Kindergarten classrooms | NDE | |
| ***Aspirational Indicators*** | | |
| Number of districts/schools that use the same Kindergarten readiness assessment | Schools and/or NDE | |
| Number of agreements/MOUs between public schools, Head Start and community child care providers | NDE<br>Head Start Programs<br>NCFF (C4K and Rooted in Relationships) | For Head Start, please see https://www.nhsa.org/our-work/initiative/essa-toolkit for language/resources in this area. |

| | | |
|---|---|---|
| **GOAL 4: Statewide systems align to support communities in creating integrated and comprehensive mixed delivery system for all children.** | | |
| **Goal 4, Objective 1 Indicators**<br>Create more alignment and integration of vision and planning across state-level organizations, including agencies, nonprofits, private and philanthropic organizations, and advocacy groups. | **Source** | **Limitations** |
| | | PDG Program Performance Evaluation may track elements of this. |
| ***Aspirational Indicators*** | | |
| Increase in State funding for ECCE—including additional state funded preschool and B-3 home visitation, state-funded Early Head Start, and investments in child care | State Budget | Political Will |

| **GOAL 4: Statewide systems align to support communities in creating integrated and comprehensive mixed delivery system for all children.** | | |
|---|---|---|
| Changes in private investment and financial support to assist families (e.g., business partnerships, privately funded scholarships, local coalitions and economic development with strategies to support ECCE) | NCFF-C4K<br>First Five Nebraska (FFN)<br>Early Learning scholarships-Lincoln pilot<br>Private entities | Under development: not currently pulled together and communicated back out to the communities and state partners. |
| Creation of a well-funded ECCE system through multiple funding sources | PDG program performance evaluation may track this. | |
| **Goal 4, Objective 2 Indicators**<br>Promote the importance of early childhood and the value of ECCE to the community, state, and economy. | Source | Limitations |
| Materials are available and customizable for local community stakeholder use | FFN | |
| ***Aspirational Indicators*** | | |
| Survey public on early childhood | Buffett Institute, Nebraska Association of School Boards | |
| Public awareness and education communication campaign is collaborative and builds upon foundations developed | | Coordination is occurring; funding is not secured. |
| Data systems are operational and inform the state on the birth-5 ECCE experience | | |
| Data is collected and shared related to the impact of early childhood programs on local economies and strength of communities | | |
| Number of posts from state and local agencies mentioning an EC issue | Social media outlets such as Twitter, Facebook, etc. | |
| **Goal 4, Objective 3 Indicators**<br>Expand the state's capacity to support coordination and alignment of early childhood programs and services through integrated data systems that track outcomes and support decision making at the state and community levels. | Source | Limitations |
| Changes in legislation that permit more integrated data uses | Legislative records | |

| **GOAL 4: Statewide systems align to support communities in creating integrated and comprehensive mixed delivery system for all children.** | | |
|---|---|---|
| Changes in legislation that authorize the creation of the ECIDS | Legislative records | |
| ***Aspirational Indicators*** | | |
| Progress on the objectives of the ECIDS road map | Early Childhood Data Coalition | Funding, staffing, data sharing agreements |
| **Goal 4, Objective 4 Indicators**<br>Conduct ongoing needs assessment and strategic planning efforts to expand the knowledge gained and to continue to inform the efforts to transform the ECCE system. | Source | Limitations |
| Study of transitions throughout the birth – age 5 period completed | PDG renewal program performance evaluation | |
| Study of the impact of ECCE facilities on quality completed | PDG renewal program performance evaluation | |
| Stakeholder engagement in strategic planning processes | PDG renewal program performance evaluation | |
| ***Aspirational Indicators*** | | |
| | | |

## APPENDIX F. STRATEGIC PLANNING PHASE 2: GOVERNANCE FOR DEVELOPING ACTION PLANS AND ONGOING STRATEGIC PLAN OVERSIGHT (MARCH 2020 AND BEYOND)

The first phase of strategic planning created a strategic framework that provides clear direction for achieving improved outcomes for Nebraska's youngest children through transformation and integration of the ECCE system. In order to realize the goals of the Nebraska Early Childhood Strategic Plan, a second phase of strategic planning is required to develop actionable plans for the objectives and strategies (Phase 2).

