Nebraska Early Childhood Strategic Plan

March 2020

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Executive Summary

The *Nebraska Early Childhood Strategic Plan* establishes a shared vision for a more integrated early childhood care and education (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 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.

- 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.
- 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.
- 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.
- 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 early care and education 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.

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)

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

Introduction

The science of early childhood development makes clear that the early years, from birth through age 8, are a time of unparalleled human growth and development—and that healthy development during these pivotal early years requires reliable, positive, and consistent interactions between the developing child and familiar, caring adults. First among those familiar, caring adults are parents and family members. Yet, because of today's economy in which most parents of young children work outside the home, families often rely on professionals in early childhood care and education settings to provide positive interactions and experiences that young children need to thrive. This means that early childhood professionals, and the programs and services they deliver, play an incredibly important role in supporting young children and their families.

Over the past several years, Nebraska has identified early care and education as a priority. Motivated and committed people across the state are striving to provide our young children with the care and education they need to thrive intellectually, socially, and emotionally. These efforts involve a combination of state, local, university-based, and philanthropically funded initiatives, many of which include collaboration across sectors and communities, demonstrating Nebraskans' willingness to work together on behalf of children and families. Collectively, these efforts all point in the same general direction. However, increased coordination, collaboration, and communication are needed to ensure that individual initiatives complement and enhance each other. As Nebraskans, we want to invest our time, resources, and money in evidence-based strategies that are mutually reinforcing and propel us toward our common goal of creating an early childhood system that will improve the life of every child, every family, and every member of the early childhood workforce in every community across the state. To this end, Nebraska has undertaken a collaborative, inclusive, and statewide approach to assessing early childhood needs and preparing for systems change by conducting the *Preschool Development Grant Needs Assessment* (Needs Assessment), which was completed in 2019, and by developing the *Nebraska Early Childhood Strategic Plan* (Strategic Plan) presented here.

The overarching purpose of Nebraska's needs assessment and strategic planning efforts is to align state policies and programs to equip local communities to deliver quality early care and education, resulting in families being able to choose and access programs and services that support their children's healthy development. The work is supported by a grant awarded to Nebraska through the Preschool Development Grant Birth through Five (PDG B-5) Initiative administered by the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. The work is 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 is collaborating with these organizations to support assessment, planning, and evaluation efforts. The work is grounded in a commitment to build on existing knowledge and resources across the state, and many other partners and stakeholders are actively engaged at the state, regional, and local levels.

Needs Assessment: Understanding Nebraska's Early Childhood Resources and Needs

In 2019, Nebraska conducted a statewide early childhood needs assessment that engaged stakeholders from communities across the state. In addition to identifying and analyzing existing early childhood data and reports, the needs assessment team gathered state-level, regional, and local data by conducting surveys, focus groups, and interviews with stakeholders across Nebraska. These data collection efforts included the following:

- **Statewide Surveys With Families and Early Childhood Care and Education Providers.** Nebraska's needs assessment team placed a strong emphasis on understanding the needs and concerns of families and early care and education providers in communities across the state. Two large-scale statewide surveys—the "Focus on Nebraska Families Survey" and the "Early Childhood Program and Leadership Survey"—were conducted in partnership with the Bureau of Sociological Research at the University of Nebraska–Lincoln. Results from these surveys served as the foundation for the Needs Assessment.
- **Focus Groups With Families.** A series of focus groups with families provided deeper, more nuanced information about families' perspectives.
- **Interviews and Surveys With Key Informants.** The needs assessment team also conducted individual interviews with key informants, who provided high-level perspectives on strengths and gaps in Nebraska's early childhood mixed delivery system. The online "Key Informant Survey" gathered similar information from a broader audience of stakeholders, including leaders and service providers from state agencies, early childhood nonprofits, Educational Service Units, public schools, and institutions of higher education.
- **Stakeholder Meetings.** Several meetings were held, both in person and via videoconferencing, to engage stakeholders representing all regions of the state and all areas of the ECCE system. Participants represented a wide range of roles and organizations, including public schools, state agencies, Head Start grantees, home visitation programs, and university faculty. Stakeholder input guided the themes and issues addressed in the Needs Assessment as well as the analysis of the survey data from families and providers. Stakeholder input also informed the development of the Key Informant Survey.

These data collection and analysis efforts focused on understanding Nebraska's resources, characteristics, strengths, challenges, and needs related to all aspects of the state's early care and education system. Key findings related to (1) the population of young children and their families and (2) Nebraska's early childhood mixed delivery system are briefly summarized below. Additional findings related to these and other aspects of ECCE in Nebraska are summarized, as relevant, throughout this document. The full Needs Assessment report is available online: https://www.nebraskachildren.org/what-we-do/preschool-development-grant/needs-assessment.html

Nebraska's Population of Children Birth Through Age 5 and Their Families

Nebraska is a large state, covering more than 77,000 square miles. The major urban centers are in the eastern part of the state, with widespread micropolitan and rural areas outside the larger cities. The state has 93 counties, including remote rural counties (regions with a population of less than 2,500), micropolitan counties (which include a small town or micropolitan community with a population between 2,500 and 250,000), and metropolitan counties (which include a metropolitan community with a population of 250,000 or more). The rural-urban continuum of communities in Nebraska results in

dramatic variations in tax bases, programs, and implementation possibilities for local communities across the state. To help us better understand how these variations impact families and providers, stakeholders representing communities across this rural-urban continuum were engaged throughout the needs assessment process. In addition, needs assessment data were disaggregated according to the three types of counties. In 2019, there were more than 154,000 children age 5 or younger in Nebraska. More than half (56%) of these children live in the "big three" metropolitan counties of Douglas, Lancaster, and Sarpy Counties—which encompass the state's largest cities of Omaha and Lincoln. Approximately 27% of young children live in micropolitan counties, and 17% of young children live in remote rural counties.

