2019 NEEDS ASSESSMENT STATE OF NEVADA PRESCHOOL DEVELOPMENT GRANT BIRTH THROUGH FIVE

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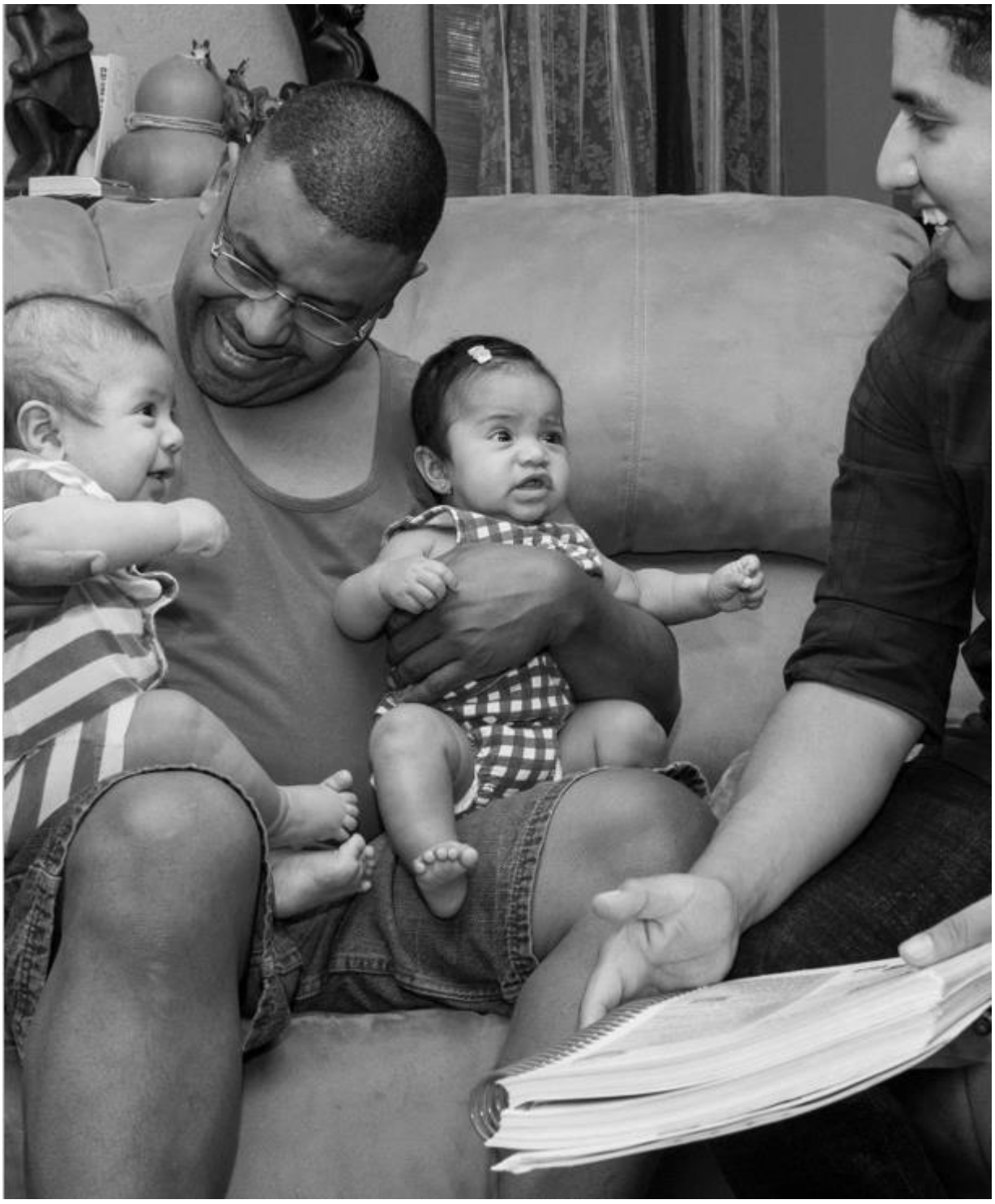


EXECUTIVE SUMMARY

Nevada is consistently listed near the bottom of state comparisons for economic, health, education and family and community well-being. Nevada is ranked 48th in the nation in preschool enrollment with only 36.7% of the State's 3- and 4- year old's enrolled. In addition, there is a lack of high-quality early childhood care and learning opportunities which may leave many children unprepared to enter kindergarten leading to other educational barriers as the child moves through school and life.

The PDG B-5 Nevada Needs Assessment explores the resources and gaps in the Early Childhood Care and Education (ECCE) system that serves infants, toddlers and their families in the 17 urban and rural counties of Nevada. Following the PDG B-5 Guidance, this needs assessment focuses on 11 key domains while also providing insights and recommendations tightly aligned with the three goals of the Nevada Early Childhood Advisory Council (NECAC) Strategic Plan 2018-2021: Provide Excellent Early Learning System; Ensure Strong Family Partnerships; and Support Child and Family Health. This needs assessment was produced as a partnership between the Nevada Department of Education Office of Early Learning and Development, Nevada Institute for Children's Research and Policy (NICRP), and the Nevada Early Childhood Advisory Council (NECAC).

To ensure the comprehensiveness of the needs assessment, both primary and secondary data collection and analyses were conducted. As a result, this needs assessment includes the following sections which align with the NECAC Strategic Plan 2018-21.

2018-2021 NECAC Strategic Plan Goals

1. Provide Excellent Early Learning Systems
2. Ensure Strong Family Partnerships
3. Support Child and Family Health

Nevada Early Childhood Advisory Council

- **Introduction:**
  Contains a summary of the NECAC Early Childhood Project Goals as wells as an overview of the methodology used to complete this needs assessment.

- **Section 1. Definitions of Key Terms and Priority Populations:**
  Describes how Nevada defines priority populations and key terms, including Quality of ECCE, Availability of ECCE, Vulnerable or Underserved Children, Children in Rural Areas.

- **Section 2. Nevada's Children Birth to Five:**
  Describes the social determinants and key demographic factors in Nevada that could increase the vulnerability of young children.

- **Section 3. Assessing Early Childhood Needs:**
  Identifies the current quality and capacity of ECCE programs in Nevada using research and parent and community perceptions of needs; provides recommendations for improvement of Early Learning, Family Support and Community Engagement, and Child & Family Health.

- **Section 4. Early Childhood Systems in Nevada:**
  Details the recent history of ECCE programs in Nevada from 2009 to 2019 and describes Nevada's ECCE systems and collaboration efforts including recommendations for improving systems coordination.

- **Conclusion**:
  Summarizes the statewide and county efforts to provide high-quality ECCE programs for young children and families; describes areas for improvement within each key PDG B-5 domain.

KEY FINDINGS

Through strategic reviews of research, existing reports, as well as surveys and interviews with parents and other stakeholders, this needs assessment summarized what is known about the quality and availability of early childhood programs in Nevada. This design and process of data collection and analysis enabled this NECAC partnership to draw from prior statewide early childhood work and garner input from local practitioners and stakeholders across Nevada's 17 rural and urban communities in determining the current needs of NECAC. The key findings, summarized below, show widespread interest in and the need for early childhood resources across a broad range of topics.

Capacity and Availability of Care

- Nevada's early childhood capacity meets 23% of the need for childcare for children ages 0-5 and 35% of the need for children ages 0-5 living in households where all parents are in the workforce
- Nevada needs an integrated data system to accurately have the ability to determine unduplicated numbers of children being served. Currently, the Nevada Department of Education is working on an Early Childhood Integrated Data System (ECIDS) that will match children based on different demographic variables and provide a unique identifier that will help address this issue. Once early childhood data is integrated, it will be imperative to also integrate data from other service systems to better understand the array of services families access and how that may relate to long term measures of well-being (e.g. education, health, socioeconomic status, criminal activity, etc.).
- Nevada needs to expand the availability of quality care by increasing the number of slots that are available and increasing the capacity to serve vulnerable families based on their needs.

Quality of Care

- Parents that participated in this needs assessment indicated that there is a difference between providing care and education for their children. While the safety of their child is a primary factor in their decision, most parents expressed that they would like their child to be in an environment that provides an educational experience so their child is maximizing their developmental potential.
- The QRIS system has grown in the past 10 years, with approximately 600 programs, 289 were participating in the program and 229 have already received a rating. According to the star rating system, which indicates that quality care starts at a 3 star, 114 (49%) are quality programs with 74 programs rated as high-quality programs (32%).
- In Nevada, it is a challenge to find early childhood providers that can meet the education standards set by the federal government that requires a bachelor's degree in order to qualify as a high-quality program.
- Parents need more affordable quality care options available in their community in order to increase parent choice. The development of a consumer website that would allow parents to access information about care options in the community as well as other supportive services would assist parents in learning about opportunities available as care options expand
- Educational opportunities for early childhood educators must be expanded to include online-only options especially for individuals in rural areas

Transition Supports and Gaps

- Outside of state preschools that have increased access to kindergarten teachers and classrooms, transition activities appear to be minimal across the state.
- One barrier was that students in early learning programs outside of the district may be assigned to different elementary schools which creates a challenge for the program to conduct some transition activities.
- One suggestion to move this work forward, as cited in Dr. Regan's report on Building a Comprehensive P-3 Policy in Nevada, would be to add a position to the Governor's office that would focus on P-3 governance (Regan, 2015).

Issues Involving Early Childhood Care and Education Facilities

- The lack of viable spaces for childcare providers to start up business or to expand their existing services is minimal and when space may be available it is very expensive to make changes to comply with county codes and regulations.
- Childcare providers unanimously note that they are unable to pass "true" operating costs onto their patrons due to the limitations of most families in our community to afford childcare costs as they currently are.

- Information gathered from stakeholders indicated that there are a few main issues regarding facilities in the communities that need to be addressed including the following:
    - Some older facilities could use new playground equipment and could use assistance making revisions to remain within regulations with new codes.
    - To create new facilities in a community, capital is needed to build or renovate existing structures in order to increase capacity.
    - Local regulations exist in certain municipalities that prevent childcare facilities from operating in areas of need therefore efforts are needed to make revisions to increase capacity.

Quality and Availability of Programming and Supports for Children and Families

- Data reviewed for the needs assessment indicated that a variety of services that are needed by families as well as a major concern in all communities including healthcare, poverty, housing, transportation and a lack of shelters.
- Families, especially in the rural areas, indicated that there was a lack of activities available for their children, especially those with special needs or those under 3 years old.
- Even in communities where resources exist, cost and transportation were often cited as barriers. Families wanted more activities for their children and also wanted more resources on child development and how to foster growth at home.

Barriers to the Funding and Opportunities for More Efficient Use of Resources

- Nevada needs to change the way early childhood education is funded and should explore financing options such as:
    - Include preschool in the school formula,
    - Implement laws to increase access to paid family leave,
    - Explore the implementation of a shared service model for early learning programs,
    - Reduce barriers to blending existing funding streams, as well as applying for a and receiving federal grants,
    - Explore the implementation of business tax credits to fund early learning programs.
- Improve the availability of data in the state to better understand the status of young children, families, and programs in the state.

System Integration and Interagency Collaboration

- While Nevada spans a large area, the child and family serving community is small and therefore many of the same individuals sit on a variety of coalitions and committees to make improvements in the state.
- Many agencies are under resourced and therefore ideas that occur in a collaborative space are not always moved forward because there is no additional support to assist in the efforts. Therefore, many initiatives begin and are not well funded so stop abruptly.
- Initiatives that have been successful have been properly funded with support from both administration and providers and a reasonable time period for implementation and measurement of success.

INTRODUCTION

Evidence overwhelmingly demonstrates that experiences from birth through the preschool years are critical to children's development and that high-quality early learning opportunities support children's school readiness and promote later life success. The ability of a child's brain to develop is heavily influenced by the child's environment and experiences. Therefore, it is vital that they are exposed to high quality early learning experiences during the first few years of life.

Unfortunately, Nevada is consistently listed near the bottom of State comparisons for education, family and community, health and economic well-being. According to the *2019 Kids Count Data Book* (The Annie E. Casey Foundation, 2019) Nevada ranked 47th in the nation in overall well-being, 47th in education, 42nd in family and community, 46th in health, and 41st in economic well-being.

In addition, Nevada is listed as one of the 10 least affordable states for childcare including center and family childcare costs for infants, toddlers, 4-year-olds and school age children. Costs of care range from, at-best, 8.5% of a married couple's median family income for family childcare for a school age child to, at-worst, a staggering 40.2% of the median income of a single-parent family for infant care (Child Care Aware of America, 2018). For many families, the cost of childcare exceeds the cost of housing, college tuition, transportation and food.

Over the past decade, Nevada has started to increase investments in children and families. For example, in the 2017 legislative session, the Governor proposed and the Nevada State Legislature passed over 40 bills aimed at improving Nevada's education system. These included increased funding for high-quality early childhood education, provisions to increase student safety in schools, the continuation of Victory and ZOOM schools, revisions to the funding formula for public schools and numerous other policies aimed at improving the infrastructure and quality of education in Nevada. While Nevada continues to make investments and improvements in schools, the education system, especially early childhood education and care services, remains largely underfunded.

In order to increase investment in early childhood systems, it is imperative that Nevada understands the current state of early childhood care and education. In 2019, Nevada was awarded a federal planning grant, the Preschool Development Grant Birth through Five (PDG B-5), to conduct an in-depth needs assessment to identify areas of strengths and weakness related to early childhood systems in Nevada which will inform the path for the state to improve conditions for Nevada's children and families.

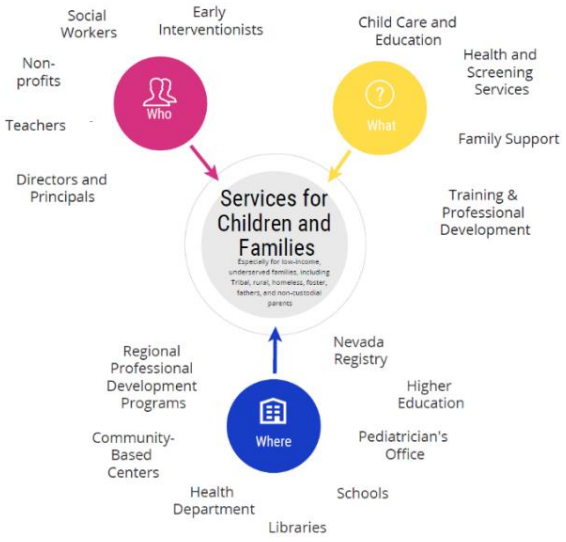
PROJECT GOALS

The goal of the Nevada Preschool Development Grant Birth through Five (PDG B-5) is to prioritize action steps that are needed in order to increase accessibility of high-quality services to the most vulnerable children and their families.

The core of Nevada's approach is to partner with the community to ensure the state is including the individuals and organizations that serve children and families and to examine the services, programs, and provider types that are accessible in Nevada's communities (see Figure 1). Using this model, the state will work to evaluate the quality, collaboration, efficiency and effectiveness of current services to determine priorities in our communities.

To better serve children and families in the community, over the past 10 years, Nevada's child and family serving community has been working to reduce silos and increase collaborative effort. Therefore, the work conducted under PDG B-5 will be coordinated with the Nevada Early Childhood Advisory Council (NECAC).

Figure 1: Program Approach



The NECAC, which was established in 2011, has been working over the past 10 years to increase community collaboration around early childhood. The vision of this council is that "Nevada's children will be safe, healthy, and thriving during the first eight years of life, and the system will support children and families in achieving their full potential". NECAC recently finalized their strategic plan for 2018-2021 which aims to:

- Engage and support parents, early care and education professionals, community-based child and family service providers, and health providers;
- Strengthen systems of support for young children and their families, especially those most vulnerable;
- Create alignment and partnerships between public and private sectors across the birth to kindergarten continuum;
- Increase overall investment and engagement at both the state and local levels;
- Communicate effectively and efficiently for information, advocacy and sustainability purposes;
- Achieve results in a three-year time frame that will advance progress toward the long-term vision.

There are also eight local early childhood advisory councils that inform work done at the state level and partner to implement the strategic plan in the community.
The Nevada PDG B-5 needs assessment will be used to determine any needed revisions of the Nevada Early Childhood Advisory Council's (NECAC) Strategic Plan as well as to gauge the needs of each

district/community and provide opportunities for communities to improve their service alignment and access, through development or improvement of local school and community services.

The Needs Assessment will also be used to inform larger multi-system initiatives with goals to improve early childhood care and education. This includes efforts to maximize parental choice and knowledge by developing an integrated data system and consumer website that will both gather data from providers, partners, and programs as well as organize and deliver data online in order to expand parental choice and knowledge of existing programs. In addition, work will be conducted to share best practices by greatly improving the alignment of birth through age five learning and development standards, program quality standards, and professional workforce standards. Furthermore, work will be done to explore financing options to enhance and sustain funding to support the infrastructure necessary for high-quality early childhood providers, practices, and services. This strengthened infrastructure includes improvements such as increased educational requirements and wages reflective of the skills and abilities necessary to implement higher standards.

Through the efforts described above, Nevada will be positioned to improve overall quality of early childhood providers, practices, and services through integrated and shared data, improving alignment, expanding high-quality services based on community need, advocating for funding increases, and communicating our progress and outcomes to a large audience of stakeholders.

NEEDS ASSESSMENT METHODOLOGY

This needs assessment was developed using both primary and secondary source data, through the approaches and methods described below. This assessment combines (1) Parent and Caregiver data from focus groups and surveys, (2) Community Stakeholder data from community interviews and surveys, (3) State and Federal Data from publicly available sources, and (4) Needs Assessment and Strategic Plan data from existing reports developed across the state. Each of these methodologies are briefly described below.
The results from the needs assessment will guide us in defining several important aspects of our system, which all agencies, policy makers, stakeholders and the public should understand for alignment. These elements include: shared definitions of key terms (rural areas, underserved or vulnerable children, low-income populations, program types, quality, cost, caseload, waiting list, etc.), in-depth demographic information about children who are vulnerable or underserved, availability and quality of services including unduplicated numbers of children awaiting services, gaps that exist in supports for children's smooth transitions between early childhood education programs and school entry, data and research gaps, and barriers in the provision of services and supports and opportunities for more efficient use of resources.

Parent and Caregiver Data: In order to discern the perceived versus actual effects of early childhood programs and initiatives across the State of Nevada, the Nevada Department of Education - Office of Early Learning and Development commissioned the Nevada Institute for Children's Research and Policy **(**NICRP) to conduct parent and caregiver focus groups, interviews, surveys, and research for this needs assessment. NICRP invited parents and caregivers to join a series of focus groups hosted in 16 of the 17 Nevada counties. A total of 103 individuals across the urban and rural counties in Nevada participated in focus groups between May 26 and August 1, 2019. In the parent and caregiver focus groups, participants were asked a variety of open-ended questions to help the state determine what is needed to better support families with young children in Nevada. During these parent focus groups, NICRP was especially focused on gaining insights from those hard-to-reach populations in underserved and rural pockets of Nevada, as well as those populations whose voices have not been considered previously. Therefore, in addition to the focus groups, NICRP also collected parent and caregiver data using a one-page survey (available in English and Spanish) to ensure that parents from underrepresented communities who were not able to attend focus groups had an opportunity to provide valuable feedback. A total of 128 parents or caregivers completed the survey.

Additional information on the methodology for the focus groups and surveys are provided in Appendix C and D.

Community Stakeholders Data: NICRP conducted 14 community stakeholder interview sessions across the state of Nevada between May 26, 2019 and August 1, 2019. In total, 59 participants were recruited through emails to local community organizations, newsletters, social media, and flyers posted within the community in order to gather qualitative data on local community perceptions of early childhood resources in communities across the state. Community participants were individuals from a variety of professional backgrounds which interact with early childhood programs including local county and city officials, childcare center providers, librarians, healthcare providers, and youth and family services providers. Participant responses for each question were summarized for each community to find areas of strength and areas for development for each community. Additional information on the methodology for the community stakeholder interviews and focus groups are provided in Appendix C.

State & Federal Data: In addition to data collected from perception interviews of parents and community stakeholders, the data used in this report also come from a variety of publicly available state and federal data systems and reports such as the U.S. Census Bureau American Community Survey, The Children's Cabinet 2018 Demographics Report, the NICRP Annual Nevada Kindergarten Health Survey, and The U.S. Department of Education State Profiles. Together, these sources combined with others referenced throughout this needs assessment (See References) provide a more holistic picture of the status of early childhood education and care in the state.

Needs Assessments & Strategic Plans: To identify areas of alignment in the state as well as gaps in relationships within and across agencies, a crosswalk of activities related to early childhood systems was constructed by reviewing 43 strategic plans and needs assessments across the State. This crosswalk helped to identify specific areas in existing state-level plans and strategic planning documents where there is potential to create tighter alignment and more coherent goals and strategies for inclusion in the strategic plan with priority for items related to the PDG B-5 grant activities. As a result of this needs assessment and strategic plan crosswalk, NICRP was able to develop Stakeholder Mappings (see Overview of Stakeholder Mapping, Appendix B) which provide an overview of the key topics, goals, and existing strategic plans in the state which aim to address gaps in Access to resources, Early Childhood Education, K-12 Education, Health, Safety, and Infrastructure.

PARTNER INVOLVEMENT

The development and work conducted on the needs assessment was done in collaboration with a core group of individuals from various agencies and then also shared with the Nevada Early Childhood Advisory Council.

The core needs assessment team included the Nevada Institute for Children's Research and Policy whom was contracted to conduct the needs assessment, and individuals from the Office of Early Learning and Development and the Head Start Collaboration Office, both under the Nevada Department of Education. The core team also included the program manager for the Nevada State Home Visiting Program, as well as the chair of the Nevada Early Childhood Advisory Council whom also represents The Children's Cabinet, the statewide coordinating agency for childcare subsidy and the home to the coaches for the Silver State Stars Quality Rating and Improvement System. When considering additional members, the core team selected individuals based on the representation of diverse areas of early childhood care as well as those agencies such as Head Start and the Home Visiting Program, which would also be required to conduct a needs assessment on issues related to early childhood in the next year or two. It was important to the team to gather data that

would contribute to multiple related projects in order to maximize alignment and collaboration, increase efficiency, while simultaneously reducing redundancy of collection efforts.

The strategies for the needs assessment were shared with the core members of the needs assessment planning group as well as with the larger NECAC and those collaborating to implement strategies identified in the NECAC Strategic Plan 2018-21. In addition to the council members, those that will work on the strategic plan include existing local advisory councils (Southern Nevada, Tri-County, Tribal, Elko, and Reno), as well as community members that participate in three established subcommittees of the NECAC, Early Learning (27 members), Family Support and Community Engagement (12 members), and Child and Family Health (13 members). Even though the state of Nevada spans just over 110,000 square miles, our early childhood community is small, and we have increased our collaboration in the past 10 years. The members of the state council and its subcommittees, and local councils, include the majority of those that represent early childhood in the state and those individuals have been committed to sharing knowledge with their respective agencies in order to maximize participation in efforts to make improvements for families with young children in Nevada.

STRENGTHS AND LIMITATIONS

Strengths

The needs assessment was successful in reaching parents and stakeholders in each county and the comprehensive review of existing strategic plans and needs assessments helped to identify new collaborators that are invested in early childhood as well as gaps in partnerships and data. In addition, the strategies used to conduct the needs assessment were developed in partnership with stakeholders and other agencies that will be conducting needs assessments for their work in which data can be shared to reduce overstraining the community with focus groups and surveys. Further, one of the greatest strengths of this needs assessment is the close alignment with the Nevada Early Childhood Advisory Council's (NECAC) efforts to revise the NECAC Strategic Plan 2018-21. In particular, this needs assessment provides ECCE needs data as well as parent and community perceptions that are tightly aligned with the three components of the strategic plan: Part 1: Assessing Nevada's Early Learning Systems; Part 2: Assessing Family Support and Community Engagement; and Part 3: Assessing Child and Family Health. Revising the original NECAC Strategic Plan 2018-21 allows both state and local early childhood professionals as well as parents and caregivers to communicate issues with one voice and enables counties to see similarities and differences with neighboring counties or counties of the same vulnerable populations.

Limitations

To meet the initial timeline of the needs assessment, the focus groups for parents and providers were conducted over the summer which is a harder time to reach families and stakeholders. In addition, there were some populations that were harder to reach such as parents who are Native American, parents that do not have transportation and live in remote areas, families experiencing homelessness in areas outside of Clark County, as well as stakeholders that work with parents on employment opportunities. As the needs assessment is an ongoing process, new strategies are being developed to target these groups. For instance, to increase participation from tribal parents, a focus group is being planned with tribal partners and the tribal partners are calling their families individually to complete the one page survey over the phone as this is more convenient. The most successful focus groups were those in which time was allotted to develop relationships with local partners who can help inform parents about the opportunities to voice their opinion. In addition, more time would allow survey administration in places that parents frequent such as laundromats, grocery stores, and gas stations. A small grant was received by NICRP to initiate these methods for collecting qualitative data in Clark County starting in January 2020. After the trial run, if successful, these methods will be used in other communities. This additional data collection will help ensure that representatives from

vulnerable groups are adequately represented in the needs assessment to further validate the activities chosen to increase access to services.

Another limitation is that data are not always available at the county level. When possible, data are provided for each of the 17 counties in Nevada, however, given that many rural counties such as Esmerelda and Eureka counties have a very low population, data are oftentimes unavailable. Since 14 of the 17 counties in Nevada are considered rural counties, the limited availability of data becomes more apparent. Moreover, data collected for each area often differed by protocol and operational definition. For instance, children for data collected in rural counties is defined as K-12, as data comes from school records. Data regarding homelessness and disability in children 5 and under is determined by the Department of Education and Part B/Part C, respectively. As a result, data collected from different sources can often not be compared 1 to 1, with lacuna in the data existing particularly for children 0-5 by county.

Overall, the biggest constraint for administration of this needs assessment was time. The condensed timeline available to conduct focus groups, surveys, and interviews restricted us from gathering the full range of data that would help create a more complete scope of the state's ECCE needs. As detailed above, more time would have allowed for more comprehensive data to be obtained from the vulnerable and underserved families and various agencies in all 17 counties. Many of these families and agencies wanted to participate in this assessment but were not available during the limited period of data collection.

SECTION 1. DEFINITIONS OF KEY TERMS & PRIORITY POPULATIONS

It is critical that all agencies, policy makers, stakeholders and the public have a common understanding and shared definitions of several key terms to successfully collaborate on making progress on the key strategies identified as a result of this needs assessment. This section includes definitions of several key terms critical to these efforts. While these terms are commonly used among community partners, no formally agreed upon definition previously existed. Therefore, in collaboration with the Nevada Early Childhood Advisory Council, each key term was discussed in order to come to a consensus on formalized definitions that would be integrated into the glossary of the NECAC Strategic Plan.

These definitions were developed with many key stakeholders in the community, including feedback from the focus groups held statewide, as they are shared more widely with the community there might be additional feedback to consider. In addition, other agencies or organizations might have definitions of these terms that do not align with these definitions. As the strategic plan is a living document, the definitions that are included could be revised if new information is presented from community stakeholders. While changes may be made in the future, given the thorough review of existing terms and the process used to develop these terms, it is not anticipated that any changes to the definitions would change the foundational meaning.

QUALITY OF EARLY CHILDHOOD CARE AND EDUCATION

Defining quality early childhood care and education was a complicated process. The NECAC reviewed ideals of quality from national organizations such as BUILD Early Childhood (QRIS Learning Network, 2019), National and Nevada Association of the Education of Young Children, Early Childhood Technical Assistance Center (ECTA; ECTA, 2019c), the Division for Early Childhood of the Council for Exceptional Children, and the state's quality rating and improvement system (Nevada Office of Early Learning and Development, 2019).

A small group of community stakeholder volunteers considered all the components of quality from these sources and developed a definition that was succinct and could be used to communicate with parents, policy

makers, and the community as a whole. A few draft definitions were created by the group and then two of those definitions were chosen to be presented to parents through a community survey to select the definition that was most understandable. The final definition of quality is as follows:

> A high quality early childhood program is an inclusive environment that offers services at the highest possible levels for all children and families. These programs provide a safe environent while promoting the physical, social, emotional and cognitive development of all children. High quality environments celebrate and explore the culture, backgrounds and individuality of their children and families. The indicators of quality include but are not limited to: policies, procedures and adminstrative practices that are best practices for the workforce, families and children. This would include ample age-appropriate materials; appropriate group size and ratios for each classroom and use of appropriate assessments to assess children's learning and development. Teaching approaches are individualized for each child and are active, stimulating and engaging. Thoughtful standards about health and safety are considered at the licensing level and beyond. Families and community partners are included as valued partners and are invited into all aspects of care and education. The quality indicators combine together to create an environment that leads to the highest outcomes and lifelong success for the youngest learners in our state.

AVAILABILITY OF EARLY CHILDHOOD CARE AND EDUCATION

Several different definitions of the availability of care were reviewed and discussed by the NECAC. The final definition was adapted from the NAECY (1995) definition of availability and is as follows:

> Availability of early childhood education and care means that all counties have settings that provide families with equitable access to affordable and high-quality early childhood education.

