

Nebraska Early Childhood Strategic Plan

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INTRODUCTION: CREATING THE NEBRASKA EARLY CHILDHOOD STRATEGIC PLAN

The Preschool Development Grant¹ (PDG) has allowed Nebraska to build on its strengths of strong community leadership, innovations in infant-toddler services, and collaboration through private/public partnerships to take significant strides forward in planning to improve availability and access to quality early childhood care and education (ECCE) for families of children from birth through 5 years.

Nebraska's PDG work was guided by the vision of a system where community leaders work together to provide opportunities for quality early childhood care and education, starting at birth, and in coordination with the full suite of health, mental health, and social supports that families may need. The goal of this work is to align state systems to equip local communities to deliver services, resulting in parents and families choosing options that support their children's healthy development and learning.

The PDG initiative began in early 2019 with a needs assessment that identified strengths and gaps in Nebraska's early childhood care and education system:

- Two large surveys captured the needs and concerns of families and ECCE providers in communities across the state.
- Fifteen focus groups with parents gathered deeper, more nuanced information about families' perspectives and needs.
- Interviews and surveys with key system informants who work within and across the multiple levels of the ECCE system highlighted system-wide needs and barriers to alignment.

By conducting the first-ever comprehensive needs assessment of the multiple components of the ECCE system from so many diverse perspectives, Nebraska has a greatly expanded understanding of how families are using ECCE services, especially the challenges of families with vulnerable children and those living in rural areas of the state. These challenges, or barriers, exist statewide and prevent families from enrolling their children in quality ECCE services. In response to the findings of the needs assessment, and through engagement with stakeholders in communities across the state, the Nebraska Early Childhood Strategic Plan was developed.

The strategic plan defines a shared strategy for Nebraska to create a more integrated ECCE mixed delivery system in which children continuously experience quality from birth through the transition to school. This plan establishes the framework for how Nebraska will, through systems alignment and increased collaboration, increase the overall participation of children in quality ECCE services in a coordinated mixed delivery system.

From the initiation of the design of the needs assessment through the crafting of the strategic plan, stakeholder engagement has been a top priority²:

¹ Implementation of the federally funded Preschool Development Grant has been led by Nebraska's Department of Health and Human Services, with support from the Nebraska Children and Families Foundation and in close partnership with the Nebraska Department of Education. The Buffett Early Childhood Institute at the University of Nebraska collaborated with these organizations to complete the PDG B-5 needs assessment, create the state's strategic plan, and conduct a thorough program performance evaluation.

² For a full description of stakeholder engagement in the strategic planning process, see Appendices A and B.

- Stakeholder feedback directly informed the organizing framework for the integrated needs assessment and strategic plan processes³ and the design of the data collection tools within the needs assessment.
- Later in the process, in meetings across the state, stakeholders provided recommendations for how to fill the gaps and needs identified through the needs assessment based on their experiences as providers, early childhood professionals, school teachers and administrators, community leaders, resource coordinators, and parents. This feedback was analyzed to create the foundation for the goals, objectives, and strategies of this strategic plan.

In addition to describing the actions that are needed to change the ECCE system in communities and across the state, stakeholders articulated core values about how to approach systems change in Nebraska. Applying these values to the goals, objectives, and strategies ensures that the work of the strategic plan will improve availability and access to quality ECCE for every family and every child in every community across Nebraska.

Values for Early Childhood Care and Education in Nebraska

- Create equity in the ECCE system, ensuring that no matter where a family lives or what challenges they face, each child has access to quality ECCE.
- Create system-wide alignment around a philosophy of care and quality for ECCE in Nebraska that reflects a whole child approach, creating more continuity of care for each child and a balance between academic and social-emotional learning.
- Create awareness and shared commitment within communities and across the state, such that everyone (parents, early childhood providers, schools, businesses, community leaders, state agencies, and nonprofit organizations) has a vested interest in supporting the healthy development and learning of each child.
- Create support systems that enable each community, or communities within a region, to determine how best to meet the needs of families with young children who live there.
- Build on existing systems to increase access to quality early childhood services for families in each community across the state.
- Ensure inclusion of children with special needs and support for mental health needs of children and their parents in strategic planning efforts.
- Ensure wise stewardship of resources, with an emphasis on choosing strategies that are known to be effective.

Four Goals and a Vision for Improved Outcomes for Children

The goals and objectives of the Nebraska Early Childhood Strategic Plan establish a framework for action to create an aligned, efficient, and coordinated quality early childhood mixed delivery system at the community and state levels.

³ For a full description of the Nebraska PDG needs assessment and strategic planning framework and its alignment to the PDG Domains, see Appendix C.

NEBRASKA EARLY CHILDHOOD 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.
GOAL 2: All ECCE settings provide quality experiences for children.
GOAL 3: Communities coordinate a locally designed mixed delivery system that provides continuous care and meets the needs of families.
GOAL 4: Statewide systems align to support communities in creating an integrated and comprehensive mixed delivery system for all children.

In achieving these goals, Nebraska envisions changes in the ECCE system that lead to improvements in outcomes for young children and their families so each child and their family in Nebraska will:

- Experience quality care and education that nurtures each child’s full social, emotional, cognitive, physical, and linguistic potential regardless of historical barriers related to race, ethnicity, income, gender, language of origin, disability, or any other social or cultural characteristic;
- Be provided essential services to support optimal early development and learning;
- Easily access quality ECCE and essential services for early childhood development in their community;
- Be successfully supported through transitions into any setting, and that those settings are fully equipped to support each child, no matter their developmental abilities; and
- Have the information and resources they need to help their child thrive while building on the child’s and family’s strengths (including culture, language, abilities, and disabilities).

Defining the Elements of the ECCE System in Nebraska

To plan for systems change across the whole state, it is necessary to establish a shared understanding of what comprises the ECCE system and how those components work together. Partners in the process need shared definitions for the terms describing the population and the elements of the system they are working together to change.

As part of the needs assessment process, Nebraska developed key definitions for key terms about the ECCE system⁴. As intended, they establish a conceptual foundation for the transformation of the ECCE system in Nebraska. These 13 definitions were used during the data analysis of the PDG needs assessment; and five of the key definitions also serve as the organizing concepts for the strategic plan. Each of these 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. Early Childhood Mixed Delivery System
2. Vulnerable
3. Quality Early Childhood Care and Education
4. Availability of ECCE
5. Access to ECCE

⁴ See Appendix D for the full set of key definitions and a description of how they were developed.

Key Definition 1: Early Childhood Mixed Delivery System

Nebraska's early childhood mixed delivery system for children 0 to 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

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.

ECCE services are offered through a variety of programs in three main setting types.

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 state, regional, and local 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
- Parenting supports
- Transportation support

A core assumption of the PDG is that Nebraska's children, especially vulnerable children, will thrive more in an integrated system that provides seamless access to all services needed to support the child's development and well-being. In this case, the definition is designed to reflect an integrated model of the full range of services children need for healthy growth and development.

Key Definition 2: 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 LGBTQ⁵

Understanding the vulnerable population of children is a necessary step toward ensuring that *all children* in the state can access quality ECCE and other essential services. By adopting this definition of vulnerability, program designers, policymakers, and community leaders now have a more complete set of factors to consider during their planning and systems change efforts.

Key Definition 3: Quality of Early Childhood Care and Education

Quality in 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 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

⁵ Children and parents who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied.

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

Measuring and improving quality in ECCE has primarily focused on features of the care and education environment, including workforce qualifications and practices. Nebraska’s new definition of quality introduces two significant changes to the discussion of quality: (1) it focuses on the child’s experience and (2) it addresses the provisions for quality as a nested set of environmental factors that, when woven together, improve the likelihood that the child will experience quality care and education.

Using this definition as a foundation for improving quality in the ECCE system, improving the measurement of quality, and redesigning mechanisms that report quality will enhance the environmental provisions in care settings and, therefore, increase the likelihood that children will experience quality.

Key Definition 4: 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 to 5 years old to find a placement that satisfies their preferences with reasonable effort at an affordable price.

This definition emphasizes that “availability” is a system supply issue that limits a parent’s ability to find 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 quality ECCE.

Key Definition 5: Access to ECCE

Access to 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.

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.

The definitions of access and availability are closely linked but distinct. Systems changes to improve families’ access to care will address the barriers that prevent families from enrolling in the care and education options that are available.

An Integrated ECCE System in Nebraska

Nebraska is striving to create an *integrated* ECCE system that supports all young children and their families in accessing quality early care and education services as well as the essential services for early childhood development that help children thrive.

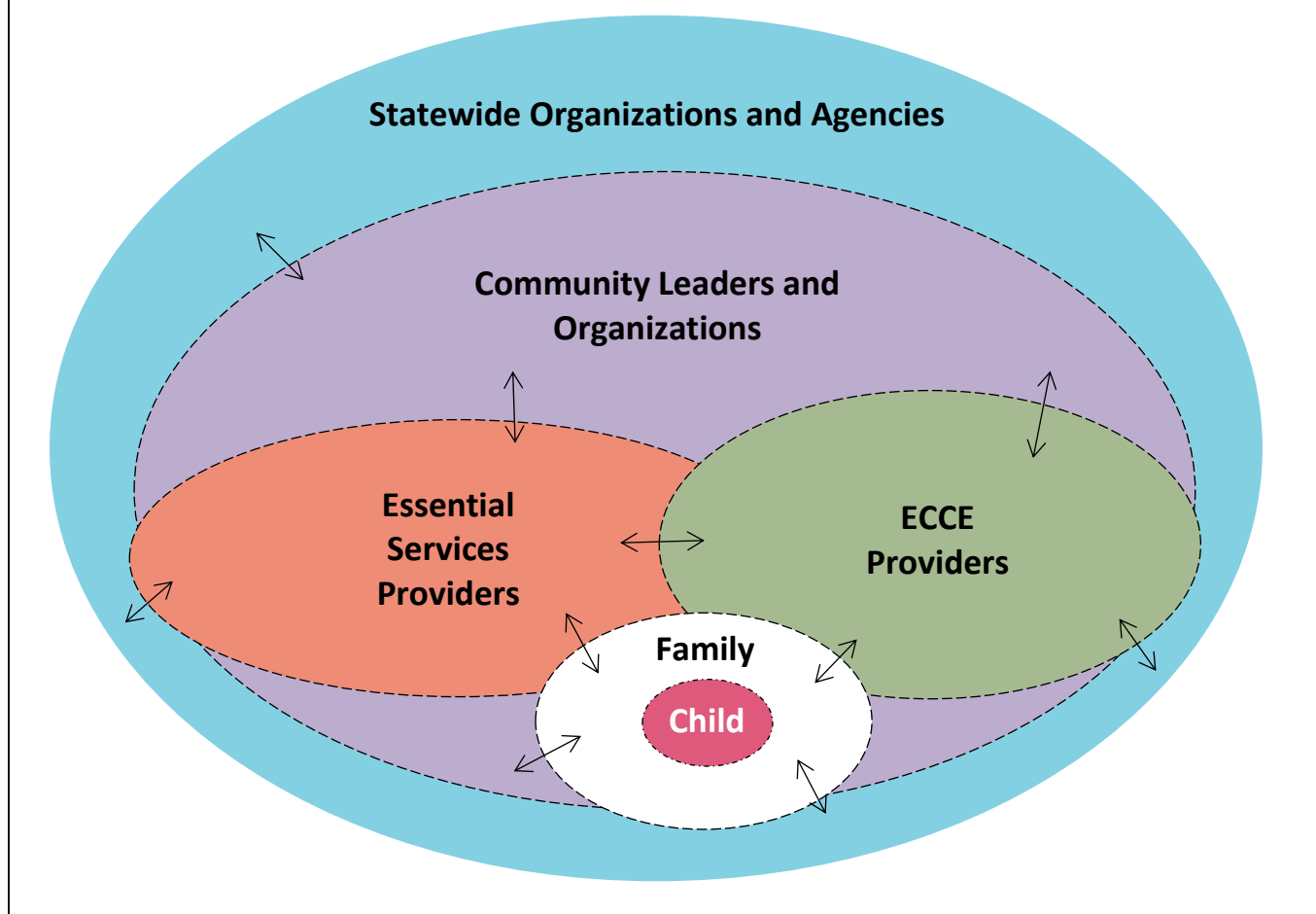
Integrating the early childhood mixed delivery system means changing how the components of that system work. It means shifting the components of the system away from being distinct and independent services or programs toward a more interconnected, intentionally coordinated, and easily navigated network of choices for families. The efforts to create more integration emerging from this strategic plan

will build on numerous ongoing initiatives to create more collaboration and cooperation between organizations at the community, regional, and state levels.

Nebraska's approach to defining an integrated mixed delivery system places the child as the focal point, supported by a variety of caregivers, providers, and programs. Figure 1 (below) depicts a conceptual model of the child nested within the family, the family within the systems, and the components of the system collaborating with one another. The figure also shows how these individuals and groups relate to one another in an integrated ECCE system, as described here:

- Each child's most immediate support system is their family.
- Families face many decisions about accessing services needed to support each child. This includes finding and selecting ECCE settings, providers of essential services, and support systems in community organizations, as well as enrolling in state programs.
 - The more vulnerable characteristics a child or family has, the more barriers to accessing multiple support systems they face.
- The ECCE providers and essential service providers engage with community-level and statewide organizations to access specialized programs and funding. They may also engage with state agencies to access funding and specialized programs and to meet policy requirements.
 - In a fully integrated mixed delivery system, ECCE providers would collaborate with essential services providers in support of the children who attend their programs.
- Community leaders and community-level organizations collaborate to create a local mixed delivery system that families navigate to find and access services.
 - Highly coordinated community-level planning would streamline navigation of multiple programs and resources for families.
- Statewide organizations and state agencies create programs, funding opportunities, and policies that directly affect families, providers, and communities in terms of the services and supports they may access, availability of services and support programs, and resources needed to operate a variety of early childhood programs.
 - To create more integrated local or regional mixed delivery systems that serve families seamlessly, state systems would (in addition to implementing statewide programs) focus on providing support to communities that, in turn, will design collaborative networks and tools to meet local needs.