The needs assessment team also sought to understand how children's experiences vary based on other social characteristics, such as their racial identity, gender, and ability status as well as their family's culture, structure, language, and economic status. In communities across the state, stakeholders expressed the desire to ensure that, no matter where a family lives or challenges they face, every child in the state has access to quality early care and education. Understanding the population of young children in the state—including factors that contribute to their vulnerability—was identified as a necessary step toward ensuring that *all* children in the state can access quality early care and education and other essential services. Key steps taken to develop this understanding included conducting the statewide "Focus on Nebraska Families Survey" and creating a shared definition of vulnerability.

Focus on Nebraska Families Survey[1]

The *Focus on Nebraska Families* survey was mailed to over 90,000 households across the state, yielding responses from 3,541 families with children birth through age 5. Overall, 81.5% of respondents reported that their child was cared for by someone other than a primary caregiver in the preceding week. This is consistent with employment estimates, which suggest that all adults are working outside the home in about 80% of Nebraska households.

The survey also captured information about conditions that may negatively impact children's development, using 15 vulnerability indicators defined by the PDG B–5 Initiative (see full Needs Assessment for details). Based on survey results, it is estimated that around 60% of Nebraska families with children age 5 and under have one or more vulnerability factors. Overall, 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 families who reported that their child has 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 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.

Defining Vulnerability

In addition to surveying families about vulnerability indicators, issues of vulnerability were addressed in focus groups with families, the surveys of early childhood providers and key informants, and meetings with stakeholders across the state. Based on this input and previously reported data, Nebraska

[1] The findings of the Needs Assessment here reflect data collected from families and providers in the summer of 2019. Ongoing needs assessment work in 2020 will address the impact of the COVID-19 pandemic.

developed a new definition of vulnerability that encompasses many factors that may adversely impact the learning and development of young children, as follows:

> ***Children are considered vulnerable when*** *they experience conditions that could have a negative impact on their development and learning. Poorer developmental outcomes are expected when children experience multiple conditions.*
>
> *Conditions that contribute to vulnerability include, but are not limited to, the following:*

- *Parental mental illness (including maternal depression)*
- *Discrimination based on race and/or ethnicity*
- *Trauma, including adverse childhood experiences (ACEs)*
- *Poverty*
- *Low socioeconomic 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 a child's gender identity or on family members identifying as lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, or allied*

By adopting this definition of vulnerability, program designers, policymakers, and community leaders across Nebraska now have a more complete set of factors to consider during their planning and systems change efforts.

A core assumption of the needs assessment and strategic planning efforts is that Nebraska's children, especially vulnerable children, will thrive more in an integrated early childhood system that provides seamless access to all services needed to support the child's development and well-being.

Nebraska's Early Childhood System

Like many states across the nation, the system of early childhood care and education in Nebraska is a patchwork of efforts and initiatives that have developed at different times throughout our history in response to specific needs and contexts. As a result, Nebraska has a "mixed delivery" early childhood system, meaning that early care and education services are (1) delivered in a variety of settings and (2) are embedded within different parts of the economic system. For example, most schools and many community-based child care centers operate in the not-for-profit sector, whereas home-based owner-operated child care centers function as small businesses in the for-profit sector. Furthermore, a variety of services that are essential for early childhood development—such as nutrition, housing, health care, and parental support services—are also delivered through various agencies and organizations at the state, regional, and local levels. This mixed delivery system of early childhood programs and services entails various regulatory standards and monitoring requirements that are not coordinated across settings and funding sources.

To effectively plan for systemwide change across the state, it was first necessary to establish a shared definition of what constitutes Nebraska's "early childhood system" and to develop a better understanding of the population of early childhood care and education providers across the state.

Defining Nebraska's Early Childhood Mixed Delivery System

Working with stakeholders across the state, the needs assessment team developed the following definition, which intentionally integrates components of ECCE with other essential services that support healthy early childhood development:

> ***Nebraska's early childhood mixed delivery system*** *for children birth through age5 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 (ECCE)*
> - *Essential Services for Early Childhood Development*
>
> ***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 the following:*
>
> - *Nutrition support/food insecurity*
> - *Housing insecurity*
> - *Health care*
> - *Mental health care*
> - *Dental care*
> - *Family crisis*
> - *Developmental screening*
> - *Parenting supports*
> - *Transportation support*

By including both ECCE and essential services in the definition of its early childhood mixed delivery system, Nebraska is directing the conversation about systems change toward integration of these programs and services.

Definitions of several other key terms were developed during the needs assessment process. These definitions, along with more details about the strengths and challenges in Nebraska's existing early

childhood mixed delivery system, are available in the Needs Assessment report and are summarized as relevant throughout this Strategic Plan.

Nebraska's Population of Early Childhood Care and Education Providers

As of 2019, Nebraska's ECCE system was composed of more than 3,100 licensed child care providers, representing home-based, center-based, and school-based settings, as well as nearly 300 providers who are not subject to licensure, including Head Start and Early Head Start grantees and preschool programs in public schools. In addition, Nebraska families also rely on family, friends, neighbors, and other unlicensed providers to care for their children. These providers could not be identified and are therefore not included in the count of providers given here, nor were they included in the survey of providers in the Needs Assessment.

The "Early Childhood Program and Leadership Survey" was mailed to a total of 4,002 leaders from all child care centers, family child care homes, Head Start and Early Head Start programs, license-exempt providers, and public PreK programs in Nebraska, yielding responses from 1,337 ECCE providers. Respondents to the survey were roughly representative of the overall population of ECCE providers in Nebraska and included providers from metropolitan areas (42.1%), micropolitan areas (44.1%), and rural areas (13.9%). (These numbers indicate a slight overrepresentation of providers in micropolitan areas and a slight underrepresentation of providers in metropolitan areas.) Key findings from the provider survey are presented throughout this Strategic Plan.

Strategic Planning: Creating a More Integrated Early Childhood System in Nebraska

Findings from the Needs Assessment provided a strong foundation for the strategic planning process. Through this process, Nebraska is striving to create a more integrated early childhood system by changing how the components of that system work. Currently, components of the system—including early childhood organizations, agencies, programs, and service providers—often function as distinct and independent entities. Nebraska now seeks to establish a more interconnected, intentionally coordinated, and easily navigated network of components. Members of this network will work collaboratively to support all young children and their families in accessing quality early care and education programs as well as the essential services for early childhood development that help children thrive. The efforts to create more integration emerging from this Strategic Plan will build on numerous ongoing initiatives to create more collaboration and cooperation between and among organizations at the community, regional, and state levels.