VULNERABLE OR UNDERSERVED CHILDREN

Research indicates that there are certain social and demographic indicators that increase a child's risk for not reaching their full potential. Members of the NECAC reviewed a list of research-based indicators to determine which indicators were prevalent and relevant for Nevada. The following list will be used when referencing vulnerable children and families in Nevada in the NECAC Strategic Plan documents.

Vulnerable or Underserved children and families include those that:

- Are at or under 200% of the Federal Poverty Level
- Reside in rural areas
- Reside in tribal areas or are members of a tribe
- Speak a language other than English
- Have a child with a disability
- Have a child under 3 years of age
- Are experiencing homelessness
- Are involved with Child Protective Services, or
- Have a child having 4 or more adverse childhood experiences or environments (CDC, 2019),
    - emotional abuse
    - physical abuse
    - sexual abuse
    - mother treated violently
    - substance abuse in the household
    - mental illness in the household
    - parental separation or divorce
    - incarcerated household member

- emotional neglect
- physical neglect
- experiencing racism,
- witnessing violence,
- living in an unsafe neighborhood,
- living in foster care
- experiencing bullying

CHILDREN IN RURAL AREAS

The NECAC reviewed the federal definitions of rural and frontier areas (USDA-ERS, 2010) to determine the most appropriate definition to use in Nevada based on our local resources and issues related to accessibility. Given the lack of resources even in what would be considered urban areas of Nevada, the consensus seems to be that all of Nevada should be considered rural. However, to narrow the list to the most challenging areas, the agreed upon definition is as follows:

> Children in rural areas include those who live outside of one of the major cities in Clark or Washoe county (Reno, Sparks, Las Vegas area, North Las Vegas, Henderson, Boulder City), and Carson City.

PRIORITY POPULATIONS

The populations of focus for this grant were determined by discussions with key stakeholders, members of the local and state Early Childhood Advisory Councils, and driven by the data in the needs assessment. Overall, the focus of this grant will be to serve vulnerable populations, as defined above, in Nevada. However, there are many vulnerable populations and therefore the following are the top 7 priority populations presented, not ordered by highest need as their priority level varies depending on the region of Nevada. Priority populations include:

- Children 0-2
- Children 3 years of age
- Children in rural areas
- Children with disabilities including behavioral and mental health needs
- Families with a primary language other than English
- Families who are at or under 200% of the Federal Poverty Level
- Tribal Families

SECTION 2. NEVADA'S CHILDREN BIRTH TO FIVE

There is a growing body of research that suggests the Social Determinants of Health, the conditions in which people live and work, has a significant impact on the trajectory of a person's life. This research (Office of Disease Prevention and Health Promotion, 2019) also suggests that the early years of a child's life, particularly the first 5 years, are especially affected by environmental and social factors such as:

- Early life stress or trauma
- Socioeconomic status
- Relationships with parents and caregivers
- Access to early education programs

Considering Nevada is consistently ranked among the bottom of state comparisons for economic, health, education and family and community well-being, it is clear many children from vulnerable populations in the state are constantly being subjected to negative social determinants that may lead to negative, long-term outcomes. To help prevent and combat these negative outcomes, it is important to understand how each community is impacted. Therefore, the following social determinants of Nevada's populations will be explored in this section:

- Geography
- Race and Ethnicity
- Poverty and Low-Income Status
- Languages Spoken at Home
- Living Arrangements
- Disability
- Foster Care
- Homelessness

Examining these characteristics of children and families in Nevada will help provide a foundation for strengthening high-quality Early Childhood Care and Education programs for families – particularly those

from vulnerable communities. The following section provides additional detail regarding the social determinants and key demographic factors in Nevada that could increase the vulnerability of our children and families. When possible, data are presented by county and by age. Additional demographic data is provided in Appendix A: Expanded Demographic Data.

GEOGRAPHY

The population of the entire state of Nevada is slightly less than 3 million with approximately 75% of the population of children under the age of 5 residing in Clark County, home of Las Vegas, 15% in Washoe County, home of Reno, and the remaining 14% in the other 15 rural counties in the state (see Table 1).

Table 1: Number and Percentage of Children under 5 Years of Age in Nevada by County

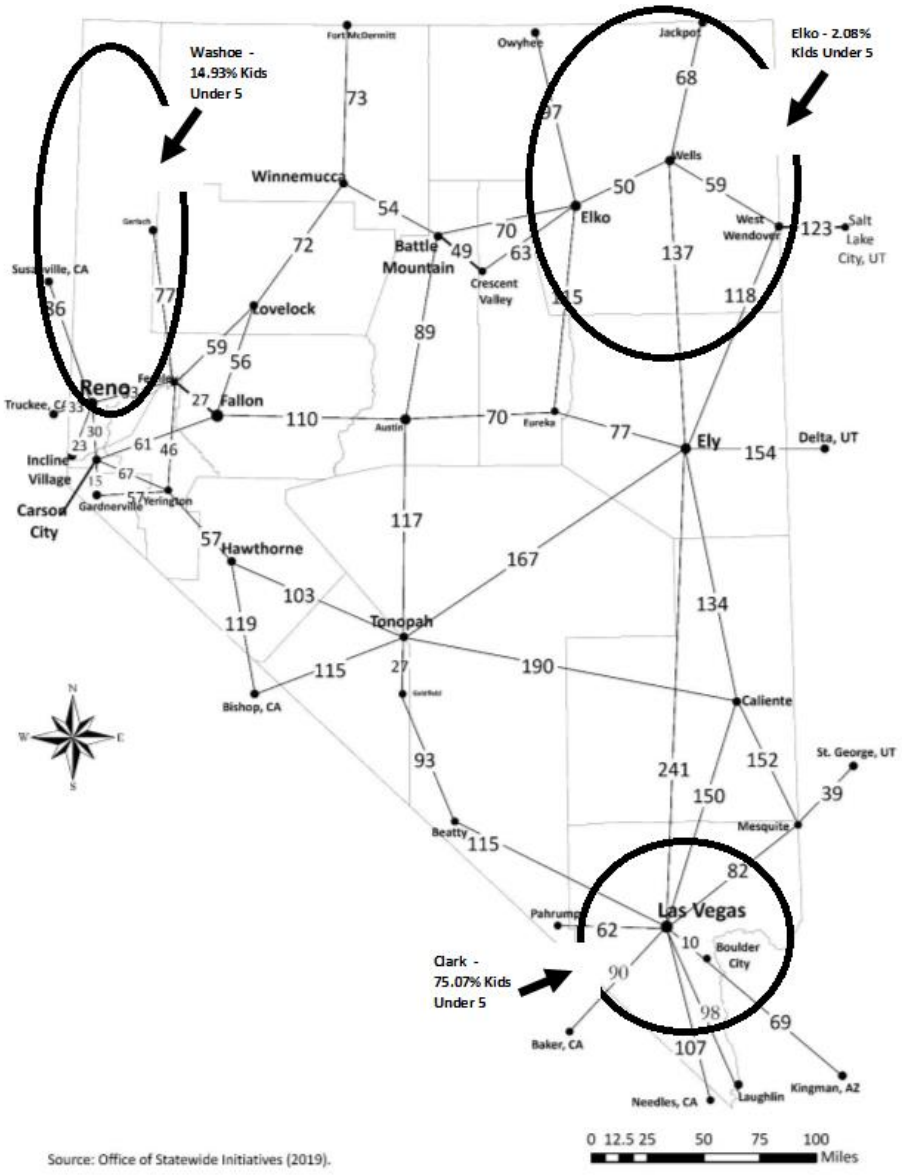
County	# of Children Under the Age of 5	% Children Under the Age of 5
Clark	136038	75.07%
Carson City	2825	1.56%
Churchill	1722	0.95%
Douglas	1899	1.05%
Elko	3770	2.08%
Esmeralda	25	0.01%
Eureka	82	0.05%
Humboldt	1293	0.71%
Lander	449	0.25%
Lincoln	198	0.11%
Lyon	2927	1.62%
Mineral	204	0.11%
Nye	1794	0.99%
Pershing	275	0.15%
Storey	123	0.07%
Washoe	27049	14.93%
White Pine	534	0.29%
Total	**181207**	**100%**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates

The state of Nevada covers a rather large area spanning just over 110,000 square miles, with the 2 most populous areas separated by approximately 440 miles (7 hours) of desert and small towns in-between that were largely mining communities. Compared to the Eastern United States, the state of Nevada would stretch across 8 states including Ohio, Kentucky, South Carolina, and Pennsylvania (see Figure 2). The large distance between locations can make accessing services a challenge in Nevada. Figure 3 provides a map of the state that illustrates the distance between some of the main cities and towns in the state. Areas with the largest proportion of children are circled on the map.

Figure 2:Nevada Compared to Eastern United States

Figure 3: Distance Map of Nevada with the Largest Groupings of Children under the Age of 5



RACE AND ETHNICITY

Research on the impact of children's early experiences related to race and ethnicity suggests that the share of children enrolled in early childhood programs that are high-quality differ by their race and ethnicity. Children who attend early childhood center care or preschool programs enter school more ready to learn; unfortunately, the children from vulnerable populations who have access to these programs and the quality of care they need are often limited. For instance, research shows that Hispanic children are less likely to attend preschool than White and Black children; and both Hispanic and Black children often experience lower-quality preschool care than White children. Magnuson and Waldfogel (2005) also suggest that making substantial increases in preschool enrollment of children from vulnerable racial and ethnic communities while increasing preschool quality can potentially decrease school readiness gaps by up to 36 percent. In order to better understand and address these long-standing racial and ethnic gaps in school readiness and ensure that all children have access to high-quality programs, racial and ethnic characteristics of children and their families must be accessed (Magnuson & Waldfogel, 2005).

According to the American Community Survey (see Table 2), more than 1 in 4 citizens of Nevada identifies as Hispanic or Latino (28.2%) while the remaining 71.8% identifies as non-Hispanic. Among those who are Not-Hispanic or Latino, 70.28% are White, 11.70% are Black or African American, 11.01% are Asian, 1.18% are American Indian or Alaska Native, and 4.67% are two or more races. Among the counties, Clark County has the largest diversity in Nevada. With nearly 80% of individuals who are Hispanic or Latino in Nevada residing in the Clark County and with larger populations of individuals who identify as Black or African-American, Asian, Native Hawaiian or Other Pacific Islander, and multiracial; Clark County has a demand for high-quality multicultural resources to ensure these unique population is well-accounted for. Although Clark County has more racial diversity, there are more individuals who identify as American Indian and/or Alaska Native in Nevada's rural counties.

Table 2: Race and Ethnicity of the population in Nevada

	Nevada	Nevada	Clark County	Washoe County	Rural Counties
	#	%	%	%	%
Total Population	2887725	100.00%	73.15%	15.43%	11.42%
Not Hispanic or Latino	**2073420**	**71.80%**	**70.62%**	**16.35%**	**13.03%**
White alone	1457272	70.28%	63.64%	83.75%	89.37%
Black or African American alone	242682	11.70%	15.58%	2.81%	1.87%
American Indian and Alaska Native alone	24402	1.18%	0.57%	1.71%	3.79%
Asian alone	228268	11.01%	13.67%	6.85%	1.79%
Native Hawaiian and Other Pacific Islander alone	17510	0.84%	0.97%	0.78%	0.24%
Some other race alone	6429	0.31%	0.36%	0.20%	0.18%
Two or more races	96857	4.67%	5.20%	3.92%	2.75%
Hispanic or Latino	**814305**	**28.20%**	**79.60%**	**13.07%**	**7.32%**
White alone	479181	58.85%	56.95%	66.46%	65.86%
Black or African American alone	10331	1.27%	1.45%	0.55%	0.55%
American Indian and Alaska Native alone	8024	0.99%	0.77%	1.35%	2.63%
Asian alone	4234	0.52%	0.52%	0.64%	0.26%
Native Hawaiian and Other Pacific Islander alone	1509	0.19%	0.21%	0.05%	0.15%
Some other race alone	273548	33.59%	35.54%	25.40%	27.06%
Two or more races	37478	4.60%	4.55%	5.55%	3.49%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates

When considering only the population of infants and toddlers, the statewide population trends by age are similar (see Table 3). Nearly 1 out of 4 infants and toddlers in Nevada (Birth to age 5) are Hispanic or Latino, while the remaining 76.52% is not Hispanic or Latino. Among those that are not Hispanic or Latino, the largest populations of infants and toddlers are White alone (57.09%) or some other race alone (27.82%). Together, Infants (birth to age 2) and toddlers (age 3- 5) represent 6.58% of the total population in the state.

Table 3: Race and Ethnicity of the Total Population in Nevada by Age

	Nevada	Birth to Age 2 in Nevada	Ages 3 to 5 in Nevada
Total Population	100.00%	3.15%	3.43%
Not Hispanic or Latino	**71.80%**	**2.65%**	**2.86%**
White alone	70.28%	61.68%	62.03
Black or African American alone	11.70%	11.77%	12.34
American Indian and Alaska Native alone	1.18%	3.14%	3.62
Asian alone	11.01%	8.37%	8.59
Native Hawaiian and Other Pacific Islander alone	0.84%	1.09%	0.87
Some other race alone	0.31%	0.51%	0.57
Two or more races	4.67%	13.44%	11.98
Hispanic or Latino	**28.20%**	**4.79%**	**5.31%**
White alone	58.85%	57.09%	59.09
Black or African American alone	1.27%	1.24%	2.06
American Indian and Alaska Native alone	0.99%	1.76%	1.65
Asian alone	0.52%	0.33%	0.65
Native Hawaiian and Other Pacific Islander alone	0.19%	0.20%	0.06
Some other race alone	33.59%	27.82%	26.43
Two or more races	4.60%	11.56%	10.06

Source: State data retrieved from U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates; Data by age retrieved from ACS 5-Year Estimates - Public Use Microdata Sample 2017

POVERTY AND LOW-INCOME STATUS

One of the primary factors which negatively impact many families across the state is in poverty. A wealth of research shows that children living in poverty are more likely to lack social skills appropriate for the classroom, have developmental delays, require remediation, or drop of out of high school (Jensen, 2009; Brooks-Gunn & Duncan, 1997). According to American Community Survey data 2013-2017 5 year estimates (See Table 4), nearly 1 in 4 children (22.8%) under age 5 in Nevada lives below poverty. The largest percentage of children under 5 living below poverty reside in Clark County, followed by Washoe County, then the rural counties. According to the most recent KIDS COUNT Data, 19% of all Nevada children lived in poverty and 27% had parents lacking secure employment. In addition, 17% of children lived in households where the head lacks a high school diploma and 37% of children lived in single-parent families (The Annie E. Casey Foundation, 2019).

Table 4: Poverty Status of Children under Age 5

	Nevada	Nevada	Clark County	Washoe County	Rural Counties
	#	%	%	%	%
Children under age 5	**178,190**	**100.00%**	**74.97%**	**14.93%**	**10.10%**
Below poverty	40,634	22.80%	23.70%	19.01%	21.79%
Not below poverty	137,556	77.20%	76.30%	80.99%	78.21%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates

Due to data limitations for household income and poverty status, there is no data available to disaggregate age groups under 5. However, status as a Supplemental Nutrition Assistance Program (SNAP) recipient can be used as a proxy for poverty status. These data, presented in Table 5 below, show that there are slightly more toddlers (ages 3 to 5) who receive SNAP benefits compared to infants (birth to age 2). In total, infants and toddlers combine to make up 12.02% of individuals who receive SNAP benefits.

Table 5: Yearly Food Stamp/Supplemental Nutrition Assistance Program Recipients by Age

	% of All Population that Receives Food Stamps/SNAP	% of All Population that Does Not Receive Food Stamps/SNAP
Birth to 2 years old	5.74%	2.71%
3 to 5 years old	6.28%	2.95%
Total Birth to Age 5	12.02%	5.66%

Source: ACS 5-Year Estimates - Public Use Microdata Sample 2017

LANGUAGES SPOKEN AT HOME

With the rapidly growing and increasingly diverse population in Nevada, it is important to pay special attention to the unique needs of vulnerable populations to ensure that all available services reflect the racial and ethnic experiences of these families. Considering that more than one-third of the state's population is Hispanic or Latino, the State of Nevada must prioritize sufficient resources for dual language learners (DLLs). These services become even more critical for young DLLs entering preschool and kindergarten as they will experience additional challenges as they begin learning to speak, read, and write a language they may not speak at home.

According to the American Community Survey (ACS), English is the only language spoken in nearly 70% of Nevada households. The second most common was Spanish being spoken at home in 27.88% of households in Nevada. Table 6 shows data for children between the ages 5 and 17 who reside in Nevada and speak a language other than English (data for children under age 5 is not available). Even though these data are not available for children under 5, as this data is collected starting at age 5, it can be assumed that these data are likely similar for those who have children under 5 years old. According to the table, Clark County demonstrates the highest diversity of languages spoken at home, housing more than 80% of all non-English only speaking children in the state. In contrast, in Washoe and even more so the rural counties, most children speak English-only at home.

Table 6: Languages Spoken by 5 to 17 Year Old Dual Language Learners

	Nevada	Nevada	Clark County	Washoe County	Rural Counties
	#	%	%	%	%
5 to 17 year olds who speak a language other than English	**159,403**	**100.00%**	**80.26%**	**14.08%**	**5.65%**
Spanish	136,292	85.50%	84.87%	86.49%	92.07%
Other Indo-European languages	5,784	3.63%	3.65%	4.32%	1.60%
Asian and Pacific Island languages	13,632	8.55%	9.04%	7.54%	4.19%
Other languages	3,695	2.32%	2.45%	1.64%	2.14%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates

LIVING ARRANGEMENTS

Increases in stress in early childhood can cause disruptions in child development and negatively impact child's social, emotional and educational outcomes (McLaughlin, Sheridan, Tibu, Fox, Zeanah, & Nelson, 2015). Depending on the supports available to the family, a child could experience more stress in a single-parent household being (Crosnoe, Prickett, Smith, & Cavanagh, 2014) or due to changing home environments multiple times (Rumbold et al., 2012).

When considering living arrangements in Nevada, data reveals that nearly 10% of children under 18 in Nevada live in a single-parent household (see Table 7). Clark County contains the largest population of single-parent households among all counties, while a larger percentage of grandparent led households with children under 18 can be found in rural counties of Nevada. For individuals that occupy homes in their community, those in the rural areas are slightly less likely to rent and more likely to own their home, followed by Washoe County, then Clark County. In addition to having the highest percentage of renters in Nevada, those in Clark County are also slightly more likely to move around within the same county in the past year compared to other counties, and those in rural areas were more likely to move from a different county within Nevada.

Table 7: Nevada Household Statistics

Household Type	Nevada	Nevada	Clark County	Washoe County	Rural Counties
Number of Occupied Housing Units	**1,052,249**	**100.00%**	**71.26%**	**16.49%**	**12.25%**
Owner Occupied	582,614	55.37%	52.70%	57.71%	67.72%
Renter Occupied	469,635	44.63%	47.30%	42.29%	32.28%
Children under age 18 in single-parent households	104,165	9.90%	10.53%	8.70%	7.87%
Grandparents responsible for own grandchildren under 18 years	25,497	2.42%	2.49%	1.81%	2.87%

Table 7. 1: Nevada Household Statistics, continued

Household Type	Nevada	Nevada	Clark County	Washoe County	Rural Counties
Residence 1 Year ago of Population 1 Year and over	**2,854,720**	**100.00%**	**73.16%**	**15.41%**	**10.31%**
Lives in Same house as 1 year ago	2,301,557	80.62%	80.30%	80.30%	81.28%
Moved within same county past year	383,775	13.44%	14.31%	13.34%	8.93%
Moved from different county within same state	25,135	0.88%	0.22%	1.52%	4.70%
Moved from different state in past year	127,936	4.48%	4.54%	4.30%	4.85%
Moved from abroad in past year	16,317	0.57%	0.63%	0.54%	0.25%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates

DISABILITY

Although many disabilities are not immediately recognized in infants and toddlers, the importance of having access to high-quality child care that is safe and accessible to all ability-levels is necessary for encouraging healthy early childhood development in children with disabilities. Because most children aren't diagnosed with a disability until after age 5, data for infants and toddlers with disabilities is limited.

According to available data on children in Nevada who have disabilities, approximately 2% of children under the age of 5 have a disability. Among those with disabilities, 76.67% have a hearing difficulty and 84.88% have a vision difficulty (See Table 8). Research suggests the majority of disabilities for children under 5 are characterized as self-care disabilities, whereby the individual is unable to physically, mentally, or emotionally meet their care needs based off developmental milestones (Institute on Disability, 2017).

Table 8: Children in Nevada Who Have Disabilities

	NEVADA	NEVADA	CLARK COUNTY	WASHOE COUNTY	RURAL COUNTIES
	#	**%**	**%**	**%**	**%**
CHILDREN UNDER 5 YEARS OF AGE	**181207**	**100.00%**	**75.07%**	**14.93%**	**10.00%**
WITH A DISABILITY	2765	1.53%	1.02%	2.22%	4.32%
WITH HEARING DIFFICULTY	2120	76.67%	62.37%	89.00%	92.46%
WITH VISION DIFFICULTY	2347	84.88%	72.36%	96.00%	98.47%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 5-year estimates

As of 2016, Nevada was ranked as one of the states with the highest rates of childhood disability for children under the age of 5. Compared to the United States, Nevada has a higher percentage of infants and toddlers than the entire country (Institute on Disability, 2017) Alaska and Nevada were among the states with the highest percentages of children under 5 with disabilities with nearly 2% in each state. To better understand the status of the early intervention service for infants and toddlers with disabilities in Nevada, the 2018 Annual Performance Report was conducted by the Department of Health and Human Services. This report compared state performance relative to the indicators and targets in the State Performance Plan. Table 9 outlines some of the key findings from this report:

Table 9: Nevada Part B/Part C 2018 Annual Performance Report: Key Findings

Positive social-emotional skills	28.44% of infants and toddlers improved functioning to reach a level comparable to same-aged peers
Acquisition and use of knowledge and skills	34.88% of infants and toddlers improved functioning to reach a level comparable to same-aged peers
Use of appropriate behaviors to meet their needs	39.37% of infants and toddlers maintained function to reach a level comparable to same-aged peers.
Individualized Family Service Plans (IFSPS)	1.13% of the total population of infants (Birth to 1) in the state had Individualized Family Service Plans (IFSPS). 2.95% of the total population of toddlers (Birth to 3) in the state had Individualize Family Service Plan
Individual Education Plans (IEPs)	Of those children with Individuals Education Plans (IEPs) in Nevada, 3,061 or 34.07% attended regular early childhood programs and receive the majority of special education related services in the regular early childhood program Another 3,909 children aged 3 through 5 who have IEPs (43.51%) attended a separate special education class, separate school or residential facility

FOSTER CARE

Child welfare offices are responsible for ensuring that children are in safe home environments. In Nevada, these services are overseen by the Nevada Division of Child and Family services which provides services to the 15 rural counties in Nevada and oversees the child welfare agencies in the two urban areas – Washoe and Clark. The services provided by these agencies includes protective services (i.e. determine if children are safe in their home environment), foster care, adoption and independent living services.

When the home environment of a child is found to be unsafe, and concerns continue for the child after reasonable efforts have been made to keep the child with their families through family preservation or in-home services, the child may be removed from their home and placed in Out-of-Home Care (OOH). OOH is a court monitored process which includes placements and services provided for children whose safety and protection needs are not being met by parents or caregivers. OOH placements may include kinship placements (children placed in the care of another family member), residential treatment facility, or the most common foster care (a family home that is licensed by the child welfare agency to care for children).

In FY 2018, more than 687,000 children were served by the U.S. foster care system, including 437,283 children who were still in the system as of September 30, 2019 and including 250,103 children who exited foster care during FY 18 (AFCARS, 2019). Research shows that up to 75% of children are forced to change schools after entering the foster care system and change home placements an average of three times during their first year in the system. With such extreme instances of instability, it is clear why many children who are subject to the foster care system end up falling behind their classmates, missing more days of school, and experience lower graduation rates and less success in college (American Institutes for Research, 2016).

According to data from the Nevada Division of Child and Family Services (DCFS) Data Book (see Table 10), the monthly average number of Out-of-Home Placements across the state of Nevada in 2019 was 4,749. This represents a 2.1% increase in the average number of Out-of-Home Placements between 2018 and 2019. The most common reason children enter the foster care system is due to child neglect (82.9%) followed by the incarceration of a parent (10.1%), and domestic violence (8.7%). While this was consistent across Clark, Washoe, and Rural counties, Washoe had much higher rates of removal due to inadequate housing and Rural counties had a higher rate of removal due to parental drug abuse.

Table 10: Monthly Average Number of Children in Out-of-Home Placements by Fiscal Year

Area	Nevada 2018	Nevada 2019	Nevada % Change	Clark County 2018	Clark County 2019	Clark County % Change
Monthly Average	4650	4749	+2.1%	3338	3496	+4.8%

Table 10. 1 Monthly Average Number of Children in Out-of-Home Placements by Fiscal Year

Area	Washoe County 2018	Washoe County 2019	Washoe County % Change	Rural Counties 2018	Rural Counties 2019	Rural Counties % Change
Monthly Average	912	837	-8.2%	401	416	+3.8%

Source: NV DCFS (2019)

HOMELESSNESS

Two prevalent trends that are primarily responsible for homelessness included a growing shortage of affordable housing and an increase in poverty. According to the U.S. Department of Housing and Urban Development (HUD) (2019), there are an estimated 12 million renters and homeowner households who are forced to pay more than half of their annual incomes for housing.

In order to help prevent and eliminate instances of homelessness, especially for young children, the Nevada Department of Health and Human Services (DHHS) conducted a 2018 Statewide Community Needs Assessment which identified the following priority needs and issues to be addressed (Nevada Department of Health and Human Services, 2018):

- Affordable Housing: Shortage of affordable housing in general
- Prevention of Homelessness: Help with deposits, rent, relocation costs, home repair
- Homeless Services: Shelters for all populations, emergency and transitional housing

Based on parameters established by the Department of Urban Development (2018), homelessness is defined as a state of living in a location not meant for human habitation, a safe haven, or an emergency center. For early childhood, this definition is expanded to include sharing housing due to economic hardship or loss of housing, living in motels, hotels, or campgrounds due to lack of alternative accommodations, and transitional shelters. According to the most recent state profiles by the U.S. Department of Education (2018), 20,044 children under age 6 experience homelessness in the state of Nevada in 2018. Of those children, 95% go unsupported by ECCE programs including Head Start programs and those supported by the McKinney-Vento Homeless Assistance Act (See Table 11).

Table 11: Nevada Early Childhood Homelessness State Profile

SERVICES FOR HOMELESS CHILDREN	NUMBER OF CHILDREN	% OF CHILDREN
Number Of Children Under Age 6 In Nevada	221,541	100.00%
Estimated Number Experiencing Homelessness	20,044	9.05%
Homeless And Served By Head Start/Early Head Start	431	2.15%
Homeless And Served By Mckinney-Vento Homeless Assistance Act	661	3.30%
Homeless And Unserved	18,952	94.55%

Source: US Department of Education, Policy and Program Studies Service, Early Childhood Homelessness State Profiles 2018

Although there is currently no data by county available for Nevada's children under 6 who are homeless, each county's school district provides data on homeless student enrollment which serves as a sufficient proxy. According to most recently available data from the Nevada Department of Education (2016) (See Table 12), there were nearly 17,000 homeless students enrolled in school during the 2016-17 school year. Student populations at two rural school districts, Mineral County and Nye County, were made up of nearly 10% homeless students. The two urban school districts in the state, Clark County and Washoe County, enrolled 4.88% and 3.33% homeless students, respectively.

Table 12: Enrollment of Homeless Students (2016-2017)

District/Local Education Agency	# of Students Enrolled	# of Homeless Students Enrolled	% of Students who are Homeless
Carson City /State Sponsored Charter Schools	38747	833	2.15%
Churchill County School District	3196	145	4.54%
Clark County School District	326954	10879	3.33%
Douglas County School District	5932	212	3.57%
Elko County School District	9907	78	0.79%
Esmeralda County School District	75	0	0.00%
Eureka County School District	276	6	2.17%
Humboldt County School District	3399	49	1.44%
Lander County School District	1004	8	0.80%
Lincoln County School District	1085	17	1.57%
Lyon County School District	8348	665	7.97%
Mineral County School District	518	47	9.07%
Nye County School District	5032	501	9.96%
Pershing County School District	627	47	7.50%
Storey County School District	425	11	2.59%
Washoe County School District	66671	3251	4.88%
White Pine County School District	1390	16	1.15%
State Total	**473586**	**16765**	**3.54%**

Source: Nevada Department of Education, 2017-2017

STRENGTHS AND CHALLENGES OF NEVADA'S POPULATION FOR FAMILIES

With a rapidly growing population of immigrants, progressives, and U.S. citizens from diverse neighboring states, Nevada has a unique population that is being recognized as the "Future Face of America" (Milligan, 2017Nevada started out in the mid 1800's as a mining town. The population dissipated by 1920 but begun to build again in the 1930s with the re-legalization of gambling as well as policies to allow for quick divorces. While this may have been meant as a temporary revenue stream through the great depression, this has remained the foundation for the state. While these features have brought much success and popularity to the state, it has also contributed to the lack of prioritization of making Nevada a better environment for children and families. As Nevada continues to grow, the infrastructure is falling behind. As housing prices increase in the country, many transitions to Nevada for more affordable housing that creates housing disparities and shortages for existing residents. In addition, all across the state, Nevada has a 24 hour lifestyle that allows for easier access to drugs and alcohol.