Figure 1: Concept Model for an Integrated Early Childhood Mixed Delivery System



Successfully shifting the components of the ECCE system toward greater integration depends on understanding the organizations within that system and how they can interact with greater alignment and efficiency. This requires:

- Understanding the role of each type of organization in relationship to the family and child
- Knowledge of what services each organization offers and how those services relate to other organizations in the system
- Clarity about the best role for each type of organization at each system level

Organizations in the statewide ECCE system (a network of organizations, programs, and agencies) must work together to define how each can best support greater capacity in local systems and provide resources for communities to design and implement their own coordination plans. As each community (or groups of communities in a region) creates more coordinated and integrated mixed delivery systems, they do so by building on the strengths and resources that are locally available to meet families' needs. When community leaders identify gaps in their system, they may turn to other communities or to state-level organizations to seek information or resources to begin to fill those gaps.

- The more coordination and alignment at the state and community levels, the easier it will be for families to access the services they need for their child's healthy development.

This strategic plan is designed to target changes to the elements of the ECCE system that will have the greatest impact on achieving the goals listed above, and thus create greater integration. The four goals are designed to work together, to be implemented in an integrated fashion, so that as progress is made toward one goal, the results impact and advance the work of other goals. For example:

- As state-level programs and policies are changed or streamlined (Goal 4), the result will be greater access to quality ECCE for families (Goal 1).
- As communities implement collaborative networks among providers (Goal 3), providers and caregivers will gain access to more professional development, and therefore the quality of ECCE services is improved (Goal 2).
- As communities implement local information and referral resources (Goal 3), families have more access to the quality ECCE and essential services available in the community (Goal 1).
- As more people become aware of the importance of early childhood education to the future of the economy (Goal 4), more businesses will become engaged in supporting increased availability of quality ECCE services (Goal 1).

Creating Systems Change Based on Needs Assessment Findings

In order to effect systemic change in the ECCE system for children and families, we need a shared understanding of how the current system functions, including gaps and barriers that limit access to quality ECCE services. Through the PDG, Nebraska implemented a comprehensive and statewide needs assessment that captured:

- community-level data about the needs of families and providers;
- the availability and quality of services for early childhood; and
- information about how the elements of the ECCE system are working to serve children and families.

Systems Change: Changes made within and across organizations to policies and procedures that improve access and reduce barriers to services needed by a target population.

To ensure that the information gathered was comprehensive and aligned with stakeholder priorities, Nebraska created a framework to guide the needs assessment and strategic planning processes. The framework established nine objectives for each effort⁶:

Objective 1. Understand the B-5 population of children and families in Nebraska.

Objective 2. Describe availability and accessibility of high-quality ECCE services for vulnerable families.

Objective 3. Examine current systems for assessing and improving quality of care in Nebraska's ECCE system.

Objective 4. Understand how families make choices about ECCE and how they are involved in their children's care and education.

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.

Objective 6. Examine practices that facilitate transitions from early care and education to elementary school.

Objective 7. Examine collaboration and coordination among early childhood education programs in a mixed delivery system.

Objective 8. Assess capacity of Nebraska's administrative infrastructure to support coordination and alignment of early childhood programs and services.

Objective 9. Identify opportunities for greater efficiency in Nebraska's early childhood programs and services.

⁶ For more information about the Nebraska needs assessment and strategic planning framework and how it aligns to the federally required domains and to the goals of the strategic plan, see Appendix C.

The PDG needs assessment used multiple methods to meet these objectives:

Needs assessment information gathering tool	Number of people who responded/participated
Paper survey of families with children B-5	3,541
Paper survey of ECCE providers	1,337
Family focus groups with general population (10)	50
Family focus groups with special populations (5)	37
Interviews of key informants ⁷	9
Online survey of key informants	61
Stakeholder and community meetings	150+

SUMMARY OF THE PDG NEEDS ASSESSMENT FINDINGS

The analysis of needs assessment data resulted in an articulation of the strengths, needs, gaps, and barriers in the Nebraska ECCE system. After the initial description of the sample of parents and providers surveyed and the youngest children in the state, each section below presents the findings that informed the four strategic plan goals.

About the Respondents to the Needs Assessment Family Survey

Compared to the population of the state, the sample of families who responded to the survey included more Whites; it also included families with higher than average income and slightly more people with college degrees. Sixty-four percent of the respondents lived outside of metropolitan counties, creating an over-representation of families outside of the state's urban centers.

Families in the Sample	Families in Nebraska
<ul style="list-style-type: none"> 92% of the families were White 	<ul style="list-style-type: none"> 88% of Nebraskans are White
<ul style="list-style-type: none"> Median income of families was high (\$80,000) 	<ul style="list-style-type: none"> State median income is \$56,675
<ul style="list-style-type: none"> 27% of the families reported income at or below 200% federal poverty level; 8.1% reported income at or below 100% FPL 	<ul style="list-style-type: none"> 11% of families in the state are at or below 100% FPL
<ul style="list-style-type: none"> 34% of primary caregivers had a college degree or higher 	<ul style="list-style-type: none"> 31% in the state have a bachelor's degree or higher
<ul style="list-style-type: none"> 61.8% of families in our sample reported they experienced at least one of the vulnerability factors 	<ul style="list-style-type: none"> Unknown

⁷ Key informants were professionals representing organizations across Nebraska's B-5 mixed delivery system, including nonprofits, universities, state agencies, public school personnel and leaders, community leaders, providers and professional organizations. Given their roles, they provided high-level perspectives on strengths and gaps in the ECCE system.

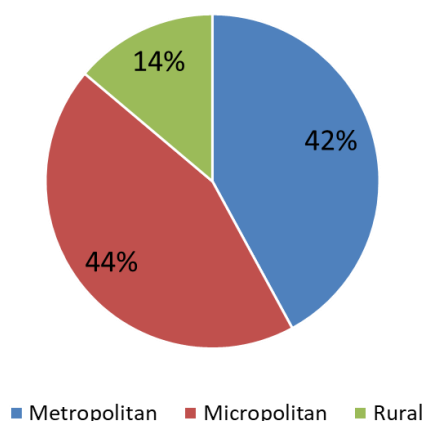
	Families in the Survey	Actuals for Nebraska
Total Metropolitan	36%	63%
Total Micropolitan	50%	31%
Total Rural	14%	10%

About the Respondents to the Needs Assessment Provider Leader Survey

The percentages of providers in different settings who responded to the survey are similar to the actual proportion of licensed providers in the state. More than half of the providers in the sample live in non-urban counties.

Provider setting	Licensed providers in Nebraska	PDG Survey
Center-based	29%	25%
Home-based	64%	62%
School-based	7%	11%
Not licensed	Unknown	2%

Providers Who Responded by Rural/Urban County



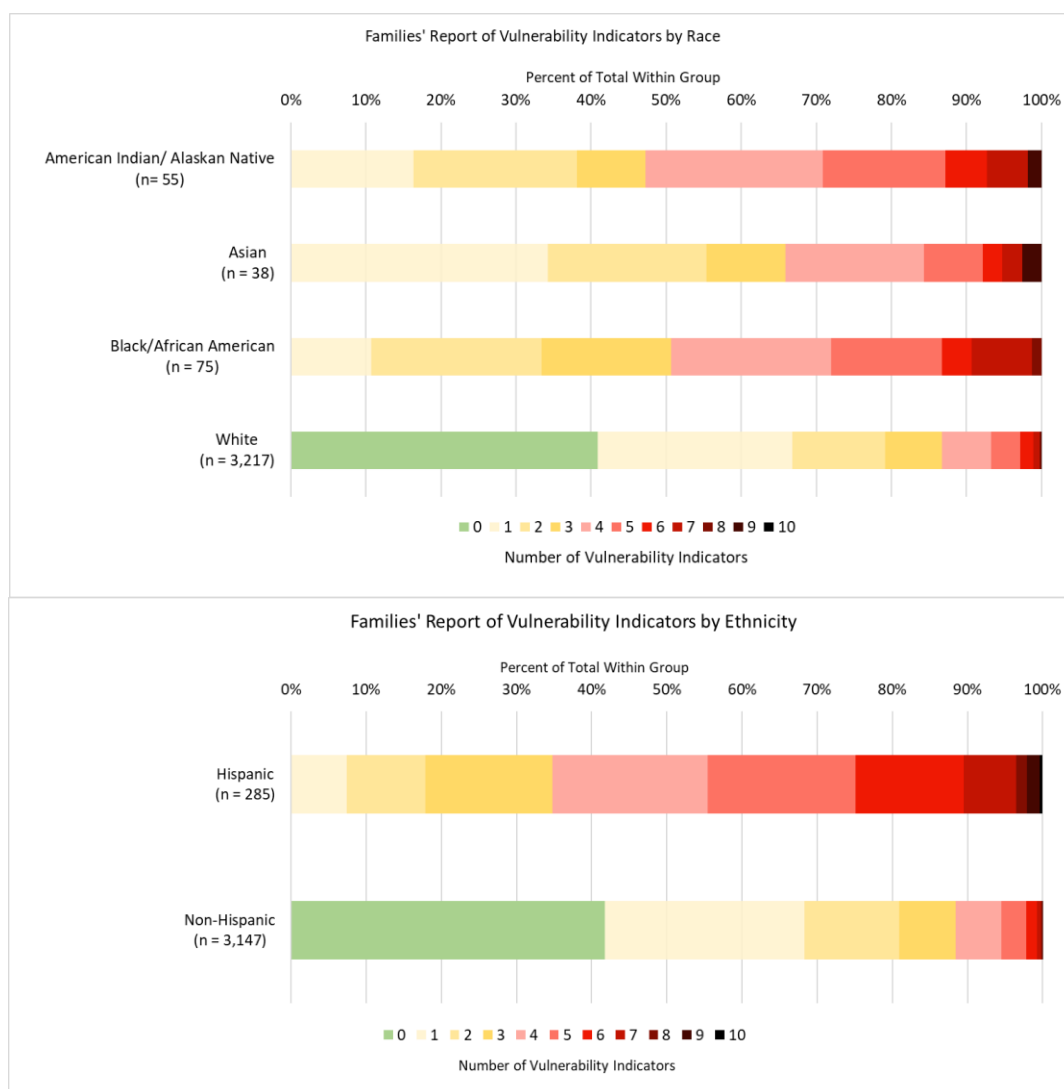
Nebraska's Children and Families, Birth Through Age 5

In 2019, there were more than 154,000 children age 5 or younger in Nebraska. Using the PDG definition of vulnerability, which captures 15 conditions that may negatively impact children's development, it is estimated that around 60% of these families have one or more vulnerability factors.

- In the needs assessment, 62% of families reported at least one condition that might negatively impact their children's learning and development. This includes 36% of families who experience two or more factors that may make their children vulnerable; 27% of families who experience poverty; and 26% of the families who reported their child had a disability.

While race and ethnicity do not directly cause vulnerability, families of color may be more likely to experience other conditions that contribute to vulnerability, such as experiences of systemic racism and discrimination.

- In the needs assessment, every family who identified their child as Black/African American, Asian, American Indian/Alaska Native, or Hispanic also reported at least one indicator of vulnerability. Families of color were more likely than White, non-Hispanic families to report multiple indicators of vulnerability.



More than half of Nebraska’s children (56%) live in the “Big 3” metropolitan counties: Douglas, Sarpy (Omaha), and Lancaster (Lincoln). Approximately 17% of children birth to 5 years live in remote rural counties, and 27% live in micropolitan counties.⁸

- In the needs assessment, 64% of families that responded lived in non-metropolitan counties.

⁸ For the needs assessment, Nebraska used the United States Department of Agriculture Rural-Urban Continuum Codes to create three categories: counties were classified as Remote Rural if the population was less than 2,500, as Micropolitan if the population was between 2,500 and 250,000, and Metropolitan if the population was 250,000 or more.

SUMMARY: Availability and Access to Quality ECCE

The concepts of availability and access are intertwined. In order to enroll a child in settings that support the children's development and meets the families' needs, there must be space available. The family has to be able to find and evaluate the setting and be able to enroll their children with minimal barriers. Availability of ECCE options is a necessary but insufficient condition for families being able to access quality ECCE.

ASSETS in Nebraska's ECCE System for Improving Access and Availability

In 2019, Nebraska's ECCE system was composed of 3,181 licensed child care providers⁹. This included 661 child care centers and 145 private preschools, which are classified as center-based settings. Home-based providers include 1,281 settings classified as Family Child Care Home 1 (maximum of eight children) and 548 settings classified as Family Child Care Home 2 (maximum of 12 children). The ECCE system also includes a variety of providers who are not subject to licensure, including 22 Head Start and Early Head Start grantees that serve more than 4,000 3- and 4-year-olds and 269 preschool programs that serve almost 14,000 3- and 4-year-olds in public school districts and regional Educational Service Units (ESUs). In the state preschool program, at least 70% of the children served with preschool grant funds had at least one risk factor¹⁰.

Nebraska has many programs that improve access and availability for families. Three specific programs are described below.

The Sixpence Early Learning Fund is a public-private partnership that promotes availability and access to quality early care and education for infants and toddlers through grants to school districts, which in turn support programs for home- and center-based providers. Sixpence grants also support quality care through family engagement and home visiting programs, and by supporting partnerships between schools and licensed child care programs.

Nebraska has established four Educare schools that serve children from birth to age 5, including the nation's only Educare school on tribal lands. They offer education and comprehensive services to low-income children and families, providing full-day, year-round programs. Educare uses private support to leverage public funding and is part of a national network of leadership in high-quality early care and education.

The Communities for Kids project helps communities build better systems to meet the needs of families and increase the supply of quality early learning environments for children.