The strategic planning process prioritized engagement with a wide range of stakeholders. In fall 2019, Nebraska's Early Childhood Interagency Coordinating Council (ECICC) received an overview of the Needs Assessment findings and designated a task force to oversee the strategic planning process. The Strategic Planning Advisory Team (SPAT) solicited input from stakeholders by hosting planning meetings in communities throughout the state. In these meetings, participants discussed key gaps and opportunities for improvement in Nebraska's early childhood system, and they shared recommendations for strategic actions to achieve desired outcomes. Stakeholders provided recommendations for how to fill the gaps and address barriers based on their experiences as providers, early childhood professionals, teachers and administrators, community leaders, resource coordinators, and parents. In addition, stakeholders articulated core values to guide Nebraska's approach to systems change.

Values to Guide Systems Change in Early Childhood Care and Education in Nebraska

The following values informed the development of the strategic goals and will guide systems change efforts throughout the implementation of this Strategic Plan:

- Create equity in the ECCE system, ensuring that no matter where a family lives or 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 emphasis on choosing strategies that are known to be effective.

Strategic Goals

In alignment with the core values articulated by stakeholders, and based on a review of feedback from SPAT meetings, key findings from the Needs Assessment, and action plans from other statewide efforts, the following strategic goals were developed:

- **GOAL 1: ACCESS –** 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: QUALITY –** All ECCE settings provide quality experiences for children.
- **GOAL 3: COLLABORATION –** Communities coordinate a locally designed mixed delivery system that provides continuous care and meets the needs of families.
- **GOAL 4: ALIGNMENT –** Statewide systems align to support communities in creating an integrated and comprehensive mixed delivery system for all children.

These 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 the other goals. Objectives have been defined for each goal, with a focus on targeting changes to the components of Nebraska's early childhood mixed delivery system that will have the greatest impact. Together, 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.

The following sections summarize the need for the four strategic goals and the core objectives associated with each goal.

Goal 1: Access

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 1.1: 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 1.2: Increase families' access to quality ECCE by improving continuity of care and removing barriers.*
- *Objective 1.3: 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 1.4: Increase access to essential services especially for vulnerable families and families living in rural areas.*

Goal 1 focuses on ensuring equitable access to quality ECCE and essential services for every child and every family in the state. For children to receive quality early care and education services, such services must be available in the communities in which they live and accessible to their families. The terms *availability* and *access* are both relevant to families' search for quality care for their children, but they are not interchangeable. Here, these terms are defined as follows:

> ***Availability of ECCE*** *refers to the sufficient supply of quality child care arrangements in a community for all families with children birth – age 5 to find a placement that satisfies their preferences with reasonable effort at an affordable price.*
>
> ***Access to quality ECCE*** *means that families can enroll their children in arrangements that support the children's development and meets the families' needs with minimal barriers.*

The "availability" definition emphasizes a system supply issue. Lack of availability occurs when ECCE options in a given community are insufficient—in terms of capacity, quality, or types of services—to meet the needs of families living in the community. The "access" definition focuses on families' ability to actually enroll their child in the ECCE setting that best meets the child's and family's needs, without facing undue barriers.

The objectives for Goal 1 target the systems changes that are needed to increase availability of and access to quality ECCE and essential services in communities across the state.

1.1 Increase availability of quality ECCE in communities across the state by creating funding strategies that pay providers for the full cost of quality services.

The Needs Assessment provided a unique opportunity to understand how ECCE services are currently used by families across the state. Overall, 81.5% of families in the survey reported that their child was cared for by someone other than a primary caregiver in the preceding week. The majority of families reported using a home-based ECCE provider as their primary source of care and education (66%). Families reporting vulnerability factors were much more likely than families without those factors to use a home-based provider. In addition, the families reporting vulnerabilities (38%) and those living in remote rural areas (36%) were more likely than others to use unlicensed ECCE providers.

In many areas of the state, the demand for affordable, high-quality ECCE services exceeds the supply. Key needs and challenges related to increasing the availability of quality services across Nebraska include the following:

- **The Needs Assessment revealed a significant lack of available space in the ECCE system.** Among those who responded to the providers' survey, 73% reported that they turned families away due to lack of space. 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. The majority of providers reported that they had no vacancies for infants and toddlers, and home-based providers reported having the fewest vacancies. Among families, those in remote rural areas (76%) reported a lack of available options more often than those in metropolitan (48%) or micropolitan areas (61%).
- **Nebraska has a shortage of affordable, quality ECCE options.** Results from a previous statewide survey (*Nebraskans Speak About Early Care and Education*, conducted by the Buffett Early Childhood Institute and Gallup), also indicate that high-quality early care and education is not available or affordable for all families in the state. A family's ability to access high-quality early care and education is often dependent on how much they can afford to pay. Many communities do not have the resources to provide families with a variety of early care and education options—particularly high-quality options. Even when high-quality options are available, many families do not have the financial resources to pay for the quality of care they want for their child.