The lack of infrastructure in Nevada includes the lack of critical demographic data points that would provide more details about the needs of children and families. This includes information about tribal families as well as disaggregated data for children under the age of 3. Finally, as the US Census will be taken in April of 2020 and will determine how federal funding will be allocated to states and communities. Unfortunately, children, minority groups, LGBTQ+ individuals, and other diverse groups are uncounted. Many do not understand the importance of the census or fear that the information will put them at risk. The state has made a large financial commitment to help increase awareness about the census to increase response rates, especially in hard to reach populations to answer questions and ease concerns about the process. It is crucial that Nevada obtains the most accurate information to ensure appropriate funding for the state as well as to have accurate data about children and families.

SECTION 3. ASSESSING EARLY CHILDHOOD NEEDS

Employers are demanding a pipeline of highly skilled and literate workers that emerge from a system of birth through post-secondary education with the reading, math, science and soft skills that will permit them to prosper in the workforce. As the need for skilled workers intensifies, so does the importance of ensuring that all Nevada children are healthy and ready to learn in pre-K, kindergarten and beyond.

To meet the urgent demands of its rapidly growing workforce, Nevada has made great gains in recent years to provide high-quality education and care opportunities for families. In particular, Nevada officials and community stakeholders have made progress towards strengthening the Silver State Stars Quality Rating and Improvement System (QRIS), aligning early childhood screenings and assessments, increasing engagement in the NECAC and passing the Read by Grade Three legislation. However, in order to determine what additional improvements in early learning, family support and community engagement, and child and family health are needed, it is important to explore each area by county.

To further establish alignment with the recent efforts of NECAC and their statewide early childhood strategic plan, the following sections (Parts 1-3) will present a comprehensive assessment of Nevada's needs divided into the following key components that comprise the 2018-2021 NECAC Strategic Plan:

- Part 1: Assessing Early Learning
- Part 2: Assessing Family Support & Community Engagement
- Part 3: Assessing Child & Family Health

The information presented in this section will include several data sources including secondary data from state and national sources, primary data on early childhood collected from recent evaluation and research projects throughout the state, as well as parent and stakeholder feedback collected specifically for this needs assessment.

PART 1. ASSESSING EARLY LEARNING IN NEVADA

Research on the positive effects of early childhood experiences on the brain has been well documented. When children are raised in nurturing, safe, and stimulating environments they experience better social, physical, and cognitive development outcomes (National Research Council and Institute of Medicine, 2000). Although school readiness is largely a factor of family environment and experiences at home, the quality and availability of early childhood care and education programs are also important factors that ensure children receive the support they need. Unfortunately, for working families in Nevada, finding child care that is both affordable and of quality has been challenging.

This section, Assessing Early Learning includes research as well as parental and community perceptions of early learning needs. In addition, the following topics will be explored that lead to the final recommendations for early learning systems in Nevada.

- ✓ **ECCE Programs in Nevada**
- ✓ **Capacity of ECCE Programs**
- ✓ **Quality of ECCE Programs**
- ✓ **Parental and Community Perceptions of ECCE Need**
- ✓ **Recommendations for Early Learning**

ECCE PROGRAMS IN NEVADA

The scope of ECCE programs in Nevada aligns with the federal perspective of Early Learning and Development Programs. According to the U.S. Department of Education, Early Learning and Development Programs include the following:

- State-licensed or State-regulated programs or providers, regardless of setting or funding source, that provide early care and education for children from birth to kindergarten entry, including, but not limited to, any programs operated by child care centers or in family child care homes;
- Early Head Start and Head Start programs;
- Preschool programs funded by the Federal Government or State or local educational agencies (including any IDEA-funded programs); and
- Non-relative child care providers who are not otherwise regulated by the State and who regularly care for two or more unrelated children for a fee in each provider setting.

This definition may also be expanded to include other programs that deliver early learning and development services in a child's home (US Department of Education, 2011). Such programs featured in this section of the needs assessment include home visiting programs as well as early intervention services.

To support vulnerable families, Nevada's child care subsidy program – the Child Care and Development Fund (CCDF) – provides financial and transitional assistance to vulnerable families enrolled in ECCE programs. The child care subsidy program is largely administered by the Nevada Division of Welfare and Supportive Services (NV DWSS), providing support for approximately 8,000 children 0-5 in Nevada. Approximately 80% of children receive care at a center, 13% from a registered friend, family, or neighbor, and less than 3% from a family home provider, group home, or recreational facility. The majority of children are less than 36 months old (64%), approximately 45% are African American, 24% Hispanic or Latino, and 20% are white. Finally, 87% of the children served live in a metropolitan area (M. Cady, Personal Communication, December 18, 2019). In addition to child care subsidy, CCDF also provides additional quality assurance resources for ECCE providers. These CCDF funds help to improve the quality of child care by financially assisting providers in their professional development and training. These measures of quality assurance and improvement for ECCE programs in Nevada are detailed in this section.

CAPACITY OF ECCE PROGRAMS

In order to identify gaps in services and resources for Nevada's children, this section details ways in which the state as well as individual rural and urban counties are currently addressing child care and education needs. In particular, it assesses the capacity of state licensed child care providers to serve the state's growing population of infants and toddlers is an important starting place.

State-licensed or State-regulated Programs or Providers

According to Nevada Child Care Licensing, the following are the official definitions of the ECCE facility types that offer care in Nevada (Nevada Division of Public and Behavioral Health, 2019):

- **Family Cares** - Family cares are facilities within an individual's residential home. They are allowed to care for up to six children within their home with a license and a curriculum.
- **Group Cares** - Group cares are facilities within an individual's residential home. They are allowed to care for up to 12 children within their home and require one additional caregiver and a curriculum.
- **Accommodations** - Accommodations are facilities that have a primary business open to the public that provides child care to customers, where customers are required to remain on the premises of said business, for up to three hours.
- **Centers** - Centers are facilities that stand alone and provide all-day curriculum child care.
- **Institutions** - Institutions are facilities that care and house at-risk youth. They provide education, daily sustenance, shelter, and medical/dental care to the children under their supervision.
- **On-sites** - On-sites are facilities that provide care to children of employed individuals of the business only.

Most of the licensed care offered in Nevada is offered by private centers and family care providers. The Nevada Early Education and Care Fact sheet produced by The Children's Cabinet offers the best overview of the capacity for care in Nevada. According to the 2018 report, Nevada's early childhood capacity meets only 23% of the need for child care for children ages 0-5 and 35% of the need for children ages 0-5 living in households where all parents are in the workforce. In addition, the Nevada Child Care Subsidy program only served 5.84% of children living below 200% of poverty in 2017. This data as well as the data provided in the table below, shows that even if early care and education were affordable to all, Nevada does not have the capacity to serve all the children in each community (The Children's Cabinet, 2018).

Table 13 provides a high-level view of ECCE capacity across all 17 of Nevada's counties. With a total state population of 209,643 children from birth to age 5 in 2018, Nevada's existing ECCE programs have a combined capacity to serve merely 19.93% of this population. Stated differently, a total of 167,857 children birth to age 5 are unable to receive care from one of Nevada's licensed care facilities due to capacity limitations. Unfortunately, these data are not disaggregated by age or ability to care for children with special needs. Families often report less availability of care for children under the age of 3 and those with a special need (e.g. disability, mental and/or behavioral health needs). It is important to understand not only the overall capacity of care in the state but also the capacity by population to better understand how to increase accessibility of care.

Table 13: Nevada's Capacity of Licensed Child Care to Serve Children Birth to 5 Years Old by County

	Total Program	Total Capacity of Licensed Care	# of Children 0-5	% Could be served	% NOT Served
Nevada	**657**	**41786**	**209643**	**19.93%**	**80.07%**
Carson	19	826	3369	24.52%	75.48%
Churchill	9	283	1929	14.67%	85.33%
Clark	329	28828	156572	18.41%	81.59%
Douglas	14	856	2425	35.30%	64.70%
Elko	13	647	4453	14.53%	85.47%
Esmerelda	0	0	39	0.00%	100.00%
Eureka	0	0	101	0.00%	100.00%
Humboldt	5	218	1495	14.58%	85.42%
Lander	3	72	486	14.81%	85.19%
Lincoln	0	0	380	0.00%	100.00%
Lyon	15	529	33436	1.58%	98.42%
Mineral	1	6	287	2.09%	97.91%
Nye	5	251	2166	11.59%	88.41%
Pershing	1	54	363	14.88%	85.12%
Storey	0	0	153	0.00%	100.00%
Washoe	240	9076	31342	28.96%	71.04%
White Pine	3	140	647	21.64%	78.36%

Note. Excludes school district Pre-K, Tribal, and Department of Defense as these programs are not licensed by child care licensing. Source: Nevada 2018 Early Education & Care Fact Sheet

Early Head Start and Head Start Programs

Nevada's Early Head Start (for ages 0-2) and Head Start Programs (for ages 3-5) promote school readiness for vulnerable children including those who are economically disadvantaged, homeless or in foster care. There is a total of 9 Head Start agencies that operate within 11 of 17 counties (see Table 14). Together, these agencies serve a total of 3,364 children or only 1.6% of all children from birth to age 5 in the state.

Among the vulnerable children enrolled in Head Start or Early Head Start across Nevada, 54.1% live below the poverty threshold, 19.6% are Dual Language Learners, 17.4% are homeless, 15.4% receive child care subsidies, and 4.6% are in foster care. When considering racial and ethnic demographics of children enrolled, demographics of early head start and head start programs resemble the demographics for many economically disadvantaged communities across the state: 31.3% are Black, 22.1% are Hispanic/Latino, 14.1% are White, 6.0% are American Indian, and 5.4% are Bi-racial.

Table 14: Head Start Enrollment in Nevada by County

Nevada County	Total funded enrollment
Carson City	54
Churchill	20
Clark	2,009
Douglas	36
Elko	194
Esmerelda	0
Eureka	0
Humboldt	20
Lander	0
Lincoln	0
Lyon	14
Mineral	20
Nye	0
Pershing	20
Storey	0
Washoe	886
White Pine	91
Nevada Total	**3364**

Source: Data retrieved from individual early head start and head start agencies

Nevada Ready! State Pre-Kindergarten

Nevada has a 17-year history of implementing a small State funded pre-K program that has met 7 out of 10 National Institute for Early Education Research (NIEER) benchmarks over the past several years. However, due to financial limitations, this program typically serves less than 5% of the estimated 3- and 4-year-old population. Access to high quality preschool education was expanded in Nevada through the federal Preschool Development Grant funding (2016-2019) for 4-year olds under 200% of the Federal Poverty Level. Over 3,000 seats were created or improved. There are approximately 317 sites statewide that have the capacity to serve 16,115 students. Included in this number are 5,187 children 3-5 years old who were served by Nevada's Early Childhood Special Education programs as part of IDEA (Individuals with Disabilities Education Act) Part B. In addition, IDEA Part C programs, which serves children 0-3, provides services for 3,274 children (U.S. Department of Health and Human Services, 2018). The majority of the children are enrolled in a program in Clark County (76%), and only 7% are served in Washoe County, and the remaining 17% are served across the other rural areas of the state.

Home Visiting

Another type of early care and education offered in Nevada is home visitation. Home visiting supports healthy child development and ensures the safety of young children and family members. Home visiting is designed for pregnant women and families with children from birth to kindergarten entry and eligibility for these programs varies depending on the model used in the community and typically has an income requirement. Home visitation programs have grown in Nevada over the past 10 years but are still limited. They are only available in Washoe, Clark, Elko, Lyon, Storey, Mineral and Nye counties and on a very limited basis.

According to the Nevada DHHS Maternal, Infant, and Early Childhood Home Visiting (MIECHV) FY19 Annual Performance Report, the following statistics represent home visiting service between October 1, 2018 and September 30, 2019:

Table 15: Nevada Home Visiting Data for FY2019

Unduplicated Number Served	• 483 households served which include:
	  ○ 620 children,
	  ○ 135 pregnant women
	  ○ 331 female caregivers and 17 male caregivers

Number of Home Visits Completed	• 5447 home visits were completed
Racial Characteristics	• 72% of children served were White • 11% were more than one race • 9% were Black • 5% were American Indian/Alaska Native.
Ethnicity	• 52% of the children served were Hispanic or Latino
Poverty	• 91% of households served were low-income
Child Age	• 16% were less than 1 years old • 32% were from 1-2 years old • 46% were from 3 to 4 years old • 6% were 5-6 years old.
Primary Language	• 78% speak English as their primary language • 19% speak Spanish as their primary language

Note: It is important to note that due to limitations in the availability of disaggregated data, the data provided in this table may include non-MIECHV funded programs as well as MIECHV funded programs.
Source: Nevada DHHS Maternal, Infant, and Early Childhood Home Visiting (MIECHV) FY19 Annual Performance Report

QUALITY OF ECCE PROGRAMS

Another consideration to capacity of care in the state is the quality of care that is available. For this needs assessment, quality of care was examined from three distinct lens in order to assess not only the quality of programs offered across Nevada, but also to examine the quality of services provided by early learning professionals. The three quality of care measures reviewed in this section include:

- Silver State Stars Quality Rating and Improvement System
- Child Care Licensing
- Early Childhood Workforce in Nevada

Nevada Silver State Stars Quality Rating and Improvement System

Among the measures of quality of care in Nevada is participation in the Nevada Silver State Stars Quality Rating and Improvement System (QRIS). This system is a method to assess, improve and communicate the level of quality in early childhood programs. The Silver State Stars assigns a rating, from 1 to 5 stars, to each site, to assist parents in finding a quality care and education provider for their child. Programs that volunteer to participate are assessed by trained and experienced assessors then work with a coach to draft and implement a plan to help them improve their quality. The quality of the program is based on licensing (except school district programs as they are not required to be licensed), director education level, staff participation with the Nevada Registry, implementation of child screenings, group size and classroom rations, a rating on an environmental assessment, and indication of meeting certain quality indicators in four areas including policies and procedures, administration and staff development, health and safety, and family and community partnerships.

As of September 1, 2019, only 289 out of 529 programs in the state (54.6%) were participating in the rating system. The Nevada QRIS indicates that those programs rated 3 stars or above are providing quality care. Based on the most recent data received from the Nevada Department of Education QRIS Administrator, only 114 of the 289 participating programs (39.4%) are rated as quality programs (receiving 3, 4, or 5 stars). Among those, 31 programs rated as the highest-quality programs or five stars (10.7%).

Table 16: Nevada QRIS Participation (n=289) September 1, 2019

Star Rating	# of programs
Five Stars	**31**
Center	19
School Based	12
Four Stars	**43**
Center	17
Family Child Care	3
School Based	23
Three Stars	**40**
Center	22
Family Child Care	1
Group Family Child Care	2
School Based	15

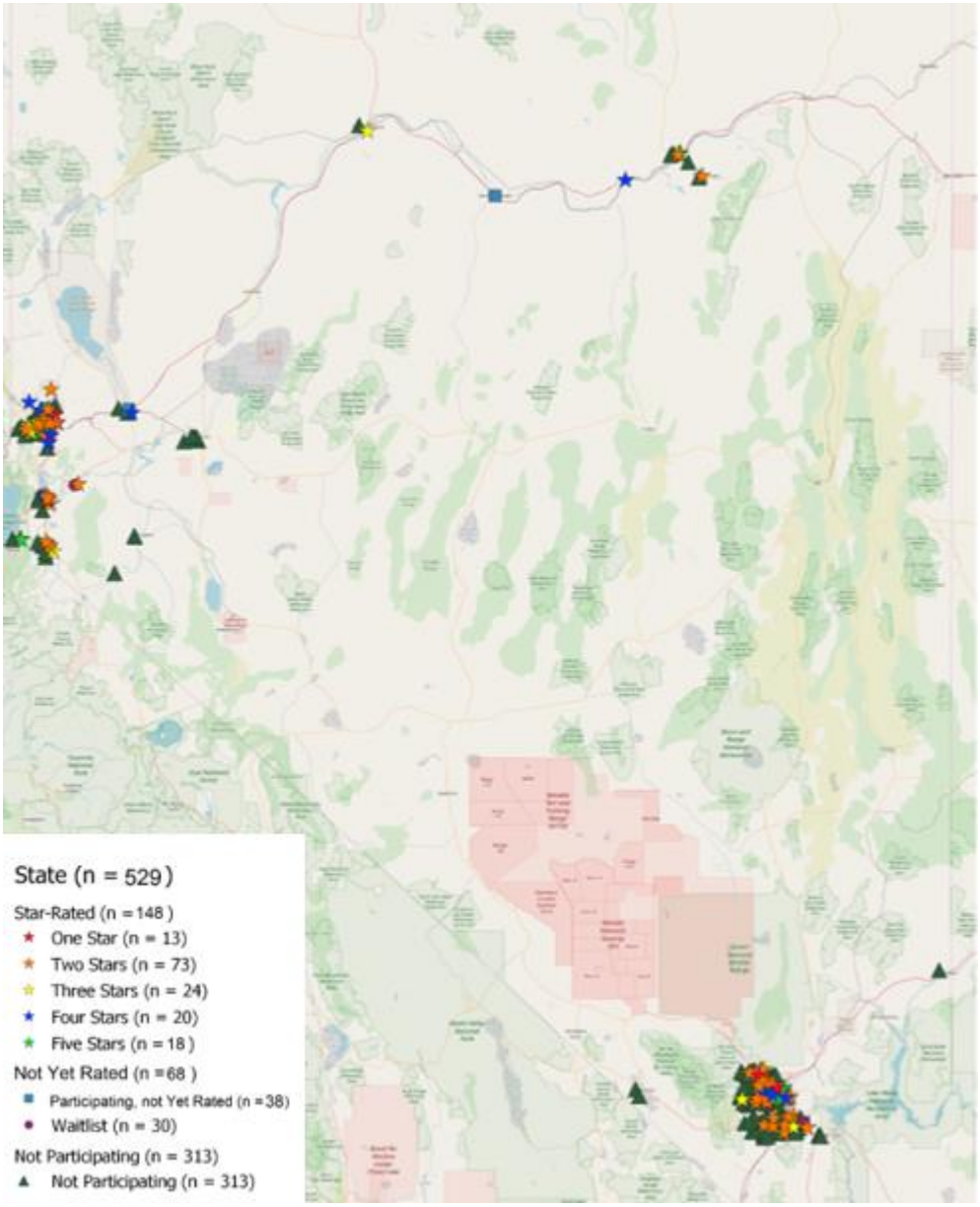
Star Rating	# of programs
Two Stars	**93**
Center	77
Family Child Care	5
School Based	**11**
One Star	**22**
Center	20
School Based	2
Not Yet Rated	**60**
Center	45
Family Child Care	2
Group Family Child Care	2
School Based	11

Source: Data provided via email by the QRIS Administrator, Office of Early Learning and Development, Nevada Department of Education, September 1, 2019

There are several limitations with the current rating system. First, with the exception of programs that offer child care subsidy, participation in QRIS is voluntary. Therefore, participating programs are not evenly dispersed throughout the state. From Figure 4, it is clear that there are many areas of the state that are lacking quality rated early care and education programs. Please note the map does not include school district programs. In addition, there are many quality indicators included in each of the 4 areas (policies and procedures, administration and staff development, health and safety, and family and community partnerships), however programs can choose which indicators to report on and how many indicators they want to report even if they actually meet the criteria for more indicators. This means there is a lack of complete data on what programs may offer to parents. One of the quality indicators is transitional support services. This is a critical activity for both parents and children however there is a lack of data on which programs actually meet this indicator.

Currently, parent education about the QRIS system in Nevada has been minimal. Parents can learn about the rating system through the QRIS website which provides a mechanism to search for child care options by area, or through advertisement by partner programs or participating child care programs. With increased participation in the program over the past few years, initiatives to increase communication to parents are underway. One such initiative is the development of an enhanced consumer website that would include the current information from the QRIS website along with additional supports for families such as the ability to apply for various types of assistance and information about child development.

Figure 4: Nevada Silver State Star Participation Map as of June 30, 2019



Child Care Licensing Compliance

The State of Nevada has two licensing entities which serve distinct jurisdictions. The Washoe County Human Services Agency – Child Care and Early Childhood Services provides oversite over Washoe County only, while the Nevada Division of Public and Behavioral Health (DPBH) – Child Care Licensing Agency provides oversite for the remaining 16 rural and urban counties. Both agencies enforce a set of minimum requirements for state child care licensing and share the goal of promoting healthy, safe, and thriving children by monitoring facility compliance, offering training and technical assistance to caregivers, and providing consumer education.
Although the state website houses data for all facilities in the state including Washoe County; the state ECCE system still lacks a comprehensive assessment summary that provides an overview of all problems that have been identified during reviews. In order to determine this information, one must research and download individual facilities and capacity reports for each facility across the state and then review the narrative for each monthly report available. However, the Nevada Child Care Licensing agency has indicated that they are working on updating their system in order to provide information, especially in aggregate, in a more efficient manner.

For this statewide needs assessment, a review of child care licensing reports were examined over a 21-month period for family care (n=6), group care (n=9), center (n=30), or center-provisional (n=7) facilities. The only type of facilities that were not included were accommodation facilities which provide temporary care. The narrative of each of the reports for each facility during this time period were reviewed and the information was categorized by NICRP staff into four overarching categories: employee related, administrative, child safety, and other. A description of each category is described below including the prevalence of that issue.

EMPLOYEE - RELATED

A total of 75 employee related issues were identified which is 40% of the 187 total issues identified. Some of the deficiencies involving employees at child care facilities were staff members who had not completed their initial required trainings or were missing annual training hours. Another common deficiency among employees was the lack of NV Registry membership. Other employees did not have their clearance memo and negative TB test results on record. Several child care facilities did not have their employee files complete and up to date, making it difficult for inspectors to know if the staff meets the requirements or not.

ADMINISTRATIVE

A total of 53 administrative issues were identified which is 28% of the 187 total issues identified. Other administrative deficiencies include inaccurate sign in sheets, daily reports, cleaning logs, and transportation logs. In all types of child care facilities there were missing or outdated child health assessments. Several child care facilities also failed to execute a monthly fire drill and some did not have an emergency plan or did not reviewed it quarterly.

CHILD SAFETY

A total of 43 issues were identified that directly relate to child safety which is 23% of the 187 total issues identified. A couple of sites were found out of ratio and one lead to an incident where a child was able to open the door and leave the room without the staff noticing. In two centers there were cases of possible child maltreatment that were not reported. Another alarming deficiency found at facilities were unsafe sleeping practices. Infants were found sleeping in nap mats with rips and tears, and cribs with loose sheets. In two facilities, infants were found sleeping on swings. Another common deficiency was that children were admitted into the facility without up to date immunization record. Safety hazards were found in all types of facilities

(9% of all issues). These include but are not limited to unlocked cabinets, unstable or broken playground structures, broken appliances, insufficient resilient or non-absorbent surface, unlabeled medication, and unclean stuffed animals.

OTHER

A total of 16 other types of issues were identified which is 9% of the 187 total issues identified. Other deficiencies include handwashing posters not posted by sinks, missing release of information forms, and facility not informing parents of their right to view complaints against facility. Overall the largest issues found in licensing reports was regarding the facilities complying with policies and not necessarily issues with the structure or function of the facility. When determining ways to support existing facilities, this should be taken into consideration.

Table 17: Deficiencies in Child Care Facilities (January 2018 - September 2019)

AREA	DEFICIENCY	FAMILY CARE (6)	GROUP CARE (9)	CENTER (30)	CENTER - PROVISIONAL (7)	Total
Employee Related	No Orientation provided for employees	3	0	5	1	9
Employee Related	Lack of initial training/incomplete training hours	0	4	16	5	25
Employee Related	Employees with no record for TB negative results	0	5	6	3	14
Employee Related	Employees with no NV Registry membership/certificate	0	4	10	1	15
Employee Related	Employees with no clearance memo/memo of eligibility/ fingerprint record	0	1	8	3	12
Administrative	Inaccurate daily report/sign in sheet	1	1	5	3	10
Administrative	Missing cleaning log/cleaning issues	1	0	5	0	6
Administrative	Inaccurate transportation log	0	1	0	1	2
Administrative	No health permit	0	1	0	0	1
Administrative	Issues with fire extinguisher/state fire approval	0	2	3	0	5
Administrative	No monthly fire/emergency drill	0	2	5	0	7
Administrative	No quarterly revision of emergency plan	0	2	1	1	4
Administrative	Missing child health assessments	1	5	10	2	18
Child Safety	Safety Hazards	2	3	8	4	17
Child Safety	Unsafe Sleep Practices	0	0	4	0	4
Child Safety	Unsupervised Children	0	0	1	1	2
Child Safety	Children admitted with no current immunization record	2	3	7	1	13
Child Safety	Out of Ratio Rooms	0	1	1	1	3
Child Safety	Unlabeled Bottles	0	0	0	2	2
Child Safety	Not Reporting Child Maltreatment	0	0	1	1	2
Other	Other	1	5	8	2	16
TOTAL		**11**	**40**	**104**	**32**	**187**

Source: NICRP analysis of Nevada Licensed Child Care Facility Capacity Reports. Retrieved from DPBH.gov

Considering that Washoe County is the only local jurisdiction responsible to license child care in the state, it was important to also review insights collected from Washoe County Human Services Agency 2019 Needs Assessment (Ledesma, 2019) which was conducted through the Child Care Development Block Grant. The goal of the Washoe County needs assessment was to better understand the decline in licensed child care providers in both homes and centers and to develop a long-term plan to increase child care options for families in Washoe County as well as to provide support to help retain families and staff in the field.

Much of the parent and community stakeholder feedback received in the Washoe County needs assessment echoed the results of the surveys and focus groups conducted for this statewide ECCE needs assessment stating that affordability was a major barrier to care. With regard to challenges specific to facilities, the Washoe County community primarily expressed difficulty acquiring funding to purchase or maintain facilities that meet licensing requirements. Many providers who operate family homes and centers are often forced to close their doors because they simply cannot afford to operate on tuition payments alone. In addition, many providers feel that there are too many competing licensing requirements and that many are contradictory. For example, Early Head Start and Head Start program facilities meet both county and state licensing requirements and providers often voice that they wish that the Washoe County Human Services Agency could license all of Head Start facilities.

Early Childhood Workforce in Nevada

With such a rapidly growing economy and population of infants and toddlers, the Nevada Registry serves as the career development, recognition and statewide data collection system that captures important early childhood workforce data such as validation of professional and educational achievements of ECCE professionals. In order to help professionalize the field of Early Child Care and Education, the Career Ladder was developed as a system to recognize the professional and educational accomplishments as well as the years of experiences and individual has in the field. The Career Ladder has 7 levels based on formal education, training and direct experience. Anyone working directly or indirectly with children ages birth to 8 can be placed (teachers, caregivers, child care providers – including family and group home providers, administrators, trainers, advocates).

To help connect these early childhood communities to local resources and ECCE workforce-related information, the Nevada Registry relies on continuous input from the field. Furthermore, by providing ECCE professionals with useful longitudinal workforce data as well as educational and training resources, the Registry aims to promote a Nevada ECCE field that is educated, well-trained, and fairly compensated.

The following section provides a review of barriers and opportunities which contribute to the current quality of the Early Childhood workforce in Nevada. The information provided is organized into the following three components:

- Initial Training and Continuing Education Opportunities
- Higher Education
- Wages

INITIAL TRAINING AND CONTINUING EDUCATION OPPORTUNITIES

Research suggests that there is a positive correlation between the professional development and training of teachers and the quality of early childhood programs (Kontos, Howes, & Galinsky, 1997). Moreover, the authors of 'Who Cares for America's Children?' (1990) concluded that caregiver training outweighs caregiver overall education as the more important factor associated with outcomes among children in child care.

In order to work in a licensed facility in Nevada, an employee is required to complete the initial training requirements in accordance with NAC 432A.323 within 120 days after commencing and obtain 24 hours of continuing education each additional year. While many of these trainings are free, some require a fee and are offered at various times either in person and/or online. Some individuals struggle completing the trainings as they are often expected to devote time outside of their working hours without compensation. In addition, training opportunities in the rural areas are limited due to the low number of providers requiring training. It is important to note that while all employees of licensed facilities are required to register with the Nevada Registry, there are still individuals that do not comply and, due to separate licensing requirements for schools, employees of school districts are not required to participate.

The Nevada Registry conducted a survey in 2018 to obtain feedback about the training offered in Nevada. Among 94 licensed providers that completed the survey, 98.9% were aware of the Nevada Registry Approved Trainings for ECCE and Out of School Time (OST) professionals and 88.3% agreed that they were offered at convenient times. However, in the 12 months prior to the survey, less than two-thirds (60.2%) had attended one of the trainings or had one of their staff members attend one of the trainings. Of those that attended a training or had one of their staff members attend one of the trainings, 92.5% reported that more than half of the training information applied to their setting (center, family, group, FFN, rec) and 85.2% reported that more than half of the training information was applied by them or their staff. Further, these respondents reported that the training information increased the quality of care that they provide. When asked what type of training they would like to take but cannot find, respondents provided the training recommendations as presented in Figure 5.