NEEDS ASSESSMENT: Findings, Gaps and Needs

The needs assessment provided a unique opportunity to understand how ECCE services are currently used by families across the state. Current data regarding the capacity of licensed care providers using administrative data is limited in its ability to describe the number of child care slots available in

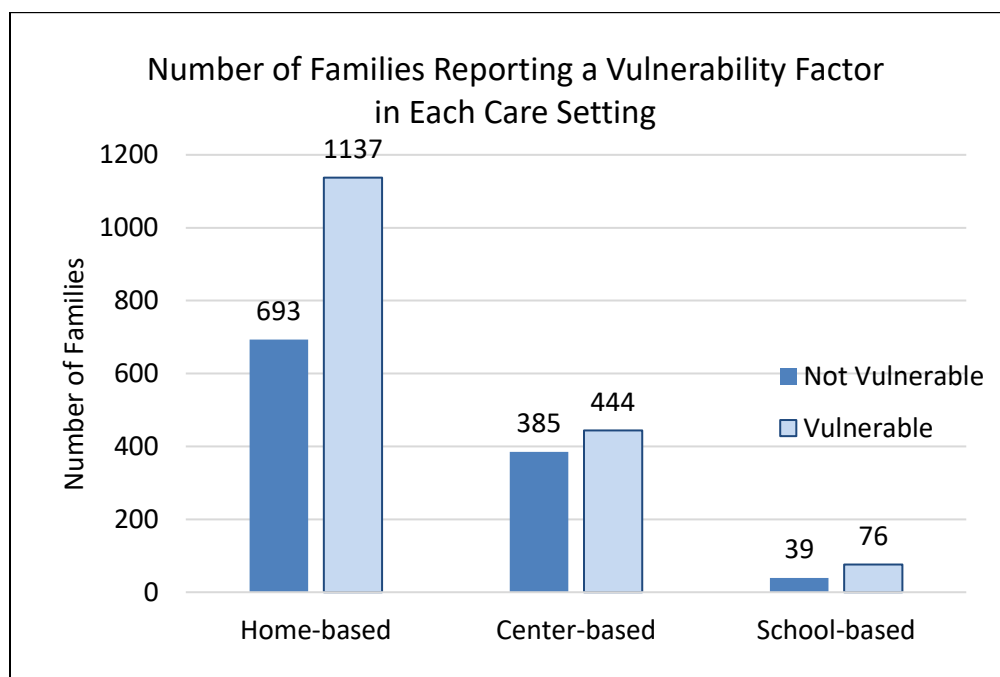
⁹ Families across the state choose to place their child in the care of family, friends, and neighbors, and other unlicensed care settings. These providers could not be identified and are therefore not included in the summary of providers listed here, nor were they included in the survey of providers in the needs assessment.

¹⁰ Risk factors required by the state preschool program are disability or developmental delay, living in a home in which English is not the primary language, eligibility for free- or reduced-price lunch (185% federal poverty level), having teen parents or parents who have not completed high school, or having been born prematurely or with a low birth weight.

communities statewide, the actual levels of enrollment, and the choices that families are making for different types of care. The findings of the needs assessment uncovered patterns of utilization of ECCE services for all families and highlighted the challenges faced by families with vulnerable children living in rural areas.

Overall, 81.5% of families reported that their child was cared for by someone other than a primary caregiver in the preceding week, which is consistent with Nebraska's rating in the top 10 of U.S. states for the percentage of households where all adults are in the workforce.

- The majority of families reported using a home-based ECCE provider as their primary source of care and education (66%).
- Vulnerable families were much more likely than non-vulnerable families to use a home-based ECCE provider.
- Vulnerable families (38%) and those living in remote rural areas (36%) were more likely than others to use unlicensed ECCE providers.



GAP: Availability

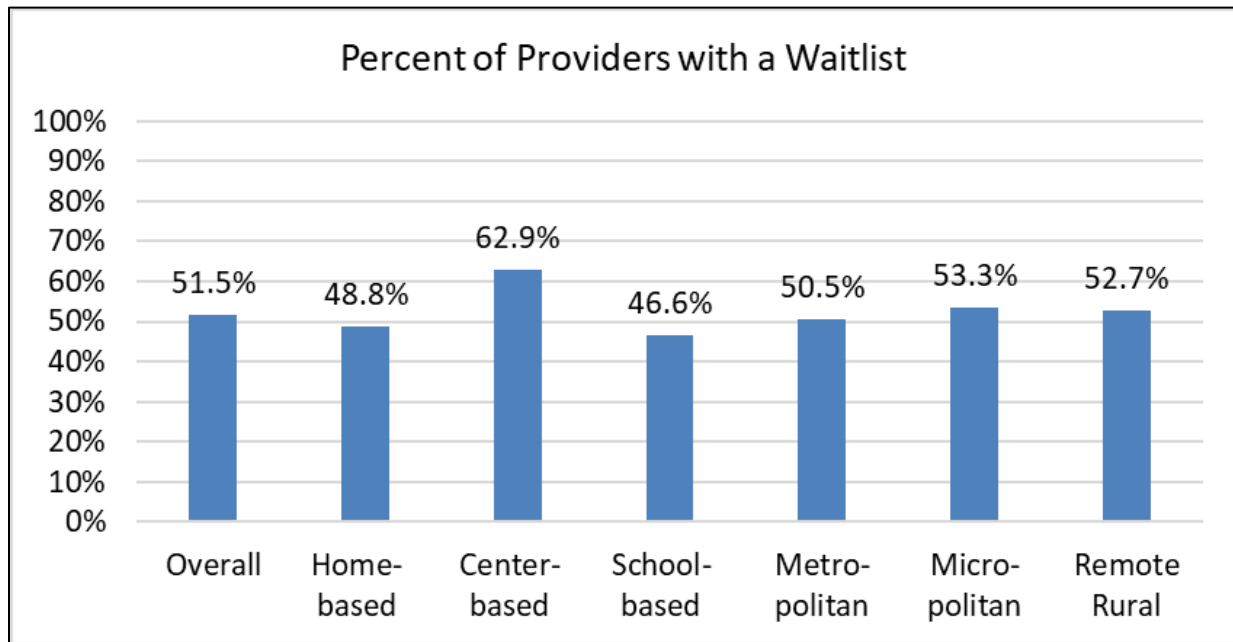
The needs assessment revealed a significant lack of available space in the ECCE system. The constraints on availability and access are severe. With barriers of limited available slots, high cost of care, and limited number of providers in some areas, families have few choices.

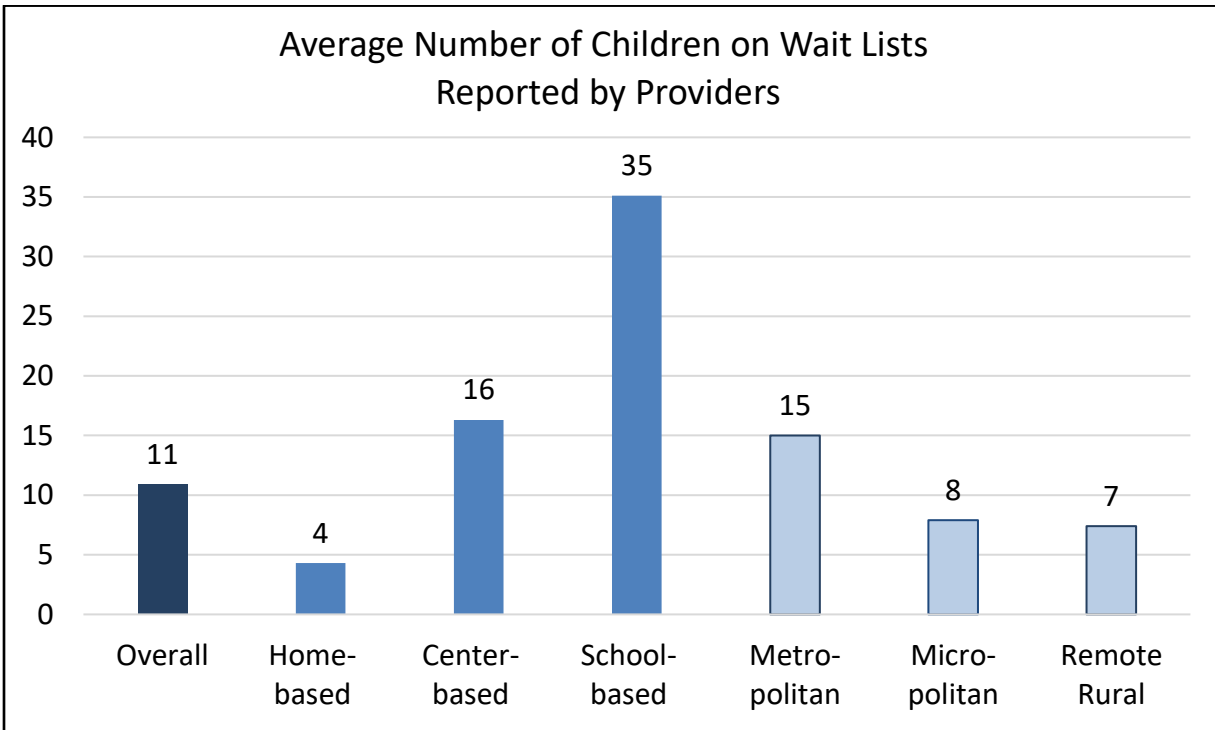
Among those who responded to the needs assessment providers survey, 73% reported that they turned families away due to lack of space.

Home-based providers reported having the fewest vacancies.

- On average, providers reported that they had no vacancies for infants and toddlers, and approximately two openings for 3- to 5-year-olds. Home-based providers reported the fewest vacancies.
- More families in remote rural areas (76%) reported a lack of available options compared to those in metropolitan (48%) or micropolitan areas (61%).

Over 50% of the providers reported having a wait list, with center-based and micropolitan providers reporting a wait list most often, and school-based and metropolitan providers reporting the longest wait lists.



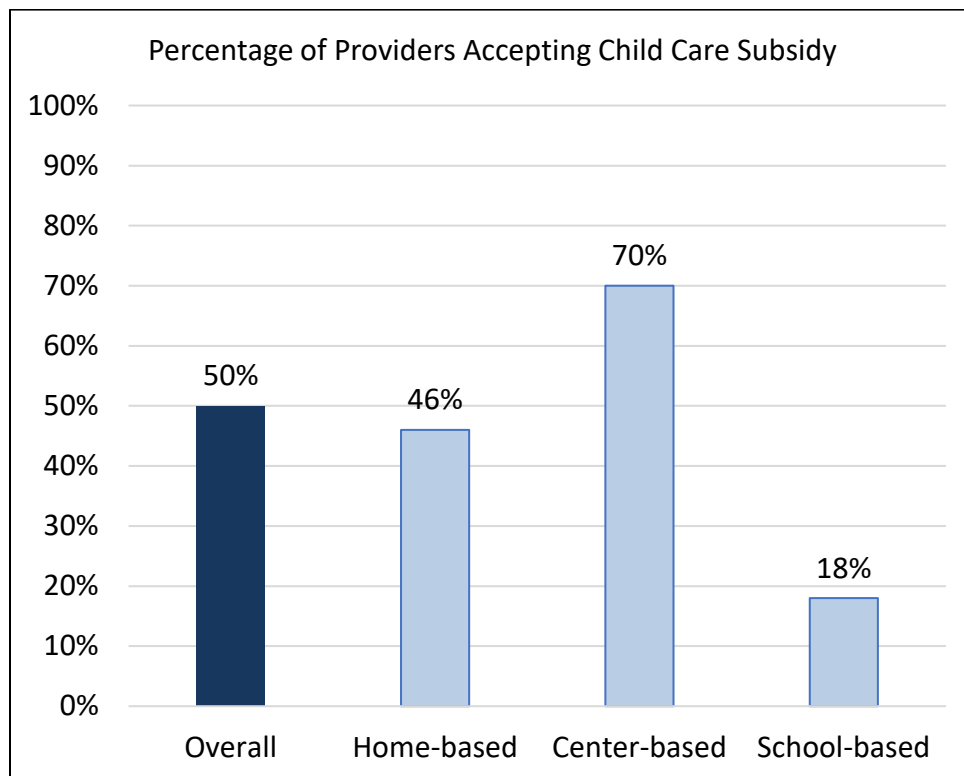


FINDING: Barriers to Accessing ECCE

Cost was the barrier most often reported by families, followed by low availability, hours of operation, low quality, and transportation.

- Vulnerable families were nearly four times more likely to report that it was difficult or very difficult to pay for their care arrangement.
- Cost was a greater barrier for families in metropolitan (53%) and micropolitan (48%) areas more than those in remote rural areas (36%).
- Most families (75%) said care with more flexible hours was important to them, but they had difficulty finding it. These families indicated that inability to find a care setting with flexible hours impacted their ability to get or maintain employment or to attend school.

The child care subsidy in Nebraska is a funding source used to make ECCE services available to vulnerable families. However, half of the providers reported that they did not accept the child care subsidy, citing complicated administrative processes and low reimbursement rates as reasons. Not getting paid for a child's non-attendance days was also cited as a concern.



Key informants, through interviews and surveys, identified systemic barriers to accessing quality ECCE services. The two most common systemic barriers identified were:

- The current eligibility criteria for the child care subsidy limit families' access to quality child care.
- The child care subsidy does not cover the cost of providing quality care.

FINDING: Lack of Availability and Access Adversely Impact Continuity of Care

While most families (66%) did not change their care arrangements in the last year, 17% of families had changed their child's care arrangement once, and the remaining 17% had changed more than once.

- Vulnerable families (20%) were nearly twice as likely as non-vulnerable families (11%) to have changed their care arrangement two or more times.

Many families also reported using more than one form of ECCE in a given week:

- 43% reported using one arrangement
- 29% used two arrangements
- 10% used three or more arrangements

More information is needed to understand why families are using multiple care arrangements and/or changing care frequently.

FINDING: Barrier to Access—Finding Reliable Information

One major concern that emerged from the needs assessment was that there is not a widely known, reliable source of information for families about available ECCE options. This leaves families to rely on informal sources, such as internet searches and personal referrals.

- Most families (80%) relied on friends and family for information about services for children 5 and under. Web searches were also commonly used (62.7%).
- More than half (57%) of families report that they get information from their local school district about services for their children 5 and under.
- Nearly all families (more than 90%) report that they would like to have a list of ECCE providers in their area with information about cost, quality ratings, availability, and user reviews.
- Vulnerable families also need additional information and resources to navigate the various forms of free or low-cost care that are available to low-income families (e.g., Head Start/Early Head Start, child care subsidy, public school programs, and Educare).

GAP: Vulnerable Families' Access to Essential Services

ECCE providers have the potential to be a critical link to connect vulnerable families to essential services, but findings suggest that very few providers currently fulfill that function.

- All families reported using some essential services, but vulnerable families report much more difficulty accessing essential services, such as well child visits and dental care.
- Less than 10% of providers offer other essential services to families directly, and only about 20% of providers report that they refer families to essential services.