In its January 2020 report, *Elevating Nebraska's Early Childhood Workforce*, the Nebraska Early Childhood Workforce Commission makes the case that any effort to increase availability of ECCE options must also ensure the affordability and quality of those options. As reported by the commission:

- **We lose more than we gain when we sacrifice access to high-quality early care and education for affordability.** A dollar spent on mediocre- or low-quality care is a lost opportunity to invest in the future. In contrast, a dollar spent for high-quality early care and education yields an average return of $4, and in circumstances where children are extremely vulnerable, the return can be as high as $13. This return includes money saved on special education, health care, social services, and the criminal justice system, as well as money earned from greater educational attainment, increased earnings, and improved productivity.
- **Programs intended to assist parents with the cost of early care and education are not designed with children's needs or business stability in mind.** Government programs originally designed to support parental employment by helping to pay all or part of child care expenses, such as child care subsidy, do not pay service providers enough to cover the actual cost of providing those services. In the providers' survey, half of the providers reported that they did not accept the child care subsidy because of complicated administrative processes and low reimbursement rates. In short, service providers who accept child care subsidy payments do so at a net loss to their bottom line or personal budget. Further, such assistance programs for employment support can actually undermine enrollment stability, making a child's early learning and development contingent upon a parent's employment status rather than basing it on the child's developmental needs.
- **Increasing availability to affordable, quality ECCE for all Nebraskans requires investment.** The total cost of high-quality early care and education is funded by combining public and private investments that ensure every child in Nebraska has access to high-quality care and education regardless of the setting their parents choose for them. The public sector, in partnership with the business and philanthropic communities of the private sector, must work together to ensure that no family seeking high-quality early care and education

services is priced out of participation, safeguarding the imperative to provide equitable access to high-quality services for every young child in Nebraska.

Goal 1 of this Strategic Plan is based on the understanding that increasing the availability of quality ECCE is inextricably linked with the need to create new funding strategies that pay providers for the full cost of quality services. This will involve business leaders and providers coming together to find new ways to collaborate and to expand funding sources, with a focus on helping providers maintain stable revenues. Goal 1 is closely related to and dependent on Goal 4, which involves revising state-level policies and procedures to facilitate new funding strategies.

1.2 Increase families' access to quality ECCE by improving continuity of care and removing barriers

A family's ability to enroll their child in an ECCE program that meets their needs is contingent upon a number of factors. Findings from the Needs Assessment reveal that three major barriers constrain families' ability to access the care and education that they need for their children: availability, cost, and flexibility. For example:

- **Lack of vacancies in ECCE programs is a fundamental barrier to access.** As noted above, for many families, there are simply not any available ECCE placements that meet their needs. In response to a survey question about challenges to finding early care and education, 35.7% of families said they were challenged by having too few options. Not surprisingly, this challenge is disproportionately experienced by families in remote rural areas (75.7%) compared to those in metropolitan (47.6%) or micropolitan areas (60.9%).
- **Cost was the barrier most often reported by families as a barrier to enrolling their child in child care.** A family's ability to access high-quality early care and education is often dependent on how much they can afford to pay. Even when high-quality options are available, many families do not have the financial resources to pay for the quality of care they want for their child. Cost was a greater barrier for families in metropolitan (53%) and micropolitan (48%) areas than for those in remote rural areas (36%). Families that reported vulnerability factors were nearly four times more likely to report that it was difficult or very difficult to pay for their child care.
- **The current family eligibility criteria for the child care subsidy limit continuity of care for children from vulnerable families.** ECCE services for vulnerable families are not consistent across the birth to 5 continuum. Families may qualify for programs that provide care and education for their child from birth to age 3, but there is then nothing available to support the child until they can enroll in public PreK at age 4. Policy changes are needed to make it more likely that eligible families can successfully enroll their child in continuous, quality ECCE services from birth through age 5.
- **Many families are challenged to find ECCE arrangements that accommodate their scheduling needs.** Among families surveyed, 29.2% reported that they had experienced lack of flexible hours as a challenge to finding ECCE. In focus groups, families described scenarios in which, due to the cost of early care and education, they must arrange their employment schedules so that they do not need full-time care, staggering schedules with a partner or working nontraditional shifts. This creates a need for part-time or irregular care arrangements that are not offered by many providers. Most families (75%) said care with more flexible hours was important to them, but they had difficulty finding it.

Other barriers reported by families included problems with transportation to and from ECCE settings; lack of access to essential support services, including mental health services (see 1.4 below); and a lack

of quality in available ECCE programs (see Goal 2). Increasing access will require removing barriers and improving continuity of care.

1.3 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

Another 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 and less reliable sources. For example:

- 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 surveyed (more than 90%) reported that they would like to have a list of ECCE providers in their area with information about cost, quality ratings, availability, and user reviews.
- Families who reported having vulnerability factors said they 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).

Going forward, efforts are needed to strengthen the state's infrastructure to better support communities in connecting families to services. This will include facilitating access for vulnerable families by strengthening and expanding existing "navigator" services, consolidating existing resource and referral tools into a common portal, and simplifying enrollment systems across ECCE programs and essential services.

1.4 Increase access to essential services especially for vulnerable families living in rural areas

All families responding to the *Focus on Nebraska Families* survey reported using essential services, such as medical and mental health care and dental care. The families who reported vulnerability factors reported much more difficulty accessing the full range of essential services they need. There are many services for which vulnerable families have greater need, due in part to the very circumstances that make them vulnerable. These include support for children's social and emotional development, nutrition assistance, Medicaid, job training, and support for families experiencing domestic violence. Among respondents who indicated having children with disabilities, 28.4% indicated that it was somewhat difficult, 9.6% indicated that it was very difficult, and 1.5% indicated that it was not possible to obtain care. In focus groups with families in rural areas, participants explained that certain types of services simply are not available in their community.

In the Needs Assessment, we explored the role of ECCE providers in helping families access essential services. Because of their regular interactions with children and families, ECCE providers have the potential to serve as a critical link connecting families to the essential services they need. However, the Needs Assessment findings suggest that very few providers currently fulfill that function. Less than 10% of providers offer essential services to families directly, and only about 20% of providers report that they refer families to essential services.

The Strategic Plan calls for assessing gaps in the availability of essential services for early childhood development and expanding access to those services, with a focus on better serving vulnerable children and their families, including those living in rural areas.

Goal 2: Quality

All ECCE settings provide quality experiences for children.

