

State policies that promote health, education, and strong families can help the early development and school readiness of America's youngest citizens. This profile highlights Nebraska's policy choices alongside other data related to the well-being of young children.

### Health and Nutrition

States can support young children's development by making key policy choices in early health and development. This section of ITO highlights states' policy choices for supporting young children's wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents' access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

### Early Care and Education

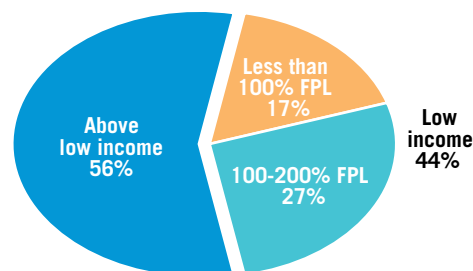
States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states' key policy choices that affect children's development and parents' ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States' investment in Head Start, Early Head Start, pre-kindergarten, child care centers' class size and student-teacher ratios and investment in infant/toddler specialist networks and credentials and Quality Rating Improvement Systems.

### Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children's healthy development. This section of ITO spotlights states' policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

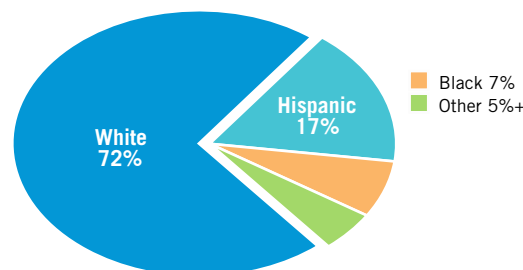
### Young children (under age 6)<sup>1</sup>: 151,978

#### Young children by income, 2009<sup>1</sup>



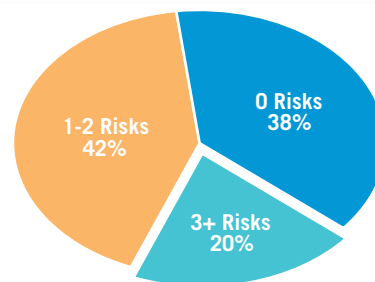
Among young low-income children, 7% live in extreme poverty (less than 50% FPL).

#### Young children by race/ethnicity, 2009<sup>1</sup>



+ "Other" represents all racial/ethnic groups with very small sample sizes

#### Exposure to multiple risk factors\* among young children, 2009<sup>2</sup>



\* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

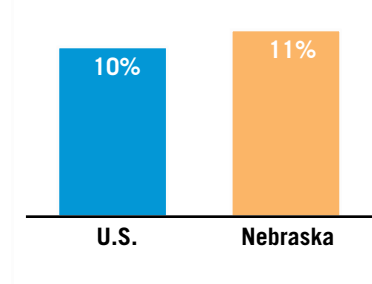
## HEALTH AND NUTRITION

### State Choices to Promote Access

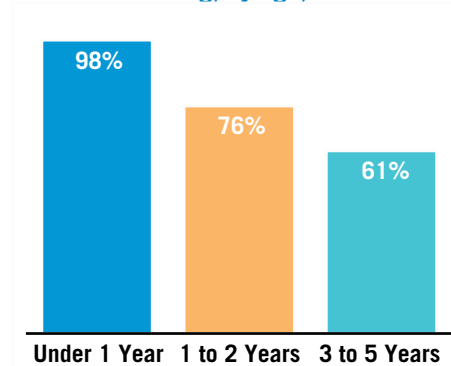
Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2010]<sup>3</sup>

- Children <1 year  
*State eligibility set at 200% FPL (Medicaid-expansion CHIP Program)*
- Children ages 1-5 years  
*State eligibility set at 200% FPL (Medicaid-expansion CHIP Program)*
- Pregnant women  
*State eligibility set at 185% FPL (Medicaid)*
- Immigrant children <1 year  
*185% FPL - covers all or most legal immigrants*
- Immigrant children 1-5 years  
*185% FPL - covers all or most legal immigrants*
- Immigrant pregnant women  
*185% FPL - covers all legal and most undocumented immigrants*
- Provide lawfully residing immigrant children with Medicaid/CHIP coverage without 5-year waiting period [2010]<sup>4</sup>
- Provide lawfully residing pregnant immigrant women with Medicaid/CHIP coverage without 5-year waiting period [2010]<sup>4</sup>
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2010]<sup>3</sup>
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2010]<sup>3</sup>
- Include at-risk children in the definition of eligibility for IDEA Part C. [2009]<sup>5</sup>
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2010]<sup>3</sup>