FINDING: Systemic Barriers to Equitable Access

In interviews and survey responses, key informants in Nebraska's ECCE system identified several systemic barriers which, if overcome, could enhance equitable access.

- Consistent with providers' and families' concerns about the challenges of child care subsidy, the key informants emphasized the need to maximize the number of providers who accept subsidy and the ability of eligible families to successfully enroll and stay enrolled.
- They expressed the view that ECCE services for vulnerable families are not consistent across the birth to 5 continuum. Families may qualify for programs that provide care and education from birth to age 3, but there is then nothing available for their child until they can enroll in public PreK at age 4. Families described this gap in focus groups as well.

Goal 1 of the strategic plan and its four objectives were established to address these needs, gaps, and barriers.

Nebraska Early Childhood 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.

SUMMARY: Quality in Early Childhood Care and Education

Definitions of quality in early care and education, in Nebraska and in the national ECCE system, have traditionally focused on the environment, creating a common perception that quality is context/setting specific. In Nebraska, quality of ECCE has most commonly been assessed at the program level, with an emphasis on health and physical safety provisions. The state quality rating and improvement system (QRIS) system adopts a more focused approach on environmental materials and staff qualifications, but it includes limited observation of processes that enhance children’s experience of quality, such as adult-child interactions and instructional quality.

As described earlier, Nebraska has developed a new definition of quality¹¹. Quality in ECCE is defined by the **child’s experience**. **A child experiences quality** as physical and emotional safety, and frequent one-on-one interactions with a caring adult(s) that are warm, language-rich, and educational. The context in which quality care is experienced is made up of a **nested set of provisions** designed to foster the child’s healthy development and learning (see page 5 for a list of provisions).

NEBRASKA’S ASSETS in Promoting Quality ECCE

Many of Nebraska’s early childhood partners have invested in initiatives that work to improve the quality of ECCE across the state. A few of these are highlighted here.

The state’s QRIS, called Step Up to Quality, provides a path for providers to improve the quality early childhood care and education. The tool is also designed to improve child development and school readiness outcomes, provide families with a tool to evaluate the quality of child care and early childhood education providers, and provide accountability for public funds invested in child care and early childhood education providers.¹²

¹¹ For the complete definition of quality, see Appendix D.

¹² After five years in operation and with support of PDG funding, in 2019 the SUTQ revisions task force identified systems improvements that will enhance the effectiveness of SUTQ. Additional information about this work is available in the Implementation Planning Priorities section of this plan.

Coaching is one of the most effective forms of support for professional development. Coaches are used across a variety of early childhood contexts (e.g., Sixpence Early Learning Fund, Nebraska Department of Education Pyramid Project, Step Up to Quality). These coaching projects include private, local, and state initiatives, as well as federally funded projects such as the coaching associated with Head Start programs. For a decade, key stakeholders have worked collaboratively to support coach training and development, including a semi-annual coach training to provide foundational coaching skills and competencies.

Since 1997, the Nebraska Children and Families Foundation (NCFF) has been working in communities across the state to support collaboration around a shared vision of strengthening families and communities to promote child well-being. One of NCFF's initiatives, called Rooted in Relationships, partners with communities using a systems-change approach, to implement evidence-based practices that enhance social-emotional development for children from birth to age 8.

Another important support for communities available statewide is the University of Nebraska's Extension office, which includes The Learning Child initiative that supports families and providers across the state. Extension educators live in or near the communities they serve, with a significant focus on parent engagement and support, as well as coaching for providers.

At Thriving Children, Families, and Communities, an annual statewide, community-focused conference, communities have enthusiastically embraced their leadership role to expand quality ECCE services. In 2019, more than 415 people from 92 communities participated in the Thriving Children conference and community leaders from across the state shared how they built high-quality early childhood programs. Discussions included why quality ECCE is an economic development tool that can attract and retain a quality workforce and grow the state's economy.

The programs listed on page 13 not only improve access, but also work to improve the quality of care.

NEEDS ASSESSMENT: Findings, Gaps and Needs

Elevating understanding of quality as what the child experiences, along with understanding the provisions that support quality ECCE, will help programs and systems align around how to improve ECCE in communities.

FINDING: Perceptions of Quality

Families value a "whole child" approach to quality. In surveys and focus groups, parents define quality largely in terms of their child's relationship with their teacher/caregiver.

- When choosing care and education for their young children, survey respondents valued staff who are warm, kind, and well educated; communicate with them frequently about their child's development; and support whole child development (social-emotional, physical, nutrition) in a clean, sanitary environment.
 - Other factors, such as cost, curriculum, licensure, location, and even recommendations from friends and family, were comparatively less important to parents.

Providers rated child-teacher interactions as the most important aspect of program quality, followed closely by physical environment and materials.

- Providers overall rated curriculum, assessment, and program administration as less important for quality, but center- and school-based providers gave higher ratings to these characteristics than home-based providers.

NEED: Enhance Workforce Qualifications and Training

Perhaps the greatest opportunity to improve quality lies in building the capacity and professionalism of the early childhood workforce, particularly in home-based settings.

Vulnerable families were more likely to say it is important that their provider is affordable and accepts child care subsidies.

They also place comparatively more value on providers' ability to accommodate special needs, connect them with resources in the community, and provide bilingual education.

Families described several barriers to their child's experience of quality, nearly all of which relate to staffing.

- Many families expressed a frustration with high rates of staff turnover and settings that were short-staffed, because these conditions interfered with the caring, one-on-one interactions that they want for their child.
- Families in focus groups expressed frustration with staffing issues in their child's ECCE, such as facilities being understaffed, high rates of turnover, and inexperienced teachers.

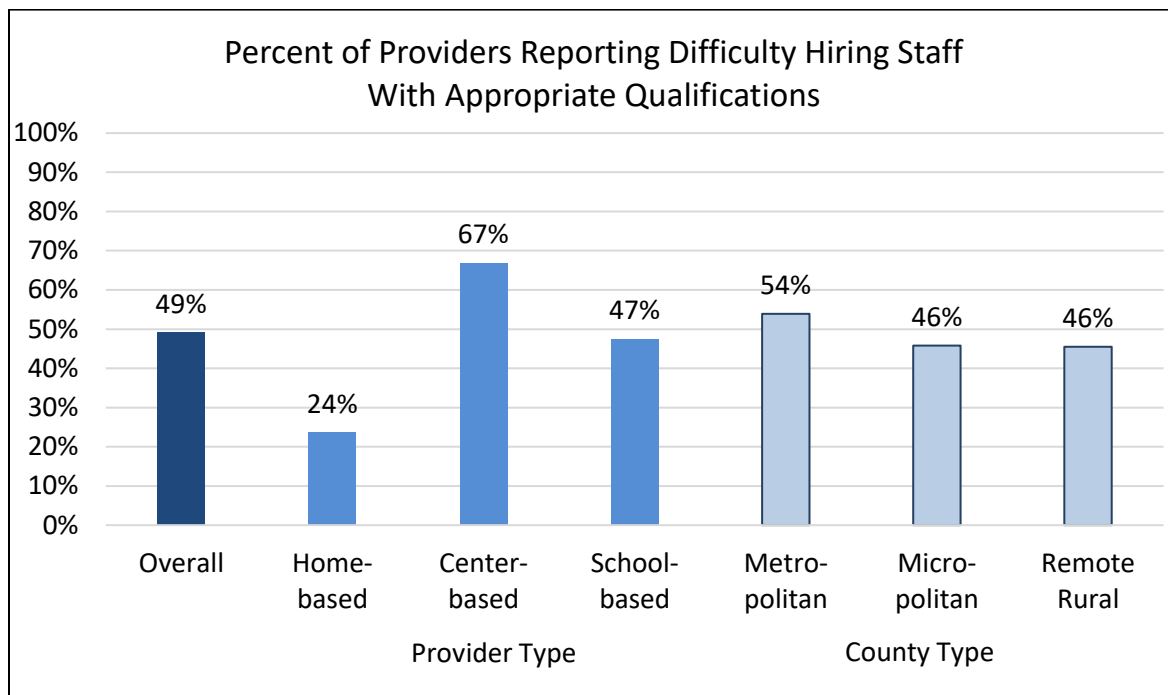
FINDING: Qualifications and Retention

Providers reported that 28% of all caregivers in their programs had obtained a bachelor's degree.

- Programs in remote rural areas have a higher percentage of professionals with bachelor's degrees (35%) than those in micropolitan (26%) or metropolitan (27%) counties.

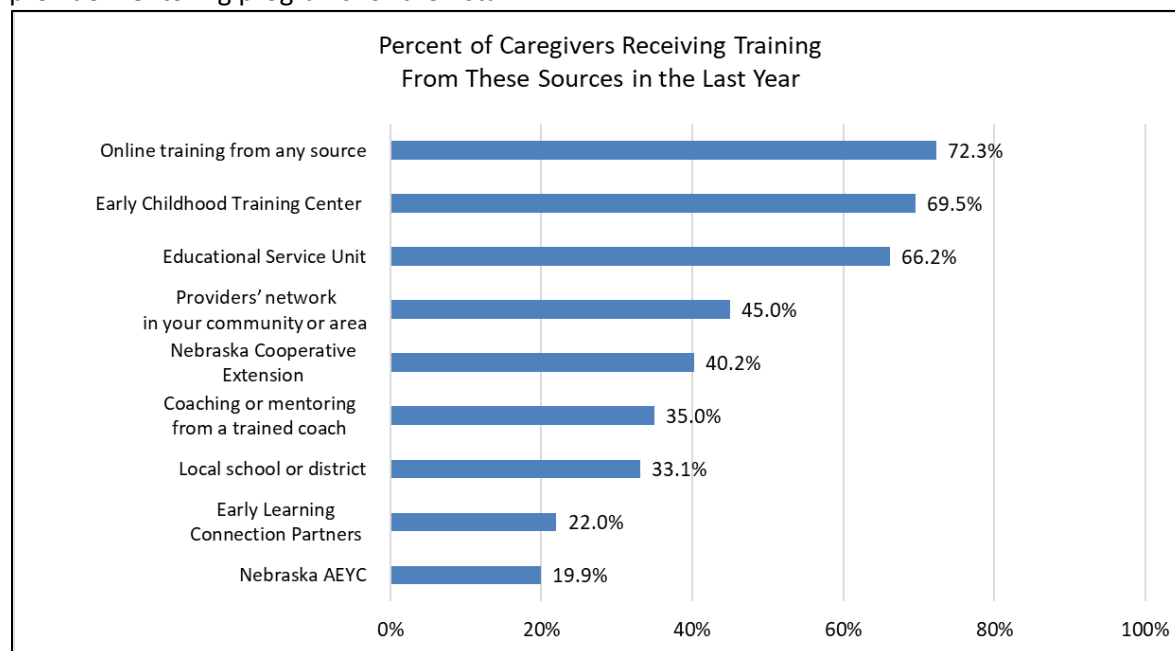
Teacher turnover appears to be an issue primarily among center-based providers, who on average, replaced at least one teacher and nearly three assistant teachers in the past year.

Nearly half of providers said that it is difficult for them to hire staff with appropriate qualifications with center-based and metropolitan providers experiencing more difficulty.



FINDING: Access to Professional Development

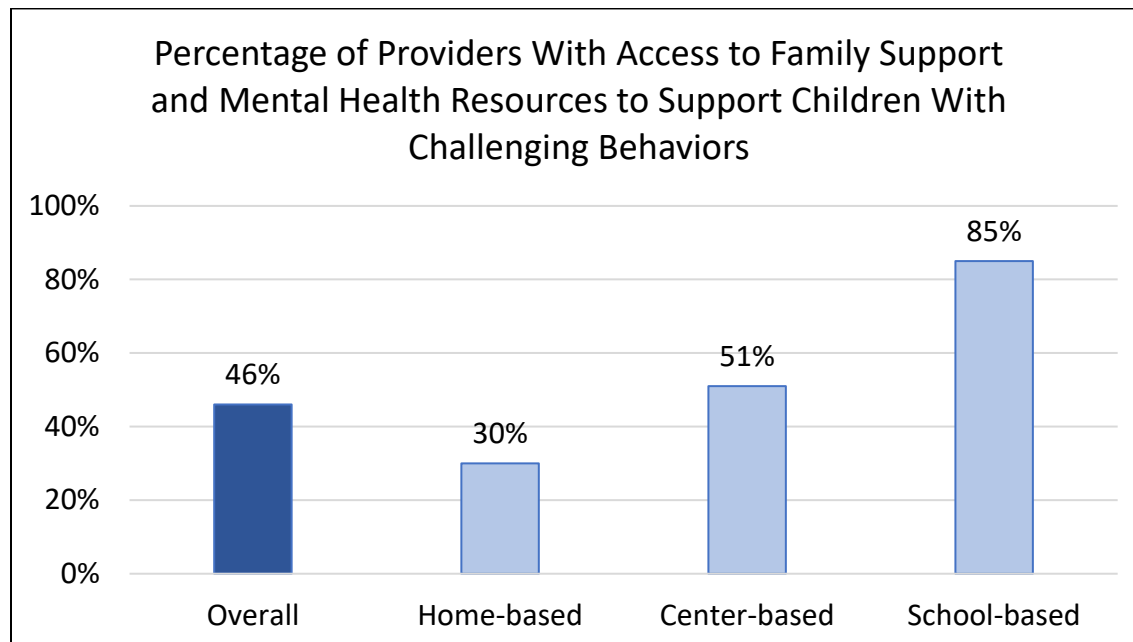
School-based providers are four times more likely than home-based providers to report that they offer formal conferences to talk to staff about their progress, and 10 times more likely to report that they provide mentoring programs for their staff.



Overall, compared to center- or school-based providers, home-based providers reported their caregivers had less access to the professional development resources in the chart above.

Providers reported that the most common barriers to staff participation in professional development are sessions being offered at inconvenient times and difficulty finding substitute caregivers.

School-based providers were more likely to report that staff have access to a family support resource, mental health consultant, or guidance counselor to help support children with challenging behavior.



GAP: Low Levels of Parent Engagement

The data suggest that there is a need to improve communication between families and ECCE providers. Parents reported that they had rarely or never talked to providers about:

- Parenting issues (77%)
- Improved educational opportunities for their children (71%)
- Their child's development (43%)

The topic most frequently talked about with providers was their child's behavior (63%).