- *Objective 2.1: Establish shared, statewide definition of quality to shape and direct all ECCE systems change efforts.*
- *Objective 2.2: Promote the provision of quality ECCE throughout the state by promoting, supporting, and training the early childhood workforce.*
- *Objective 2.3: Promote the provision of quality ECCE through improved family engagement practices.*
- *Objective 2.4: Promote the provision of quality ECCE by assessing the physical spaces and facilities where children receive care.*
- *Objective 2.5: Increase the provision of quality ECCE throughout the state using the Step Up to Quality (SUTQ) system.*

Goal 2 of this Strategic Plan focuses on ensuring that the care provided to each child in the state is *quality care,* consistent with a definition of quality that aligns with what Nebraskans value. Traditionally, the definition of "quality" in early care and education, in Nebraska and in the wider national ECCE system, has focused on features of the care environment, creating a common perception that quality happens in the setting around the child. This perception is reflected in assessment practices in Nebraska, where the quality of ECCE has most commonly been assessed at the program level, with an emphasis on health and physical safety provisions. While such environmental provisions are important, they do not account for the *child's experience of quality*, which involves other factors that are known to have the most impact on children's development—such as the nature of the interactions between children and the adults who care for them. Yet, these are the factors that Nebraskans value most, as reflected in the following findings from the Needs Assessment:

- **Nebraska families value a "whole child" approach to quality.** In surveys and focus groups, parents defined quality largely in terms of their child's relationship with their teacher or caregiver. When choosing care and education for their young children, parents said they 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. Families who reported vulnerability factors were more likely to say they based their decision on whether the 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.
- **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.

The objectives of Goal 2 are intended to establish a shared definition of quality that is centered on the child's experience of quality and to ensure that this definition guides improvement and assessment efforts across all components of the ECCE system.

2.1 Establish shared, statewide definition of quality to shape and direct all ECCE systems change efforts

Through the needs assessment and strategic planning processes, Nebraska has developed a new definition of quality early childhood care and education for the state, as follows:

> ***Quality in early childhood care and education 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 who engages the child in warm, language-rich, and educational activities.*
>
> *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 mentally and physically healthy and are educated, trained, and appropriately compensated*
> - *Family engagement in the care and education of their children and in learning about their child's development*
> - *Inclusion of the families' and children's culture and language*
>
> *Quality early care and education is supported by local, state, and federal policies that enable ECCE providers to create this nested set of provisions, including the following:*
>
> - *Economic, social, regulatory, and funding policies*
> - *Observational assessment of the child's experiences of quality in addition to observations of the provisions*

Going forward, Nebraska will further develop this definition by describing provisions of quality care and education across different settings. In addition, Nebraskans will work to expand the use of this new definition into as many contexts as possible so that the child's experience of quality is the focus of everyone's work. For example, the Strategic Plan calls for incorporating the new definition of quality into the following:

- Professional development materials and programs
- Community-level collaboration plans for improving ECCE
- State programs, policies, and operations related to ECCE and essential services for early childhood development
- Curricula for preparing early childhood professionals
- Early childhood assessment tools and programs
- Public and private programs that deliver early childhood care and education

2.2 Promote the provision of quality ECCE throughout the state by promoting, supporting, and training the early childhood workforce

Nebraska's new definition of quality ECCE highlights the important role that the early childhood workforce plays in providing quality care. Among the factors that contribute to high-quality early care and education programs, none is more important than the quality of the professionals delivering those programs. Perhaps the greatest opportunity to improve quality in Nebraska's ECCE system lies in building the capacity and professionalism of the state's early childhood workforce.

From 2017 to 2019, the Nebraska Early Childhood Workforce Commission, a collaborative group of more than 40 public- and private-sector leaders , worked in collaboration with others from across the state to identify the strengths and challenges of Nebraska's early childhood workforce. The commission published its findings in the January 2020 report, *Elevating Nebraska's Early Childhood Workforce: Report and Recommendations of the Nebraska Early Childhood Workforce Commission*. As described in this report, Nebraska's early childhood workforce confronts numerous challenges, including the following:

- **Varied early care and education settings.** Nebraska's early childhood professionals work in various settings—including homes, child care centers, and schools—and expectations and requirements for their professional practice vary based on setting and funding. Although there is no shared understanding of what constitutes high-quality early care and education across settings, the needs of children do not differ based on where they receive their care and education.
- **Inconsistent regulations.** Regulatory inconsistency across early care and education settings has significant implications for the early childhood workforce, affecting such qualification indicators as teacher licensure and credentialing. Members of Nebraska's early childhood workforce confront contradictory expectations based on where they work rather than consistent professional standards based on what their day-to-day work with children entails.
- **Low wages.** In 2016, the median wage in our state for early childhood professionals teaching in community-based child care centers was $18,706 per year—nearly $1,400 below the federal poverty line for a family of three. Because of this, 27 percent of home-based early childhood professionals and 20 percent of center-based professionals in Nebraska rely on some form of public assistance just to make ends meet.
- **High turnover.** Not surprisingly, low wages and lack of supportive professional environments create significant hardships for many early childhood professionals, resulting in high turnover and high rates of depression. In a statewide survey conducted by the Buffett Early Childhood Institute, more than three-quarters of child care centers reported that they experienced turnover of lead teachers or assistant teachers during the prior year.

Challenges such as these make it difficult for Nebraska's ECCE providers to recruit and retain qualified staff. In the Needs Assessment, both families and providers expressed frustrations regarding staffing. For example:

- **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 families want for their children.
- **Nearly half of providers indicated that it is difficult for them to hire staff with appropriate qualifications,** with center-based and metropolitan providers experiencing more difficulty. Overall, 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.

At the same time, members of the early childhood workforce face a variety of challenges that make it difficult for them to access the professional development and educational opportunities they need to further develop their skills and knowledge. For example:

- **Access to professional development for members of the early childhood workforce varies based on setting.** 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. Online training, Early Childhood Training Centers, and Educational Service Units were reported as the most frequently accessed sources of professional development. Overall, compared to center- or school-based providers, home-based providers reported their caregivers had less access to professional development resources. Providers reported that the most common barriers to staff participation in professional development are when sessions are offered at inconvenient times (e.g., when staff are working) and difficulty finding substitute caregivers.
- **Access to professional supports for the workforce also varies based on setting.** For example, school-based providers were much 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.
- **Some members of the early childhood workforce face barriers to higher education.** The Nebraska Early Childhood Workforce Commission reports that current and aspiring early childhood professionals from some communities and groups in Nebraska face significant socioeconomic and/or educational-opportunity barriers that prevent them from pursuing higher education.