Figure 5: Training Recommendations from Nevada's Licensed ECCE Providers

Children's Health Issues	Managing Staff
• Autism Spectrum Disorder • Anxiety • ADHD and ADD • Fetal Alcohol Syndrome/Effects • SIDS	• Building relationships with staff • Managing turnover • Managing teachers • Adult learning principles • Business professional development • Working with parents • Child/teacher interactions
Health and Safety	**Other**
• Diapering procedures • Sanitation procedures • Premise safety • Emergency preparedness • Communicable diseases	• Toilet training • Response to Intervention (RTI) • Assessments • Inclusion

When answering this survey item, some respondents also noted barriers to receiving training in the state. Specifically, it was noted that there are few classes offered in the rural areas and that CPR and first aid classes are difficult to find. One respondent suggested that a "weekend blitz" of classes be held throughout the year so that they can complete up to eight hours of training in a day. It is important to note that the respondents of this survey were mainly directors or owners, and do not include representation from family, friends, and neighbor care (FFN) providers or tribal facilities (The Nevada Registry, 2018).

Family, Friends, and Neighbor Care Providers

FFN providers, those who generally care for a small number of children in a home setting and are typically not professionally trained caregivers, are legally exempt from many of the regulations other licensed child care providers in Nevada are required to meet. As a result, data for FFN providers is typically not captured in a manner which is comparable to data available for licensed care providers. To ensure the voices of this important and unique subset of providers are heard, NICRP used previously captured FFN data from NICRP's 2017 focus groups and surveys. The 2017 focus groups and surveys were initially used to determine what, if any, challenges the FFN providers were experiencing while completing the 30 hours of training required to provide care and to get their opinion about different aspects of the training that they had already completed.

The survey was completed by 119 FFN providers that reported that they thought the trainings provided good information that they used while caring for children but some noted challenges in completing the trainings. These challenges (NICRP, 2017) included the following:

- Lack of internet or computer access
- Lack of transportation
- Training not available when needed
- Cost of training, background screening, and materials is too expensive
- Training website malfunctions
- Lack of access to printers to print their certificates of completion
- Poor translation of course materials for Spanish-speaking DLLs
- In-person classes are inaccessible for working families and for DLL families

When asked what other training topics they would be interested in, the FFN focus group participants indicated that they would like to learn more about the following (NICRP, 2017):

- Toilet training
- Preparing healthy foods
- How to make foods for children with food allergies
- How to care for children with behavioral and learning disabilities

Key Recommendations from FFN Providers included:

- Several classes should be offered back to back on a Saturday and possibly a weekday so that FFN providers could complete the training requirement sooner, would not have to travel back and forth to the classes, and avoid taking so many classes online.
- In-person trainings should be recorded and FFN providers should be allowed to watch them at the subsidy provider offices in groups. Focus group participants expressed interest in completing the trainings together as a cohort so that they could support each other in understanding the material.
- Interactive online courses should be provided and include digital versions of the handouts FFN providers receive during in-person trainings.

HIGHER EDUCATION

Research shows that there is a link between the quality of early childhood learning environments and educational qualifications of teachers (Manning, Gaivs, Fleming, & Wong, 2017). Specifically, the education levels of teachers are strong predictors of childhood learning and development. In Nevada, the educational requirement to work in the field of early care and education varies depending on the requirements of the child care facility. Unfortunately, approximately 50% of individuals on the Nevada Registry either do not have a

high school diploma or their education was not reported. Only 15.5% of those listed on the Registry report having a high school diploma or less, just over 6% have a maximum of an associated degree - with only 50% of those specializing in early childhood education, 10.4% have a bachelor's degree, and less than 3% have a post graduate degree (The Children's Cabinet, 2018).

Among the educational pipeline in Nevada, there are six different degree granting institutions in the state that offer degrees in early childhood education (see Table 18). While some of these programs offer classes on-line, there is no completely on-line education program within the state. This serves as an additional barrier for individuals hoping to advance their education while already working in the field as well as those who have family obligations in the evening. For families in rural areas who do not live close enough to one of the six institutions in the state that offer ECCE programs, lack of high-quality online education programs also serves as a significant barrier.

In addition to the barrier of time, another barrier is the cost of obtaining a degree. Given that the wages in early care and education (discussed below) are very low, it can be challenging to afford tuition, fees, books, and other associated costs to attend school. Nevada currently has a Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood program run by the Nevada Association for the Education of Young Children, which assists with educational costs for those in the field; however, this takes an investment from the employer and time and location can still be barriers.

Table 18: Postsecondary Institutions and Other Professional Development Providers in the State that Issue Credentials or Degrees to Early Childhood Educators

Institution	Degree/Certificate	Specializations
University of Nevada, Reno	Bachelor of Science in Human Development & Family Studies	
University of Nevada, Reno	Master of Science in Human Development & Family Studies	
University of Nevada, Las Vegas	Bachelor of Science in Early Childhood Education	
University of Nevada, Las Vegas	Master of Education in Early Childhood Education	
University of Nevada, Las Vegas	Master of Education in Special Education; Emphasis in Early Childhood Education	
College of Southern Nevada	Certificate of Achievement in Early Childhood Education	Infant/Toddler Education
College of Southern Nevada	Preschool Education	
College of Southern Nevada	Associate of Arts Degree in Early Childhood Education	
College of Southern Nevada	Associate of Applied Science Degrees	• Early Childhood Education • Director
Great Basin College	Certificate of Achievement	• Early Childhood Education • Infant/Toddler Education
Great Basin College	Associate of Arts Degree in Early Childhood Education	
Great Basin College	Associate of Applied Science Degrees	• Early Childhood Education • Infant/Toddler Education
Great Basin College	Bachelor of Arts Degree in Elementary Education with Early Childhood Endorsement	

Institution	Degree/Certificate	Specializations
Truckee Meadows Community College	Skills Certificates	• Early Childhood Educator 1 • Early Childhood Educator 2 • Early Childhood Educator 3 • Early Childhood Educator 4
Truckee Meadows Community College	Associate of Arts Degree in Early Childhood Education	
Truckee Meadows Community College	Associate of Applied Science Degrees	• Administration of Early Care and Education Programs • Infant/Toddler Education • Preschool Education
Western Nevada College	Certificate of Achievement in Early Childhood Education	

Source: Collected from postsecondary institutions websites

WAGES

Compensation of educators plays a critical role in determining the quality of services children receive and the ability of programs to retain well-qualified teachers. According to the Center for American Progress, low early educator salaries (averaging less than $15 per hour) are signs of a poorly-resourced early childhood system (Center for American Progress, 2017). The median annual income of a teacher working in a licensed ECCE setting in Nevada is $23,920 ($11.50 per hour), which is $11,003 less than the overall median income in the state. Among all ECCE providers employed by licensed centers, only 18% reported receiving health insurance, 33% reported receiving paid sick leave, and 35% reported receiving paid vacation. Those working at licensed family child care centers reported receiving even fewer benefits with only 2% receiving health insurance, 13% receiving paid sick leave, and 18% receiving paid vacation.

In a Nevada provider survey, one respondent noted that as the quality standards for ECCE increase, the state should identify ways to help increase staff pay. This respondent reported that many ECCE teachers are currently living in poverty and costs to increase staff pay cannot be passed onto the parents because they "cannot afford tuition as it is now." Another respondent, a family child care provider, reported that after more than two decades of working in the field, "I am running out of things to sell to support my clients" because they cannot pay for the cost of care and the subsidy payments do not fill the gap. This respondent reported, "I give everything to my clients and all I have to show for it is 2 broken cars, broken shower (1 year), broken dishwasher (6 years), clothes washer leaks 1 gallon of water per load (5 years), garbage disposal (3 months), too tired to go on." (The Nevada Registry, 2018).

According to NAEYC, "even when educators do succeed in increasing their educational attainment, their low compensation does not typically rise to reflect their new educational qualifications" (Power to the Profession, Decision Cycles 7 + 8: Discussion Draft for Task Force). This is a disincentive to return to school to obtain additional education.

In addition, with or without additional education, providers may leave the field to pursue a better paying job. According to the 2018 Market Rates and Child Care Attributes Survey conducted by The Children's Cabinet, the annual turnover rate of center-based staff in licensed child care sites in Nevada is 23%. The same survey indicates that although 43% of licensed child care staff have been in the field for more than six years, only

24% have worked at their current site for more than six years. Sixty-three percent of licensed child care staff have worked at their current site for three years or less (The Children's Cabinet, 2018).

Significant investments are needed in the early childhood workforce to increase the quality of care and education provided to children and families, this includes providers earning a wage that incentivizes them to obtain the education necessary to offer quality experiences and remain in the field.

PARENTAL AND COMMUNITY PERCEPTIONS OF EARLY CHILD CARE AND EDUCATION NEED IN NEVADA

NICRP staff planned and hosted several community focus groups with caregivers and community stakeholders to obtain the community perceptions of need in Nevada. Questions focused on access to early care and education, access to healthcare and other community resources, community supports for families with young children, and awareness of community resources. Please see Appendix C and D for more details on the focus group and survey methods and participation.

"It's terrifying to drop off your kid with somebody you don't know, and it doesn't matter if the community says it's safe, you just don't know."

Parent, Battle Mountain Community

Quality

Participants of both parent and stakeholder discussions were asked to explain their perceptions of what would be considered quality early care and education. In addition, parents were specifically asked to discuss what they looked for when seeking care for their children. Across the state, participants consistently identified safety, educational curriculum, and adult-to-child ratios as the three primary factors for identifying quality child care facilities.

Safety

Most participants described an ideal child care facility as being safe, having a clean environment, and employing highly qualified/licensed staff. Many parents expressed that child care staff should be educated, have some specialized safety training (such as CPR), and have undergone background checks. Most participants stated that they felt safer leaving their child in a licensed child care facility, rather than a child care setting in someone's home; however, parents living in rural areas rarely have the ability to make that choice. A participant from Battle Mountain spoke about the anxiety she feels utilizing child care facilities, "it's terrifying to drop off your kid with somebody you don't know, and it doesn't matter if the community says it's safe, you just don't know." One participant from the Las Vegas focus group stated that the worry and stress of not knowing how her children are being cared for led her to quit her job, "La preocupación y el estrés de no saber cómo están nuestros niños, preferimos no trabajar para poder cuidarlos, pero tienes que sacrificar comida o renta o facturas." [English: "The worry and stress of not knowing how our children are doing, we prefer to not work so we can take care of them, but you have to sacrifice food or rent or bills."].

Educational Curriculum

Participants across the state of Nevada demonstrated a preference for child care options that include an educational curriculum, rather than facilities that only offer children supervision. One parent in Las Vegas elaborated by saying "I do not want a babysitting situation, I want [my child] to learn."

Adult to Child Ratios

The adult-to-child ratio was consistently discussed among parents as a way to demonstrate aspects of both safety and quality. Participants were often skeptical that facilities could provide quality care in an environment that had a high ratio of adults to children; for example, one parent in Elko stated, "for me, one [child] is hard." Parents expressed that having a low ratio of staff-to-students demonstrates that their child will receive adequate attention for meeting their educational and emotional needs. Further, a low ratio of adults-to-children helps ensure there is adequate supervision for providing a safe environment.

> *"Sometimes its money, sometimes its availability, and sometimes it's the quality of the places that are available that make them unappealing. For me [my child with Down syndrome] has sensory issues that set her off, but that same type of training is necessary and important for non-neurotypical children." (Reno participant)*

Parents of children that have special needs – such as Down syndrome, autism, or developmental delays – commonly cited additional concerns to those listed above. These parents often stated that quality resources are more limited for children with special needs, particularly in the rural areas. A participant from Carson City mentioned that, while seeking care for her child with Autism, she frequently encountered facilities that were only capable of housing neurotypical children, "some places are good at it, but some places are not good about it. That was one of our biggest concerns." These sentiments were common among parents of children with special needs, one parent in Reno (Washoe County) elaborated further:

Additionally, participants throughout the state said that there is a need for facilities to provide child care for individuals that do not speak English as their primary language. Primarily, participants mentioned a need for Spanish speaking facilities/providers, one participant in Elko County explained that a "bilingual [facility] would be good because there's a lot of Spanish-speaking people here" (Elko Participant). However, the need for making other demographics feel included was also discussed; in Elko County a different participant discussed the importance of making children from minority backgrounds feel included, "You want to have representation of certain demographics so that your kid doesn't feel left out, because I am Native [American] so that was something really hard to find."

During stakeholder discussions, participants also discussed that in order to have a quality care facility, it was necessary to hire qualified individuals. Stakeholders across the state expressed the financial difficulties associated with hiring, training, and retaining qualified/licensed individuals. One Southern Nevada ECAC stakeholder believed that these issues were the result of child care aides/paraprofessionals not viewing their work as "a long-term career." A different representative of that same Southern Nevada ECAC group highlighted the difficulties associated with funding quality staff/personnel, stating that "you can't get quality

people if you're not going to pay and give benefits."

Conversely, during the Lyon/Mineral/Storey ECAC focus group, rural providers stated that hiring pre-k instructors with four-year degrees would be "almost impossible to provide for a rural community" due to not only financial barriers, but the absence of a qualified workforce and the lack of means to help staff obtain a higher level of education.

Many rural communities are located hours from the colleges/universities capable of providing the necessary licensing/training and currently there is no local program that is 100% online. These conversations highlight the difficulties associated with maintaining high quality facilities with trained staff.

Where high-quality licensed facilities are lacking, unlicensed child care providers often fill the gap, however, as stated by a WIC employee in Pahrump (Nye County), "there are safety concerns with the daycares that we do have that aren't state licensed."

Availability

Location of Care and Open Spots

Both stakeholders and parents statewide agreed that there is minimal access to child care facilities throughout Nevada, especially in rural areas. In addition, both groups mentioned that many facilities that do exist have long waitlists or specific socioeconomic requirements for enrollment. Counties that are home to predominately rural communities (such as Story, Nye, Lyon, Eureka, Elko, White Pine, etc.) may have 0, 1, or 2 licensed child care centers throughout the entire county, and the presence of a child care center within the community does not guarantee families access to child care. Counties that have 1 or 2 child care centers (see Figure 4) often report extraordinarily long waitlists; for example, one owner/operator of a child care center in Lyon County reported that their waitlist had just reached 200 children. A parent from Reno indicated that "Waiting lists, I think are important to address. Care might look available but then it turns out the wait is very, very long".

Similar problems persist in rural areas of Washoe and Clark counties as well; for example, Mesquite (a rural city of approximately 19,000 people, located 1 hour north of Las Vegas) has no licensed/registered child care centers. One social service provider in the Mesquite community stated that "kids are found wandering [the streets], they're not appropriately supervised because there's not a lot of [child care] availability out here." In addition, a parent from Mesquite stated that his child was on a waiting list for two years.

In lieu of licensed child care centers, many families are left relying on informal caregivers (neighbors, friends, family, etc.) or local babysitters to provide regular child care, one stakeholder in Caliente (Lincoln County) told us that, "if parents work, they just find a babysitter." Similarly, unlicensed child care centers are often utilized, but these facilities lack oversight and are prone to overcrowding. One Lyon, Storey, Mineral Counties ECAC representative mentioned that there was an unlicensed home child care in her community that was regularly housing 12 children. She also stated that this obviously overcrowded and illegal practice was "one of the better options in town."

Finally, another major problem for parents accessing care is transportation. Many parents that participated in the focus groups acknowledged that they were very lucky to have transportation,

however for families that did not have a vehicle, accessing care was a struggle. In many rural areas, no public transportation is available and transportation for schools in most counties does not start until kindergarten. Therefore, accessing child care or state preschool prior to entering kindergarten can be very challenging.

> **"Kids are found wandering [the streets], they're not appropriately supervised because there's not a lot of [childcare] availability out here."**
>
> Social Service Provider, Mesquite Community

These types of stories/dilemmas are pervasive in Nevada, and stakeholders shared similar stories throughout the state.

Hours of Availability

In Nevada many individuals are employed at casinos, prisons, military bases, and mines – all 24-hour industries that might require parents to seek overnight care. In some circumstances, individuals living in rural communities have long (1+ hour) commutes to and from work, which also demands the need for extended child care. Most parents and stakeholders stated that overnight care was needed at current child care facilities (or would be needed for future hypothetical centers) to best serve families. At a minimum, most stakeholders argued that extended hours (drop-off before 6 a.m. and pickup after 6 p.m.) would be highly beneficial for communities.

There is often no overnight or early morning care available to families, multiple child care providers in different regions of the state expressed this concern. One Head Start instructor in Ely specifically stated that, "people work swing shifts [at the mines], and there is nothing in the community for that." Similarly, 300 miles away, a child care provider in Pahrump (Nye County) expressed her concern for parents that had long daily commutes, "a lot of parents start work in Las Vegas at 8 a.m., and their commute time conflicts with what [child care] is available [in Pahrump]." One parent shared that she became a stay-at-home mom because her work hours were incompatible with the child care availability in the area, "I was a nurse and my hours didn't work out with having child care." Some areas entirely lacking licensed child care centers will likely require extended hours if future centers are to be utilized; for example, in Hawthorne (Mineral County), one stakeholder noted that "our biggest employer is the army depot and they start at 6 a.m."

In addition to the needed extended hours of care, in some communities, child care is only available based on the school districts' schedule. In Lovelock, parents and stakeholders shared that during the summer months some child care options become unavailable as facilities close for breaks during the traditional school year. During this time, parents need to find alternative sources of care for their children which puts a strain on these families. Additionally, some parents commented that having a break in routine and education over the summer is not helpful for the healthy development of their children. The parents see the benefits of having their children in a learning environment year-round to keep their brains and bodies stimulated to be best prepared for kindergarten.

Availability Based on Age

While care in general is hard to find across the state, participants in both parent and stakeholder focus groups were asked to indicate if the age of the child, specifically children aged 0-2 compared to those aged 3-5, made finding care more challenging.

Parents commonly reported that it is especially difficult to find child care for children aged 0-2. Participants stated that most child care options only take children that are 3+ years old. Some parents experienced great difficulties while seeking out options for young children; for example, one Spanish speaking mother in Las Vegas told us "with my first child, I looked for places to leave him - I went to daycare centers and they wouldn't take him because he was less than 1 year old." Further, some care facilities require children achieve certain behavioral/developmental milestone before attending child care/preschool; for example, one parent in Lincoln County explained that "[preschools] have other restrictions… they won't let you in to preschool if you aren't potty trained – so that pretty much eliminates all younger kids." These types of barriers, age and developmental restrictions, make it particularly difficult to seek out child care options for children aged 0-2. One mother in Caliente flatly stated that, for children younger than 3 years of age, "there is nothing."

Stakeholders identified similar problems, stating that there are more programs and services available for children aged 3-5 than children aged 0-2; however, availability of certain child care and childhood education programs varies depending on county/region. Communities with Early Head Start do have access to some child care for children aged 0-2; however, to qualify for these types of programs children/families must be experiencing either 1) extreme economic hardship or 2) developmental delays. Further, few communities have Early Head Start (or any similar program) and stakeholders report few licensed private child care options exist for children younger than 3. One representative from the Lyon, Storey, Mineral Counties ECAC stakeholder group stated, "I think that, in the private sector, it's the 0-3 age range that we really see falling through the cracks."

While child care options for children aged 4-5 are still limited in many communities, there are generally more child care opportunities for children in that age range compared to 0-3 year olds. For example, there are some communities where public pre-k is available to children/families. A representative of the WIC office in Pahrump (Nye County) specifically mentioned that "what does seem to be working in the community is the Pre-K ran by the schools." Similarly, the Classroom on Wheels (COW) Director in Virginia City praised the publicly available pre-k program for having "taken pressure off" parents, families, and resource centers in the area.

Barriers to Increasing ECCE

Barriers experienced by stakeholders varied greatly depending on their occupation (i.e., pre-k teacher, provider, social worker, etc.) and their location. The current study identified several commonly reported barriers that prevent stakeholders from delivering high quality programs:

1. lack of funding for otherwise effective programs,
2. state licensing requirements/procedures, and
3. rural communities/stakeholders feel excluded, left out, or otherwise ignored by a policy system that preferentially benefits urban cities.

Virtually all stakeholders, especially those directly involved in providing early childhood education services, cited funding as a barrier that prevented them from providing high quality programs. A representative of the COW Bus program operating out of Virginia City specifically stated, "I have a bus I can fill with students, I just don't have the money to pay a teacher." Similar difficulties were reported throughout the state. A member of the Lyon, Storey, Mineral Counties ECAC group expressed her frustration when saying, "You have so many people that are really passionate and willing to do the work, but it is not sustainable without support from the state… we are just ready for help. Because everything comes out of our own pockets." Importantly, these representatives from rural communities elaborated on how funding policies fundamentally exclude them from receiving financial support:

> The state has made a cookie cutter model, 'In order to get these funds this is what you have to do', but this doesn't work for all the communities in the states because they are all so different… [Bringing] the school bus classroom to smaller communities is amazing for families, but the state would say that 'no, you have to have a teacher with a four-year degree with an early childhood education teaching license.' That is almost impossible to provide for a rural community (Lyon, Storey, Mineral Counties ECAC Representative).

Issues with receiving state licensing for child care centers was another barrier commonly reported by stakeholders. Individuals attempting to open child care centers experience bureaucratic and policy barriers at the local and state level. For example, stakeholders in Pahrump (Nye County) reported local logistical barriers such as requiring horseshoe driveways, requiring larger homes than what was available to purchase in town, and long delays in receiving fire marshal inspections.

Affordability

Parents cite cost as one of the biggest barriers to quality child care throughout the state of Nevada. During parent focus groups, many parents indicated that the cost of child care was so expensive that many will opt to quit their jobs to stay at home to care for their children. Throughout the state, mothers reported that it was more cost-effective to stay at home; for example, a participant from Ely shared her experience by saying, "we are stay-at-home moms right now, and that's a huge reason we are stay-at-home moms, we don't see the point in working just to pay for our child's child care." A single-mother in Mesquite (Clark County) elaborated further, "Stay at home mom's want to charge $15 an hour to make a job out of it but if I'm making $10 [per hour], I can't pay you." Costs also increase exponentially as families grow in size, one mother told us "I'm looking at [paying] $26 an hour… for three kids."

For some low-income families, there are programs that assist with the cost of child care. Participants acknowledged that child care subsidies were available to low income families. Some low-income families receive access to programs such as Head Start and Early Head Start, but these programs are not available in all communities. According to two foster parents in our Fernley (Lyon County) focus group, families that are fostering children qualify for some assistance programs; however, foster parents lose all financial assistance if they decide to adopt the foster children. In the opinion of these foster parents, these policies discourage adoption if foster families cannot otherwise afford child care.

Parents and caregivers as well as providers also commonly identified cost as a barrier for accessing child care, often noting that it's more cost effective for parents to stay home and not work rather than work in a futile effort to find and pay for child care/babysitting. One Pahrump stakeholder explained that "500 dollars a month for child care is a lot for some families, and you can't afford that if you're making 11 dollars an hour at Walmart." Similarly, a social worker in Tonopah summarized the difficulty associated with overcoming cost barriers by stating "daycare is so expensive it almost seems fruitless." Child care providers are aware that some families can't afford child care services, but the cost of maintaining/operating a facility prohibits them from offering less expensive care. Members from the Lyon, Storey, Mineral Counties ECAC group emphasized that it's impossible for child care providers to charge any less than they already do, one representative stated that she already "make[s] less than minimum wage. No one is going to do my job with what I make."

Transitions and Alignment between ECCE and K-12 Education

Parents who had children that were in kindergarten, or higher grades, were asked to discuss their family's experience transitioning from pre-k (or no preschool) into kindergarten. Participants generally reported a

smooth transition from state funded pre-k programs into kindergarten; for example, one mother in Carson City stated, "My second [child] had a great transition from kindergarten to first grade and from pre-k to kindergarten." Further, many pre-k programs arrange "field trips" during which children and parents can visit their new kindergarten classroom.

In areas where preschool or other education-based child care was not offered, particularly in rural communities, parents and stakeholders reported varying experiences during the transition into kindergarten. Most parents reported attending social events where they could meet the teacher and see the classrooms prior to beginning kindergarten, many parents reported that was the extent of their "kindergarten transition" preparation. Academically, some participants felt their children were not adequately prepared for kindergarten. Participants who were staying at home to care for their children said that they would likely have to work with their child individually to prepare them for kindergarten but that they are still lacking support:

> *"I'd like to prepare him [for kindergarten], I will try to… but it's like how many times can we read this book? I'm appreciating the summer reading time program like Toddler Time, they give us activities for them to do per week for the next month and a half and this is really helpful because sometimes I'm clueless." (Elko participant)*

Due to their professional specialties, few stakeholders had the inclination/ability to comment on the process of transitioning from preschool to kindergarten. "Swap up days" and "field trips" for pre-k students was the most commonly reported activity for helping children transition from pre-k into kindergarten. These events usually occur the year before kindergarten and are an opportunity for children to see their new teachers and classrooms. These types of events were not ubiquitous throughout Nevada; for example, in Caliente pre-k teachers reported that these types of activities had not been performed for "the past couple of years". In other areas, the transition period is more extensive; for example, children enrolled in Ely's Head Start attend kindergarten twice per week for 1.5 hours.

Vulnerable Populations

A number of groups were routinely identified by parents and stakeholders as being particularly vulnerable for lacking access to child care or early childhood education. These categories are certainly not exhaustive and because availability of child care differs throughout the state, "vulnerable" populations vary significantly; however, based on the results of our interviews and focus groups, these were the demographics most commonly identified by our stakeholders as being "vulnerable" or "at-risk":

- rural communities
- low-income households, especially those lacking transportation
- households active in the workforce, especially those just above the poverty line
- children with developmental delays
- single parents
- families that do not speak English and/or undocumented families.

Additionally, stakeholders identified teenage parents and grandparents raising their grandchildren as individuals that might be in need of additional services, however these groups were not discussed in detail.

Rural Communities

Rural communities were commonly reported as being the most likely to suffer from gaps in child care availability. A child care provider in Virginia City (Storey County) told us that "the smaller the community, the less access to resources that you have." These types of sentiments were common throughout the state. As previously noted, many rural counties have 0, 1, or 2 child care centers for the entire county. Similarly, rural communities located near major urban centers, such as Mesquite and Pahrump (Clark and Nye County), also have 0, 1, or 2 centers serving populations of 10,000+. Those communities that are fortunate to have child care centers see extremely long waitlists, at times as many as 200+ children.

Low-Income Households, Especially Those Lacking Transportation

Individuals that lack reliable transportation also stand out as being particularly vulnerable within these communities, particularly during cold winters and hot summers. A Virginia City (Storey County) stakeholder explained that children/families often have "miles or acres" between them and their neighbors, and even farther distances for child care facilities. For families lacking reliable personal transportation, traveling to child care facilities is difficult or impossible. A social worker in Tonopah (Nye County) further elaborated that she watches parents walk their children for "miles uphill" in the middle of winter, just to get them to school. Similarly, two pre-kindergarten teachers in Lincoln County explained that there was no public transportation available to help preschool students attend school, and that this created "a problem for some parents that don't have transportation. They might have only 1 car per family, or not even that."

Two-Income Households

Two income households, specifically households just above the poverty line, were also commonly identified as being excluded from child care. Stakeholders lamented that there is minimal access to child care throughout Nevada, and the limited child care that is available is reserved for families with incomes below what many two-income households earn. These income qualifiers make it extremely difficult for dual income families to access child care, despite the fact that these families might need child care. Members of a NECAC meeting explained that this created rifts and tensions between families in communities, most of which are apparently vying for access to the same limited child care; one member elaborated that "I am in a dual income household, my children are still worthy of education and experiences, and those qualifiers create huge gaps in our communities."

Children with Developmental Delays

Access to child care for children with developmental delays/disorders varied greatly throughout the state. In most communities, stakeholders reported that there were not adequate facilities/services to support children with developmental delays. Interestingly, some stakeholders reported that children with developmental delays actually had better access to child care than neuro-typical children. For example, one stakeholder in Hawthorne (Mineral County) told us that she knew of a woman "trying to push their child into the school system on an IEP" so that they could receive child care from the school system at the age of 3; while this singular anecdote should not be considered commonplace, it does articulate how there is sometimes better access for children with developmental delays. Still, for the most part, stakeholders cited a lack of professionals/facilities capable for providing care for developmentally delayed children – especially in rural areas.

Families That Speak a Language other than English And/Or Undocumented Families.

Families that speak English as a second language are often without child care, especially in smaller towns or rural communities; language barriers were mentioned by parents in most focus groups across the state. One social service representative in Pahrump (Nye County) stated this was a particular problem in their community, saying "I don't think we have a single [licensed] daycare where someone speaks Spanish." One

parent in Las Vegas said, "Yo no sabía nada de guarderías – no di con nada. Yo lo dejaba cuidar con una señora que era una vecina" [English: "I didn't know anything about daycare centers - I didn't find anything. I would leave him at the care of a woman who was our neighbor"].