Providers reported low rates of engagement with parents. For example, 50% reported that none of the families in their program participate in parent-teacher conferences.

GAP: Facilities

A clean and sanitary environment was rated among the most important factors that families reported in their choice of ECCE settings.

- In focus groups, some families expressed concern about the poor condition of ECCE facilities in their area. Some families, particularly Black and Latino families, felt torn between choosing a clean, modern facility and one that felt safe and comfortable for them and their child.

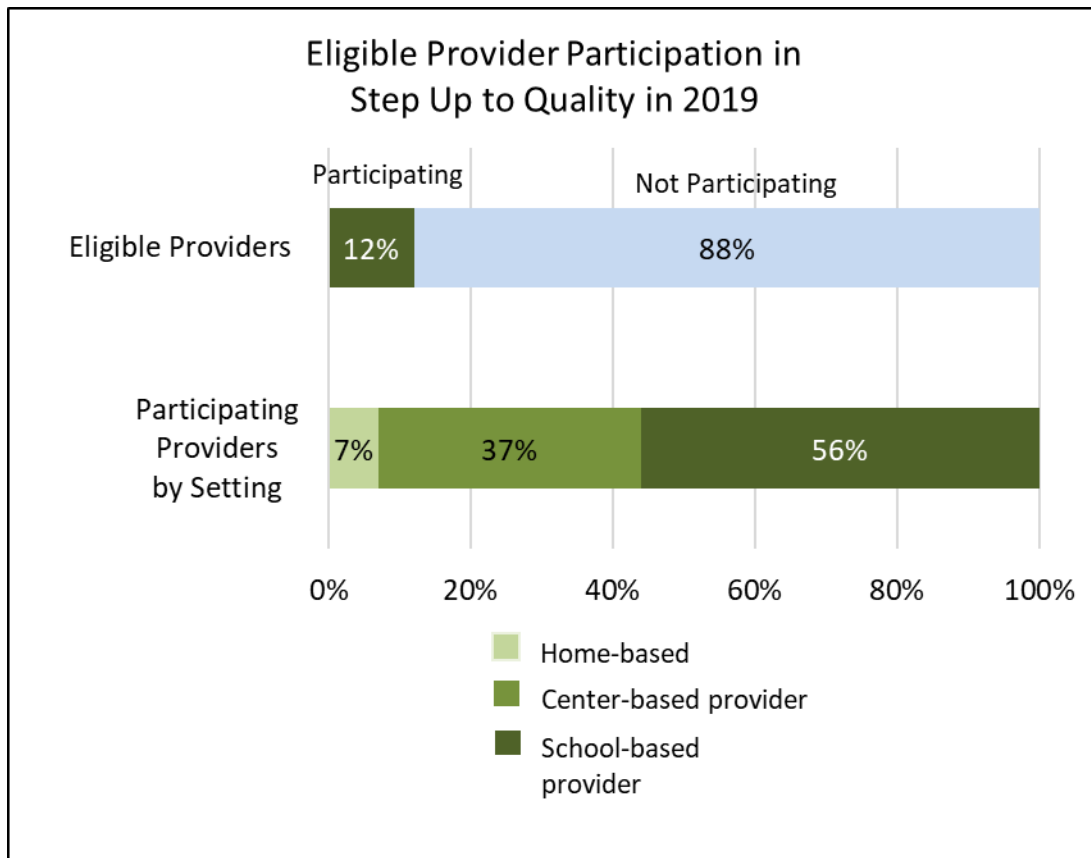
Overall, 11.7% of providers reported that facilities issues were a barrier to their participation in Step Up to Quality.

- This number is higher for center-based providers (19.3%) than for home-based (10.6%) or school-based (10.0%) providers, suggesting that facilities issues may be a particular concern for child care centers.

- The nature of these facilities concerns needs to be examined more.

GAP: Utilization of Step Up to Quality (SUTQ)

The Nebraska Department of Education has committed to revising SUTQ based on data from the PDG needs assessment and input from stakeholders. Current participation is low among eligible providers and lowest among home-based providers.



In SUTQ, participating programs progress through five steps, intended to denote increasing levels of quality. In 2019, there were 183 Step 1 Programs, 125 Step 2 Programs, 54 Step 3 Programs, 41 Step 4 Programs, and 19 Step 5 Programs. Coaching and financial incentives become available when providers reach Step 3 of 5.

Findings from the needs assessment suggest that more work is needed to raise awareness about SUTQ, incentivize participation, and make the program more accessible to home-based providers.

- Twenty percent (20%) of survey respondents reported that they participate in SUTQ.

- Among those who do not participate, 49% said they did not have time to participate in training sessions, 43% said they did not have time to complete other requirements, and 32% said they do not know about the program.

Focus groups with family child care providers and interviews with key informants suggest that, for many, the financial costs of participation in SUTQ outweigh the incentives. They also expressed the belief that the evaluation criteria in the program are not well suited to family child care settings.

- Providers expressed frustration with the lack of alignment between requirements for licensing, Step Up to Quality, and other quality improvement programs in the state.

Home-based providers were much more likely than others to say they do not want to be evaluated by an outside person (35%, vs. 17% center-based and 10% school-based).

Goal 2 of the strategic plan and its five objectives have been established to address these needs, gaps, and barriers.

Nebraska Early Childhood Strategic Plan
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 system.

SUMMARY: Collaboration in Nebraska's ECCE System

Many of the needs and gaps identified in previous sections require enhanced alignment and coordination to achieve the objectives, including:

- building relationships among providers of different types;
- productive collaboration among the multiple organizations that support young children and their families within communities; and
- greater alignment of the many programs and initiatives that work to improve access and quality within the mixed delivery system at the state level.

NEBRASKA'S ASSETS in Promoting Collaboration

Coordination within and across the ECCE system occurs at the state level, at the community and regional level, and locally among providers. The needs assessment identified multiple organizations that support and participate in collaboration efforts across the ECCE system:

- Early Childhood Interagency Coordinating Council¹³ (ECICC)
- Nebraska Early Childhood Collaborative
- Nebraska Children and Families Foundation
- First Five Nebraska
- Nebraska Department of Education
- Nebraska Department of Health and Human Services
- Nebraska Early Childhood Workforce Commission
- Nebraska Early Childhood Data Coalition
- Early Childhood Planning Region teams (29 across the state)
- Early Learning Connection Coordinators

This list does not capture the many coalitions and collaboratives being led at the community level that are making strides toward coordinated local mixed delivery systems.

Currently in Nebraska, multiple initiatives supported by state resources are underway with the intention of building collaboration at the community level. Some have been rolled out statewide and some are still pilots in only one or two communities. Examples include:

- Sixpence Early Learning Fund
- Nebraska Early Childhood Pyramid Model
- Community Collaboratives
- Bring Up Nebraska
- Communities for Kids
- All Our Kin
- Superintendents' Early Childhood Plan

NEEDS ASSESSMENT: Findings, Gaps and Needs

One of the challenges identified is that many of these initiatives were unfamiliar to the key informants. Furthermore, interviews and surveys with key informants revealed factors that hinder collaboration with other organizations:

- Competition between organizations
- Lack of time to meet
- Lack of staff and/or capacity
- Restrictive or limited funding
- Location or distance between organizations
- Lack of awareness or understanding of other organizations' roles and what they offer

GAP: Collaboration Between Providers and Schools

The needs assessment survey of ECCE providers asked them to describe how they engage with other providers and schools. Their responses suggest that while there is some cooperation between schools and ECCE providers, there is very little true collaboration.

¹³ 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. <https://www.education.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.

- For example, the most common types of cooperation reported were providing before- and after- school care, transportation to and from school, and enrichment activities during school breaks.
- Only 27% to 37% of providers reported engaging in activities such as:
 - Communicating about children’s needs
 - Preparing transition plans
 - Participating in meetings for children with special needs
 - Participating in professional development activities together
- Key informants and stakeholders suggested that the lack of collaboration between providers and public schools is due, in part, to the fact that public school teachers and staff do not see the benefit of collaborating with home- and center-based professionals, and do not regard them as peers.

In the provider survey, home-based providers reported fewest connections to other providers and less access to professional development resources in the community.

GAP: Transition Supports

The successful transition from ECCE to Kindergarten requires collaboration between families, ECCE providers, and schools. System-wide, families and ECCE providers are seeking assistance in understanding what is needed to prepare children for Kindergarten.

Most providers reported not engaging in practices for children’s transition to Kindergarten.

- The most common practice reported is having children visit a Kindergarten classroom (47%).
- Less than 30% of providers reported that they communicate directly with families or Kindergarten teachers to prepare for this transition.

In focus groups, many families expressed concerns that their children would not experience quality in the transition to Kindergarten. Their concerns included:

- Length of the school day
- Whether their child could stay focused and engaged for such a prolonged period of time
- Kindergarten activities may be too structured and not allow for play, exploration, and creativity
- Too much emphasis on testing and assessment
- Bullying and that the teacher may not prevent or respond to the problem

Key informants ranked factors important to preparing children for Kindergarten.

- Their highest-rated factors were: (1) the need for parents read to their children and (2) for children with special needs to be identified and receive services before entering school.
- Other factors included (1) children and parents visiting the Kindergarten classroom prior to entering school and (2) communication with the Kindergarten teacher.

Nebraska needs a better understanding of what supports children and families need to ensure success in Kindergarten, and how schools and community programs can provide that support. A study of transitions that occur between birth and age 5 would support this understanding.

Goal 3 of the strategic plan and its three objectives have been established to address these needs, gaps, and barriers.

Nebraska Early Childhood Strategic Plan
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 the transition from ECCE to Kindergarten.

SUMMARY: Systems Alignment in Nebraska's ECCE System

One of the keys to creating the systems changes identified in this strategic plan will be to align the operations and thinking of organizations and partners around the shared vision for each child in Nebraska being able to access quality ECCE services. To achieve this vision, Nebraska ECCE system partners must establish a shared understanding and priority around the value of ECCE and its impact, not only for the children who are served, but also for the community's economic vitality. With this foundational shared vision, the state can begin to address the systemic barriers that prevent families, especially vulnerable families, from accessing quality ECCE services.

- Many of these barriers stem from state-level policies, including funding policies, that restrict access to services.
- Other systemic barriers result from limited data availability. Nebraska currently lacks an integrated data infrastructure for decision making and improving families' access to quality ECCE services.

While the PDG needs assessment provided a more comprehensive understanding of the ECCE system and the challenges families and providers are facing than has been available before, there is still more to learn to continue to identify and prioritize actions that will have the greatest impact.

NEBRASKA'S ASSETS in Promoting Systems Alignment

Nebraska's statewide early childhood funding is administered by two agencies: the Nebraska Department of Health and Human Services (NDHHS) and the Nebraska Department of Education (NDE). While each agency has distinct responsibilities, their close alignment and shared implementation of other responsibilities maximize the potential for coordination and alignment of policies and programs moving forward.

- NDHHS is responsible for child care licensing and subsidy, and the federal and state Maternal, Infant, and Early Childhood Home Visiting programs.
- NDE is responsible for the state's preschool program, houses its Head Start State Collaboration office, administers IDEA Part B 619 Preschool Special Education services, and has primary responsibility for the state's early childhood professional development system.
- The two agencies have joint responsibility for Step Up to Quality, Nebraska's professional recognition and improvement system, and Part C-Early Intervention. Together, they also support the Early Childhood Interagency Coordinating Council (ECICC), which serves as the state advisory council under the Head Start Act and the state interagency coordinating council for Part C. Additionally, both agencies are responsible for the administration of the public dollars going into the public/private Sixpence Early Learning Fund; both agency heads sit on the Sixpence Board of Trustees.

The Sixpence Early Childhood Fund supports statewide and community-level collaboration, with an emphasis on school district leadership at the local level. It provides grants to support family engagement, home visiting, center-based early care and education, and partnerships between schools and licensed child care programs. Under the Sixpence model, services are supported through a combination of state funds, federal Child Care Development Fund (CCDF) money, and/or the proceeds of a \$60 million endowment created by \$40 million in state funding and \$20 million from private donations. Sixpence grant recipients are required to provide a 100% match to ensure local investment in the programs¹⁴.

Since 2009, the formally chartered Early Childhood Data Coalition (ECDC) has driven Nebraska's statewide work on early childhood data. The ECDC is made up of leaders from state agencies including NDHHS and NDE, universities, and ECCE and health sector partners. The ECDC engages with key stakeholders to explore aspects of early childhood data collection, processes, and reporting. Their most recent work has focused on identifying indicators and methods that will answer critical policy questions about ECCE. This work has set the stage to develop an Early Childhood Integrated Data System that will make more advanced analysis and reporting available.

In 2019, First Five Nebraska¹⁵ (FFN) was awarded the Pritzker PN-3 Children's Initiative (PCI) planning grant. The PCI focuses on significantly improving, through policy change, the healthy development and school readiness of Nebraska children from the prenatal period to age 3.

- FFN conducted a stakeholder-informed policy landscape analysis to identify policy changes that could create measurable improvements in children's outcomes. FFN conducted this analysis in close collaboration with the PDG needs assessment and strategic planning teams.
- In January 2020, the PCI implementation plan was published with 13 policies identified that will help achieve the vision of "a system where state and community leaders are working together to provide health, mental health, high quality early learning and development, and social service supports for children prenatal through age 3 and their families."

Since the initial stages of developing the application for the PDG in 2018, this funding opportunity has contributed greatly to the collaboration and alignment of ECCE systems change efforts across Nebraska. The coordination infrastructure required to implement projects across the five PDG activities has increased communication and cooperative efforts to improve access to quality ECCE. The collaborative nature of engaging with partners in the development of the needs assessment data collection tools, defining key terms, stakeholder engagement processes across the state, and development of the strategic plan has created greater understanding and has, in fact, aligned partners around a shared vision for change in the state in the form of the strategic plan.

NEEDS ASSESSMENT: Findings, Gaps and Needs

FINDING: Systemic Barriers to Access and Quality

Interviews and surveys with key informants identified systemic barriers that impact families accessing quality ECCE services and essential services.

- Current levels of public funding for the ECCE system are simply inadequate to ensure quality care and education for all children.