If we are to recruit and retain the early childhood workforce Nebraska needs, we must ensure that early childhood professionals are adequately compensated for their work and have the professional supports they need to provide high-quality care and education to all children and families they serve. The Strategic Plan calls for building on the work of the commission, with a focus on the following:

- Developing a competency-based framework that defines common conceptual understandings of quality
- Providing professional development pathways that are affordable, accessible, and equitable
- Expanding options for and increasing access to professional development for providers across settings
- Enhancing the well-being of the workforce by ensuring they have adequate wages, benefits, and other support services

2.3 Promote the provision of quality ECCE through improved family engagement practices

Providing quality early care and education includes engaging families effectively. When parents have clear information about their child's development and needs, and when they are engaged in their child's care setting, they are better able to support their child's development and learning. Quality early care and education programs, therefore, approach family engagement thoughtfully. With a clear intention to be inclusive, they adopt family engagement practices that are racially, culturally, and linguistically responsive to all children and families they serve.

The needs assessment data suggest that there is a need to improve communication between families and ECCE providers. In the survey of Nebraska families, parents reported that they value ECCE providers who communicate with them frequently about their child's development (92.5%). However, parents also reported that they had rarely or never talked to providers about parenting issues (77%), improved educational opportunities for their children (71%), or their child's development (43%). The topic parents most frequently talked about with providers was their child's behavior (63%). Similarly, providers reported low rates of engagement with parents, with 50% of providers reporting that none of the families in their program participate in parent-teacher conferences.

The Strategic Plan calls for increasing the supports available to providers to help them adopt effective and responsive strategies to engage parents as partners and to communicate more effectively about children's development and needs. In addition, the plan calls for providing parents with the information and tools they need to nurture their child's growth, development, and education.

2.4 Promote the provision of quality ECCE by assessing the physical spaces and facilities where children receive care

In the Needs Assessment, Nebraska stakeholders identified several factors of ECCE settings that contribute to the safety, developmental appropriateness, and quality of the physical environment. These factors include, but are not limited to, the following:

- Practices to ensure physical health and safety (including safe food handling, appropriate storage of cleaning products and medicines, cleaning and sanitizing practices, toy and equipment safety, etc.)
- Toilets, sinks, and other fixtures and furniture that are easily accessible to children, including children with disabilities
- Appropriate amount of physical space for the number and age of children being served in each classroom or home for play, education, and nap time
- Playground and outdoor spaces that allow children to connect with nature and promote physical activity
- Bathrooms adjacent to classrooms and to playgrounds when possible
- Appropriate acoustics
- Windows in classrooms and common areas
- Soothing colors, open spaces, and different types of lighting that are comfortable, homelike, and inviting
- Entryways, common areas, and hallways that foster engagement with other children and teachers

Because the physical spaces of ECCE settings vary significantly, not all of these factors apply to all settings, but the first factor—regarding physical health and safety issues, including cleanliness—is relevant in every setting. In the family survey, a clean and sanitary environment was rated among the most important factors that families consider when choosing an ECCE setting for their child. In focus groups, some families expressed concern about the poor condition of 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.

Among providers, 11.7% reported that facilities issues were a barrier to their participation in the state's quality improvement program, *Step Up to Quality* (described under 2.5 below).

Going forward, additional assessment is needed to better understand the nature and scale of concerns Nebraskans have about ECCE facilities and to support providers in making the improvements necessary to ensure quality in their physical spaces and facilities.

2.5 Increase the provision of quality ECCE throughout the state using the *Step Up to Quality* system

Nebraska's quality rating and improvement system, *Step Up to Quality*, provides a path for providers to improve the quality of early childhood care and education. In addition, *Step Up to Quality* is 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 early childhood care and education. With a focus on increasing quality and accountability in the state's ECCE system, *Step Up to Quality* focuses on core areas of quality that represent provisions that are believed to contribute to children's experience of quality care and education. These areas include curriculum, learning environments, teacher-child interactions, child outcomes, professional development and training, family engagement and partnerships, and program administration.

Programs that participate in *Step Up to Quality* progress through five steps that are 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.

Currently, participation in the *Step Up to Quality* program is low among eligible providers and lowest among home-based providers.

The Strategic Plan calls for investing in the following changes to the *Step Up to Quality* system:

- Adapt the *Step Up to Quality* system to better reflect the state's new definition of quality, which focuses on the experiences of the child.
- Make the system processes more flexible and efficient for providers.
- Tailor the system to meet professional development and quality improvement needs of all provider types.

In addition, the Strategic Plan calls for expanding public outreach and education to promote use of the *Step Up to Quality* system, creating incentives to encourage providers' participation in the system, and establishing an ongoing review schedule to evaluate the effectiveness of the system.

Goal 3: Collaboration

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

- *Objective 3.1: Create more collaboration among ECCE providers, schools, families, coaches, and businesses in communities and regions across the state.*
- *Objective 3.2: Provide models for communities to build customized collaboration plans that meet the local families' needs.*
- *Objective 3.3: Build or expand capacity within communities to support continuity of quality care for children making the transition from ECCE to Kindergarten.*

Success in building an integrated ECCE system that provides quality care to each child depends on coordination and alignment of community-level and statewide resources, which requires strong relationships and effective communication among stakeholders representing all sectors of the system.

Goal 3 focuses on supporting local community leaders, early childhood providers, and school personnel to build their capacity to coordinate local resources for families and their children.

3.1 Create more collaboration among ECCE provider, schools, families, coaches, and businesses in communities and regions across the state

Nebraska has a strong history of community-level leadership and collaboration in early care and education, and examples of coordination within and across the ECCE system exist at the state, regional, and local levels. Such coordination, however, is not consistently found across all communities and regions in the state. For example, in the Needs Assessment survey, ECCE providers were asked 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 little true collaboration. 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 with school personnel in activities such as the following:

- 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 ECCE 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. Home-based providers reported the fewest connections to other providers and less access to professional development resources in the community, as compared to center-based and school-based providers.

