



# NEBRASKA



## **BUILDING ON THE PROMISE: PROFILES OF STATE INITIATIVES TO BUILD ON EARLY HEAD START**

### **INITIATIVE SUMMARY**

Since 1999, Nebraska's Early Head Start Infant/Toddler Quality Initiative has supported Early Head Start (EHS) and community child care partnerships to improve the quality and professionalism of infant and toddler care. Early Head Start agencies apply to receive funding to establish partnerships with center-based or home-based child care. The initiative has three options of intensity, with the most intense option requiring EHS programs to enter into agreements with local child care centers and family child care homes. At this most intense option, grantees have 53 agreements with local child care centers and family child care homes. Additional child care programs participate at the other two less intense options of involvement. Through these partnerships, federal EHS grantees provide professional development opportunities to home-based and center-based partners; assist in training and mentoring for their child care partners; and observe and report on the best outcomes and challenges for child care partners who participate in the initiative, as well as measures of quality within the partners' child care environments.

### **APPROACH USED TO BUILD ON EHS**

- ✓ Support partnerships between EHS and center-based and family child care providers to improve the quality of care.

### **PROGRAM**

#### **Child and Family Eligibility**

- **Family Income:** Not applicable to this initiative
- **Parental Work Status:** Not applicable to this initiative
- **Child Age:** No eligibility test required, but initiative is intended to improve infant and toddler child care
- **Other Risk Factors:** Not applicable to this initiative
- **Length of Eligibility:** Not applicable to this initiative
- **Expectant Mothers Served:** No

**Number Served by State Initiative:** At the most intense option, the initiative served 1,280 children birth to age three, including 37 children with special needs in FY 2007.

**Number Served by Federally Funded Early Head Start:** In comparison to the state initiative, federally funded EHS served 882 children and expectant mothers birth to age three (according to federal Program Information Report data for 2006).

### **Eligible Providers**

- Federal Early Head Start grantees

### **Co-pay**

Families receiving child care through partner providers may pay a co-pay through the state child care subsidy program, but this is unrelated to the state initiative.

### **Program Standards**

- **Federal Head Start Program Performance Standards Required?** Initiative grantees are also federal EHS grantees who must meet federal standards, although those do not apply to this state initiative. Child care provider partners are not required to meet the Head Start Program Performance Standards, but they are educated about them during the mentoring process.
- **Additional State Standards:** Participating federal EHS grantees must:
  - be an EHS program currently receiving EHS funds;
  - achieve a reliability rater status on instruments used in their programs;
  - participate in an evaluation process;
  - submit a budget for the state initiative; and
  - participate in quarterly meetings for the state initiative.

To measure quality of their child care partners, reliability ratings are determined using the Infant/Toddler Environment Rating Scale (ITERS) for center-based child care, or the Family Day Care Rating Scale (FDCRS) for home-based child care. A measurement is considered reliable if a program's score is similar after being given the same test given twice. By achieving reliability in the administration of the environmental scales, data provided by each grantee more accurately reflects changes in child care environments over the funding year. If EHS grantees meet all the state initiative requirements they can be awarded a \$2,000 incentive award at the end of the sub-grant period.

Child care providers must continue to meet applicable state licensing standards.

### **Do other children besides those enrolled in the EHS model benefit when services are delivered in child care settings?**

All children being served by the child care partners benefit from improved quality of care.

### **Length of Day/Year**

Not applicable to this initiative.

## FUNDING AND SUPPORTS

### **Sources and Budget for Fiscal Year 2007 (unless otherwise noted)**

\$216,832 from the Infant–Toddler set-aside of the Child Care and Development Block Grant.

### **What support and technical assistance does the state offer?**

Ongoing technical assistance specific to this project is provided by both the Nebraska Department of Health and Human Services and an evaluator from the University of Nebraska-Lincoln. Statewide initiatives and other locally-defined training opportunities also offer other broader training and professional development. The Head Start-State Collaboration Office provides current training and staff development information to all EHS grantees statewide. Some collaborative state-level training is subsidized by the Collaboration Office.

### **What incentives are there for child care providers to participate?**

Child care partners may receive access to EHS professional development, technical assistance (at the local and/or federal level), grants or other supports to meet EHS standards, and information about community-based resources. The initiative provides each EHS grantee a \$5,000 provider incentive fund to use to help child care partners with quality and professional development. This fund can be used for things such as training, books, equipment, and hiring substitute child care providers, so that the full-time providers can have time off to attend training, etc. Discretion is left up to the EHS grantees to determine what is needed locally.