¹⁴ Sixpence Annual Report, 2017 – 2018

¹⁵ <http://www.firstfivenebraska.org/>

- Misalignment of eligibility requirements limits access to public assistance programs (including the child care subsidy) that provide essential services for vulnerable families.
- Multiple policy barriers restrict use of funds along program lines, which results in limited access to resources for certain types of providers and many families.

Funding Barriers

In its analysis of funding available to the ECCE system, the Nebraska Early Childhood Workforce Commission mapped the path that federal and state funds take and the processes required for the funds to reach providers, families, and the early childhood workforce.

- This effort demonstrated that the funds flow through a network of policies that contain standards and rules that are not coordinated or may even conflict. One of the risks of this misalignment in funding policies is that the effort providers spend managing the policy and regulation requirements necessary to bring in adequate operating revenue draws their time and energy away from the children in their care.

Policy Barriers

The policy landscape analysis conducted through the Pritzker Children's Initiative identified policy changes needed to improve outcomes in these categories:

- Providing high-quality early childhood care and education services
- Parent engagement and support
- State system efficiencies and capacity to support integration
- State system efficiencies and capacity for data integration
- Access to essential services for early childhood development

GAP: Public Will and Commitment to ECCE

When asked about the systemic barriers that limit vulnerable families' access to quality ECCE, key informants reported that the lack of understanding by the public and by policymakers and community leaders regarding the importance of early childhood education prevents the appropriate investment and prioritization of resources.

Stakeholders across the state voiced a similar theme: Everyone needs to understand the value and impact of quality ECCE on children, the community, the economy, and the nation.

- Stakeholders called for a statewide initiative to create awareness and shared commitment emphasizing the message that everyone (parents, families, early childhood providers, schools, businesses, community leaders, state agencies, and nonprofit organizations) has a vested interest in supporting the healthy development and learning of each child.

GAP: Incomplete and Non-Integrated Data

Data Limitations: Understanding the Vulnerable Population

Until now, the state has had limited data to represent the number of families with young children who experience conditions that make them vulnerable, such as food instability, housing instability, or mental illness.

- Prior analysis of risk or vulnerability in Nebraska's young children has focused primarily on poverty. Available data tend to underestimate the number of children with developmental delays or other disabilities.

- The primary weakness of Nebraska’s administrative data about the population of young children and families is that they are not integrated at the individual level, and thus it is difficult to estimate the number of children or families that are experiencing multiple vulnerability factors.
- Much of the available data do not capture the conditions experienced by vulnerable populations that impact the children’s long-term outcomes.

Data Limitations: ECCE Utilization

- Much of the available data that describes vulnerable children and families are gathered and reported by state programs, and therefore primarily reflect the use of essential services. These data do not provide a picture of Nebraska families’ utilization of ECCE services.
- Data collected on capacity from licensed child care providers provide an estimation of the number of spots available but do not provide the actual enrollment of licensed providers. Therefore, estimates of the system’s capacity are rough and likely inaccurate.

GAP: Inadequate Data Available for Systems Change

Based on the needs assessment survey, more than 60% of children birth through age 5 in Nebraska are cared for every day in a home-based setting, and vulnerable families most often choose family child care homes or unlicensed care settings.

- Data about the needs and characteristics of vulnerable children served in these settings are simply not captured, leaving these children and families underrepresented in decisions about policy and funding.
- Much of the available data do not describe the many elements and interconnections of the ECCE system that would be instrumental to improving the availability, access, and quality of ECCE services. While stakeholders reported a number of successful strategies being used in single communities to improve access or quality, these were a few individual anecdotes. For example, Nebraska is unable to identify communities with functioning local resource and referral systems for families that could be models for other communities; neither is there a source of information to indicate where providers within a community have established a working collaborative to share training and other resources to improve quality.

Data Limitations: Data Integration Challenges

- There are limited mechanisms that would allow state agencies and other organizations to exchange data for combined or comparative analysis.
- There are numerous statewide and regional nongovernmental organizations that provide support services to families and their children in the ECCE system. Each of these organizations collects and reports their program utilization data independently.

Goal 4 of the strategic plan and its four objectives have been established to address these needs, gaps, and barriers.

Nebraska Early Childhood Strategic Plan	
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 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.

OVERVIEW OF THE STRATEGIC PLANNING PROCESS AND STAKEHOLDER ENGAGEMENT

Stakeholder engagement for the strategic plan began in June 2019 with the needs assessment. The input of thousands of families and providers and hundreds of key informants and stakeholders led to a comprehensive description of the needs and gaps in availability of, access to, and quality of the ECCE services across the state.

With those findings available, the processes for developing the strategic plan included concurrent and integrated stakeholder engagement and governance processes.

- Stakeholder engagement for strategic planning included in-person meetings across the state and review, outreach to over 600 key informants, and feedback from the PDG leadership teams.
- A governance process was established by the Early Childhood Interagency Coordinating Council for the purpose of overseeing and approving this strategic plan.

What follows below are highlights of these processes, which are presented in chronological order to convey the interconnections between the multiple steps.¹⁶

August 2019: Strategic Planning Advisory Team

Stakeholders across the state participated in Strategic Planning Advisory Team (SPAT) meetings to review preliminary findings of the family and provider surveys. These meetings were held on Aug. 6, 7 and 8, 2019, in Bridgeport, Kearney, and Lincoln, respectively. A videoconference link was provided to allow participation by any invited participants who could not travel to one of the meeting locations. A total of 72 stakeholders participated in these meetings. 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 around ECCE in communities across Nebraska.

- 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, informed the development of the key informant survey, and was included in the needs assessment report.
- Additionally, stakeholders reviewed the draft key definitions in an online review process after the meeting. Their feedback was used to refine the definitions, particularly the definition of quality.

August 2019: Establish the ECICC PDG Task Force

On Aug. 16, 2019, the ECICC established a time-limited task force to oversee the development of and to approve the strategic plan. The ECICC PDG task force members include ECICC steering committee members, members of the ECICC at large, representatives of the PDG Nebraska leadership team¹⁷, and parents.

¹⁶ A detailed description of these stakeholder engagement and governance processes is available in Appendix A.

¹⁷ The PDG Nebraska leadership team served as an organization and communication forum for PDG implementation in year 1. The membership of the leadership team can be found in Appendix A.

October 2019: ECICC Task Force Kickoff Meeting

At its initial meeting on Oct. 10, 2019, the task force reviewed its scope of responsibility and an initial outline of the strategic plan. The task force determined that this strategic plan, while funded by the Preschool Development Grant, must be written as a comprehensive plan for the whole state; that it should go beyond the scope of PDG funding and establish the core goals for what must be accomplished in Nebraska to improve early childhood outcomes through systems change.

The task force also established a draft set of guiding principles and selection criteria to provide an objective basis for making decisions about the content of the strategic plan. These principles and criteria ensure that not only were PDG requirements met, but more importantly that the values and expectations of the stakeholders and citizens of Nebraska were incorporated into the design of the strategic plan. (The guiding principles can be found on page 37.)

October 2019: Strategic Planning Advisory Team Meetings

Stakeholders across the state participated in another series of SPAT meetings, which were held on Oct. 23, 24, and 25 in Bridgeport, Kearney, and La Vista/Omaha, respectively. A videoconference link was available for those who could not travel to one of the meetings. The total number of participants for all three meetings was 101. The purpose of these meetings was for stakeholders to review the final findings of the PDG needs assessment and provided suggestions for what can and should be done to fill the needs and gaps identified.

- The analysis of stakeholder 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 this strategic plan.

November 2019: ECICC Task Force Meeting

In November 2019, task force members reviewed the needs assessment findings and the themes and priorities from the analysis of stakeholder input. 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 Nebraska Early Childhood Strategic Plan.

December 2019: PDG Nebraska Leadership Team Review

The first full draft of the goal, objective, and strategy structure was presented to the Nebraska leadership team in early December. 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 leadership team received an electronic copy of the full plan and members were asked to provide feedback on the draft plan.

- Suggestions were integrated into the draft goal, objective, and strategy structure in preparation for the next task force review.

December 2019: ECICC PDG Task Force

Prior to the Dec. 17 meeting, the task force members were provided the same draft strategic plan that had been distributed to the leadership team. During the meeting, the task force reviewed the leadership team's feedback on the goals, objectives, and strategies, including strategic plan governance issues and global issues that impacted the whole plan.

After discussing feedback and assessing the progress made in the strategic planning process, the task force gave direction that the target for the plan to be approved in February 2020 would be a meaningful and succinct framework that provides a clear direction for change in Nebraska's ECCE system through the goals, objectives, and strategies. After the strategic plan is approved in February, partners across the Nebraska ECCE community will work together to develop action plans by:

- Collaborating with ongoing workgroups that have significant linkages to the objectives of this plan,
- Participating in coordinated planning with partners to identify existing and new resources to support the work, and
- Engaging further with stakeholders across the state to develop meaningful and impactful action plans.

January 2020: ECICC PDG Task Force

On Jan. 7, 2020, the task force conducted a review of the entire set of goals, objectives, and strategies. This review included evaluating all of the objectives and strategies against the selection criteria and reviewing concerns about the objectives and strategies that had been expressed during the most recent review. This led to a near-final draft of the strategic plan prior to a final review by stakeholders. Additionally, the task force gave direction on the governance strategy for the 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 January 2020.

January 2020: Statewide Stakeholder Engagement

The final stage of review of the strategic plan included three efforts to reach stakeholders across the state for their input on the draft plan.

- **Parent Meetings:** In community meetings where parents regularly attend, meeting organizers presented information about the strategic plan. These organizers had been provided summary information about the needs assessment findings and the goals and objectives of the draft strategic plan. Parents were given a form to provide feedback about the appropriateness of the strategic plan for addressing the gaps identified by the needs assessment. Four meetings were held in Crete, Hastings, and two in Omaha communities between Jan. 15 – Feb. 5, 2020; 28 parents provided feedback.
- **Strategic Planning Advisory Team Meetings:** In mid-January, three SPAT meetings were held through a videoconference link: on Jan. 16 with 36 participants; Jan. 17 with 14 participants; and Jan. 22 with 13 participants. The presentation for this meeting incorporated the findings of the needs assessment and the goals, objectives, and strategies of the draft strategic plan. Each participant had a link to an online tool that included all of the slides and a form to provide their feedback. While the stakeholders could complete the feedback form during the meeting, the link was open for adding feedback for one week.
- **Key Informant/Public Comment:** The same link to the online tool that had been provided to SPAT meeting participants was sent to the entire PDG key informant list (>600 names) inviting them to review the material (needs assessment findings and goals/objectives/strategies) and to provide feedback. 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. The information gathered was summarized and presented to the task force during their final review of the strategic plan.

February 2020: ECICC PDG Task Force

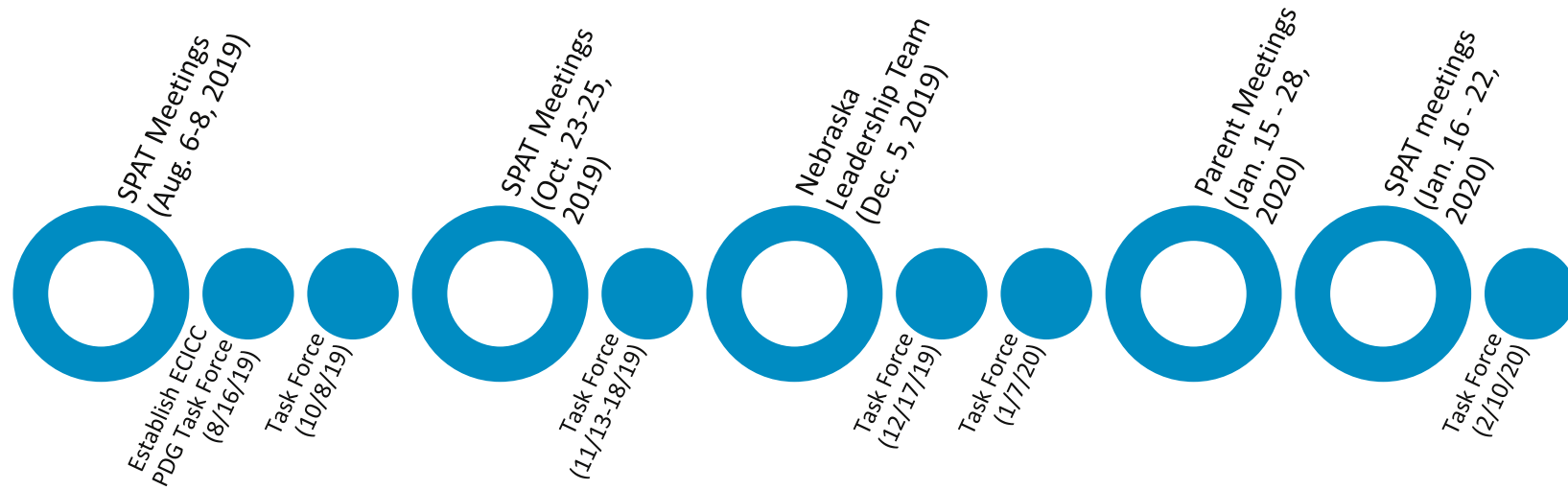
On Feb. 10, the task force convened for its final meeting to approve the strategic plan. The primary focus of this meeting was to review stakeholder feedback and make final changes to the objectives and strategies of the strategic plan, including:

- 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
- Adding 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 reviewed the final draft of the indicators of measurable progress for the objectives of the strategic plan (see Appendix E) and the proposed new governance structure and process for the oversight of the strategic plan (see Appendix F).

See Appendix B for detailed information about stakeholders engaged in the processes described above.

Figure 2: Strategic Plan Stakeholder Engagement and Governance, October 2019 – February 2020



GUIDING PRINCIPLES OF THE NEBRASKA EARLY CHILDHOOD STRATEGIC PLAN

These guiding principles have shaped the creation of the strategic plan and will continue to inform the design and the implementation of the strategies.

Children

- Early childhood in Nebraska is defined as birth through age 8.
- Activities funded by the Preschool Development Grant will focus on birth through age 5.
- All children should have the opportunity to reach their full potential.
- The earliest years of a child's life are the most critical for a lifetime of healthy development and learning, therefore investment in the early childhood years generates the most significant return on investment for communities, schools, and our state.
- Children's potential is maximized through quality early childhood care and education programs, along with essential services for early childhood development.
- Systems change efforts will target increasing availability and access to quality care and education for vulnerable and underserved children living in all areas of the state.