Authentic collaboration begins with building relationships that are based on mutual understanding, trust, and a commitment to prioritize shared goals over individual interests. The Strategic Plan calls for increasing collaboration and community-level coordination by building on existing community coalitions in the state and identifying effective strategies for building relationships between and among ECCE providers and school personnel, as well as among community leaders, families, and other stakeholders.

3.2 Providing models for communities to build customize collaboration plans that meet local families' needs

Given the rural-urban continuum of communities in Nebraska, and the socioeconomic and cultural diversity of populations in those communities, there is no single model of coordinating ECCE programs and services that will meet the needs of every community in the state. Instead, stakeholders in each community or region will need to collaborate with each other, in consultation with other communities and statewide organizations and agencies, to develop coordination plans that meet the needs of children and families in their area. Existing models of effective coordination within and across the ECCE system will provide the foundation for such plans.

The needs assessment team identified multiple organizations that support and participate in statewide collaboration efforts across the ECCE system, including the following:

- Early Childhood Interagency Coordinating Council (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

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

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

In the Needs Assessment, key informants revealed that many of these initiatives are unfamiliar to them. Furthermore, key informants identified several factors that can hinder collaboration with other organizations, including the following:

- 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

The Strategic Plan calls for developing a statewide infrastructure to help support coalition building within and across Nebraska's communities. Building on Nebraska's existing models of collaboration and coordination, organizations in the statewide early childhood system will 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 early childhood coordination plans. As each community, or group of communities in a region, creates more coordinated and integrated early childhood care and education systems, they will do so by building on the strengths and resources that are locally available to meet families' needs. When community leaders identify gaps in their local system, they may turn to other communities or to state-level organizations to seek information or resources to begin to fill those gaps. Ultimately, 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.

3.3 Build or expand capacity within communities to support continuity of quality care for children making the transition from ECCE to kindergarten

Enhancing collaboration and coordination among ECCE providers, schools, and families is an important step toward improving the continuity of care in communities across Nebraska. Positive transitions from one ECCE setting to the next create stability and promote children's positive developmental and learning outcomes. Across Nebraska, families and ECCE providers are seeking assistance in understanding how best to promote positive transitions for young children, including what is needed to prepare children for Kindergarten.

In the Needs Assessment, key informants ranked factors important to preparing children for Kindergarten. Their highest-rated factors were (1) the need for parents to read to their children and (2) the need for children with special needs to be identified and receive services before entering school. Other factors they identified included (1) children and parents visiting the Kindergarten classroom prior to entering school and (2) communication between Kindergarten teachers and professionals who work with children birth through 5 about what is expected of children in Kindergarten.

The Needs Assessment survey of providers revealed that most providers do not engage in any practices to support children's transition to Kindergarten. Overall, 47% of providers reported having children visit a Kindergarten classroom. Less than 30% reported that they communicate directly with families or Kindergarten teachers to prepare children 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 the following:

- Length of the school day and whether their child could stay focused and engaged for such a prolonged period
- 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

Going forward, Nebraska needs to develop 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. In addition, the Strategic Plan calls for creating new or expanding the use of existing models and resources that support providers and schools in implementing effective transition practices and ensuring continuity of care for every child.

Goal 4: Alignment

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

- *Objective 4.1: Create more alignment and integration of vision and planning across state-level organizations, including agencies, nonprofits, private and philanthropic organizations, and advocacy groups.*
- *Objective 4.2: Promote the importance of early childhood and the value of ECCE to the community, state, and economy.*
- *Objective 4.3: 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 4.4: 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.*

The focus of Goal 4 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 early care and education 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.

4.1 Create more alignment and integration of vision and planning across state-level organizations, including agencies, nonprofits, private and philanthropic organizations, and advocacy groups

In general, all the partners in the state ECCE system are working toward improving outcomes for young children through their programs and services. However, the Needs Assessment revealed that the organizations working in Nebraska's ECCE system are often not familiar with the work of other organizations and do not have an understanding of how their own work complements or conflicts with the work of others. The *Nebraska Early Childhood Strategic Plan* provides a strategic framework for developing shared understandings and increasing coordination among ECCE partners and stakeholders.

The Strategic Plan establishes Nebraska's vision for a more integrated ECCE mixed delivery system in which children continuously experience quality ECCE services from birth through the transition to school. With this shared vision and the supporting strategic goals, the state can begin to address the systemic barriers that prevent families, especially families with vulnerability factors, from accessing quality ECCE services. Many of these barriers stem from state-level policies and procedures, including funding and administrative policies that restrict access to services. For example:

- **Early childhood programs must apply for and combine funding from multiple sources, some of which have inconsistent quality standards, in order to cover operating expenses.** In its analysis of funding available to the ECCE system, the Nebraska Early Childhood Workforce Commission mapped the paths that federal and state funds take to reach providers, families, and the early childhood workforce. This effort demonstrated that the funds flow through a network of policies and programs that contain standards and rules that are not coordinated or may even conflict. As a result, providers must spend time and energy navigating the policy and regulation requirements necessary to "braid" funds from different sources in order to bring in adequate operating revenue. The administrative effort required to braid funding draws their time and energy away from the children in their care.
- **Programs intended to assist parents with the cost of early care and education are not designed with children's needs or business stability in mind.** As described under Goal 1, cost is one of the top barriers that families face in accessing quality ECCE programs and services. One of the state's tools to address the cost barrier for families is the child care subsidy. However, many providers do not participate in the subsidy programs because the administrative processes are too burdensome and the reimbursement rate is too low. In the Needs Assessment, key informants identified the following three systemic barriers that, if removed, could enhance equitable access to quality care:
  - First, the current funding for child care subsidy does not cover the full cost of providing quality care. That is, the providers who accept the child care subsidy in addition to the family's contribution are likely to operate at a loss rather than covering the full cost of care for eligible children.
  - Second, the policies and processes providers must navigate to receive the subsidy payment are burdensome. This limits providers' willingness to participate in the child care subsidy program, which in turn limits access for families who cannot afford the full cost of care.
  - Third, the current family eligibility criteria for the child care subsidy limit families' access to quality child care. 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. Policy changes are needed to make it more likely that eligible families can successfully enroll their child in continuous, quality services for birth through age 5.