## GOVERNANCE AND COORDINATION

### **What state agency administers the funding for this initiative?**

The Nebraska Department of Health and Human Services

### **How does the funding flow to local providers?**

The Nebraska Department of Health and Human Services notifies EHS grantees each year about the allotments and solicits applications. Grantees must submit a budget and an application, which must include the following:

- plan for recruitment and selection of family and center-based community programs;
- descriptions of professional development opportunities for potential community child care partners;
- developmentally-appropriate practices to be used; and
- consultation and technical assistance provided for movement toward licensing and accreditation.

Grantees are invited to renew their applications every year. Agencies submit a letter if they are interested in participating again in the following year(s).

**Can a child in the state initiative also have a child care subsidy?**

Yes. The initiative does not provide early care and education, but quality enhancement supports for existing child care providers.

**Does the state coordinate with federally funded Head Start agencies to conduct any of the activities?**

Not at the state level. Coordination happens at the local level. For example, an individual EHS program might draw on federally funded Head Start technical assistance in training their child care partners.

**Does the state coordinate with the Head Start–State Collaboration Office to conduct activities?**

The Nebraska Department of Health and Human Services coordinates with the Head Start—State Collaboration Office to plan the initiative, provide technical assistance, and deliver professional development. This coordination provides updates to the projects, and training resources to help programs enhance their quality, such as Positive Behavioral Intervention and Supports, Center on the Social and Emotional Foundations for Early Learning (CSEFEL) training, coordination with federal Head Start technical assistance staff, partnership development, etc. There are quarterly meetings held between the grantees, Department of Health and Human Services, and the evaluator from the University of Nebraska-Lincoln, which include updates from the Head Start—State Collaboration Office.

## MONITORING AND EVALUATION

**What state agencies are responsible for monitoring, and how often is on-site monitoring conducted in a year?**

The Nebraska Department of Health and Human Services and the University of Nebraska-Lincoln have been involved in reviewing the initiative, but participating programs are not monitored through state site visits. EHS grantees are required in their state contracts to meet three times per year for video conferencing meetings, in addition to one in-person annual meeting. These meetings allow programs to discuss challenges and best practices, as well as give updates on their work.

**Are there specific measurement tools used to monitor services provided?**

Grantees are required to submit the documentation necessary with data on their child care partners using state forms, including an EHS Infant/Toddler Quality Initiative Evaluation Form, an EHS Services Summary Sheet, an Assets Index for Child Care Providers, and an Infant/Toddler Quality Initiative Partner Questionnaire. They are also required to complete the ITERS (for center-based child care partners), and FDCRS (for home-based child care partners).

**Are programs also monitored by federal agencies?**

Since all programs are federal EHS grantees, they are monitored federally, but not as part of this initiative.

### **Has the state evaluated the effectiveness of the state EHS initiative?**

Yes, the Nebraska Department of Health and Human Services contracted with the University of Nebraska-Lincoln to do a program evaluation for state FY 2007, available at <http://www.hhs.state.ne.us/chc/docs/Infant-Toddler-Initiative-Jan07.pdf>. The evaluation found an increase of 65.5 percent in workshop and presentation attendance, a 42.9 percent increase in child care support group participation, and a 46.6 percent increase in other professional activities of the child care partners as a result of participation in the initiative. Seventy-five percent of participating child care center partners and 83.3 percent of participating child care homes increased their environmental rating scores within a six month span of participation in the initiative. Ninety-eight percent of the child care partners either agreed or strongly agreed that their participation in this initiative helped them to increase the quality of care they provide to infants and toddlers.

### **Are state funded programs required to report data to the state?**

Yes, programs must report using state forms, including an EHS Infant/Toddler Quality Initiative Evaluation Form, an EHS Services Summary Sheet, an Assets Index for Child Care Providers, and an Infant/Toddler Quality Initiative Partner Questionnaire. They are also required to complete the ITERS (for center-based child care partners), and FDCRS (for home-based child care partners).

## **SOURCES**

### **Interviewed**

[Betty Medinger](#) and [Diane Lewis](#), Office of Economic and Family Support, Nebraska Department of Health & Human Services, and [Eleanor Kirkland](#), Head Start-State Collaboration Director, Nebraska Department of Education; June 2007 (updated April 2008)

### **Online Information**

- The [Nebraska Department of Health and Human Services](#) maintains a website, which includes the [Early Head Start Infant/Toddler Quality Initiative Evaluation Report](#).
- The Center for Law and Social Policy (CLASP) has individual [state profiles](#) analyzing the Head Start Program Information Report (PIR) data from 2006.

*This profile was written by [Rachel Schumacher](#), Center for Law and Social Policy (CLASP) and [Elizabeth DiLauro](#), ZERO TO THREE, as part of the **Building on the Promise: State Initiatives to Expand Access to Early Head Start and Their Families** report.*

*To download the full report and view other state profiles, visit [http://childcareandearlyed.clasp.org/state\\_ehs.html](http://childcareandearlyed.clasp.org/state_ehs.html) or <http://www.zerotothree.org/stateEHS>.*