RECOMMENDATIONS FOR EARLY LEARNING

Based on data collected on Early Learning, the following recommendation have been developed:

Increase collaboration to enhance programs and services offerings: Establish on-going work session to help agencies understand the disparities and to develop more streamlined requirements. This can start with working with provider-identified, specific agencies and progress by bringing different agencies together for strategizing changes and discussion about the industry. Agencies suggested include DHHS, Washoe County Human Services Agency, the Nevada Registry for Training, the Silver State Stars Program (the QRIS program in Nevada), county health departments as well as respective fire and building departments, higher education institutions (such as UNLV, UNR, TMCC) and the state licensing and Supportive Services divisions, support groups and parent representation.

Increase data sharing and coordination with Tribal entities: Continue to work with Tribal entities to increase collaboration, which could support improved services and outcomes for Native American children and families. The State should meet with Tribal entities to determine how to effectively coordinate beyond extending meeting invitations.

Expand Quality Programs for Most Vulnerable Families: Expand 0–3 home visiting services, giving highest priority to the most vulnerable children. Programs such as Early Head Start/Head Start, Pre-kindergarten, Home Visitation, programs that support the most vulnerable populations (infants and toddlers from low-income families, families in rural areas, Dual Language Learning families, children with disabilities and developmental delays, etc) should be provided additional funding.

Training and Professional Development: Increase professional development opportunities and continue to work toward implementing more comprehensive training for aspiring, beginner and veteran ECCE caregivers. This includes providing additional cross-sector training opportunities for caregivers to ensure the workforce is adequately equipped to manage a variety of education, health, and family related situations. It is important to incorporate partnerships such as higher education institutions to ensure broad availability of college courses and professional development opportunities for infant-toddler caregivers, and to provide the additional supports for college readiness that are needed by infant-toddler caregivers to help them satisfy course requirements. In addition, training models should be revised to support increased individualized training and mentoring. Finally, if early childhood professionals are investing in continued education, strategies to increase compensation are needed in order to demonstrate that their advanced skills are valued.

Cross-sector ECCE Alignment of Policies and Practices: All agencies that influence, monitor and support child care activities – licensing, quality improvement, training, funding, and inspections – should be parallel in their requirements and expectations of providers. Review existing policies and procedures between agencies to reduce barriers to improvement, compliance and understanding. Facilitate development of cohesive requirements and rules so that agencies are not contradictory in their expectations for county providers.

Increase Local and State Partnerships and Collaboration: Some providers who participated in data collection pointed out the disparities between "the State" and small/rural counties. In Washoe County, for

instance, the Washoe County Human Services Agency 2019 Needs Assessment revealed that providers are pleased with and draw distinction between their "positive" interactions with Washoe County and the lack of confidence they have in "the State" (Ledesma, 2019). Efforts can be made to align regulation compliance, communication, expectations and representation of each county in state processes. Moreover, state agencies should identify discrepancies and work to streamline them so that providers feel as if the licensing entities are requiring the same of all licensees and are executing process similarly.

Fund the implementation of an early childhood longitudinal data system: Fund the implementation and maintenances of a comprehensive longitudinal system for ECCE data collection and research. The use of a child identifier would allow linking across program data sets, to determine the extent to which children are served in more than one setting, and to determine whether enrollment in high quality early learning and care programs is associated with improved child outcomes in kindergarten and elementary school. Additionally, such a system could help to track school readiness, establish more efficient program management and administrative functions, and ultimately improve teacher and provider effectiveness.

Celebrate and Incentivize Quality Improvement: Provide financial and non-financial incentives to support continuous quality improvement. Raise quality through a multi-pronged approach that includes quality measurements and monitoring, financial incentives and supports, and accountability through evaluating child outcomes.

Provide On-going opportunities for Parents and Community Stakeholders to participate in strategic planning processes: Parents and community stakeholders appreciated the opportunity to give opinions, suggestions and feedback. Considering the feedback received from participants it is clear that the data measurement instruments such as surveys, interviews and focus groups gauging the capacity and quality of ECCE systems should be instituted on a regular basis (minimum semi-annually) to gather "real-time" information to shape on-going strategic planning. Additional ways to gather information can include "town hall – type" meetings in each county to encourage ideas and discussion between licensing agencies, providers, and families.

Make ECCE more affordable for families and providers: Reduce the cost of child care for low-income families and expand child care operation hours to meet the need for child care that is most conducive to parent work schedules. In addition, affordability for ECCE providers is also a consistent concern across the State. Increases local facility financing should be an ongoing effort. The NECAC and other coordinating local agencies can support by identifying potential public sources of capital, and engaging local businesses in existing early care and education efforts to help advocate for increased public capital and to promote local fund development efforts.

PART 2. ASSESSING FAMILY SUPPORT & COMMUNITY ENGAGEMENT

Every child deserves to be raised in a nurturing environment that enables them to achieve their greatest potential and prepares them to lead healthy and successful lives. The goal of any family support services provider should be to ensure that families are able to adequately meet their needs and overcome stressors that hinder effective parenting. By accomplishing this, family support providers and partners throughout Nevada can play a critical role in fostering the healthy development and school readiness of young children.

This section, Assessing Family Support & Community Engagement, includes research as well as parental and community perceptions of early learning needs. The following topics will be explored that lead to the final recommendations for family supports in Nevada.

- ✓ **Description of Family Support Services**
- ✓ **Capacity of Family Support Services**
- ✓ **Parental and Community Perceptions of Family Support Need**
- ✓ **Recommendations for Family Support & Community Engagement**

DESCRIPTION OF FAMILY SUPPORT PROGRAMS

For the purposes of evaluating resources available to families in Nevada, availability of services by county were documented and categorized based on their abilities to meet key areas of support for both families and young children from birth to age 5. These services have been categorized as the following:

Family

- **Emergency economic assistance**- Emergency economic assistance refers to the availability of monetary funds for families that face financial hardship within a short amount of time. These funds do not include welfare or unemployment but are specific to meeting household needs should unexpected emergencies arise. Examples of such assistance include short-term rent or utility assistance.
- **Food assistance**- Food assistance covers a range of services that supplement the food needs of families. These services include food pantries, mobile food pantries, church- or religious organization-based programs, or farmer's market surplus donations.
- **Healthy nutrition assistance**- Healthy nutrition assistance refers specifically to programs that contain nutrition, health, or wellbeing as a goal to their program mission. Unlike food assistance, healthy nutrition assistance programs focus on foods that meet the nutritional needs of families and young children and go beyond just the food available. Examples include programs like WIC or SNAP.
- **Job training for low income families**- Job training for low income families include programs or workshops that are directed to either building the workplace skillset of those seeking employment, providing assistance in finding a job, or in teaching skills related to household needs as a result of finding employment such as tax assistance or budget management.
- **Maternity support**- Maternity support includes assistance for pregnant mothers or families of young children outside of food assistance. Support may include programs designed to provide financial assistance, material needs for newborns (cribs, diapers, clothing, etc.), or domestic assistance in the household.
- **Parenting classes**- Parenting class include courses for families that are expecting, families with newborns, or families with younger and older children. Parenting classes may include topics such as

caring for newborns, coping with life changes as a result of parenthood, or learning to recognize common childhood indicators of potentially larger problems for the purposes of prevention or seeking help.

- **Substance abuse prevention**- Substance abuse prevention refers to initiatives designed to prevent the onset of substance abuse, assist in the recovery of substance abusers, or help family members of substance abusers to seek help. These programs may include education for children and adults, support groups, interventions, or rehabilitation.
- **Support for abuse survivors**- Support for abuse survivors included programs and resources designed to help families and children in recovery or in transition from instances of domestic abuse. These resources may include shelters, housing, financial assistance, employment assistance, or material donations explicitly allocated for survivors of domestic abuse.
- **Teen pregnancy prevention**- Teen pregnancy prevention includes initiatives designed to prevent teenage pregnancy either through health education or support of at-risk youths.
- **Temporary homeless housing assistance**- Temporary homeless housing assistance refers to the availability of housing established for the purpose of assisting families who do not have a home. These programs do not include shelters or permanent housing but rather provide short-term housing explicitly for families for the purpose of transition or offering support until finding a longer-term residence.
- **Transportation assistance**- Transportation assistance includes the availability of transportation alternatives for individuals within a certain area whether that include buses, volunteer carpool programs, assisted transportation for the parents of young children, elderly, or disabled, or programs designed to provide assistance to those who live in more distant rural areas.
- **Youth health education programs**- Youth health education programs refer to programs that are designed to educate teens, pre-teens, and their families about health issues relevant to their age group. Such programs include courses on nutrition, physical and mental wellbeing, sex education, coping with stress, or any topic related to addressing the issues related to teens and pre-teens.
- **Out of school time programs**- Before and after-school programs may offer educational or extracurricular support attached to them, but at their core, they provide a space exclusively for supervision of children K-12 for the morning prior to school, the afternoon immediately after school, or during holidays when school is in recess.

Children 0-5

- **Assistance for children with disabilities**- Assistance for children with disabilities refers specifically to resources available to young children who have been diagnosed with a disability.
- **Early childhood parenting programs**- Early childhood programs are designed to meet the educational or development needs specifically for children from 0-5. Examples include workshops or programs that engage parent/child learning and development (tummy time, floating exercises in pool, etc.).
- **Early childhood recreation facilities**- Early childhood recreation facilities include facilities that are designed for play specifically for children under 5 or public facilities that have programs designed to accommodate children under 5. These may include playgrounds, indoor playrooms, or general private/public recreation centers that offer programs specifically for young children (wading pools for infants and toddlers, designated areas for tummy time, hours in which the facility is only open to parents and young children, etc.).
- **Early childhood literacy support**- Early childhood literacy support refers to programs designed to promote reading in children before entering kindergarten. Some libraries offer Kid's Storytime and some family resource centers offer workshops to develop early reading skills.

CAPACITY OF FAMILY SUPPORT SERVICES

While a number of family support programs exist throughout the state, the availability programs varies drastically between and within counties. These programs vary in scope, and provide different types of physical, emotional, and economic assistance for families in need. Access to family support programs can be an important factor in improving overall educational/developmental outcomes for young children. Measuring the availability and capacity of programs is difficult, particularly in rural areas where programs may be offered but inaccessible to individuals without access to transportation. Further, offering a program does not guarantee that the general public will be aware of a program's existence. The following charts provide an overview of the basic family support services available each county in Nevada as well as the availability of similar programs available specifically for children from birth to age 5. To find these sources, NICRP staff reviewed the resources available online through searches on the internet and social media sites. While family support services in the urban counties of Clark and Washoe were accessible through digital and physical media, knowledge of services in rural counties were not as readily available. For many rural counties, the only listing for a family support service or support for children under 5 was through a self-moderated Facebook page or individual's post in review or referral pages (such as Google reviews). Many of these services, when contacted, had closed or lost funding since the date of their listing.

Table 19: Availability of Family Support Services in Nevada by County

County	Emergency Economic Assistance	Food Assistance	Healthy Nutrition Assistance	Job Training for Low Income Families	Maternity Support	Parenting Classes
Carson City	X	X	X	X	X	X
Churchill	X	X	X		X	X
Clark*	X	X	X	X	X	X
Douglas	X	X	X			X
Elko	X	X	X	X	X	X
Esmeralda						
Eureka		X				
Humboldt	X	X		X	X	X
Lander						X
Lincoln	X	X		X		
Lyon	X	X	X	X		X
Mineral	X	X	X			
Pershing		X				
Nye	X	X		X		
Storey		X		X	X	X
Washoe*	X	X	X	X	X	X
White Pine	X	X	X	X		

Note: *While services are available in each of the categories, services are still not available or affordable for all.
Source: NICRP analysis of family support services available via public agency websites.

Table 19. 1 Availability of Family Support Services by County, Continued

County	Substance Abuse Prevention	Support for Abuse Survivors	Teen Pregnancy Prevention	Temporary Homeless Housing Assistance	Transportation Assistance	Out of School Time Programs (K-12)	Youth Health Education Programs
Carson City	X	X	X	X	X	X	X
Churchill		X		X	X	X	X
Clark*	X	X	X	X	X	X	X
Douglas		X		X	X	X	
Elko	X	X	X	X		X	X
Esmeralda							
Eureka			/			X	X
Humboldt		X	/			X	X
Lander		X	/			X	
Lincoln				/	X		
Lyon	X	X	X	X	X*	X	X
Mineral		X				X	X
Pershing		X	/			X	X
Nye	X	X	X	X		X	X
Storey		X	/			X*	X
Washoe*	X	X	X	X	X	X	X
White Pine			X		X	X	X

*Note: *While services are available in each of the categories, services are still not available or affordable for all. / indicates a service is provided by another county.* Source: NICRP analysis of family support services available via public agency websites.

Table 20: Availability of Family Support Services Specifically with Children Birth to 5 by County

County	Early Childhood Recreation Facilities	Assistance for Children with Disabilities	Early Childhood Parenting Programs	Early Childhood Literacy Support
Carson City	X			
Churchill				
Clark*	X**	X**	X**	X**
Douglas		X		
Elko		X	X**	X**
Esmeralda				
Eureka			X	X**
Humboldt				
Lander	X		X	X
Lincoln				
Lyon			X	X**
Mineral		X		
Pershing			X	X
Nye				
Storey			X	
Washoe*	X**	X**	X**	X**
White Pine			X	X

Note: *While services are available in each of the categories, services are still not available or affordable for all.
** Services available for specifically for children 0-2 years old
Source: NICRP analysis of family support services available via public agency websites.

PARENTAL AND COMMUNITY PERCEPTIONS OF NEED IN NEVADA

NICRP staff planned and hosted several community focus groups with caregivers and community stakeholders to obtain the community perceptions of need in Nevada. In addition, a survey was distributed to parents and caregivers to gather additional information. Questions focused on access to early care and education, access to healthcare and other community resources, community supports for families with young children, and awareness of community resources. Please see Appendix C and D for more details on the methods and participation for the focus groups and the parent and caregiver survey.

Participants were asked to discuss the types of services that were available in their communities and, like most programs in Nevada, participants reported availability of services varied considerably throughout the state; for example, Women, Infants & Children (WIC) supplementation was commonly identified by parents as a helpful/important service, however, WIC offices do not exist in all areas of Nevada. Similarly, the availability of crisis intervention services – particularly mental health and domesticate violence programs – was mentioned in major urban centers, but parents identified these services as lacking in the rural areas.

"For babies, just going on walks with your children would be nice…but we have a shortage of sidewalks in Winnemucca."

Parent, Winnemucca Community

Community Activities for Young Children

Parents and stakeholders reported few age specific activities for children aged 0-5. These activities included preschool/pre-k activities, story time (at local libraries), annual holiday events, and aquatic facilities; however, the minimal community activity offerings differed by region/city, and perhaps highlights the fact that there are few community activities for children in this age group. Many participants in both stakeholder and parent groups discussed that sports provided a major activity for many children in town, however they also acknowledged that many children under 4 were not permitted to join a sports team and some would not be interested or would not be able to afford participation. Therefore, alternative activities were needed. In addition to the above responses, participants felt that families with children in the 3 – 5 age range needed more flexible child care centers with extended hours in their communities. Participants also wanted breastfeeding consultation support for families with children aged 0 – 2.

Several communities mentioned there were no indoor facilities available to host any kind of recreational children's activities, particularly physical activities. In Tonopah and Pahrump (Nye County) there were no indoor child care centers, which child care providers said was a "particular problem for kids in the summer" due to frequent heat warnings. Some communities do have access to story time (at local libraries), community centers, and aquatic facilities; however, some communities – such as Pioche and Caliente (Lincoln County) – lack story times and swim lessons at the aquatic facility. Although splash pads were mentioned several times as places where participants take their children for a fun activity, some participants pointed out that a splash pad is not enough and many participants across the state mentioned the importance of more engaging and educational activities. In places like Battle Mountain (Lander County), even the splash pads are not free, making even the few activities that are available inaccessible to some participants with multiple children.

Funding for activities was mentioned in almost all discussion groups as a barrier especially for low income families. While some activities do exist, they often cost money or require the ability to drive long distances to adjacent towns. Another barrier mentioned by parents in some communities was the lack of a safe place to conduct activities with children. In Winnemucca, the lack of sidewalks discourages participants from going outside with their infants to walk around the park. "For babies, just going on walks with your children would be nice…but we have a shortage of sidewalks in Winnemucca."

The need for mom/family groups was also mentioned by parents across the state. Parents would like to have a space where they can engage with other parents of children around the same age as theirs and support each other. Parents also suggested that their communities could benefit from having classes on how to use technology with your child, classes for grandparents who are raising children, family leadership classes, and classes where the participants and the kids can learn together. Parent and caregivers that responded to the survey indicated that they would like to see more parenting classes, support groups, and job training.

In Reno, Elko, and Ely, participants mentioned that winter was a difficult time to find activities. Specifically, Ely and Elko mentioned that having an indoor facility would be of great benefit for families of young children. In Las Vegas, participants would like more summer programs with educational components because there are many unsupervised children during the summer since their participants work. One of the moms from the Spanish focus group in Las Vegas mentioned that having Zoom (extended school year) really helped her child to retain the information he learned during the traditional school year.

Awareness of Services in the Community

While there is a lack of services in many communities, particularly rural communities, spreading awareness of the resources that do exist is also a challenge. Parents, and sometimes providers, report that they are rarely aware of the services that are available. A social service provider in Mesquite (Clark County) stated that "I don't think our clients know anything about these programs most of the time." Similarly, a social worker in Tonopah expressed her frustration that many of her clients say they "didn't know" that their child could go to preschool; additionally, that same social worker also reported that sometimes she sometimes hears of programs that she "didn't know existed."

Most stakeholders and parents report that – in their experience – information spreads predominately via "word of mouth" and social media. In most communities, stakeholders can quickly identify the social media platforms and social media groups that are most commonly utilized by parents/families located in the community. In addition, searching the internet is also a common method to search for services.

In Fernley, parents expressed that while searching websites was a common way to find information, there was a need to simplify the websites that contain information on community resources. Participants stated that it is very complicated to navigate the websites to find resources in current government organization or agency websites. Having a website that is accessible, easy to use, and that combines the services that are available would ensure that participants throughout Nevada are aware of these services and able to find the resources they need.

Still, there are other notable avenues from which parents receive information. Two pre-school teachers in Caliente (Lincoln County) stated that placing flyers throughout town (on buildings, at the post office, etc.) is an effective way to spread information in their small community. In Tonopah, a small community located in Nye County, a child care provider informed us that there are annual events in which the entire town communicates and participates. Participants from Virginia City stated that the local community radio is a good source to find information about services, "We shouldn't overlook the radio, especially here when you drive so long, or drive an hour, you are listening to the radio." This suggests that, while word of mouth and

social media are popular ways to spread information, effective outreach should still consider locally specific options. Further, stakeholders believe that parents are sometimes made aware of care/education opportunities via flyers or consultations with social services, highlighting how cooperation between agencies/services is still an important means of sharing information. This was confirmed by parents and caregivers who listed this as a suggestion in the results of the parent and caregiver survey.

RECOMMENDATIONS FOR FAMILY SUPPORT & COMMUNITY ENGAGEMENT IN NEVADA

Based on data collected on Family Support programs across Nevada, the following recommendation have been developed:

Increase support for Collaborative Family Support Programs: Consider increasing funding programs that operate in conjunction with other evidence-based services for vulnerable families, such as home visiting or programs that combine parent education with center-based education.

Expand Family Support Services: Provide additional funding and resources for existing family support programs or create new family support programs in communities where these programs are limited or under resourced. Many barriers exist for families to access services that need to be addressed. For instance, families lack transportation, services are not offered at convenient times especially for shift workers, support programs may not offer all the supports needed to be successful in a program (i.e. child care is not available for those in employment training programs, or WIC programs only have appointments at certain times and some parents cannot get time off of work to attend those appointments), and finally many communities are lacking support services and programs for families including social supports, crisis services, as well as programs for children, especially those under 3 or those with disabilities.

Ensure Cultural Sensitivity in Developing Family Supports Programs: Consider demographics and culture in designing supports for entire families, particularly those from vulnerable populations. Due to the large populations of vulnerable and unique families, it is important for providers to be thoughtful in providing care for every family. Many one-size-fits-all approaches prove to be ineffective for racial and ethnic minorities such as Hispanic/Latino families and Tribal families especially those in rural communities. In addition, this approach should also be used for other family support programs that focus on services for families experiencing homelessness, substance abuse, and poverty.

Develop One-Stop Shop Centers to ensure families receive the supports they need: Family support providers should implement a cohesive, data driven approach to increase effectiveness of interventions, limit duplication of effort, and decrease burden on families to have to navigate multiple systems that offer the same service. This approach will also provide relief for vulnerable families who have conflicting work obligations, those who do not have reliable transportation, and those who are unable to travel regularly due to other health related circumstances. In addition, coordination at local levels should be supported with greater urgency to ensure organizations are aware of work being done in their communities. Consider analyzing and piloting one stop shop approaches to assist families with time and transportation limitations by providing multiple services in one location.

PART 3. ASSESSING CHILD & FAMILY HEALTH

Research from the Annie E. Casey Foundation shows that women who have access to adequate health care before, during, and after childbirth have healthier children (The Annie E. Casey Foundation, 2019). Unfortunately for many families in Nevada, prenatal care may come too late to prevent a number of serious child health issues. In order to prevent future instances of child health problems, which often lead to lifelong health issues, greater focus should be paid to improving the quality and availability of health care for children and families.

This section, Assessing Child & Family Health, includes research as well as parental and community perceptions of health care needs in Nevada. The following topics will be explored that lead to the final recommendations for child and family health in Nevada.

- ✓ **Children's Health Programs and Related Supports**
- ✓ **Capacity of Health Services**
- ✓ **Parental and Community Perceptions of Child and Family Health Needs**
- ✓ **Recommendations for Child & Family Health**

CHILDREN'S HEALTH PROGRAMS AND RELATED SUPPORTS

Good health is key for academic achievement. Children with healthcare insurance, who have greater access to regular medical care, have an easier time focusing during class, participate more in activities and are not absent from school as often. In addition, children who are born underweight because of various causes such as lack of prenatal care and pre-birth stress, have an 80% chance of being in a special needs program in school (Tanata Ashby & Haboush, 2010).

Every child in Nevada should have the opportunity to grow up healthy. To be healthy, children and families need:

- High quality and on-time prenatal care.
- Access to high quality, affordable health care, including oral health and mental health.
- On-time, recommended childhood immunizations.
- Access to food that supports good nutrition, including an adequate supply of fruits and vegetables.
- Communities that provide a safe place to run and play, offering ample opportunities for physical activity.
- Access to information to make healthy decisions regarding nutrition, physical activity, chronic disease prevention, avoidance of risky behaviors and overall well-being.

Too often, families forego these essential care services due to lack of medical coverage and the high cost of care. Neglecting a child's basic health care needs can contribute to health problems and higher costs as they grow. As of 2018, Nevada ranks 45th in the percentage of children without health insurance, 51st in the percentage of those who have a quality medical home, and 48th in patient-to-provider ratios (Children's Advocacy Alliance, 2018).

Healthcare that supports children and families includes prenatal care, and pediatric care for physical and dental health, and mental and behavioral health. Programs that increase access to these services include but are not limited to those that provide financial assistance for care such as the state Children's Health Insurance

Program (Medicaid and Nevada Check Up) and the Silver State Exchange, as well as those services that connect families to care such as home visiting programs, community health workers, insurance navigators, family resource centers, and other social service programs as discussed in the family support section.

CAPACITY OF HEALTH SERVICES

Access includes both affordability and an adequate provider pool to ensure services within a reasonable timeframe. While the uninsured rate has been reduced over the last several years, it does not alone create access if there are no providers available. Historically, Nevada has had difficulty retaining a sufficient number of quality physicians (Packham & Griswold, 2020).

A ranking of the best and worst states for healthcare was completed in 2018, finding Nevada to be 47th in affordability, 50th in availability, and 28th in healthcare results (Renew Bariatric, 2019). There are more than 675,000 children under age 18 in Nevada and nearly 2,800 of those children do not have access to a provider who sees children within their own community (Table 14). In other counties, individual providers who can see children may be responsible for as many as 780 patients per provider (Lyon County; see Table 21). Providers included in these statistics compare physicians, resident physicians, physician's assistants, and advanced practice registered nurses (which include nurse practitioners). This shortage of providers also includes mental health providers.

A recent report from Mental Health American ranks Nevada 51st in the nation in regards to children's overall mental health. A statewide shortage of available mental healthcare providers yields a ratio of 1 provider for every 580 individuals in the state (Nguyen, Hellebuyck, Halpern & Fritze, 2017). However, this number does not provide a complete picture of the mental health workforce. For instance, not all mental health providers in the state have the expertise to treat youth ages 12-17 and even fewer treat children under the age of 5.

Table 21: Number of Licensed Practitioners that Serve Children by County

County	# of Children < 18[1]	# of providers who can see children*	# of Adolescent & Child Psychiatrists[2]	# of Mental Health Professionals[1]
Carson City	11,145	32	0	112
Churchill	5,586	10	0	26
Clark	499,750	654***	21	2060
Douglas	8,545	16	1	72
Elko	14,499	23	0	28
Esmeralda	202	0	1	0
Eureka	406	0	0	0
Humboldt	4,677	11	0	12
Lander	1,613	0	0	2
Lincoln	981	5	0	5
Lyon	11,569	15	0	35
Mineral	920	2	0	0
Nye	7,392	28	0	18
Pershing	1,127	4	0	1
Storey	463	0	0	4
Washoe	99,077	404	23	1124
White Pine	2,050	6	0	7
Total	670,002	1,210	46	3506

* Providers from all counties other than Clark were identified through the Centers for Medicare & Medicaid Services database and an internet search. Providers include general practitioner, family practitioner, APRN, or physician's assistant. Providers were confirmed by phone that they see children aged 0 – 17.

*** Southern Nevada Health District data; includes only licensed physicians, not physician's assistants, APRNs, or RNs.

[1] U.S. Census Bureau, American Community Survey, 2013-2017 5-Year Estimates; [2] American Academy of Adolescent & Child Psychiatrists Workforce, 2019

PARENTAL AND COMMUNITY PERCEPTIONS OF NEED IN NEVADA

NICRP staff planned and hosted several community focus groups with parents, caregivers, and community stakeholders, such as teachers, librarians, social workers, WIC administrators to obtain the community perceptions of need in Nevada. Questions focused on access to early care and education, access to healthcare and other community resources, community supports for families with young children, and awareness of community resources. Please see Appendix C for more details on the focus group methods and participation.

One social service provider in Mesquite (Clark County) said that "they won't even admit children in the hospital here."

Access to Healthcare

Prenatal Care

Many of the rural stakeholders and parents stated that there was no prenatal care available in their communities. One stakeholder in Pahrump (Nye County) mentioned "We have a lot of people that schedule C-sections because you have to drive an hour and a half to get to Vegas when you go into labor." These types of reports were common, with one healthcare professional in Tonopah (Nye County) openly telling us "prenatal care is… lacking at the local level because I don't deliver babies." Stakeholders report that individuals living outside major urban areas (primarily Las Vegas and Reno) have become accustomed to traveling to receive medical care; one social service provider in Mesquite (Clark County) said that "they won't even admit children in the hospital here." The labor and delivery department in Mesquite was closed and participants from this focus group feel that this was an effort to ensure it remains a retirement community. Women in search of prenatal care have to drive out to a bigger city, which can be expensive as they have to pay for gas and lodging if needed. One participant living in Winnemucca (Humboldt County) stated that she frequently drives two hours to Reno for prenatal care, she added that "when you are pregnant you get tired from driving so much." Similarly, one participant in Hawthorne (Mineral County) indicated that, due to a lack of local care, she made weekly drives to Reno to see her physician, a 2.5 hour trip each way. Receiving access to prenatal care is nearly impossible for women with no access to transportation, especially since many rural areas have no public transportation.

Results from the parent and caregiver survey displayed similar findings. The majority of the participants that responded to this survey felt that it was easy to obtain prenatal care. However, 22.4% indicated that they had some difficulty obtaining prenatal care. The primary difficulties participants had in receiving prenatal care included:

- Provider's offices required substantial travel (e.g., one participant reported the nearest OBGYN office was 80 – 100 miles away, and another reported driving for 1 ½ - 2 hours to visit their provider).
- Closest providers were out of state
- Cost of services
- Lack of health insurance.

Pediatric Care

Parents, teachers, and providers discuss that there are often primary care doctors or nurse practitioners available in rural communities; however, specialized or advanced treatment of any kind often requires patients be referred to a distant hospital. One stakeholder in Tonopah (Nye County) told us that individuals "go to either Pahrump, Bishop [located in California], or Las Vegas depending on their insurance" requiring drives of 2-3.5 hours. Similarly, a stakeholder in Caliente (Lincoln County) said "There's a general doctor here in Caliente, but if you need a pediatrician or something you drive to Utah [3 hours away]." This creates an extra expense for families because, aside from the cost of transportation, participants often have to take time off from work to visit these far away doctors.