- **Families experience barriers to accessing essential services when eligibility criteria are defined differently for different programs.** Interviews and surveys with key informants identified systemic barriers that limit families' access to essential services. For example, 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 the use of funds along program lines.** Such policy barriers may prevent ECCE providers from accessing the programs and funds that will help improve the quality of their program.

Going forward, the Strategic Plan calls for establishing a statewide task force to investigate and make recommendations for alternative funding and administrative policies that would facilitate access to quality ECCE programs and essential services for every child and family in Nebraska. For example, the task force would address the following:

- Recommend changes to state policies to make accessing state and federal funds more efficient for providers.
- Align and simplify tools, applications, processes, and systems to make accessing early care and education easier for families.
- Align and simplify tools, applications, processes, and systems to make accessing essential services easier for families.

4.2 Promote the importance of early childhood and the value of ECCE to the community, state, and economy

When asked about the systemic barriers that limit access to quality ECCE by families with vulnerability factors, key informants reported that the lack of understanding about the importance and impact of quality early childhood education by the public, by policymakers, and by community leaders prevents the necessary investment and prioritization of resources to ensure each child has access to quality ECCE. Stakeholders across the state voiced a similar theme—emphasizing that *everyone* needs to understand the value and impact of quality ECCE on children, the community, the economy, and the nation.

The Strategic Plan calls for a statewide effort to create awareness and shared commitment to the fact that everyone—including parents, families, early childhood providers, schools, businesses, community leaders, state agencies, elected officials, and nonprofit organizations—has a vested interest in supporting the healthy development and learning of each child.

4.3 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

Currently, Nebraska community leaders and policymakers do not have access to the full range of data needed to make fully informed decisions about policies, funding, and programs. While they use what data are available to make the best decisions possible, additional work is needed to develop and implement a system of shared measurement and accountability. The Needs Assessment identified several ways in which current data collection and management processes limit our understanding, including the following:

- **Data Limitation: Understanding the population of families experiencing vulnerability factors.** 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. The 2019 Needs Assessment captured some of this information for the first time, but the following challenges remain:
  - The primary weakness of Nebraska's administrative data (i.e., data held by state agencies) about the population of young children and families is that they are not integrated at the individual level. This makes it very difficult to estimate the number of children or families that are experiencing multiple vulnerability factors.
  - Prior analysis of risk or vulnerability in Nebraska's young children has focused primarily on poverty. Using those data points, the number of children in the population with developmental delays, other disabilities, and other vulnerabilities are underestimated. These estimates are used to inform funding decisions.
  - Much of the available data does not capture the conditions experienced by vulnerable populations that impact the children's long-term outcomes.
- **Data Limitation: Understanding how families use ECCE services.** While the Needs Assessment provided some insights into how families use ECCE services, other available data do not provide a picture of Nebraska families' use of ECCE services. Existing limitations include the following:
  - Most available data describe children and families experiencing vulnerability factors through the reports by state programs about how families use essential services, not early care and education 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.
- **Data Limitation: Understanding how data are used to inform policy decisions.** Based on the Needs Assessment survey of families, 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.
- **Data Limitation: Data integration challenges.** One of the main advantages of the 2019 Needs Assessment has been the ability to describe the needs and gaps facing families across the state using the same questions at the same time. While there are several state agencies and other organizations that collect statewide or regional information about families and the programs they use, there are limited mechanisms that would allow agencies and other organizations to exchange data for combined or comparative analyses. Such analyses would significantly improve our understanding of the full range of needs of families in different parts of the state.

The Strategic Plan calls for building capacity in the state's Early Childhood Integrated Data System to establish collaborative data sharing, to increase families' access to services, and to improve the quality of ECCE. In addition, the plan calls for developing and implementing a system of shared measurement and accountability that includes feedback loops to support continuous improvement.

4.4 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.

While the Needs Assessment conducted in 2019 provided a more comprehensive understanding of Nebraska's ECCE system and the challenges families and providers are facing than has been available before, there is still more to learn if we are to continue identifying and prioritizing actions that will have the greatest impact. For example, as summarized earlier in this report, additional information is needed to better understand the nature and scale of concerns Nebraskans have about ECCE facilities (see section 2.4) and how best to support positive transitions (see section 3.3). As the work to improve the ECCE system continues, ongoing assessment of these and other challenges facing families will be necessary. In addition to targeting topics such as these, Nebraska will benefit from tracking key gaps over time. By asking families to answer questions over time, we can create a more in-depth understanding of the factors that present the most barriers for families.

The Nebraska Early Childhood Strategic Plan

Goals and Objectives

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 1.1:** 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 1.2:** Increase families' access to quality ECCE by improving continuity of care and removing barriers.
- **Objective 1.3:** 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 1.4:** Increase access to essential services especially for vulnerable families and families living in rural areas.

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

- **Objective 2.1:** Establish shared, statewide definition of quality to shape and direct all ECCE systems change efforts.
- **Objective 2.2:** Promote the provision of quality ECCE throughout the state by promoting, supporting, and training the early childhood workforce.
- **Objective 2.3:** Promote the provision of quality ECCE through improved family engagement practices.
- **Objective 2.4:** Promote the provision of quality ECCE by assessing the physical spaces and facilities where children receive care.
- **Objective 2.5:** Increase the provision of quality ECCE throughout the state using the *Step Up to Quality* system.

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

- **Objective 3.1:** Create more collaboration among ECCE providers, schools, families, coaches, and businesses in communities and regions across the state.
- **Objective 3.2:** Provide models for communities to build customized collaboration plans that meet the local families' needs.

- **Objective 3.3:** 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.

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

- **Objective 4.1:** Create more alignment and integration of vision and planning across state-level organizations, including agencies, nonprofits, private and philanthropic organizations, and advocacy groups.
- **Objective 4.2:** Promote the importance of early childhood and the value of quality ECCE to the community, state, and economy.
- **Objective 4.3:** 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 4.4:** 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.

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.)
- 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.
- 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.