The scale of the changes articulated in the strategic plan requires broad, cross-sector coordination and intentional collaboration across multiple public and private organizations working to improve early childhood systems and improve outcomes for children in the state. Nebraska will build on the increased coordination capacity developed during the first year of PDG activity and on prior successful coordination efforts (Together for Kids and Families) to create a new oversight structure to lead the state in the further design, implementation, and monitoring of the strategic plan.

### Nebraska Strategic Partnership for Early Childhood

The Nebraska Strategic Partnership for Early Childhood will be established to orchestrate a public-private partnership using a collaborative strategy to oversee the transformation of the early childhood system. Initially, the partnership will lead the action plan development process for the strategic plan. When that process is complete, they will provide long-term oversight of systems change through the strategic plan implementation.

Establishing this partnership creates new opportunities for increased clarity and alignment around a shared vision for an integrated early childhood system. Partners coming together to intentionally have a collective impact on systems change will generate more aligned efforts and messages about that shared vision. The strength of this partnership will not only lie in its efforts to oversee the coordinated implementation of the strategic plan, but also improving communication with elected officials, community leaders, and future funding opportunities about the priority needs for ECCE in Nebraska.

The partnership's membership will include organizations in the Nebraska ECCE system that play significant roles in the implementation, coordination, and funding of the work to achieve the strategic plan's goals and objectives. The individuals serving in the partnership must be in positions to deliberate and negotiate with other system partners, and to subsequently make resource allocation decisions (or get approval for those decisions in a timely manner).

Initial membership of the partnership will be expanded as needed in the initial phase of planning but will include the following organizations:

- Nebraska Children and Families Foundation
- Nebraska Early Childhood Collaborative
- Buffett Early Childhood Fund
- Buffett Early Childhood Institute
- First Five Nebraska
- Sixpence Early Learning Fund
- Nebraska Department of Education

- Nebraska Department of Health and Human Services
- All campuses of the University of Nebraska

A central reason for creating a multi-sector, interdisciplinary partnership is to enable Nebraska to establish a forum for the coordinated use of resources during implementation of the strategic plan, aligning the efforts and programs necessary for transforming the early childhood system. Together, the members of the partnership will:

- Identify organizations that need to be included in the partnership
- Identify partners with existing programs to lead and implement the action plans for the strategic plan
- Identify funding support for ongoing and new initiatives in the action plans, using both existing funding sources and new ones
- Establish, when needed, memoranda of understanding to formalize or expand partnerships

During the action plan design phase, the partnership will participate in facilitated meetings during which they will:

- Review proposals for action plans to achieve the strategies under each objective
- Ensure action plans are integrated and coordinated within and across goals
- Ensure adequate resources are allocated to achieve the intended impact
- Oversee ongoing stakeholder engagement as the action plans move toward finalization

*Action Plan Requirements*

Approved action plans will meet the following minimum requirements:

- Define action steps with achievable results directly related to strategies and objectives
- Specify realistic and achievable time frames for implementation of each strategy
- Define process measures to track performance against the action plan
- Identify an evaluation strategy to track performance, demonstrating alignment with the comprehensive PDG program performance evaluation process
- Identify measurable indicators of progress, including describing data sources for each indicator and how the indicators will be used to assess progress and support continuous quality improvement
- Assess current federal, state, and local statutory requirements for each action plan and identify the policy change needs to remove any potential barriers or roadblocks
- Identify actions needed create policy alignments
- Engage the full range of stakeholders appropriate to their work, including parents, providers from all settings, early childhood educators, public school professionals, community leaders, regional and local organizations, and/or state partners

Once the action plans have been established and approved, the partnership will continue their oversight of the implementation of the strategic plan by:

- Tracking progress reports on the action plans
- Tracking the measurable indicators of progress toward achieving the plan objectives
- Periodically reviewing the goals, objectives, and strategies and directing changes based on what is achieved and learned during implementation

Nebraska anticipates initiating and developing the leadership functions of this partnership in the first year of operations. The partnership will design operating guidelines, identify a sustainable leadership model for the comprehensive strategic plan, and move toward formalized agreements among partners (e.g., memoranda of understanding).

**Early Childhood Interagency Coordinating Council**

Throughout Phase 2 of the strategic planning process and throughout implementation, the Early Childhood Interagency Coordinating Council (ECICC) will continue to serve in its capacity to advise and assist collaborating agencies and partners in the implementation of the strategic plan, particularly in regard to early childhood care and education initiatives under state supervision, particularly Part C and Head Start.