Results from the parent and caregiver survey displayed similar findings. Approximately 1/3 of the respondents (30.6 %) indicated that they had difficulty accessing care for their young child. Difficulties included long travel times, having to visit providers out of state, cost of appointments, and lack of health insurance. Some participants also indicated that wait times to get an appointment were an issue, with one saying appointments were "booked too far out."

Ideally, many participants would like more in-person medical services to become available in their area. Some communities do have access to Telehealth services but, because it feels impersonal, many participants thought it was a less effective way to receive healthcare; one participant in Winnemucca (Humboldt County) told us that "There are a lot of those tele-doctors… you can chat with them via Skype, but that never works well." Further, some participants in Rural Nevada were open minded to using a mobile health clinic in areas where pediatricians are not regularly available. In Dayton (Lyon County), it was mentioned that a mobile clinic exists but, due to barriers in laws and policies, the mobile clinic does not provide services to the community. Also, many parents and stakeholders specifically mentioned that mental health services were lacking for children.

Developmental Education/Screenings

Stakeholders indicate that rural communities struggle to properly locate and assess all children within their communities to determine which are at risk of having developmental delays. In general, there was a consensus that a number of developmentally delayed children living throughout the state were likely not being identified or screened for interventions/therapy. Members of the Lyon, Storey, Mineral Counties ECAC group expressed their concern that children were "slipping through the cracks" on a "daily" basis. Similarly, a child care provider in Virginia City (Storey County) stated that "Nevada Early Intervention is doing a great job, but they're certainly not going door to door." A number of stakeholders identified pediatricians and primary care doctors as the primary point for identifying children that might have developmental delays or cognitive disorders, one health practitioner in Tonopah (Nye County) told us "I think sometimes parents aren't aware [that their child is developmentally delayed] until they show up at your door, and then you make them aware." Similarly, one WIC representative in Pahrump (Nye County) stated "if they're in WIC, a lot of times they'll talk to the WIC ladies and rely on pediatricians [for information regarding healthy childhood development]."

Child care providers also expressed their desire to be more involved in screening for and identifying children with developmental delays, one Head Start instructor in Ely (White Pine County) specifically mentioned that "we need more tools, supplies, and backpacks for BRIGANCE testing." However, child care providers with the Lyon, Storey, Mineral Counties ECAC group highlighted how screening for developmental delays wasn't enough, one member stated "We can identify [a developmental delay], but what do we do once we identify? There's not enough resources to refer them to."

In the parent focus groups, participants were asked how they learned about appropriate child development and the resources available. Participants in these groups often mentioned the use of social services and other agencies to receive information on development, from sources such as Community Chest, WIC, Head Start, and Family Resource Centers. Many participants across the state mentioned using apps (such as "Milestone

Tracker", "Wonder Weeks", and "What to Expect") to help monitor their child's developmental milestones; one mother living in Carson City told us "Wonder Weeks is really helpful for us, it tracks their progression and where they are at typically in brain development."

Participants do not consistently rely on pediatricians for information regarding child development. Parents commonly reported that they had to be "pushy" or "dig" for pediatricians to share useful information, while other participants indicated they had outright negative experiences with pediatricians. The parents that completed the survey were asked if the child's doctor had ever discussed the child's development with them. The majority of the participants that answered this question (80%) indicated that the doctor had discussed their child's development with them, however some participants (8.7%) indicated that the child's doctor had not discussed child development with them, and just over 11 percent (11.3%) indicated that the child's doctor only discussed child development if they asked.

> *"Mi hija no habla muy bien ahorita y me preocupa. Ya debería de estar hablando. Le comenté al doctor y me dijo que eso es normal y que no me preocupara, pero yo siento que mi hija necesita ayuda y no se a dónde ir por apoyo."*
>
> *[English: "My daughter does not speak much right now and worries me. She should already be talking. I told the doctor and she told me that this is normal and to not worry, but I feel that my daughter needs help and I do not know where to go for support."]*

Some parents were not satisfied with the information provided by their healthcare provider on development. One participant in Winnemucca shared her experiences and concerns with us:
Many parents described impersonal and uninformative interactions with physicians; one participant in Elko explained that interacting with pediatricians "was mostly like checking boxes… she would go and say, 'Is she making ____? Does she roll over?' It was like 'okay all the boxes are checked' but there wasn't anything to say about it." This participant – like many others – sought information on childhood development at the WIC office and from apps, "I have apps to make sure she is on track and everything, but it didn't come from that source [the pediatrician]." Overall, this interaction exemplifies why many parents and stakeholders desire more involvement from pediatricians, and other supporting agencies, to assist families with assessing the developmental milestones.

RECOMMENDATIONS FOR CHILD & FAMILY HEALTH

Based on data collected on Child & Family Health across Nevada, the following recommendation have been developed:

Develop comprehensive Child and Family Health Data System: Data development and collection should be conducted regularly, and data should be available to help health care providers as well as policymakers and providers determine the solutions needed to address the child and family health services gap. Prioritizing data collection that allows policymakers, advocates, and agency staff to accurately assess the number of children which licensed care providers serve will help drive changes in the coming years. In addition, this data should be disaggregated by each year of age under 6 and by other demographic subgroups such as disability, poverty status, race and ethnicity to enable providers to better support each family's unique needs. Collecting local child and family healthcare data in a clear, concise and safe manner can help provider networks and monitoring agencies design effective interventions to ensure they are meeting the needs of families.

Implement Strategies for Pediatric Patient Referrals: Enhance screening/assessment infrastructure for early detection of development, social, emotional, mental, or behavioral health needs. Consider implementing no-wrong door/one-stop shop approach to help families and other referral sources such as child care providers, successfully navigate the system and make referrals across systems. In addition, consider integration of behavioral and primary care to support increased service availability, allowing families to receive services in the communities.

Recruit more child and family health care providers to Nevada: The State should work more collaboratively with providers currently in Nevada and those with linkages outside of Nevada to address the provider shortage especially in rural areas. The approach may include implementing residency programs or other educational experiences in coordination with national health education institutions to attract medical/dental/mental health providers to vulnerable communities.

Develop guidelines for creating trauma-informed ECCE programs and schools: An increasing number of ECCE providers and school districts are expressing interest in addressing the needs of students affected by trauma in order to improve their educational experience and to improve their well-being. ECCE providers need guidance about how they can best ready the school system and staff to responding to children's trauma at school. These programs will empower teachers to identify and respond to children who have experienced violence, and to teach empathy, non-violence and conflict resolution via their course content. Tested guidelines and recommended best practices would benefit the field.

Support and expand high-quality child care services as an employment benefit: When parents have access to high-quality child care and are able to leave work to take care of newborn or sick children as needed, parental stress can be reduced and parenting strategies can be enhanced. High-quality child care services for working families should be supported and expanded. This benefit should also be incorporated into maternal and parental leave policies. Continued evaluation of the impact of more generous leave policies and the availability of high-quality child care should also be considered.

SECTION 4. EARLY CHILDHOOD SYSTEM IN NEVADA

RECENT HISTORY OF ECCE IN NEVADA

In 2018, the Bipartisan Policy Center (BPC) conducted a state by state analysis to the progress of states toward improved integration and governance in ECCE programs. Their analysis is based on the premise that "better program alignment and coordination matters to outcomes because it (a) affects how readily families can access services; (b) maximizes ECCE benefits by leveraging scarce public resources more efficiently; and (c) promotes better monitoring and oversight to identify service gaps and target continued improvements in program design and delivery" (BPC, 2018). Unfortunately, results of this analysis indicate that Nevada is ranked 42nd out of 50 states.

Despite this low ranking, Nevada has made significant improvements in ECCE and is working more collaboratively within and across agencies. In order to understand the current state of early childhood in Nevada, it is helpful to review some of the key changes that have happened over the past 10 years. Nevada has made tremendous strides in increasing resources to support young children and their families. The following highlights some of the factors that had a significant impact on the current state of ECCE in Nevada today.

2009 AND 2010 ESTABLISHMENT OF THE NEVADA EARLY CHILDHOOD ADVISORY COUNCIL (NECAC)

The Nevada Early Childhood Advisory Council (NECAC) was established by executive order of the Governor in 2009 and put into statute in 2013. The NECAC's purpose is to provide monitoring and guidance and reports directly to the State Superintendent. Legislation was passed in 2013 that revised the provisions of the statute defining the NECAC's role and membership, in order to promote better alignment and cross-agency coordination related to Nevada's early childhood system.

The NECAC provides a formalized structure to support coordination with local ECACs and other critical entities (e.g. P-20W Advisory Council, NevAEYC) with a role in the implementation of the current version of their strategic plan (Kauerz & Burnham, 2019).

Membership of this council includes a diverse group of business, community, education, government, non-profit, parent, and provider representatives that are appointed by the Governor and which follow the Head Start Act requirements for State Advisory Councils. The required members include:

(a) One member who is a representative of the Health Division whose duties include responsibility for child care;
(b) One member who is a representative of the Department of Education;
(c) One member who is a representative of the Department of Education whose duties include responsibilities for programs under section 619 or part C of the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400 et seq.;
(d) One member who is a representative of the boards of trustees of the school districts in this State;
(e) One member who is a representative of the Nevada System of Higher Education;
(f) One member who is a representative of local providers of early childhood education and developmental services;
(g) One member who is a representative of Head Start agencies in this State, including, without limitation, migrant and seasonal Head Start programs and Indian Head Start programs;
(h) One member who is appointed or designated pursuant to 42 U.S.C. § 9837b(a)(3)(A) (Head Start State Collaboration Director);
(i) One member who is a representative of the Aging and Disability Services Division of the Department;
(j) One member who is a representative of a nonprofit organization located in southern Nevada that provides early childhood education programs;
(k) One member who is a representative of a nonprofit organization located in northern Nevada that provides early childhood education programs;
(l) a representative of the pediatric mental, physical or behavioral health care industry (added during the 2019 Legislative session) ;and
(m) Such other members as the Governor determines are appropriate.

In 2010, Nevada was awarded $787,000 from the Office of Head Start on behalf of the Nevada Early Childhood Advisory Council (NECAC). This funding supported:

- A statewide analysis of the availability and accessibility of quality early care and education programs in Nevada
- The development of a focused and actionable strategic plan that reflects stakeholder input about statewide and regional priorities for enabling children, families, communities and providers to meet Nevada's school readiness goals
- Local Early Childhood Advisory Councils (local ECACs) in order to promote local strategies to serve all young children and their families, including those with high needs, through community-based supports.

In addition to the NECAC-led projects/investments mentioned above, the following resources were awarded to NDE by private entities to support Nevada's ECE initiatives:

- **Nevada Birth-3rd Grade Policy Academy Grant and Technical Assistance** – aimed to improve learning outcomes from early childhood through third grade.
- **The Council of Chief State School Officers (CCSSO) KEA Technical Assistance Grant** –to facilitate implementation of the kindergarten entry assessment.
- **Striving Readers** which Nevada included P-3 initiatives as a core element to the plan for increasing literacy and language skills for children from birth to five years.

2011 FIRST CHILDREN'S WEEK AT NEVADA STATE LEGISLATURE

After the recession, organizations that served children and families worked harder to collaborate for an increased investment in children and families. The goal was to advocate together for all services for children and families to increase funding rather than a continued divide of the minimal funding available. Over 40 different programs supported this opportunity to educate legislators on state of Nevada's children. In addition, families attended children's week to share their experiences with state leaders. Children Week has continued to occur each legislative session to keep a focus on the improvement needed for children and families.

2013 STATE LEGISLATIVE SESSION – FUNDING INCREASE FOR READ BY GRADE 3 INITIATIVES

In the spring of 2013, the state's budget allocated more than $80 million dollars to initiatives designed to have children reading by the end of third grade as improved early literacy was seen by the Governor as a critical measure for improving Nevada's overall education outcomes. The Governor's executive budget included new financial investments in early learning and development programs across the state for programs such as:

- creating or expanding high quality, developmentally appropriate Pre-K programs that increased enrollment of children who are limited English proficient,
- funds allocated to expand Full Day Kindergarten (FDK) in all counties/school districts in the state.
- a one-time appropriation focused on improving school readiness, and funding for Phase I implementation of Silver State KIDS (Kindergarten Indicators of Developmental Status) to assess children's developmental status upon kindergarten entry,

2013 STATE LEGISLATIVE SESSION – RESTRUCTURING EARLY CHILDHOOD EDUCATION DEPARTMENTS

In addition to the new funding and regulations presented above, in 2013 the Governor supported the restructuring decisions that were made by NDHHS and NDE. These decisions designate NDE as the lead entity for Nevada's early childhood system, and reposition two key ECE offices from NDHHS (namely, the Head Start Collaboration and Early Childhood Systems Office and the Office of Early Care and Education) to NDE, in what is now the Office of Early Learning and Development. The purpose of this restructuring was to support better early learning and development outcomes in Nevada by creating better alignment of the funding, policy, and monitoring functions and resources that directly support quality improvement for programs and educators. This reorganization was responsive to input from ECE stakeholders, providers,

educators, intermediaries, private sector partners, and especially the families of Nevada's young children – who have all voiced the need for a more coordinated and aligned early childhood system.

2015 STATE LEGISLATIVE SESSION – STATEWIDE FUNDING FOR FULL DAY KINDERGARTEN

Although state-funded, full-day kindergarten was approved for the first time in 2005, districts were not required to implement as it was not fully funded. There were several unsuccessful efforts to expand full-day kindergarten. Finally, in the 2013 session, as the economy was improving, funding for this program doubled and in 2015, the program was approved to be expanded statewide.

2017 AND 2019 STATE LEGISLATIVE SESSIONS – CONTINUED INVESTMENTS IN ECCE

During the 2017 and 2019 legislative sessions, financial investments in early childhood continued.

- $34.1 million more in funding for Nevada's child care subsidy program to serve an additional 1,800 children. (2017)
- $1.1 million allowing over 60 child care providers to receive coaching and be rated through the Nevada Quality Rating and Improvement System. (2017)
- Gov. Steve Sisolak funded the continuation of current prekindergarten programs to supplement for the expiring federal grants so the growth from the PDG grant is not lost. (2019)

Several new laws were also set that are aimed to increase the quality of ECCE in Nevada. These include the following:

- Became in compliance with Federal Child care background check requirements as specified in the Child Care Development Block Grant Act of 2014. (2017)
- Established the Nevada Institute on Teaching and Educator Preparation - a highly selective program for university students wanting to teach early childhood, K-12 or special education. (2017)
- Created a new category of child care providers, Small Child Care Establishments, for those serving less than 5 children and allowing these providers to receive background checks (2017)
- Increased training and safety requirements for all child care employees and providers. (2017)
- Assembly Bill 234, as passed, requires the Nevada Division of Welfare and Supportive Services to work to increase the amount of child care providers willing and able to care for children with a documented disability. Additionally, the bill allows for parents currently receiving subsidy assistance to continue receiving the assistance if they return to school. (2019)
- Senate Bill 84, as passed, allows for and provides guidance to the Department of Education to oversee and manage the Nevada State Pre-k program (2019)
- Assembly Bill 194 added an additional member who is a representative of the pediatric mental, physical or behavioral health care industry to the Early Childhood Advisory Council. (2019)

In addition to direct investment in ECCE, the state has also made other improvements will support increasing the well-being of children and families. By focusing on the whole child and family, the benefits from accessing quality ECCE will be maximized. Some of the related bills that pass in the 2019 session include the following:

- Assembly Bill 326, allows for qualified businesses to receive a tax credit if they provide fresh food to individuals living in food deserts or with limited access to fresh food.

- Assembly Bill 498 expanded the amount of resources effective providers are eligible to receive in order to help raise and support foster children in their care.
- increases the state minimum wage to $12 an hour by July 1, 2024.
- requires businesses with 50 or more employees to provide paid sick leave to their employees.
- appropriated $5 million for the state to conduct outreach and educational activities to increase participation in the upcoming 2020 Census.
- Assembly Joint Resolution 6 urged Congress to remove the citizenship question from the upcoming 2020 Census.

EARLY CHILDHOOD SYSTEM AND COLLABORATIONS

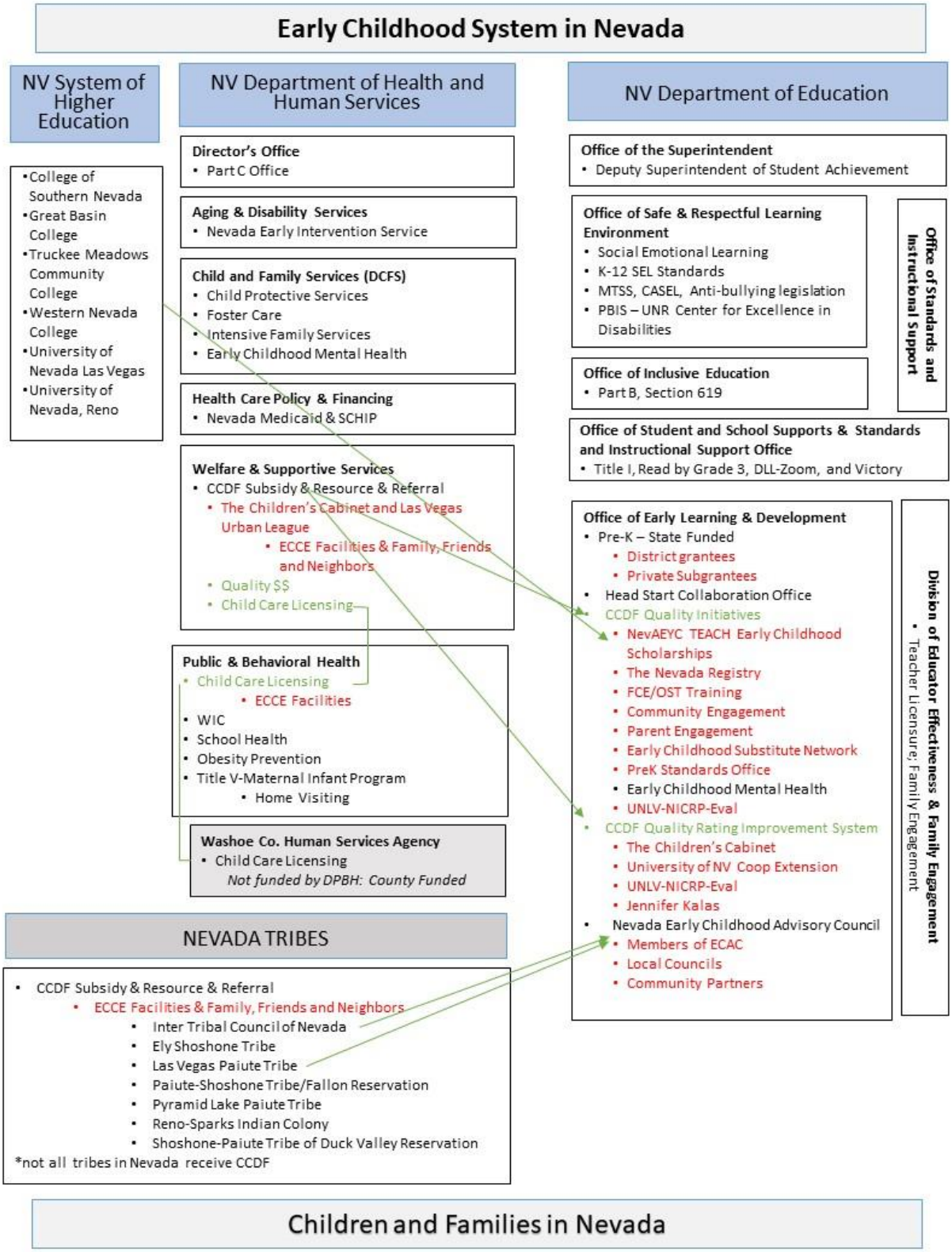
In order for children and families to thrive, supports need to address the whole child and family including not only care and education, but physical and mental/behavioral health, food, housing, and employment. It is important that the early childhood systems have collaborations in each of these sectors to properly support families.

Figure 6 provides a high-level overview of the ECCE governance and partnerships in the state. In the state of Nevada, the two key state departments that oversee programs related to early child care and education are the Department of Education and the Department of Health and Human (DHHS) Services. Within the Department of Education resides the Office of Early Learning and Development which oversees the Head Start Collaboration Office, the State Pre-K Program, and the Office of Early Care and Education, which administers CCDF quality dollars that fund Silver State Stars QRIS, the Pre-K Standards Office, T.E.A.C.H. Early Childhood® Nevada, the Nevada Registry, and the Nevada Early Childhood Advisory Council.

The purpose of the NECAC is to strengthen state-level coordination and collaboration among the various sectors and settings of early childhood education programs in Nevada. The NECAC has taken several steps in order to fulfil this purpose. For instance, the NECAC meeting agenda attempts to provide information and updates on programs and initiatives that impact families. The Council also has three standing subcommittees to improve the functioning of a comprehensive early childhood system. These include Early Learning, Family Supports and Community Engagement, and Child and Family Health. These subcommittee are chaired by members of the NECAC but are inclusive of key community partners that are intricately involved on making progress on the NECAC strategic plan. Finally, the NECAC invests significant time and effort into the strategic planning process to maximize collaboration to successfully guide and improve ECCE systems for all young children and families. The NECAC is currently on the second strategic plan which spans from 2018-2021. This plan includes goals, strategies, actions, measurable outcomes, and timelines built into action plans that accompany the larger plan.

While Nevada still has room for improvement with regards to collaboration, organizations in the state have made significant progress over the past 10 years to combine efforts under or alongside of the NECAC to reduce redundancy and increase effectiveness.

Figure 6: Nevada Early Childhood Education and Care System



Source: Figure adapted from Kauerz, K. & Burnham, M. (2019)

The current needs assessment examines documents to determine how different state-level service agencies interact with early childhood systems and have goals that related to ECCE. NICRP used this analysis to develop recommendations on enhancing systems work in the state.

First, six needs assessments from different state agencies were examined to determine areas of overlap and potential collaboration (see Table 22). Results from this review indicate that families in the children welfare system, Head Start programs, those in employee training programs, and those receiving Part C services report facing barriers similar to barriers addressed in the NECAC strategic plan. These barriers include a lack of child care, mental and physical health care services, and other supportive services in all areas of Nevada. Homelessness and housing also continue to be expressed as barriers for families. Currently, child welfare, housing agencies, and employee training agencies do not regularly participate at the NECAC although some representation might be consistent at local levels (e.g. one housing partner regularly participates at the southern Nevada local council meetings). These agencies offer key services to families in the community and efforts should be made to increase collaboration on a more regular basis. Lastly, the NV DHHS Office of Community Partnerships and Grants found similar barriers in their community needs assessment. This could be a potential driver of grant funding that could support cross agency efforts to address these issues. It is very important that all organizations that serve families understand our common barriers to success to determine how they fit within the early childhood landscape leading to increase meaningful collaborations.

Table 22: Community Barriers Based on Various Needs Assessments

REPORT	EARLY LEARNING	FAMILY SUPPORT	HEALTH
Child and Family Services Nevada Statewide Needs Assessment Feb 2018	Affordable child care (evening/24 hour)	Housing, Gambling addiction, Domestic violence	Mental Health Assessments and Services for parents and children are limited as well as Substance Abuse treatment for parents
2013 Nevada Head Start Needs Assessment Report	Limited access to child care services in the tribal communities.	There are not enough service providers to fill the need; Need more support for undocumented families; Need transportation.	Medical, Dental, and Mental Health Services are limited at our rural sites. Families having to travel distance to receive services. co-pays are a barrier to receiving services.
2018 Statewide Community Needs Assessment - Conducted on behalf of the Grants Management Advisory Committee by the DHHS Office of Community Partnerships and Grants	Lack of affordable child care, Limited Pre-K availability	Family Support (e.g., Family Resource Centers, Differential Response, information and assistance, child care) Food Security (e.g., food pantries and food banks, access to nutritious food, nutrition education, SNAP) Support for Persons with Disabilities and their Caregivers (e.g., respite, independent living, positive behavior support)	Health / Mental Health (e.g., tobacco use prevention and cessation, access, cost, immunization, general wellness)

Source: NICRP analysis of existing needs assessments across the State of Nevada

Table 22: Community Barriers Based on Various Needs Assessments Continued

REPORT	EARLY LEARNING	FAMILY SUPPORT	HEALTH
2015 – 2019 NEVADA CONSOLIDATED PLAN FOR HOUSING AND COMMUNITY DEVELOPMENT	Need more affordable child care options; Largest barriers: lack of child care	Largest barriers: transportation, and life skills programs,	Workforce development for critical health care shortages Largest barriers: lack of mental health services
IDEA Part C REPORT	No comments in report.	Early intervention providers do a good job at providing information about other activities and services in the community that may help families (for example, child care, play groups, WIC, etc.).	No comments in report.
NV Employment Training Rehab 2010	No comments in report.	Lack of social services	Lack of healthcare

Source: NICRP analysis of existing needs assessments across the State of Nevada

Second, notes were reviewed from a meeting held in January 2018 that was organized to discuss how to strategically partner to increase the focus and investments on early childhood. The Systems Thinking for Nevada's Future: World Café hosted by NICRP and attended by approximately 60 partners, stakeholders, and community members, revealed several issues that emerged from a full day spent in collaborative dialog. This collaboration assisted in defining issues that are rising across service systems and exposing common needs (Table 23).

Table 23: Identified Gaps/Challenges from the Systems Thinking for Nevada's Future: World Cafe

Rising Issues	
Value/awareness of early childhood education	Funding
Family engagement/ Involvement of ALL parents	Predictability/stability
QRIS	Connected systems
Full day kindergarten	Mental health support
Inclusion	Trauma informed care
Data	Qualified and consistent staff

Source: NICRP analysis of stakeholder responses during Systems Thinking for Nevada's Future: World Café collaborative dialog sessions.

One of the needs that emerged from this groups' discussions was the need for a crosswalk of all agencies and their relation to early childhood so all the organizations could have a better picture of how their efforts aligned. Therefore, staff at NICRP worked to gather existing information in the state to conduct a crosswalk of identified needs and strategies for improvement impacted families with young children, especially at-risk populations. This crosswalk included 43 strategic plans and/or needs assessments across the State (see Table 24).

Table 24: Strategic Plans and Needs Assessments Reviewed

Strategic Plans and Needs Assessments	
Carson City School District	**Nevada Early Childhood Advisory Council**
Clark County School District Pledge of Achievement	Nevada Maternal & Child Health Coalition
Churchill County School District	Nevada Ready! State Improvement Plan
Clark County Children's Mental Health Consortium	Nevada School Wellness Policy
Court Improvement Plan	Nevada System of Care
NVDHHS Child and Family Services Plan (CFSP)	Nye County School District
NVDHHS IDEA Part C	Oral Health Nevada
Douglas County School District	Partners for a Healthy Nevada
Early Childhood Obesity Prevention Plan	Prevent Child Abuse Nevada
Governor's New Nevada Plan	Raising Las Vegas
Great Basin College	Southern Nevada Children First
Head Start	Southern Nevada Forum
Humboldt County School District	Southern Nevada Plan to End Youth Homelessness
Immunize Nevada	Southern Nevada Strong
Las Vegas Clark County Library District	Three Square
Lincoln County School District	United Way of Southern Nevada
Las Vegas Clark County Library District v. 2020	UNR Child & Family Research Center
Lyon County Health & Human Services	Vegas PBS
Nevada 2-1-1	Washoe County Library District
Nevada Afterschool Network	Washoe County School District
Nevada Association for the Education of Young Children	Workforce Innovation & Opportunity Act
Nevada B-3	

The crosswalk mapped issues into 6 different areas including Access to Resources, Early Childhood Education, Education, Health, Safety, and Infrastructure (see Appendix B). As part of this needs assessment, NICRP identified areas of opportunity within these strategic plans and the NECAC Strategic Plan that could be strengthened across systems and interagency collaboration in the aforementioned categories.

Access to Services

With regard to access to resources, there are four areas where the NECAC strategic plan overlaps with other organizations including a concentration on home visiting, parenting programs, libraries, and community awareness and collaboration. The organizations that also have related strategies in their plans have been involved with the NECAC to some degree. Additional content areas that could be expanded upon in the plan include a focus on nutrition, transportation, housing, and out of school time care. Collaboration amongst partners in this comprehensive service array would better serve families in a more holistic manner. Developing stronger partnerships with organizations in these areas would be beneficial.

Early Childhood Education

While the NECAC is focused on early childhood education, there is overlap in the majority of the broader content areas and many of the agencies are already collaborating to some degree. One area that could use growth in partnership is in continuity of care. This is not specifically addressed in the NECAC plan and two of the organizations that have this included in their plans are not collaborating on a regular basis, the justice system and child welfare.

Health

In the current version of the strategic plan, Child and Family Health has a stronger focus with intentions to increase partnerships in this area as it is a critical need for families. Some organizations included in this area

have started to increase collaboration with the NECAC on the Child and Family Health subcommittee which include representatives from the Maternal and Child Health Department and Coalitions, and children's mental health consortiums. Efforts have been made to include physicians. Other agencies that are involved in these efforts include child welfare, Nevada Office of Rural Health, Medicaid, and local health districts. These are additional partnerships where increased collaboration would highly benefit families.