Young children who lack health insurance, 2009<sup>1</sup>

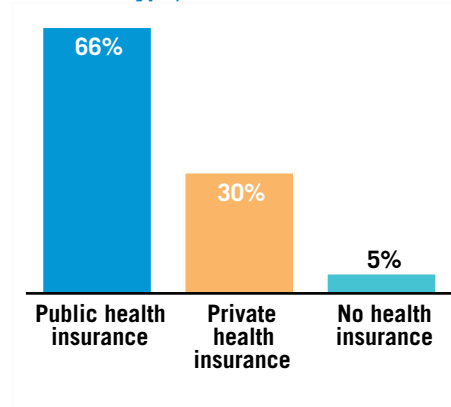


Percent of eligible children who received at least one EPSDT\* screening, by age, 2008<sup>6</sup>



\* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Percent of low-income children with a medical home, by insurance type, 2007<sup>7</sup>



## HEALTH AND NUTRITION

### State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2009]<sup>8</sup>

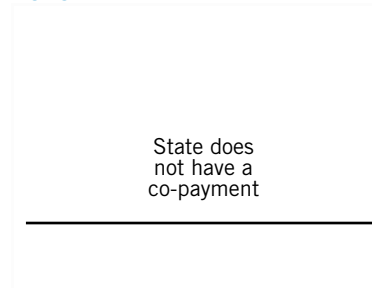
- 7 Screenings for children <1 year  
*State requires 6 screens. 100% of eligible screens were completed in 2009.*
- 4 Screenings for children 1-2 years  
*State requires 5 screens. 89% of eligible screens were completed in 2009.*
- 3 Screenings for children 3-5 years  
*State requires 3 screens. 76% of eligible screens were completed in 2009.*
- Require newborn screening for hearing deficiencies. [2011]<sup>9</sup>  
*Universally offered but not required*
- Require newborn screening for 28 metabolic deficiencies/disorders recommended by the March of Dimes. [2011]<sup>10</sup>

## EARLY CARE AND EDUCATION

### State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2010]<sup>11</sup>  
*A family of three is eligible up to \$21,972, or 120% FPL. This is an increase from 115% FPL in 2009.*
- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2010]<sup>12</sup>
- Redetermine the eligibility for child care subsidies no more than once per year [2010]<sup>12</sup>
- Supplement Early Head Start with state or other federal funds. [2008]<sup>13</sup>
- Fund a pre-kindergarten program and/or supplement Head Start. [2009]<sup>14</sup>  
*\$7,684,420 for pre-kindergarten*

Monthly child care co-payment fees as a percent of income for a family of three with one child in care, 2010<sup>15</sup>



### State choices to promote quality

- Require one adult for every 8 4-year-olds, and a maximum class size of 16 in child care centers. [2008]<sup>16</sup>  
*Child care regulations require one adult for every 12 children, and the maximum class size is not regulated.*
- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2008]<sup>16</sup>  
*Child care regulations require one adult for every 6 children, and the maximum class size is not regulated.*
- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2010]<sup>17</sup>
- Have early learning standards or developmental guidelines for infants and toddlers. [2009]<sup>18</sup>
- Have an infant/toddler credential. [2010]<sup>19</sup>
- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]<sup>16</sup>
- Have implemented a statewide Quality Rating Improvement System (QRIS) [2010]<sup>20</sup>  
*QRIS is being piloted*

## PARENTING AND ECONOMIC SUPPORTS

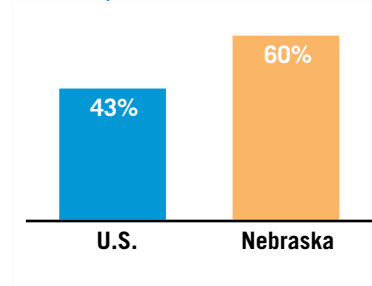
### State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2011]<sup>21</sup>
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [2009]<sup>22</sup>
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [2009]<sup>23</sup>  
*Required to work 20 hours*
- Operate a statewide home visiting program. [2007]<sup>24</sup>

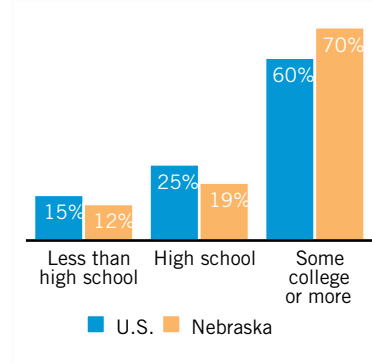
### State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage (\$7.25/hr). [2011]<sup>25</sup>  
*\$7.25*
- Exempt single-parent families of three below the poverty level from personal income tax. [2009]<sup>26</sup>  
*Up to 160% FPL*
- Offer a refundable state Earned Income Tax Credit. [2008]<sup>27</sup>  
*10% of the federal Earned Income Tax Credit (EITC)*
- Offer a refundable state dependent care tax credit. [2007]<sup>28</sup>
- Keep copayments for child care subsidies below 10% of family income for most families. [2008]<sup>29</sup>
- Allow families on TANF to receive some or all of their child support payment without reducing TANF cash assistance. [2009]<sup>30</sup>
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [2009]<sup>23</sup>