Families

- Families are children's first and most important teachers, and their culture and home language are assets to be honored.
- Families need access to information, resources, and supports to help their children reach their potential.
- The strategic plan is family-centered, meaning that families are authentic partners in planning for their children's care and development, and in planning for and implementing systems change in Nebraska.

Equity

- In an equitable system, all children and families receive necessary supports in a timely fashion so they can develop their full intellectual, social, and physical potential. (Equity is the state that would be achieved if individuals fared the same way in society regardless of race, gender, class, language, disability, or any other social or cultural characteristic.)¹⁸
- Stakeholders throughout the system are given the opportunity for equal participation in the strategic planning process.
- Each child, including those with disabilities, has access to the early childhood education and essential services they need.
- Strategic capacity building drives positive system reform and alleviates inequities.

Leadership

- Community-level leadership allows Nebraska to build on past efforts and strengths, providing more options for families with the support of strong community leadership and assessing what is needed to develop a well-aligned state system.
- Strategic public and private partnerships, authentic stakeholder engagement, and rich cross-system relationships are essential to proactively leverage resources.

¹⁸ Advancing Equity in Early Childhood Care. National Association for the Education of Young Children. April 2019

- Robust data and strong research are critical to informed decisions about the ECCE system, its services and practices, and changing the funding and regulatory policies.

System

- Quality early childhood care and education matters because it fosters a child's healthy development and learning during the critical early years of brain development.
- Use shared, cross-sector definitions to create alignment in understanding and then to build aligned systems.
- Children's and families' diverse needs are best served through a continuum of care settings across a mixed delivery system.
- Acknowledge the role of poverty and structural racism in families' ability to access quality care and education as well as essential services for early childhood development.
- The strategic plan was designed using an integrated, statewide, and systems-thinking perspective.

Resources

- Responsible stewardship of resources makes the most of available funds and emphasizes implementation of evidence-based programs (i.e., effective programs).
- Build upon and do not duplicate ongoing efforts.
- Efficiencies in state systems must be identified and implemented.
- Resources from multiple sources are available to cover the full cost of quality care throughout the mixed delivery system, making fully funded quality ECCE accessible to all children.

THE NEBRASKA EARLY CHILDHOOD STRATEGIC PLAN

The Nebraska Early Childhood Strategic Plan establishes a shared vision for a more integrated ECCE mixed delivery system in which children continuously experience quality ECCE services from birth through the transition to school. This strategic plan provides clear direction for how Nebraska will, through systems alignment and improved collaboration, increase the overall participation of children in quality ECCE services. By creating a more integrated mixed delivery system, more families and their young children and their families can access the quality ECCE services and the essential services they need to help their children thrive.

The goals and objectives of this strategic plan establish a framework for action to create that aligned, efficient, and coordinated early childhood mixed delivery system at the community and state levels. The four goals are designed to be implemented in an integrated fashion—work on one goal must account for the objectives of the other goals and the results of each goal should impact the work of the other goals. This approach to integrated implementation is necessary to achieve the more aligned and coordinated systems supporting families.

- In the plan below, cross-references highlight where obvious interconnections across goals have already been identified. During the implementation planning phase, more opportunities to design integration into the early childhood mixed delivery system will emerge.

Implementing this strategic plan will build on numerous and ongoing initiatives to create more collaboration and cooperation between organizations at the community, regional, and state levels.

Success implementing this strategic plan will require:

- Engaged participation by organizations and individuals who have been working toward these goals for decades
- Engaged participation by organizations and individuals who don't yet know they have a role to play in improving outcomes for young children and their families by building a better ECCE system
- The commitment of time, talent, and resources from a wide variety of sources

In achieving these goals, Nebraska envisions changes in the ECCE system that lead to improvements in outcomes for young children and their families so each child and their family in Nebraska will:

- Experience quality care and education that nurtures each child's full social, emotional, cognitive, physical and linguistic potential regardless of historical barriers related to race, ethnicity, income, gender, language of origin, disability, or any other social or cultural characteristic
- Be provided essential services to support optimal early development and learning
- Easily access quality ECCE and essential services for early childhood development in their community
- Be successfully supported through transitions into any setting, and that those settings are fully equipped to support each child, no matter their developmental abilities
- Have the information and resources they need to help their child thrive while building on the child's and family's strengths (including culture, language, abilities and disabilities)

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.

The first goal of the strategic plan emphasizes the priority that quality ECCE services be available, that families can enroll their child in the quality care setting of their choice with minimal barriers, and that they can find and access quality ECCE services as well as essential services needed to support their 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.	
Strategy 1.1.1 Expand funding sources that pay providers for the full cost of quality care, including the expansion of child care subsidy, other public funds, and public/private endowments.	
	Cross-reference Goal 2, Objective 1: Establish a shared definition of quality
Strategy 1.1.2 Support ECCE providers as business owners in maintaining stable revenue while providing quality care to children.	
Strategy 1.1.3 Build on Nebraska's public/private partnership tradition by engaging the business community to support quality ECCE.	
	Cross-reference Goal 2, Objective 1: Establish a shared definition of quality
Strategy 1.1.4 Provide specific culturally relevant outreach to informal care providers among refugee and immigrant populations, offering resources and information to promote licensure and practices that promote learning.	
Strategy 1.1.5 Assess current partnerships among ECCE providers to identify solutions to barriers to new partnerships such as regulations, reporting requirements, and costs.	
	Cross-reference Goal 3, Objective 1: Increase collaboration across communities
Objective 2: Increase families' access to quality ECCE by improving continuity of care and removing barriers.	
Strategy 1.2.1 Make quality care affordable for families by changing eligibility criteria so more families can access the child care subsidy.	
Strategy 1.2.2 Improve the continuity of care experienced by each child to address barriers like transportation and the need for flexible and expanded hours of operation.	
Strategy 1.2.3 Examine the unique barriers related to transportation, flexibility of hours, and additional costs faced by families of children with disabilities with the aim of making changes that will increase access to affordable, quality care for children with disabilities.	
Strategy 1.2.4 Increase awareness and supports for families and ECCE providers to eliminate suspension and expulsion practices in ECCE programs.	
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.	
Strategy 1.3.1 Building on existing programs, align and expand current resource and referral (R&R) tools and supports to include a statewide support infrastructure and regional or community-specific R&R tools designed to meet families' and communities' needs.	
	Cross-reference Goal 3, Objective 2: Community resource coordination
Strategy 1.3.2 Assess the capacity of current resource and referral teams to determine whether they can expand their role(s) to become	

“central navigators” in helping families find quality ECCE services.	Cross-reference Goal 3, Objective 2: Community resource coordination
Strategy 1.3.3 Continue efforts to simplify enrollment applications to make it easier for families to access and receive all services for which they or their children are eligible.	Cross-reference Goal 4, Objective 1: Align state-level systems
Objective 4: Increase access to essential services especially for vulnerable families and families living in rural areas.	
Strategy 1.4.1 Assess gaps in vulnerable children receiving the essential services they need.	
Strategy 1.4.2 Expand access to essential services for vulnerable children.	

Measurable indicators of progress for the objectives in Goal 1 can be found in Appendix E.

GOAL 2: All ECCE settings provide quality experiences for children.

The second goal of this plan focuses on ensuring that the care provided to each child in the state is *quality care*, consistent with the new definition of quality crafted for Nebraska.

- *Quality in ECCE is defined by each **child’s experience**, when that experience is characterized by 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. 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.*

Goal 2 starts with an objective to expand the use of the new definition into as many contexts as possible so that the child’s experience of quality is the focus of everyone’s work. Other Goal 2 objectives address the promotion of quality care through several provisions: the workforce, family engagement, and the physical spaces in which care is provided. The state’s quality rating and information system—Step Up to Quality—is also included in this goal as a key tool used to support providers in improving quality and tracking changes in the quality of care across the state.

Objective 1: Establish shared, statewide definition of quality to shape and direct all ECCE systems change efforts.	
Strategy 2.1.1 Engage stakeholders to further develop the description of the provisions of quality of care across different settings.	Cross-reference Goal 4, Objective 4: Ongoing needs assessment
Strategy 2.1.2 Incorporate the Nebraska definition of quality ECCE into all professional development materials to support quality care in home-, school-, and center-based settings.	
Strategy 2.1.3 Incorporate the Nebraska definition of quality ECCE into community-level collaboration efforts.	
Strategy 2.1.4 Incorporate the Nebraska definition of quality ECCE into state agency programs, policies, and operations.	Cross-reference Goal 4, Objective 1: Align vision for state operations around definition of quality.

Strategy 2.1.5 Incorporate the Nebraska definition of quality ECCE into the curricula that lead to early childhood professional qualifications at high schools and colleges.
Strategy 2.1.6 Incorporate the Nebraska definition of quality ECCE into early childhood assessment tools and programs.
Strategy 2.1.7 Incorporate the Nebraska definition of quality ECCE into the early childhood programs of public and private organizations.
Objective 2: Promote the provision of quality ECCE throughout the state by promoting, supporting, and training the early childhood workforce.
Strategy 2.2.1 Establish a system-wide competency framework for members of Nebraska’s early childhood workforce. Cross-reference Goal 2, Objective 1: Establish a shared definition of quality
Strategy 2.2.2 Develop professional pathways that are affordable, accessible, and equitable in order to recruit and retain an early childhood workforce that provides quality care.
Strategy 2.2.3 Expand options and increase access to professional development for providers and early childhood professionals in each setting type.
Strategy 2.2.4 Increase the supports available to home-based providers to help them more easily access professional development resources and improve quality.
Strategy 2.2.5 Strengthen and sustain a quality coaching workforce through regional- and state-level infrastructure that is locally delivered and flexible enough to meet each provider’s needs.
Strategy 2.2.6 Enhance the capacity of the workforce and providers to implement evidence-based practices (i.e., those set by the Division of Early Childhood) to meet the needs of children with special needs and disabilities in community-based settings.
Strategy 2.2.7 Enhance the well-being of the early childhood workforce through wages, benefits, and other support services.
Objective 3: Promote the provision of quality ECCE through improved family engagement practices.
Strategy 2.3.1 Increase the supports available to providers to engage parents as partners in providing ECCE for their child(ren).
Strategy 2.3.2 Increase the supports available to providers to communicate effectively with parents about their children’s development and needs.
Strategy 2.3.3 Provide parents with information and tools to support them in nurturing their child’s growth, development, and education. Cross-reference Goal 2, Objective 1: Establish a shared definition of quality
Objective 4: Promote the provision of quality ECCE by assessing the physical spaces and facilities where children receive care.
Strategy 2.4.1 Assess and address any issues with ECCE facilities providing quality care. Cross-reference Goal 4: Ongoing needs assessment
Strategy 2.4.2 Support providers to make improvements in facilities to provide quality care.
Objective 5: Increase the provision of quality ECCE throughout the state using the Step Up to Quality (SUTQ) system.
Strategy 2.5.1 Invest in significant changes in SUTQ to focus on the quality experience of each child.

Cross-reference Goal 2, Objective 1: Establish a shared definition of quality
Strategy 2.5.2 Invest in significant changes in SUTQ to make the system’s processes more flexible and efficient for providers.
Strategy 2.5.3 Expand the public outreach and education campaign to families and providers to promote the use of SUTQ.
Strategy 2.5.4 Create incentives to encourage providers’ and early childhood professionals’ participation and advancement in SUTQ.
Strategy 2.5.5 Tailor the SUTQ system and its supports to meet the professional development and quality-improvement needs of all provider types.
Strategy 2.5.6 Establish an ongoing review schedule to evaluate SUTQ effectiveness in capturing and elevating the quality of care in Nebraska.

Measurable indicators of progress for the objectives in Goal 2 can be found in Appendix E.

GOAL 3: Communities coordinate a locally designed mixed delivery system that provides continuous care and meets the needs of families.

Success in building an integrated ECCE system that provides quality care to each child depends on developing a coordinated and aligned community-level infrastructure that builds relationships and increases communication across sectors. Goal 3 focuses on supporting local leaders, providers, and schools to build local capacity to coordinate local resources for families and their children.

Objective 1: Create more collaboration among ECCE providers, schools, families, coaches, and businesses in communities and regions across the state.
Strategy 3.1.1 Building upon community coalitions across the state, identify additional methods to build relationships between and among ECCE providers and school personnel within communities.
Strategy 3.1.2 Share resources with community leaders and providers on best practices for collaboration and communication across sectors of the mixed delivery system.
Objective 2: Provide models for communities to build customized collaboration plans that meet the local families’ needs.
Strategy 3.2.1 Develop and implement a statewide infrastructure for coalition building that can support continued coordination, collaboration, and communication across sectors at the community or regional level.
Cross-reference Goal 2, Objective 1: Establish a shared definition of quality
Strategy 3.2.2 Support communities, or groups of communities, in creating high-functioning and sustainable family support and ECCE infrastructures and services.
Cross-reference Goal 1, Objective 3: Improve access with better resource and referral systems
Strategy 3.2.3 Establish and implement community-wide or regional ECCE coordination plans.
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.

Strategy 3.3.1 Create or expand distribution of resources that support early childhood providers and school personnel in implementing effective transition practices.
Cross-reference Goal 2, Objective 1: Establish a shared definition of quality
Strategy 3.3.2 Using existing models and resources, increase awareness about what is needed for the transition to Kindergarten by sharing information between schools and ECCE providers, and with families.
Strategy 3.3.3 Promote continuity of care for each child by developing or expanding child-specific information sharing between the early childhood provider and school personnel prior to the transition.
Strategy 3.3.4 Ensure that Kindergarten classrooms and teachers are ready to meet the individual needs of every age-eligible child, regardless of their abilities.

Measurable indicators of progress for the objectives in Goal 3 can be found in Appendix E.

GOAL 4: Statewide systems align to support communities in creating an integrated and comprehensive mixed delivery system for all children.