Safety

Keeping children and families safe in the community is a broad concept and can include many different components, such as ensuring that child care facilities are a safe environment for children. While children being safe is part of the mission of the NECAC, strategies specifically geared toward community safety are not included in the strategic plan. While specific strategies may not be necessary, it is important to collaborate with other entities in this area as strategies to increase safety likely overlap with strategies in other areas such as health and access to care. Partner organization in this area include the justice system, child welfare, homeless organizations, and organizations dedicated to preventing child maltreatment.

Infrastructure

The final area included in the review of strategic plans include infrastructure. In order to best serve families, the appropriate infrastructure must be in place. In states like Nevada that experience rapid population growth in short time period, infrastructure to support residents is often lacking. Many of NECAC goals and objectives suggest that improvements to infrastructure, especially enhancing access to data and increasing funding. While all areas under infrastructure are not specifically listed in the NECAC plan, or some of the other plans, most entities are working on these issues to meet the needs of families in the state therefore common activities that move this work forward benefit all organizations in Nevada.

FINANCING EARLY CHILDHOOD SYSTEMS

While progress has been made to increase funding for early childhood over the past several years, Nevada remains behind in providing supports in all areas for children and families. There are many different ways to explore financing systems to increase supports for children including changing the school funding formula, paid family leave, shared service alliance, blending and leveraging existing funding streams, and tax credits.

K-12 Funding Formula

Currently Nevada does not include preschool in the state funding formula for education. This formula was revised during the 2019 legislative session with a goal to increase per pupil spending for students that require additional supports, but this change did not expand to include preschool.

Paid Family Leave

Paid family leave in Nevada, which could help parents choose to stay home with their young children, could be one method to increase supports for families. However, this is not available for many people in Nevada. Even unpaid family leave through the Family Medical Leave Act (FMLA) is not available to 63% of the working population in Nevada (National Partnership for Women & Families, 2020). Paid family leave increases benefits for employers including improved retention of employees and increased profits, however many small businesses still cannot afford to include these benefits (National Partnership for Women & Families, 2020).

Shared Services Alliance

A shared services alliance is another approach that could provide more sustainability for early learning programs, especially those that serve fewer children. In this model several programs would share certain costs such as staff sharing, administrative costs, and benefits (Early Childhood Training and Technical Assistance System, 2020). This approach has started to be explored in Nevada, but has not be implemented.

Blending and Leveraging Funding Streams

Blending and leveraging funding streams is another method to increase funds. In Nevada this is done to some degree however, the lack of a comprehensive data system to track children and their participation in existing programs makes this a difficult process. While collaboration across agencies does occur, it is not sophisticated enough to integrate funding to the degree necessary to increase services. However, with the recent legalization of Marijuana, Nevada did commit to use the revenue to support education. In addition, after the federal funding ended that expanded preschool in Nevada, the Preschool Development Grant, the state legislature committed to assign funding to maintain the existing slots. While this was a positive step to increasing access, the state funding was not equivalent to the federal dollars allocated but the same number of children were expected to be served which left a deific that the schools had to determine how to cover. This type of oversight can lead to additional barriers to increasing access. Another example of barriers to access include the state process for accepting federal funding. This is often a cumbersome process that leads to a delay in the availability of funds which delays services and makes it challenging to spend the funds in the intended manner. Adjustments to these processes would help better allocate resources appropriate to early learning program and increase their ability to meet their deliverables.

Tax Credits

Tax credits are one ideal method to increase resources for early learning programs in Nevada. According to the Partnership for America's Economic Success, "Allocating funds via the tax system affords the opportunity to use an already existing infrastructure to administer resources. Indeed, the Internal Revenue Service (IRS) is uniquely qualified to administer a universal, income-related, market-based benefit such as ECE financial incentives (Blank & Stoney, 2011). In addition, tax credits are familiar part of the system and are not controversial. During the 2019 session, there was a bill to propose that tax credits be implemented in order to incentivize businesses to support their employees' early care and development needs, however this bill did not pass. This should be a method that Nevada continues to explore to increase resources for early learning.

Social Impact Bonds

Finally, Nevada also explored using a pay for success model to fund early learning initiatives. In this model an investor would contribute the costs for the program and the long-term savings achieved as a result of the program (i.e. reduced need for special education, reduced reliance on social support system, reduction in incarceration) would be used to pay back the investor. Unfortunately, one of the barriers to implementing this model was the lack of longitudinal data available demonstrating the impacts of high-quality early learning programs.

RECOMMENDATIONS FOR IMPROVING SYSTEMS COORDINATION

Based on insights gathered related to the coordination of Nevada's ECCE systems, the following recommendation have been developed:

Increase Engagement of Critical Community Partners:

There are many successful cross agency partnerships in Nevada that contribute to the current successes in early childhood. For instance, even though duties were divided between the Department of Education and Division of Welfare and Support Services in 2013, the newly created Office of Early Learning and Development along with the Child Care Unit Chief at the Division of Welfare and Supportive Services have

maintained a strong partnership. This include participation on monthly meetings to discuss ongoing projects, joint participation on the NECAC, and joint applications for additional funding to enhance ECCE in Nevada. While this is one example of many successful partnerships, there are still some additional relationships that need to be developed to best serve child and families in Nevada. Suggestions include organization with a focus on nutrition, transportation, housing/homelessness, the justice system, and child welfare/child maltreatment.

Align System Regulations to Reduce Conflicting Requirements and Duplication of Efforts:

While efforts toward early childhood are increasing in Nevada, it is imperative that organization collaborate to avoid creating conflicting regulations and avoid duplication of efforts. For instance, the quality rating and improvement system began in 2009 in Nevada and issues a 1-5-star rating. However, just recently, the state child care licensing entity created a grading system for facilities. The grading system was not developed in partnership with the state's QRIS and there is likely to be confusion between the meaning of the star rating and the grade. While the state childcare licensing office has a standing agenda item on the NECAC, the office has very little staff and is often unable to attend meetings. It is essential that collaborative systems work is prioritized in the state and additional funding is obtained for agencies and organizations to have time to work in partnership on cross-system initiatives. In addition, it is vital to have a method to track initiatives related to ECCE in the state, preferable in a searchable database. This will also help to reduce the duplication and redundancy of efforts, such as continuously reviewing gaps in efforts and partnerships.

Authority Over ECCE Systems Work:

There are many different organizations involved in supporting children and their families in Nevada. However, Nevada lacks an entity that has formal oversight to make systematic changes that would improve coordination and collaboration. The NECAC is tasked with assessing the needs in the community related to children 0-8 and their families, yet the council is an advisory body that has minimal interaction with the governor, cabinet members, or others to determine the best strategies to increase system-wide efforts.

Monitoring and Oversight

It is imperative that Nevada put systems in place to measure progress toward the goals and indicators that will increase quality early care and education choices for parents in Nevada. NECAC recently contracted with a strategic planning management system, OnStrategy, to organize, track, and report on the progress of objectives in the NECAC Strategic Plan 2018-2021. This system will reduce duplication of efforts, reduce silos and continue to increase collaboration across the state. However, one of the weaknesses of this tracking system is that the subcommittees and its members all volunteer their time to participate in this process, which means that regular reporting may not be a priority. Because the system is new, the OnStrategy team currently provides support by assisting with input entry and provides guidance to subcommittees. For sustainability of this system, it is crucial to increase investments in the NECAC by funding dedicated support staff to assist the council in their efforts.

Alignment of the Needs Assessment with the NECAC Strategic Plan:

In order to align the existing NECAC Strategic Plan 2018-2021 with the results from this needs assessment, the goals, objectives, strategies and action plan were reviewed to determine if there were any gaps in information. Overall the majority of the areas for improvement are addressed in the existing strategic planning document, however there were a few suggested additions and points of clarification recommended through this needs assessment which are provided below. The content is categorized based on the three subcommittees of the NECAC, early learning, family support and community engagement, and child and family health.

Early Learning strategies should include:

- Improve methods to communicate to the general public the importance of early learning and to provide tools to advocate for ECCE in local communities. Part of the communication needs to include specifics about what constitutes ECCE and at what ages.
- Increase educational opportunities for professionals in early childhood education. Stakeholders expressed concerns around strict degree requirements, when related experience may provide high quality care as well. Workforce standards in the plan should reflect and address the limitations of rural and frontier communities.
- Increase access to ECCE programs especially for vulnerable children.
- Improve ECCE systems and standards needed to address barriers associated with costs and offer solutions to remove these barriers for families.
- Increase support at the state level to maintain and sustain attention and investments on B-3 (Birth through 3rd grade) initiatives
    - State level cabinet level representative for B-3
    - Liaison from Governor's office that helps collaborate around B-3
    - Funded position or include the B-3 functions within the job descriptions of existing positions
    - Funding a full-time position for ECAC

Family Support & Community Engagement strategies should include:

- Increase availability of programs designed for parents to meet and network with each other and develop relationships with parents with children of similar ages.
- Increase availability of activities and programs designed for children ages 0-2. Communities report that most programming for young children is not available until the children are at least 3 years of age.
- Address environmental barriers for activities with young children like lack of sidewalks, parks or adequate lighting for safety.
- Develop a more robust and coordinated communication systems for parents to make them aware of activities, training information, etc.

Child & Family Health strategies should include:

- Improve access to healthcare for children and families, more specifically increasing access to OBGYN and pediatricians in rural communities in Nevada, including potential use of telemedicine and mobile clinics to reach certain areas.
- Improve health literacy across the community so that families understand the reasons they should apply for and maintain health insurance for their children as well as strengthen partnerships with social services to remove barriers to the application and enrollment process as well as Medicaid to better explain benefits available.
- Streamline access to developmental screening tools and pathways for referral to early intervention services when delays are identified.

CONCLUSION

The purpose of the current needs assessment was to ensure that the activities included in the Nevada Early Childhood Advisory Council Strategic Plan for 2018-2021 accurately reflect the actual needs of the communities and state. To accomplish this, the needs assessment builds on past efforts of various local and state agencies, early childhood care and education providers across the state, and other key stakeholders who are committed to providing Nevada's infants and toddlers with the high-quality care and education they deserve. In addition, this needs assessment will help providers and policy makers in the identification of strengths and weaknesses that will foster improvements in the Early Childhood Care and Education System in Nevada. With the wealth of data that was analyzed and presented in this study, it is clear that a complex group of needs, strategies, organizations, and trends coalesce to create many challenges as well as opportunities for ECCE providers across Nevada. The following provides an overview of the key findings that will guide the focus of the strategic plan.

CAPACITY AND AVAILABILITY OF CARE

Nevada's early childhood capacity meets 23% of the need for child care for children ages 0-5 and 35% of the need for children ages 0-5 living in households where all parents are in the workforce. While this creates a severe lack of services in all parts of the state, access is further reduced in rural areas of the state where no licensed options may be available, or where services are restricted. For example, some facilities close during the summer or when the school district is not in session, or many facilities do not have hours that accommodate working families, especially given that all counties in the state work in 12 hours shifts, or may have shifts that are overnight. In addition, many facilities cannot provide supports for families that speak a language other than English, cannot accommodate children with disabilities, or do not accept children under 3 years of age.

Areas for Improvement

1) Nevada needs an integrated data system to accurately determine the unduplicated numbers of children being served. Children are often served by multiple programs and the current methods available to track participation in programs do not allow this determination. The data systems are separated by three factors: service type, funding source, and the organization providing the service. This is even true for children within one state program. For instance, the state pre-k program tracking is done by funding source therefore the same child could be counted multiple times as they could be eligible for or enrolled in more than one program. Braiding of funds is often required to adequately support program implementation, making tracking funds tied to students extremely difficult.
2) Currently, the Nevada Department of Education is working on an Early Childhood Integrated Data System (ECIDS) that will match children based on different demographic variables and provide a unique identifier that will help address this issue. Once early childhood data is integrated, it will be imperative to also integrate data from other service systems to better understand the array of services families access and how that may relate to long term measures of well-being (e.g. education, health, socioeconomic status, criminal activity, etc.). It is essential that this data system allow for data to be examined by county, to understand facility information (hours of operation, days open, funding source), and to better track indicators of vulnerability for children to determine if services are being utilized.
3) Nevada needs to expand the availability of quality care by increasing the number of slots that are available and increasing the capacity to serve families based on their needs (e.g. children with disabilities, children and families that speak a language other than English, families that work non-traditional hours).
4) There is also a gap in information for families searching for care. There is no easy method, at the state or local level, to determine where slots may be available and if available, eligibility criteria for those slots. Nevada is in need of an integrated system that can search for open spots in early care and education programs by age and by eligibility. In addition, a system that stores a waiting list that would notify families when care was available would increase access to care, and as care options expand in the state, options for parents will also expand.

QUALITY OF CARE

Given the limited availability of care in many communities, a parent's choice in options is also limited. Parents that participated in this needs assessment indicated that there is a difference between providing care and providing education for their children. While the safety of their child is a primary factor in their decision, most parents expressed that they would like their child to be in an environment that provides an educational experience, so their child is maximizing their developmental potential.
The main measure of quality in Nevada is the Silver State Stars Quality Rating and Improvement System. While the QRIS system has grown in the past 10 years, with approximately 600 programs, 289 programs were participating in the program and 229 have already received a rating. According to the star rating system, quality programs are rated at 3 stars, high-quality programs are rated at 4-5 stars. Currently, 114 programs (49%) are quality programs with 74 programs rated as high-quality programs (32%).

Another measure of quality can be determined by the education levels of the early childhood workforce in the state. In Nevada, it is a challenge to find early childhood providers that can meet the education standards for a quality program, which is a bachelor's degree. The lack of qualified providers is impacted by the low wages

which do not incentivize individuals in the field to increase their level of education and may prevent interested individuals from pursuing a career in early childhood. In addition, there are currently no fully online Nevada-based programs, which limit educational access for educators in rural communities.

Areas for Improvement

1) Parents need more affordable quality care options available in their communities in order to increase parent choice. The development of a consumer website that would allow parents to access information about care options in the community as well as other supportive services would assist parents in learning about opportunities available as care options expand. Investments in increasing quality care and education options, including increasing supports to raise quality in existing programs and adding new quality programs, need to be prioritized to those most at need which include the priority populations identified in this report.

2) Educational opportunities for early childhood educators must be expanded to include online only options especially for individuals in rural areas. In addition, early childhood educators must have increased wages to incentive advanced education and increase stability in positions.

TRANSITION SUPPORTS AND GAPS

Overall there is a lack of support for transitions. This includes transitions from preschool to kindergarten programs or preschool to preschool programs, and transitions from other types of services (home visiting to preschool, etc.). Outside of state preschools that have built in transition activities and have increased access to kindergarten teachers and classrooms, transition activities appear to be minimal across the state. One barrier to transition activities was that students outside of the district preschool environment are assigned to different elementary schools, which creates a challenge to conduct transition activities. Currently, The Children's Cabinet developed a booklet for teachers and parents, available in English and Spanish, about transitioning into kindergarten, I'm Ready for K! While this is a great resource that is available for free and online, Nevada needs more innovate strategies implemented to provide better support for children transitioning into kindergarten.

Another transition focus needs to concentrate on providing better services to children who are receiving special education services. If those children require additional hours of care outside of what is provided for their special education, the children often have to change locations to receive care. This shift in environments could be difficult for those children and they could benefit from increased consistency. This would require a better partnership between public and private schools to shift the delivery method of services for children needing special education.

One suggestion to move this work forward, as cited in Dr. Regan's report on Building a Comprehensive P-3 Policy in Nevada, would be to add a position to the Governor's office that would focus on P-3 governance (Regan, 2015). This type of dedicated effort would assist in successful collaborations among key stakeholders to create a seamless system of care for children and families. In 2019, a similar analysis was conducted to determine recommendations for B-3 alignment and many of the suggestions were similar (Kauerz & Burnham, 2019).

Areas for Improvement

1) Increased training and information is needed to increase transition activities that happen continuously and that extend to prepare the parents for this transition as well.
2) Add a position to the Governor's office that would focus on B-3 governance.

3) Require districts and charter schools to develop B-3 plans which would address transitions from other programs and family engagement.
4) Expand supports for transitional services to include transitions between classrooms at facilities, transitioning into a different care setting, as well as specific issues for children with special needs.
5) Require B-3 leadership pedagogy in higher education classes and continuing education.

ISSUES INVOLVING EARLY CHILDHOOD CARE AND EDUCATION FACILITIES

Increasing quality early childhood care and education programs is difficult in Nevada. The lack of viable spaces for child care providers to start up business or to expand their existing services is minimal and it is even more difficult for providers to afford to bring a new facility into compliance with county codes and regulations. Start-up costs and overhead investments are a significant barrier to both commercial facilities and home providers starting into the business or expanding services they currently provide. Child care providers unanimously note that they are unable to pass "true" operating costs onto their patrons due to the limitations of most families in our community to afford child care costs as they currently are. Both home and center providers seem to realize that most of the parents they work with are considering cost before any other aspect of child care and even before costs are consider many providers realize they already can't meet the demands of the communities they serve.

Data regarding barriers specifically related to child care facilities is not readily available. A review of licensing reports for the past 21 months revealed no complaints or notices related to facility structures. However, reports reviewed included only those facilities which are already licensed. Information on facilities that did not pass the initial licensing inspection is not available.

Areas for Improvement

1) Include language in general city and county plans which prioritizes the development of child care facilities such as the required inclusion of space to house child care centers with new construction of buildings and schools. NECAC and its partner agencies have connections with both city and county agencies throughout the state to help identify and provide buildings that can help meet the current and increasing need for centers and home care. City and county planners can be involved in the approval process and in locating possible buildings that are, or could become, suitable. The shared cost of this project would benefit several objectives within the community – accessibility, affordability, sustainability of families in poverty, beautification of the environment, meaningful employment and community stability.
2) The NECAC can recruit and work with a real estate expert to locate possible buildings and sites to provide on-going to potential providers.
3) Provide funds for permitting, inspections, equipment and materials, changes or upgrades needed to come into compliance with minimum standards. Businesses can partner with facilities to subsidize operating costs in exchange for child care space for care employees.
4) Identify and facilitate the use of state and federal funding to subsidize operating costs of facilities, freeing funds for staff wages and benefits that commensurate with job responsibilities. Using block grant funding to also subsidize each center's per child costs, similar to their assistance to parents, would also support all.
5) Grant money from the state, county and city could be used to incentivize child care providers to accept infants and toddlers by offering a one-time payment for each child they enroll through the state's child care subsidy system. For the young children who don't qualify for child care subsidies, the providers could still be eligible for a smaller payment. Funds could also be used to develop a "retainer" system in which providers get paid a base rate dependent on the spaces they have available. The base rate could be increased through subsidy or parents' contribution when the spot is filled.

QUALITY AND AVAILABILITY OF PROGRAMMING AND SUPPORTS FOR CHILDREN AND FAMILIES

Data reviewed in the needs assessment indicated that a variety of services are needed by families. Healthcare, poverty, housing, transportation and a lack of shelters were major concerns in all communities and resources in these areas were lacking in all communities. In addition, families, especially in the rural areas, indicated that there was a lack of activities available for their children, especially those with special needs or those under 3 years old. Even in communities where resources exist, cost and transportation were often cited as barriers. Families wanted more activities for their children and also wanted more resources on child development and how to foster growth at home.

When services and programming is available, it is important to understand how families are informed about these services in order to communicate about opportunities in the future. Information and connection to support services occurred through multiple methods. The most common method cited by families and agencies was word of mouth. Other means of connection occurred through referral from an existing service (WIC, child care provider, school, etc.) or through social media. In the rural areas, information is still commonly shared over the radio, newspapers, and on local bulletin boards. Many families expressed interest in a comprehensive early childhood website that would provide a connection to all resources related to young children.

Areas for Improvement

1) Increase supportive services for families in all areas. Issues such as transportation, language and other cultural barriers need to be considered in order to maximize service utilization.
2) Increase the availability of family activities, especially for families with children under 3, that are developmentally appropriate, accessible, and affordable.
3) Invest in a timely method, such as a consumer website, to communicate regarding resources available in the community for families.

BARRIERS TO FUNDING AND OPPORTUNITIES FOR GROWTH

Funding dedicated to young children and their families in Nevada is lacking. There are many different ways to explore financing systems to increase supports for children including changing the school funding formula, paid family leave, shared service alliance, blending and leveraging existing funding streams, pay for success models, and tax credits.

To advocate for increased funding for early childhood it is imperative that data exist to demonstrate the need for the investment as well as to demonstrate the outcomes of the investment. One effort that has been burdensome for researchers in the field is obtaining data on providers, children under the age of 5, especially those 0-3, and program outcomes. Data points that exist are often housed in separate offices, and do not use unique identifiers. This lack of interoperability leads to additional complications for administrators when attempting to compile reports on the state of child care in Nevada.

Areas for Improvement

1) Nevada needs to change the way early childhood education is funded and should explore financing options such as including:
    a. Include preschool in the school formula,
    b. Implement laws to increase access to paid family leave,
    c. Explore the implementation of a shared service model for early learning programs

d. Reduce barriers to blending existing funding streams, as well as applying for and receiving federal grants,
e. Explore the implementation of business tax credits to fund early learning programs.

2) Improve the availability of data in the state to better understand the status of young children, families, and programs in the state.

SYSTEM INTEGRATION AND INTERAGENCY COLLABORATION

Over the past 10 years, agencies and organizations that support children and families in Nevada have increased their efforts to reduce silos and increase collaborative efforts to provide better service to more families. While there is good intention in these efforts, there are some barriers to success. First, while Nevada spans a large area, the child and family serving community is small and therefore many of the same individuals sit on a variety of coalitions and committees to make improvements in the state. While this has the benefit of consistency, it also carriers a large burden on a few people. Many agencies are under resourced and therefore ideas that occur in a collaborative space are not always moved forward because there is no additional support to assist in the efforts. Individuals get buried in the work required by their agency eliminating time available to devote to collaborative work. While in the long run, collaborative work should lessen the burden that is not the current reality. Therefore, many initiatives begin, and are not well funded so stop abruptly. This creates frustration and tension in some communities as they feel that contribution towards efforts does not result in direct benefits for their community. Initiatives that have been successful have been properly funded with support from both administration and providers and a reasonable time period for implementation and measurements of success.

Areas for Improvement

1) Increase engagement of critical community partners such as organizations with a focus on nutrition, transportation, housing/homelessness, the justice system, child welfare/child maltreatment.
2) Align system regulations to reduce conflicting requirements and duplication of efforts.
3) Create methods to increase authority over ECCE systems work in the state.
4) Invest in approaches to increasing monitoring of ECCE work in the state as well as oversight of ECCE activities.

The results from this needs assessment should be taken into consideration when reviewing or revising the NECAC strategic plan as well as moving forward with initiatives to make improvements in ECCE in Nevada. In order to persist through the challenges which, accompany living in distressed environments, children throughout the state urgently need extra attention from adults who possess the expertise to guide them to success. Furthermore, given that education is a key driver of future success, Nevada's vulnerable populations deserve high-quality pathways that lead children and their families away from negative outcomes and towards success.

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APPENDIX A. EXPANDED DEMOGRAPHIC DATA

*ALL FROM ACS 2013-2017 5 YEAR ESTIMATES	NEVADA	NEVADA	CLARK	WASHOE	CARSON CITY	CHURCHILL	DOUGLAS	ELKO
	#	%	%	%	%	%	%	%
TOTAL POPULATION:	**2,887,725**	**100.00%**	**73.15%**	**15.43%**	**1.88%**	**0.83%**	**1.65%**	**1.81%**
UNDER 5 YEARS	181,207	6.28%	6.44%	6.07%	5.21%	7.17%	3.99%	7.20%
5 TO 9 YEARS	190,112	6.58%	6.74%	6.09%	5.72%	7.48%	5.62%	8.00%
NOT HISPANIC OR LATINO:	**2,073,420**	**71.80%**	**70.62%**	**16.35%**	**2.00%**	**1.00%**	**2.02%**	**1.91%**
WHITE ALONE	1,457,272	70.28%	63.64%	83.75%	88.81%	85.28%	92.49%	88.65%
BLACK OR AFRICAN AMERICAN ALONE	242,682	11.70%	15.58%	2.81%	2.05%	2.81%	0.67%	1.11%
AMERICAN INDIAN AND ALASKA NATIVE ALONE	24,402	1.18%	0.57%	1.71%	2.56%	4.64%	2.09%	6.80%
ASIAN ALONE	228,268	11.01%	13.67%	6.85%	3.11%	2.82%	1.48%	1.32%
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ALONE	17,510	0.84%	0.97%	0.78%	0.14%	0.25%	0.18%	0.30%
SOME OTHER RACE ALONE	6,429	0.31%	0.36%	0.20%	0.21%	0.24%	0.18%	0.07%
TWO OR MORE RACES	96,857	4.67%	5.20%	3.92%	3.11%	3.96%	2.91%	1.74%
HISPANIC OR LATINO:	**814,305**	**28.20%**	**79.60%**	**13.07%**	**1.56%**	**0.39%**	**0.72%**	**1.56%**
WHITE ALONE	479,181	58.85%	56.95%	66.46%	54.77%	80.30%	57.94%	83.29%
BLACK OR AFRICAN AMERICAN ALONE	10,331	1.27%	1.45%	0.55%	0.62%	0.65%	0.17%	0.51%
AMERICAN INDIAN AND ALASKA NATIVE ALONE	8,024	0.99%	0.77%	1.35%	2.38%	2.86%	1.49%	1.76%
ASIAN ALONE	4,234	0.52%	0.52%	0.64%	0.26%	0.00%	1.51%	0.00%
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ALONE	1,509	0.19%	0.21%	0.05%	0.15%	0.00%	1.18%	0.00%
SOME OTHER RACE ALONE	273,548	33.59%	35.54%	25.40%	38.53%	11.14%	32.43%	12.20%
TWO OR MORE RACES	37,478	4.60%	4.55%	5.55%	3.28%	5.04%	5.29%	2.24%
CHILDREN UNDER AGE 5 FOR WHOM POVERTY STATUS IS AVAILABLE:	**178,190**	**100.00%**	**74.97%**	**14.93%**	**1.58%**	**0.97%**	**1.06%**	**2.11%**
BELOW POVERTY	40,634	22.80%	23.70%	19.01%	31.24%	6.21%	18.37%	24.19%
NOT BELOW POVERTY	137,556	77.20%	76.30%	80.99%	68.76%	93.79%	81.63%	75.81%

*ALL FROM ACS 2013-2017 5 YEAR ESTIMATES	NEVADA	NEVADA	CLARK	WASHOE	CARSON CITY	CHURCHILL	DOUGLAS	ELKO
	#	%	%	%	%	%	%	%
LANGUAGE SPOKEN BY 5 TO 17 YEAR OLDS WHO DO NOT SPEAK ENGLISH ONLY:	**159,403**	**100.00%**	**80.26%**	**14.08%**	**1.35%**	**0.40%**	**0.50%**	**1.03%**
SPANISH	136,292	85.50%	84.87%	86.49%	93.53%	79.78%	88.46%	89.24%
OTHER INDO-EUROPEAN LANGUAGES	5,784	3.63%	3.65%	4.32%	0.51%	0.16%	4.64%	3.40%
ASIAN AND PACIFIC ISLAND LANGUAGES	13,632	8.55%	9.04%	7.54%	5.59%	17.69%	1.63%	3.16%
OTHER LANGUAGES	3,695	2.32%	2.45%	1.64%	0.37%	2.37%	5.27%	4.19%
NUMBER OF OCCUPIED HOUSING UNITS:	**1,052,249**	**100.00%**	**71.26%**	**16.49%**	**2.11%**	**0.93%**	**1.94%**	**1.70%**
OWNER OCCUPIED	582,614	55.37%	52.70%	57.71%	55.02%	64.32%	69.41%	70.61%
RENTER OCCUPIED	469,635	44.63%	47.30%	42.29%	44.98%	35.68%	30.59%	29.39%
RESIDENCE 1 YEAR AGO OF POPULATION 1 YEAR AND OVER:	**2,854,720**	**100.00%**	**73.16%**	**15.41%**	**0.77%**	**0.83%**	**1.66%**	**1.81%**
LIVES IN SAME HOUSE AS 1 YEAR AGO	2,301,557	80.62%	80.30%	80.30%	50.00%	79.14%	85.07%	83.58%
MOVED WITHIN SAME COUNTY PAST YEAR	383,775	13.44%	14.31%	13.34%	22.06%	11.25%	6.90%	10.74%
MOVED FROM DIFFERENT COUNTY WITHIN SAME STATE	25,135	0.88%	0.22%	1.52%	15.16%	3.38%	3.22%	2.15%
MOVED FROM DIFFERENT STATE IN PAST YEAR	127,936	4.48%	4.54%	4.30%	12.06%	5.81%	4.64%	3.35%
MOVED FROM ABROAD IN PAST YEAR	16,317	0.57%	0.63%	0.54%	0.72%	0.42%	0.17%	0.18%
NUMBER OF HOUSEHOLDS:	**1,052,249**	**100.00%**	**71.26%**	**16.49%**	**2.11%**	**0.93%**	**1.94%**	**1.70%**
CHILDREN UNDER AGE 18 IN SINGLE-PARENT HOUSEHOLDS	104,165	9.90%	10.53%	8.70%	8.78%	6.74%	7.29%	10.27%
GRANDPARENTS RESPONSIBLE FOR OWN GRANDCHILDREN UNDER 18 YEARS	25,497	2.42%	2.49%	1.81%	3.37%	1.87%	1.28%	3.15%
POPULATION 3 YEARS AND OVER ENROLLED IN SCHOOL:	**693,218**	**100%**	**73.58%**	**16.11%**	**1.83%**	**0.76%**	**1.31%**	**1.94%**
NURSERY SCHOOL, PRESCHOOL	32,205	4.65%	4.52%	4.64%	5.16%	4.17%	6.02%	5.84%
KINDERGARTEN	36,422	5.25%	5.22%	4.95%	4.28%	8.57%	5.70%	8.07%
CHILDREN UNDER 5 YEARS OF AGE:	**181,207**	**100.00%**	**75.07%**	**14.93%**	**1.56%**	**0.95%**	**1.05%**	**2.08%**
WITH A DISABILITY	2,765	1.53%	1.02%	2.22%	17.49%	0.00%	0.00%	0.72%
WITH HEARING DIFFICULTY	2,120	76.67%	62.37%	89.00%	100.00%	na	na	100.00%
WITH VISION DIFFICULTY	2,347	84.88%	72.36%	96.00%	100.00%	na	na	92.59%