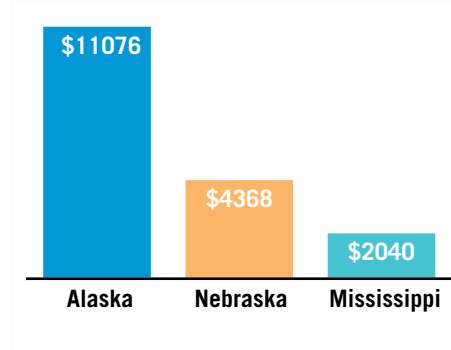
Low-income young children with a parent employed full-time, 2009<sup>1</sup>



Education levels of mothers with young children, 2009<sup>1</sup>



Maximum annual TANF benefit for a family of 3, 2009<sup>23</sup>



This profile is a product of NCCP's *Improving the Odds for Young Children* initiative. It is funded through NCCP's participation in The Birth to Five Policy Alliance, sponsored by the Buffett Early Childhood Fund. The information represents the most recent 50-state data sources and will be updated with the release of new data. See [www.nccp.org/improvingtheodds](http://www.nccp.org/improvingtheodds) for other state profiles.

## DATA NOTES AND SOURCES

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1. State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2007, 2008, and 2009, representing information from calendar years 2006, 2007, and 2008. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2009 data, representing information from the previous calendar year.
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3. Heberlein, Martha; Brooks, Tricia; Guyer, Jocelyn; Artiga, Samantha; and Stephens, Jessica. 2011. *Holding Steady, Looking Ahead: Annual Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and CHIP, 2010-2011* Kaiser Commission on Medicaid and the Uninsured, The Henry J. Kaiser Family Foundation. <http://www.kff.org> (accessed February 16, 2011)
4. Some states might offer this coverage through Medicaid alone, or through Medicaid and CHIP Heberlein, Martha; Brooks, Tricia; Guyer, Jocelyn; Artiga, Samantha; and Stephens, Jessica. 2011. *Holding Steady, Looking Ahead: Annual Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and CHIP, 2010-2011* Kaiser Commission on Medicaid and the Uninsured, The Henry J. Kaiser Family Foundation. <http://www.kff.org> (accessed February 16, 2011)
5. The Early Intervention Program for Infants and Toddlers with Disabilities (Part C) section of The Individuals with Disability Education Act (IDEA) provides early intervention services to children and families age 0-2yrs. Nationally, an average of 2.53% of children ages 0-2 are served.  
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8. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. 2010. The Annual EPSDT Report (Form CMS-416). Accessed February 18, 2010, from <https://www.cms.gov>
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10. The March of Dimes recently added a 29th newborn metabolic screen to their list of recommended screens. This screen for severe immunodeficiency will be included in future ITO updates. National Newborn Screening and Genetics Resource Center. 2011. *National Newborn Screening Status Report*. <http://genes-r-us.uthscsa.edu> (accessed February 18, 2011). <http://www.marchofdimes.com> (accessed February 18, 2011).
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16. National Association for Regulatory Administration and the National Child Care Information and Technical Assistance Center. 2010. *The 2008 Child Care Licensing Study: Final Report*. <http://www.naralicensing.org> (accessed August 16, 2010).
17. National Infant and Toddler Child Care Initiative. 2010. *Infant/Toddler Specialist Network Fact Sheet*. <http://nitcci.nccic.acf.hhs.gov> (accessed August 13, 2010).
18. Heying, Karen. Zero to Three. October 30, 2009. Personal Communication.
19. National Infant and Toddler Child Care Initiative. 2010. *Infant/Toddler Credential Fact Sheet*. Personal Communication.
20. NCCP contacted the New Hampshire Bright Stars programs and was informed that it is not a QRIS program. NCCP could not find confirmatory evidence beyond NCCIC that DC Gold Stars program is still active. DC Action for Children reported that the district does not have a QRIS program (<http://www.dcactionforchildren.org>).  
U.S. Department of Health and Human Services, Administration for Children and Families, National Child Care Information and Technical Assistance Center. 2010 *States and Communities Operating, Piloting, or Exploring or Designing a Quality Rating and Improvement System* [nccic.acf.hhs.gov/qrresourcguide/?do=qrstate](http://nccic.acf.hhs.gov/qrresourcguide/?do=qrstate) (accessed August 16, 2010).
21. Guttmacher Institute. 2011. *State Policies in Brief: State Medicaid Family Planning Eligibility Expansions, as of February 1, 2011*. New York, NY: Guttmacher Institute. <http://www.guttmacher.org>
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