The focus of the fourth goal is to implement systems changes at the state level that will support better coordination and alignment across all levels of the ECCE system. Starting with an aligned vision for ECCE that will shape funding and policy decisions, this goal will promote the value and importance of ECCE to all Nebraskans and build the state's capacity to capture and use more integrated data to inform future decision making and improve access to quality ECCE services. Finally, this goal charges the state to continue to learn about the gaps in the system through ongoing needs assessment and to continue stakeholder-driven strategic planning.

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.
Strategy 4.1.1 Create an aligned vision for quality ECCE across state-level early childhood programs that is informed by communities, providers, and parents.
Cross-reference Goal 1, Objective 1: Establish a shared definition of quality
Strategy 4.1.2 Establish a task force across public, private, and nonprofit organizations to study and propose alternative funding and administrative policies to support fully funded, quality care across all ECCE settings.
Cross-reference Goal 1, Objective 1: Create new funding strategies for more quality care
Strategy 4.1.3 Explore and recommend changes to state policies that restrict how state and federal funds can be braided, specifically where these policies limit the number of children who can be served in quality care settings.
Cross-reference Goal 1, Objective 1: Create new funding strategies for more quality care
Strategy 4.1.4 Align and simplify tools, applications, processes, and systems within and across state agencies and other programs to make accessing services easier for families.
Cross-reference Goal 1, Objective 3: Improve access with better resource and referral systems

Objective 2: Promote the importance of early childhood and the value of quality ECCE to the community, state, and economy.	
Strategy 4.2.1 Inform Nebraskans of the importance of quality ECCE and what is at stake for Nebraska's future.	Cross-reference Goal 2, Objective 1: Establish a shared definition of quality
Strategy 4.2.2 Seek Nebraskans' commitment to support quality early care and education.	Cross-reference Goals 1, 2, and 3
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.	
Strategy 4.3.1 Develop and implement systems of shared measurement and accountability in support of a collective impact model.	
Strategy 4.3.2 Create and implement feedback loops for continuous improvement within and across systems.	
Strategy 4.3.3 Build capacity in the state's Early Childhood Integrated Data System (ECIDS) to establish collaborative data sharing capacity by streamlining information collection and management and integrating data systems.	
Strategy 4.3.4 Build capacity in the state's ECIDS to increase families' access to services by increasing the information available to families and helping families find and enroll in services.	
Strategy 4.3.5 Build capacity in the state's ECIDS to improve quality of ECCE by expanding and integrating information about professional learning opportunities and improve service coordination and transitions.	
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.	
Strategy 4.4.1 Continue the efforts to gather longitudinal data on key findings from the Year 1 PDG needs assessment.	
Strategy 4.4.2 Expand data collection efforts to assess needs and gaps in aspects of the ECCE system not addressed by the Year 1 PDG needs assessment including but not limited to:	
<ul style="list-style-type: none"> • Transitions children experience between birth and age 5, before reaching the transition to Kindergarten (Goal 3, Objective 3) • Issues with the physical spaces (facilities) in which children receive care (Goal 2, Objective 4) 	
Strategy 4.4.3 Engage stakeholders statewide to refine and revise the Nebraska Early Childhood Strategic Plan.	
Strategy 4.4.4 Implement, monitor, and report progress on the Nebraska Early Childhood Strategic Plan.	

Measurable indicators of progress for the objectives in Goal 4 can be found in Appendix E.

IMPLEMENTATION PLANNING PRIORITIES

As described earlier, the ECICC PDG task force directed the team to draft a strategic plan that establishes the core goals of what is needed in Nebraska to improve early childhood outcomes through systems change. Because the first phase of strategic planning was only five months, the task force set a target for developing a meaningful and succinct framework that provides a clear direction for change through goals, objectives, and strategies by February 2020.

As Nebraska prepares to enter Phase 2 of strategic planning, the focus will shift to developing action plans for the objectives and strategies. Similar to the guiding principles that informed the creation of the goals, objectives, and strategies of this strategic plan, stakeholders and the task force defined operating principles to guide the creation of the action plans:

- Design implementation plans that align around the shared vision for quality and deliberately make connections across the activities of the four goals.
- Continue stakeholder engagement efforts reaching parents, providers, and other system partners in communities across the state to address community-specific interests in the action plans.
- Collaborate with ongoing workgroups whose efforts have significant linkages to the objectives of this plan to design integrated and collaborative action plans.
- Engage in coordinated planning with partners across the system to identify and build on existing resources whenever possible.
- Coordinate plans for expanding existing programs or developing new programs with all relevant federal and state programs.
- Implement evidence-based programs or interventions with a track record of success in order to use resources wisely.

Priority for Integrating Goal 1 (Access) and Goal 2 (Quality)

Nebraska is committed not only to increasing availability and access to **more** ECCE services, but importantly, to increasing availability and access to **quality** ECCE services. This includes improving the quality of services currently available. In an ideal world, action to change Goal 1 (increased access) would not be taken without making change in the other Goal 2 (improved quality), and vice versa.

Challenges to integrated implementation of Goals 1 and 2 are embedded in long-standing statutory and funding systems that have created inflexible systems that can put these goals at odds with one another.

- One set of policies that create access to ECCE services was designed to fund employment support programs; that is, access to the ECCE services is tied to parental employment (or parental workforce training with the ultimate goal of employment).
- Another set of policies makes funds available for ECCE services that were designed as education supports, where access to ECCE services is tied to the developmental needs of children.

Since these policies were established, a great deal has been learned about brain development in young children and it is more widely recognized that a split between employment support and education support is superficial.

Throughout the implementation design phase (Phase 2), it will be a priority to align children's needs and families' needs in systems change planning. With intentional efforts to integrate these two

strategies (employment supports and education supports), Nebraska will be investing in building and sustaining a highly qualified workforce in Nebraska, today and in the future, that attracts employers, is productively employed, and builds community vitality across the state.

Collaborative Approach to Implementation Planning

During the action plan design phase, Nebraska ECCE system partners will coordinate with other organizations that are leading efforts that will be integral to achieving objectives in this strategic plan.

Nebraska Early Childhood Workforce Commission¹⁹

In January 2020, the Nebraska Early Childhood Workforce Commission established a plan for elevating and strengthening the state's early childhood workforce by creating alignment across sectors of the ECCE system. The objectives under the goals of the commission's plan align with and contribute to the goals of this strategic plan by:

- Making quality ECCE more available and accessible (i.e., affordable) by identifying collaborative strategies to fund the full cost of quality care by 2030 (Goal 1)
- Supporting quality practice across all ECCE settings (Goal 2)
- Developing professional pathways that are affordable and accessible to recruit and retain a diverse early childhood workforce (Goal 2)
- Developing and implementing the infrastructure needed to support continued coordination, collaboration, and communication across sectors (Goal 3)
- Engaging stakeholders within and across communities in a coalition of partners that will coordinate efforts to implement the commission's recommendations across the state (Goal 3)
- Informing Nebraskans of the importance of the early childhood workforce to quality ECCE and what is at stake for Nebraska's future (Goal 4)
- Engaging Nebraskans in statewide efforts to support the early childhood workforce and high-quality ECCE (Goal 4)

Pritzker Children's Initiative²⁰

In January 2020, First Five Nebraska finalized the Pritzker Children's Initiative Implementation Plan that is designed to improve outcomes for children birth to age 3. This plan identifies policy and strategic goals that will strive to:

- Increase the number of children connected to essential services (Goal 1)
- Increase the availability of affordable, quality care for low income infants and toddlers (Goal 1)
- Increase families' access to child development trainings (Goal 2)
- Increase the number of infants and toddlers receiving high-quality child care by supporting upward movement of providers in the SUTQ system (Goal 2)

Step Up to Quality Revisions Task Force

During PDG Year 1, a SUTQ revisions task force (led by the Nebraska Department of Education and including partners from across the system) identified multiple needed changes to the SUTQ system and set priorities for action. Draft revisions will be shared with home- and center-based child care providers throughout late spring and summer of 2020. Finalized revisions are planned to be implemented at the

¹⁹ To see the full report from the Nebraska Early Childhood Workforce Commission visit www.EarlyYearsMatter.org/workforce.

²⁰ To find more information about the Pritzker Children's Initiative Implementation Plan for Nebraska contact First Five Nebraska: www.firstfivenebraska.org.

beginning of 2021. Proposed revisions as well as actions toward their finalization will be documented in action plans for this strategic plan.

Early Childhood Data Coalition

The Early Childhood Data Coalition (ECDC) is leading efforts to design an Early Childhood Integrated Data System (ECIDS) and supporting the efforts to track progress indicators for this strategic plan.

The 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. Nebraska is planning to establish a federated data model for ECIDS, in which a new data set 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. As the ECIDS design becomes more detailed during Phase 2 of the strategic planning progresses, additional integration opportunities will be identified and documented in the action plans.

In addition to the organizations named above, multiple organizations that are working to improve outcomes for young children and their families will be fully engaged partners in developing implementation plans. These include, but are not limited to:

- 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
- Early Childhood Interagency Coordinating Council

ONGOING STRATEGIC PLANNING AND GOVERNANCE

The scale of the changes envisioned 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 to create a new oversight structure to lead a second phase of strategic planning to develop actionable plans for the objectives and strategies (Phase 2).

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. The partnership will lead the action plan development process for the strategic plan, and

subsequently provide long-term oversight of systems change through the strategic plan implementation. 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 goals and objectives. Initial membership of the partnership will include the following organizations:

- Buffett Early Childhood Fund
- Buffett Early Childhood Institute
- First Five Nebraska
- Nebraska Children and Families Foundation
- Nebraska Department of Education
- Nebraska Department of Health and Human Services
- Nebraska Early Childhood Collaborative
- University of Nebraska

The partnership will be expanded as needed during the formative stages of its work.

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 systems and programs necessary for transforming the early childhood system. Together, the members of the partnership will identify partners with existing programs to lead and implement the action plans for the strategic plan; identify funding for ongoing and new initiatives in the action plans, using both existing funding sources and new ones; and establish memoranda of understanding to formalize or expand the partnership.

Approved Nebraska Early Childhood Strategic Plan action plans will meet the following minimum requirements:

- Define action steps with achievable results with achievable timeframes and measures to track progress towards the objectives
- Identify an evaluation strategy to track performance in alignment with the comprehensive PDG program performance evaluation process
- Address federal, state, and local statutory requirements and identify the policy change needs to remove any potential barriers
- 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

Early Childhood Interagency Coordinating Council

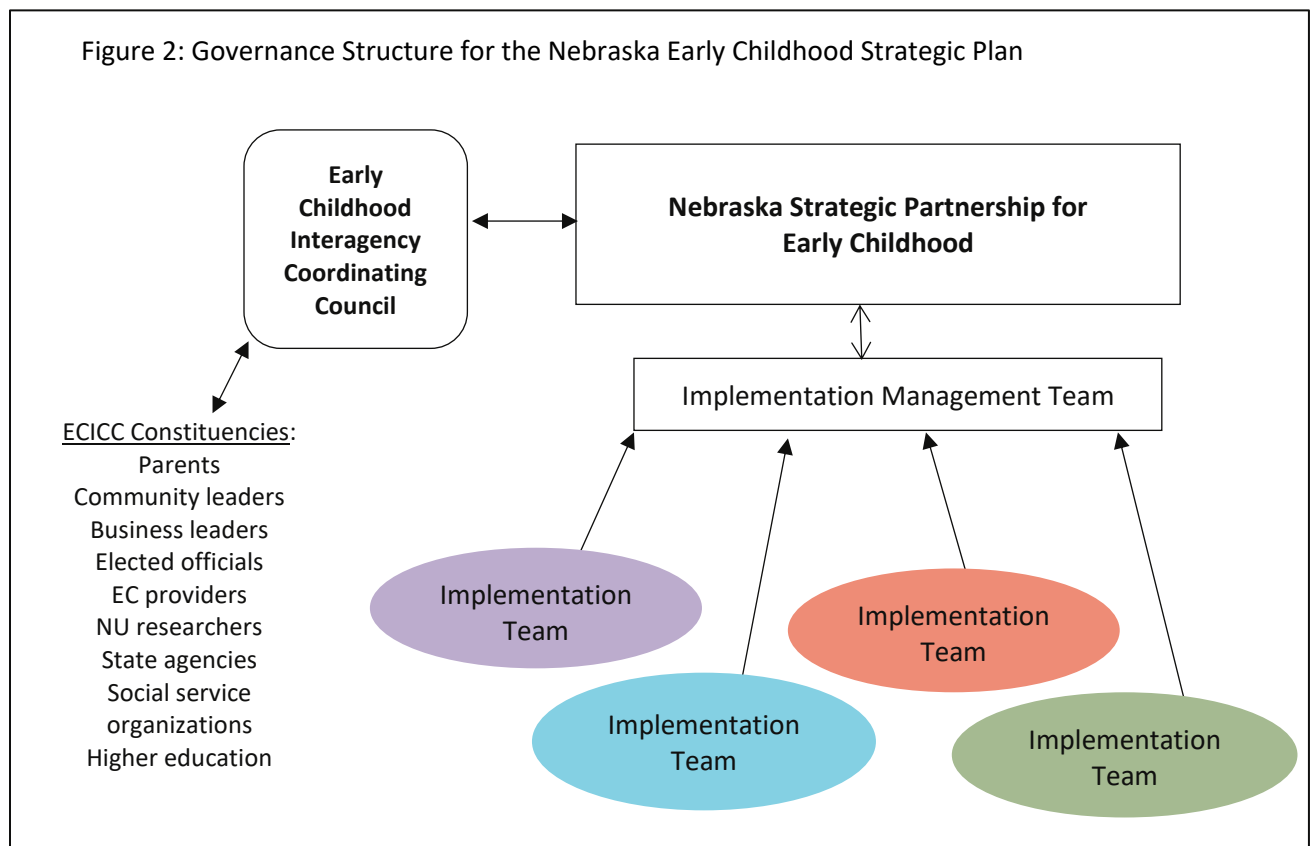
Throughout Phase 2 of the strategic planning process and throughout implementation, the Early Childhood Interagency Coordinating Council (ECICC) will continue to serve in its capacity to advise and assist collaborating agencies and partners in the implementation of the strategic plan, particularly in 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. Through 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

Figure 2 depicts the working relationships between the Nebraska Strategic Partnership for Early Childhood, the ECICC, and the implementation teams.



See Appendix F for more details on future governance processes for the Nebraska Early Childhood Strategic Plan.