NEBRASKA'S LB 507

STEP UP TO QUALITY CHILD CARE ACT

Overview

July 1, 2014

PURPOSE:

- NDE and HHS are to develop, implement and provide oversight for a "quality rating and improvement system".
- Must be functional by July 1, 2014
- Mandatory participants in 2014 (expected to be 80 centers received over $500,000 in FY 2012 Title XX funds)
- Mandatory participants in 2015 (expected to be 150 centers received over $250,000 in FY 2012 Title XX funds)

PURPOSE CONTINUED

- Mandatory participants in 2016 (expected to be programs that received over $250,000 in the preceding FY 2015 Title XX funds)
- Participation in the program will be voluntary for all other child care facilities
- Participants must apply to have their center evaluated for a series of "Evaluation Steps" (Steps 1-5)
- If the center gets a rating of Steps 2-4 it will be evaluated every 2 years

PURPOSE CONTINUED

- If center gets a rating of 5 – evaluated once every 5 years
- In 2017, all participants will be displayed on a public website with their evaluation rating and degrees and credentials of their staff
- HHS may reimburse programs that participate in the *quality rating system* at a higher rate according to their quality scale rating

PURPOSE CONTINUED

- Centers receiving Title XX funds may receive "tiered rates" based on their quality rate
- Income Eligibility Rates for Title XX will increase. July 1, 2014 HHS estimates 173 more children will qualify for Title XX

THE BILL CALLS FOR:

- Provider Incentives
- Provider Support
- Tiered Subsidy Payments
- Incentive Bonuses upon improvement
- Professional Development Training
- Postsecondary Education Opportunities
- Scholarships of $200,000 available in each fiscal year (TEACH Program)

LB 105

Liability Insurance

LB 105:

- *As of July 1, 2014, providers (centers and homes) will need written proof of liability insurance coverage of at least $100,000 per occurrence prior to issuance of the license.*

CCDBG 2013 – FEDERAL LEGISLATION

About 5,748 children in Nebraska from birth to age three receive Title XX services

CCDBG 2013

- Providers meet certain health and safety requirements, related to prevention and control of infectious diseases
- First aid and CPR,
- Child abuse prevention,
- Administration of medication,
- Prevention of and response to emergencies due to food allergies,
- Prevention of sudden infant death syndrome and shaken baby syndrome,
- Building and physical premises safety, and emergency response planning.
- State must focus on infant and toddler quality initiatives.
- Mandatory background checks for Title XX child care providers
- In Nebraska, most CCDBG funds go to match Title XX payments, other states have used it to fund state CCRRA

- $15 billion over 10 years to extend and expand voluntary home visiting programs.
- These programs allow nurses, social workers, parent educators, and other professionals to connect
- families to services, supports, and tools that positively impact the health, development, and education
- of their children.