The partnership will provide quarterly updates to the ECICC throughout the action plan development process, as well as status updates on progress during the implementation phase. The partnership will report any significant changes planned in the content and direction of the strategic plan and share findings and recommendations with the ECICC. Though these updates, the ECICC will:

- Maintain awareness of the status and changes of the strategic plan's goals and objectives in order to communicate effectively with their constituencies and with elected officials (some of whom serve on the ECICC)
- Track changes in ECCE system alignment and outcomes for children and families
- Provide guidance on the action plans to ensure they incorporate federal, state, and local program requirements and meet statutory requirements

**Strategic Plan Implementation Management Strategy**

Before implementation begins, procedures will be created for ongoing monitoring, tracking, and reporting of both performance against the action plan and tracking indicators of progress toward the goals. An implementation management team will be established to support processes needed for the teams implementing and reporting their action plans and for the partnership meetings. This support will include tools and processes for effective project initiation and reporting. The implementation management team will be composed of project coordinators from partnership organizations.

- During the project initiation stage, support will include establishing basic project management and tracking tools to document the scope of work (actions and timelines); defining process indicators for the action plans; and establishing tools and reporting processes to track progress indicators.
- During the implementation phase, support will include gathering status updates and reports from implementation teams on the action plans; gathering the reports and data on indicators to demonstrate progress toward the goals; and developing quarterly and annual summary reports for the partnership and ECICC.

Figure F1 depicts the working relationships among the Nebraska Strategic Partnership for Early Childhood, the ECICC, and the implementation teams.
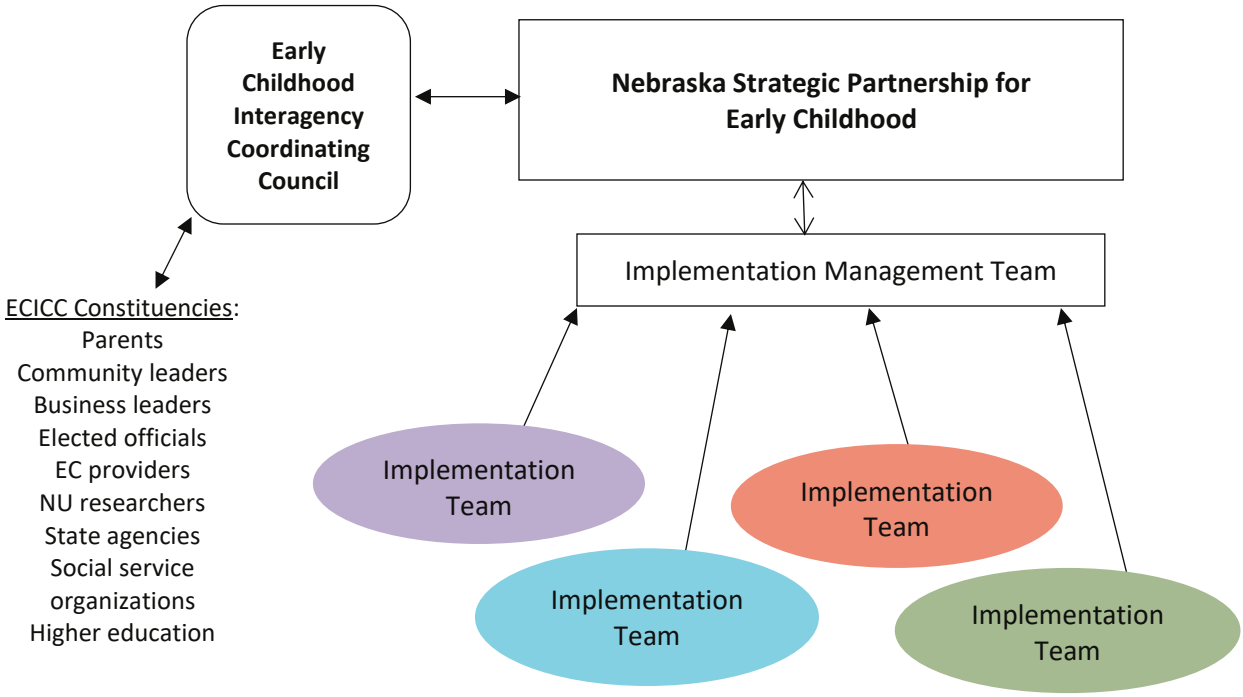
Figure F1: Governance Structure for the Nebraska Early Childhood Strategic Plan