*ALL FROM ACS 2013-2017 5 YEAR ESTIMATES	NEVADA	NEVADA	ESMERALDA	EUREKA	HUMBOLDT	LANDER	LINCOLN	LYON
	#	%	%	%	%	%	%	%
TOTAL POPULATION:	**2,887,725**	**100.00%**	**0.04%**	**0.06%**	**0.59%**	**0.20%**	**0.18%**	**1.81%**
UNDER 5 YEARS	181,207	6.28%	2.27%	4.75%	7.57%	7.63%	3.81%	5.60%
5 TO 9 YEARS	190,112	6.58%	7.62%	4.51%	6.31%	8.48%	3.44%	7.06%
NOT HISPANIC OR LATINO:	**2,073,420**	**71.80%**	**0.04%**	**0.08%**	**0.61%**	**0.21%**	**0.23%**	**2.11%**
WHITE ALONE	1,457,272	70.28%	94.84%	98.24%	89.53%	92.60%	91.71%	90.81%
BLACK OR AFRICAN AMERICAN ALONE	242,682	11.70%	0.86%	0.06%	0.88%	0.07%	2.84%	1.11%
AMERICAN INDIAN AND ALASKA NATIVE ALONE	24,402	1.18%	2.80%	1.70%	6.06%	5.68%	3.49%	2.30%
ASIAN ALONE	228,268	11.01%	0.00%	0.00%	0.34%	0.07%	1.12%	1.29%
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ALONE	17,510	0.84%	0.00%	0.00%	0.02%	0.67%	0.00%	0.24%
SOME OTHER RACE ALONE	6,429	0.31%	0.54%	0.00%	0.40%	0.00%	0.00%	0.43%
TWO OR MORE RACES	96,857	4.67%	0.97%	0.00%	2.78%	0.90%	0.84%	3.82%
HISPANIC OR LATINO:	**814,305**	**28.20%**	**0.02%**	**0.00%**	**0.56%**	**0.19%**	**0.06%**	**1.04%**
WHITE ALONE	479,181	58.85%	63.37%	96.30%	84.31%	79.84%	40.84%	60.33%
BLACK OR AFRICAN AMERICAN ALONE	10,331	1.27%	0.00%	3.70%	0.00%	0.00%	6.18%	0.71%
AMERICAN INDIAN AND ALASKA NATIVE ALONE	8,024	0.99%	0.00%	0.00%	0.86%	11.22%	0.00%	2.83%
ASIAN ALONE	4,234	0.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ALONE	1,509	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%
SOME OTHER RACE ALONE	273,548	33.59%	36.63%	0.00%	12.68%	7.61%	51.88%	30.50%
TWO OR MORE RACES	37,478	4.60%	0.00%	0.00%	2.15%	1.33%	1.10%	5.51%
CHILDREN UNDER AGE 5 FOR WHOM POVERTY STATUS IS AVAILABLE:	**178,190**	**100.00%**	**0.01%**	**0.05%**	**0.71%**	**0.25%**	**0.11%**	**1.62%**
BELOW POVERTY	40,634	22.80%	0.00%	0.00%	15.83%	43.88%	22.22%	18.94%
NOT BELOW POVERTY	137,556	77.20%	100.00%	100.00%	84.17%	56.12%	77.78%	81.06%

*ALL FROM ACS 2013-2017 5 YEAR ESTIMATES	NEVADA	NEVADA	ESMERALDA	EUREKA	HUMBOLDT	LANDER	LINCOLN	LYON
	#	%	%	%	%	%	%	%
LANGUAGE SPOKEN BY 5 TO 17 YEAR OLDS WHO DO NOT SPEAK ENGLISH ONLY:	**159,403**	**100.00%**	**0.03%**	**0.00%**	**0.49%**	**0.17%**	**0.03%**	**0.86%**
SPANISH	136,292	85.50%	100.00%	0.00%	95.05%	98.87%	100.00%	94.75%
OTHER INDO-EUROPEAN LANGUAGES	5,784	3.63%	0.00%	0.00%	2.79%	0.00%	0.00%	0.15%
ASIAN AND PACIFIC ISLAND LANGUAGES	13,632	8.55%	0.00%	0.00%	0.00%	0.00%	0.00%	4.88%
OTHER LANGUAGES	3,695	2.32%	0.00%	0.00.%	2.16%	1.13%	0.00%	0.22%
NUMBER OF OCCUPIED HOUSING UNITS:	**1,052,249**	**100.00%**	**0.05%**	**0.07%**	**0.60%**	**0.21%**	**0.18%**	**1.91%**
OWNER OCCUPIED	582,614	55.37%	54.45%	69.02%	76.86%	81.36%	69.22%	70.79%
RENTER OCCUPIED	469,635	44.63%	45.55%	30.98%	23.14%	18.64%	30.78%	29.21%
RESIDENCE 1 YEAR AGO OF POPULATION 1 YEAR AND OVER:	**2,854,720**	**100.00%**	**0.04%**	**0.06%**	**0.58%**	**0.20%**	**0.18%**	**1.82%**
LIVES IN SAME HOUSE AS 1 YEAR AGO	2,301,557	80.62%	88.85%	85.94%	83.89%	80.35%	84.43%	83.03%
MOVED WITHIN SAME COUNTY PAST YEAR	383,775	13.44%	3.75%	10.82%	7.32%	15.09%	2.69%	6.72%
MOVED FROM DIFFERENT COUNTY WITHIN SAME STATE	25,135	0.88%	3.47%	2.14%	4.74%	2.16%	9.93%	4.97%
MOVED FROM DIFFERENT STATE IN PAST YEAR	127,936	4.48%	3.93%	1.10%	3.41%	1.71%	2.61%	5.12%
MOVED FROM ABROAD IN PAST YEAR	16,317	0.57%	0.00%	0.00%	0.63%	0.70%	0.33%	0.17%
NUMBER OF HOUSEHOLDS:	**1,052,249**	**100.00%**	**0.05%**	**0.07%**	**0.60%**	**0.21%**	**0.18%**	**1.91%**
CHILDREN UNDER AGE 18 IN SINGLE-PARENT HOUSEHOLDS	104,165	9.90%	5.87%	5.75%	10.22%	11.09%	3.47%	8.24%
GRANDPARENTS RESPONSIBLE FOR OWN GRANDCHILDREN UNDER 18 YEARS	25,497	2.42%	0.00%	7.84%	1.96%	1.37%	1.19%	4.19%
POPULATION 3 YEARS AND OVER ENROLLED IN SCHOOL:	**693,218**	**100%**	**0.02%**	**0.06%**	**0.58%**	**0.19%**	**0.17%**	**1.66%**
NURSERY SCHOOL, PRESCHOOL	32,205	4.65%	0.00%	6.16%	4.91%	11.23%	5.39%	5.02%
KINDERGARTEN	36,422	5.25%	5.23%	7.58%	5.48%	3.05%	4.80%	6.91%
CHILDREN UNDER 5 YEARS OF AGE:	**181,207**	**100.00%**	**0.01%**	**0.05%**	**0.71%**	**0.25%**	**0.11%**	**1.62%**
WITH A DISABILITY	2,765	1.53%	0.00%	0.00%	2.40%	0.00%	11.11%	6.15%
WITH HEARING DIFFICULTY	2,120	76.67%	na	na	6.45%	na	0.00%	98.89%
WITH VISION DIFFICULTY	2,347	84.88%	na	na	93.55%	na	100.00%	100.00%

*ALL FROM ACS 2013-2017 5 YEAR ESTIMATES	NEVADA	NEVADA	MINERAL	NYE	PERSHING	STOREY	WHITE PINE
	#	%	%	%	%	%	%
TOTAL POPULATION:	**2,887,725**	**100.00%**	**0.15%**	**1.50%**	**0.23%**	**0.13%**	**0.34%**
UNDER 5 YEARS	181,207	6.28%	4.56%	4.14%	4.13%	3.16%	5.42%
5 TO 9 YEARS	190,112	6.58%	7.45%	4.32%	4.20%	4.39%	5.50%
NOT HISPANIC OR LATINO:	**2,073,420**	**71.80%**	**0.19%**	**1.79%**	**0.24%**	**0.18%**	**0.40%**
WHITE ALONE	1,457,272	70.28%	65.34%	89.96%	86.78%	92.98%	85.88%
BLACK OR AFRICAN AMERICAN ALONE	242,682	11.70%	0.86%	3.51%	6.13%	0.77%	5.53%
AMERICAN INDIAN AND ALASKA NATIVE ALONE	24,402	1.18%	24.27%	1.71%	3.63%	1.46%	6.77%
ASIAN ALONE	228,268	11.01%	5.18%	1.91%	1.71%	2.01%	0.89%
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ALONE	17,510	0.84%	0.00%	0.44%	0.59%	0.00%	0.20%
SOME OTHER RACE ALONE	6,429	0.31%	0.08%	0.00%	0.06%	0.00%	0.00%
TWO OR MORE RACES	96,857	4.67%	4.28%	2.47%	1.10%	2.78%	0.73%
HISPANIC OR LATINO:	**814,305**	**28.20%**	**0.06%**	**0.75%**	**0.19%**	**0.03%**	**0.19%**
WHITE ALONE	479,181	58.85%	33.54%	40.01%	71.56%	93.49%	85.84%
BLACK OR AFRICAN AMERICAN ALONE	10,331	1.27%	0.20%	0.55%	0.82%	0.00%	0.99%
AMERICAN INDIAN AND ALASKA NATIVE ALONE	8,024	0.99%	43.23%	1.65%	2.21%	0.00%	3.84%
ASIAN ALONE	4,234	0.52%	0.00%	0.37%	0.25%	0.00%	0.00%
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ALONE	1,509	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%
SOME OTHER RACE ALONE	273,548	33.59%	17.58%	54.19%	20.74%	6.51%	7.81%
TWO OR MORE RACES	37,478	4.60%	5.45%	3.23%	4.41%	0.00%	1.52%
CHILDREN UNDER AGE 5 FOR WHOM POVERTY STATUS IS AVAILABLE:	**178,190**	**100.00%**	**0.11%**	**1.00%**	**0.15%**	**0.07%**	**0.30%**
BELOW POVERTY	40,634	22.80%	45.59%	23.75%	25.82%	15.45%	16.67%
NOT BELOW POVERTY	137,556	77.20%	54.41%	76.25%	74.18%	84.55%	83.33%

*ALL FROM ACS 2013-2017 5 YEAR ESTIMATES	NEVADA	NEVADA	MINERAL	NYE	PERSHING	STOREY	WHITE PINE
	#	%	%	%	%	%	%
LANGUAGE SPOKEN BY 5 TO 17 YEAR OLDS WHO DO NOT SPEAK ENGLISH ONLY:	**159,403**	**100.00%**	**0.01%**	**0.54%**	**0.13%**	**0.01%**	**0.10%**
SPANISH	136,292	85.50%	9.09%	100.00%	100.00%	0.00%	80.24%
OTHER INDO-EUROPEAN LANGUAGES	5,784	3.63%	0.00%	0.00%	0.00%	0.00%	8.98%
ASIAN AND PACIFIC ISLAND LANGUAGES	13,632	8.55%	9.09%	0.00%	0.00%	100.00%	0.00%
OTHER LANGUAGES	3,695	2.32%	81.82%	0.00%	0.00%	0.00%	10.78%
NUMBER OF OCCUPIED HOUSING UNITS:	**1,052,249**	**100.00%**	**0.18%**	**1.72%**	**0.19%**	**0.16%**	**0.32%**
OWNER OCCUPIED	582,614	55.37%	65.09%	69.31%	70.12%	82.88%	76.31%
RENTER OCCUPIED	469,635	44.63%	34.91%	30.69%	29.88%	17.12%	23.69%
RESIDENCE 1 YEAR AGO OF POPULATION 1 YEAR AND OVER:	**2,854,720**	**100.00%**	**0.16%**	**1.50%**	**0.23%**	**0.14%**	**0.34%**
LIVES IN SAME HOUSE AS 1 YEAR AGO	2,301,557	80.62%	90.63%	85.24%	85.94%	83.20%	84.10%
MOVED WITHIN SAME COUNTY PAST YEAR	383,775	13.44%	3.14%	6.71%	3.46%	0.57%	7.76%
MOVED FROM DIFFERENT COUNTY WITHIN SAME STATE	25,135	0.88%	3.91%	2.83%	9.50%	8.71%	6.55%
MOVED FROM DIFFERENT STATE IN PAST YEAR	127,936	4.48%	2.33%	5.11%	1.10%	7.52%	1.50%
MOVED FROM ABROAD IN PAST YEAR	16,317	0.57%	0.00%	0.10%	0.00%	0.00%	0.09%
NUMBER OF HOUSEHOLDS:	**1,052,249**	**100.00%**	**0.18%**	**1.72%**	**0.19%**	**0.16%**	**0.32%**
CHILDREN UNDER AGE 18 IN SINGLE-PARENT HOUSEHOLDS	104,165	9.90%	12.43%	4.87%	8.18%	5.11%	5.26%
GRANDPARENTS RESPONSIBLE FOR OWN GRANDCHILDREN UNDER 18 YEARS	25,497	2.42%	4.73%	2.36%	7.98%	1.38%	5.15%
POPULATION 3 YEARS AND OVER ENROLLED IN SCHOOL:	**693,218**	**100%**	**0.11%**	**1.04%**	**0.24%**	**0.08%**	**0.31%**
NURSERY SCHOOL, PRESCHOOL	32,205	4.65%	5.01%	6.45%	3.57%	1.62%	8.01%
KINDERGARTEN	36,422	5.25%	10.55%	2.81%	6.72%	7.54%	4.35%
CHILDREN UNDER 5 YEARS OF AGE:	**181,207**	**100.00%**	**0.11%**	**0.99%**	**0.15%**	**0.07%**	**0.29%**
WITH A DISABILITY	2,765	1.53%	6.37%	0.67%	1.45%	0.00%	0.00%
WITH HEARING DIFFICULTY	2,120	76.67%	100.00%	50.00%	100.00%	na	na
WITH VISION DIFFICULTY	2,347	84.88%	84.62%	50.00%	100.00%	na	na

APPENDIX B. EARLY CHILDHOOD AGENCY GOALS

A GRAPHIC REPRESENTATION OF ALIGNED SERVICES IN NEVADA

Topic: 1 Access to Resources

Service Goal	Strategic Plan
Public Transportation	Governor's New Nevada Plan Southern Nevada Strong
Home Visiting	***ECAC STRATEGIC PLAN*** DHHS CFSP UNR Child & Family Research Center
Food Security & Healthy Foods	Governor's New Nevada Plan Nevada School Wellness Policy Three Square Partners for a Healthy Nevada Carson City School District
Parenting Programs	***ECAC STRATEGIC PLAN*** Early Childhood Obesity Prevention Program
Libraries	***ECAC STRATEGIC PLAN*** Washoe County Library District
Safe & Affordable Housing	So. NV Plan to End Youth Homelessness Southern Nevada Strong
Community & Social Services	Southern Nevada Strong LVCCLD v. 2020 So. NV Plan to End Youth Homelessness
Afterschool Care	Nevada Afterschool Network
Community Awareness & Collaboration	***ECAC STRATEGIC PLAN*** Lyon County Health & Human Services LVCCLD v. 2020
Community Facilities	Las Vegas Clark County Library District
Equity	LVCCLD v. 2020 So. NV Plan to End Youth Homelessness
High Quality Programming	Vegas PBS
Nutrition Policy	Three Square NV School Wellness Policy

Topic: 2 Early Childhood Education

Service Goal	Strategic Plan
Educational Continuity	Court Improvement Plan Head Start DHHS Child and Family Services Plan
High Quality Teachers	***ECAC STRATEGIC PLAN*** CCSD Pledge of Achievement Nevada B-3 Carson City School District Churchill County School District Humboldt County School District Lincoln County School District Washoe County School District Nevada Succeeds! Nevada Ready! State Improvement Plan Nevada AEYC Public Policy Agenda
Parent Engagement & Inclusion	***ECAC STRATEGIC PLAN*** Nevada Ready! State Improvement Plan Churchill County School District Raising Las Vegas Carson City School District Nye County School District Washoe County School District
Child Care Subsidies	Nevada Ready! State Improvement Plan Nevada AEYC Public Policy Agenda
High Quality Care and Education	***ECAC STRATEGIC PLAN*** UNR Child & Family Research Center Nevada AEYC Public Policy Agenda Nevada Ready! State Improvement Plan CCSD Pledge of Achievement Head Start Washoe County School District Early Childhood Obesity Prevention Plan DHHS IDEA Part C Douglas County School District Carson City School District Nevada Afterschool Network
Transition to Kindergarten	Head Start LVCCLD v. 2020
Child Development & Social Emotional Learning	Raising Las Vegas Carson City School District Douglas County School District Humboldt County School District
Collaboration	Great Basin College Head Start
Community Awareness	Raising Las Vegas Head Start
Professional Development	***ECAC STRATEGIC PLAN*** CCSD Pledge of Achievement Washoe County School District Nevada Succeeds!

Topic: 3 Health

Service Goal	Strategic Plan
Mental Health	***ECAC STRATEGIC PLAN*** Nevada System of Care Governor's New Nevada Plan Nevada Ready! State Improvement Plan Rural Children's Mental Health Consortium Clark County Children's Mental Health Consortium Washoe County Children's Mental Health Consortium DHHS CFSP
Medicaid	Nevada System of Care Governor's New Nevada Plan Maternal & Child Health Coalition
Health Equity	***ECAC STRATEGIC PLAN*** Immunize Nevada Governor's New Nevada Plan Governor's Council on Developmental Disabilities Nevada System of Care Nevada 2-1-1 Rural Children's Mental Health Consortium Oral Health Nevada Carson City School District Southern Nevada Health District Southern Nevada Strong Clark County Children's Mental Health Consortium
Immunizations	Governor's New Nevada Plan Immunize Nevada
Access to Quality Healthcare	***ECAC STRATEGIC PLAN*** Maternal & Child Health Coalition Governor's New Nevada Plan Nevada Office of Rural Health UNR Child & Family Research Center
Continuity of Care	***ECAC STRATEGIC PLAN***
Community Awareness	Immunize Nevada
Culturally Appropriate Programs	Nevada System of Care Partners for a Healthy Nevada
Surveillance & Data Sharing	Partners for a Healthy Nevada
Developmental Screening & Early Intervention	Maternal & Child Health Coalition Rural Children's Mental Health Consortium Governor's New Nevada Plan
Nutrition & Physical Activity	Maternal & Child Health Coalition Partners for a Healthy Nevada
Professional & Workforce Development	ECAC STRATEGIC PLAN Nevada System of Care Southern Nevada Health District Governor's New Nevada Plan Rural Children's Mental Health Consortium

Topic: 4 Safety

Service Goal	Strategic Plan
Collaboration	Prevent Child Abuse Nevada So. NV Plan to End Youth Homelessness
Community Awareness	Prevent Child Abuse Nevada NV Coalition to Prevention Commercial Exploitation of Children
Health Equity	Prevent Child Abuse Nevada
Out of Home Care	DHHS CFSP
Professional Development	Court Improvement Plan Prevent Child Abuse Nevada
Reunification	Court Improvement Plan So. NV Plan to End Youth Homelessness
Workplace	Nye County School District
Crisis Response	So. NV Plan to End Youth Homelessness

Topic: 5 Infrastructure

Service Goal	Strategic Plan
Data Sharing	**ECAC STRATEGIC PLAN** Nevada 2-1-1 Nevada Ready! State Improvement Plan Prevent Child Abuse Nevada United Way of Southern Nevada Head Start DHHS IDEA Part C Early Childhood Obesity Prevention Plan NV Coalition to Prevention Commercial Exploitation of Children UNR Child & Family Research Center So. NV Plan to End Youth Homelessness
Funding	ECAC STRATEGIC PLAN Partners for a Healthy Nevada Southern Nevada Health District United Way of Southern Nevada So. NV Plan to End Youth Homelessness
Evidence-Based Programs	**ECAC STRATEGIC PLAN** Nevada Ready! State Improvement Plan Nevada B-3 United Way of Southern Nevada CCSD Pledge of Achievement UNR Child & Family Research Center Early Childhood Obesity Prevention Plan Southern Nevada Health District Washoe County School District
Culturally Appropriate Programs	CCSD Pledge of Achievement So. NV Plan to End Youth Homelessness

Service Goal	Strategic Plan
Messaging	Prevent Child Abuse Nevada
Statewide Standards	**ECAC STRATEGIC PLAN** Nevada Ready! State Improvement Plan
Collaboration & Alignment	ECAC STRATEGIC PLAN Early Childhood Obesity Prevention Plan Prevent Child Abuse Nevada DHHS IDEA Part C Great Basin College Immunize Nevada Nevada Afterschool Network Nevada Office of Rural Health Nevada Succeeds! United Way of Southern Nevada Washoe County School District Lyon County Health & Human Services Nevada Ready! State Improvement Plan LVCCLD v. 2020 UNR Child & Family Research Center So. NV Plan to End Youth Homelessness
Policy & Advocacy	Southern Nevada Health District Nevada Succeeds! Nevada Public Health Association
Equitable Access to Services	So. NV Plan to End Youth Homelessness Oral Health Nevada UNR Child & Family Research Center LVCCLD v. 2020 Nye County School District Rural Children's Mental Health Consortium City of Las Vegas – City by Design

APPENDIX C. FOCUS GROUP AND STAKEHOLDER DATA AND METHODS

NICRP staff planned and hosted parent and stakeholder focus groups around the state. Communities were selected based upon their representativeness of population demographics in that area of the state.

FOCUS GROUP QUESTIONS

The questions for the focus groups were developed in collaboration with the Nevada Department of Education Office of Early Learning and Development, The Children's Cabinet, the Head Start Collaboration Office, and Nevada State Home Visiting. Focus group questions focused on access to early care and education, access to healthcare and other community resources, community supports for families with young children, and awareness of community resources. During the focus group NICRP also asked whether services or supports are sufficient, or if any specific populations are unable to access those services. Finally, participants were asked if they had any suggestions for improving community safety and eliminating sexual violence in Nevada.

FOCUS GROUP RECRUITMENT AND PROCEDURES

Focus group participants were recruited through emails to local community organizations, newsletters, social media, and flyers posted within the community. For their participation, individuals were offered free refreshments, a free children's book per participant, and entry into a raffle for a baby backpack.

The majority of the focus groups had at least two members of the research team. Upon arrival, participants were asked to complete a brief demographic form, and were given a short summary of the purpose of the focus group and then asked permission to be recorded. Focus groups typically lasted anywhere from 45 minutes to one hour.

FOCUS GROUP TRANSCRIPTION AND ANALYSIS

Focus groups were recorded and transcribed to accurately report participants' thoughts and ideas as presented during the focus group. Focus group facilitators also took notes about participants' responses during the focus group. Participant responses for each question were summarized for each community to find areas of strength and areas for development for each community. Finally, focus group responses were compared across communities to determine common strengths and needs across communities and those that might be unique to specific regions.

LIMITATIONS

Participation in the focus groups statewide were generally not diverse. In each focus group there were more females than males, and most participants in every community were white, non-Hispanic, with the exception of the Las Vegas focus group held in Spanish, and most participants in each community had a least some college education. Finally, in several of the parent focus groups, educators were in attendance which may influenced the conversation, particularly related to questions specifically about quality of early care and education. Due to the limited time frame of this project, it was not possible to conduct more focus groups targeted at certain populations which may have provided a different perspective on some of the issues discussed.

PARTICIPATION

A total of 17 parent focus group discussions were held in 15 counties between May 26 and August 1st, 2019 with 103 individuals. In addition, a total of 14 stakeholder interviews were conducted with 59 people. The following section provides an overview of participant demographics.

Parent FG Locations	No. of Participants (n=103)
Carson City	9
Churchill – Fallon	3
Clark County-	
Mesquite	4
Las Vegas (English and Spanish)	6
Las Vegas (Families experiencing homelessness)	6
Elko County-Elko	3
Eureka County-Eureka	4
Humboldt County-Winnemucca (English and Spanish)	7
Lander County-Battle Mountain	3
Lincoln County-Panaca	7
Lyon County-Fernley	14
Mineral County-Hawthorne	12
Nye County-Pahrump	4
Pershing County-Lovelock	2
Storey County-Virginia City	5
Washoe County-Reno	9
White Pine County-Ely	5

Stakeholder Groups

Stakeholders' Locations	No. of Participants (n=59)	Description
Clark County-Mesquite	4	Division of Child and Family Services Behavioral/Mental Health Services
Clark County-Las Vegas	13	Southern Nevada Early Childhood Advisory Council - Variety of early care providers (education, health, social services)
Douglas County-Minden	2	Youth Services Librarian at Minden Library
Lincoln County-Panaca	2	Preschool teachers working in the public school
Lyon County-Fernley	1	Child care center provider
Lyon County-Dayton	2	Director-Healthy Communities Coalition
Mineral County-Hawthorne	10	Parks and recreation facility representative Community Chest activities' coordinator Corporate Extension community worker. Mental Health teacher Youth and family services provider
Nye County-Pahrump	5	Three child care providers working at one facility WIC Office Manager WIC Community Rep.
Nye County-Tonopah	4	Classroom on Wheels (COW) Bus driver: runs the COW Bus in area, sole "private" child care/pre-school provider in the community. Social Worker: Only social worker in area. Nurse Practitioner: Working at the primary care clinic. Administrator: oversees medical facility
Pershing County-Lovelock and Humboldt County-Winnemucca	4	Community Health Nurse/Safety Coordinator Tri-county area. Coordinator: Family Resource center and WIC. Community Worker: Wrap Around Nevada State of Nevada Community Health Nurse
Storey County-Virginia City	7	Lyon, Storey, Mineral Counties ECAC-Conglomerate of child care providers in rural northern counties.
Storey County-Virginia City	1	Cow Bus Director
Washoe County – Reno	1	Inter-Tribal Council of Nevada
White Pine County-Ely	3	Assistant Director of Little People`s Head Start. Head Start Class Instructor: 0-2 years age Head Start Class Instructor: 2-4 years age

Focus Group Demographics

Participants were asked to complete brief demographic form at the start of each focus group. Demographic questions asked about the participant's age, gender, race/ethnicity, the ages of their children, level of education, and how they heard about the focus group. The demographics for each target population are presented in the table below.

Parent Demographics

	Nevada	Carson	Churchill	Clark	Elko	Eureka	Humboldt	Lander
N	102	9	3	15	3	4	7	3
Avg. Age	35.26	34.85	32.33	34.60	30.33	39.25	27.85	32.33
Standard Deviation	9.54	3.53	2.12	7.23	3.53	15.55	12.02	2.12
Gender								
Male	19	3	1	3	1	1	1	0
Female	81	6	2	12	2	3	6	3
Transgender	1	*	*	*	*	*	*	*
Other	1	*	*	*	*	*	*	*
Have Children:								
0-2 Year	56	5	2	6	3	1	5	3
3-5 Year	50	4	3	10	0	2	5	
Level Of Education								
Less Than 9th Grade	5	0	0	2	0	0	1	0
9th To 12th Grade, No Diploma	4	0	0	4	0	0	0	0
High School Diploma Or Ged	15	0	1	2	0	1	1	0
Some College, No Degree	29	5	1	4	1	0	3	0
Associate's Degree	16	2	0	0	0	2	2	2
Bachelor's Degree	19	2	1	2	0	0	0	0
Graduate Or Professional Degree	13	0	0	1	2	1	0	1
Race/Ethnicity								
White, Non-Hispanic	71	8	3	2	1	4	4	3
Hispanic, Latino, Or Spanish	21	0	0	9	0	0	3	0
Alaska Native /American Indian	3	1	0	0	1	0	0	0
Black Or African American	2	0	0	2	0	0	0	0
Asian	1	0	0	0	0	0	0	0
Other	3	0	0	1	1	0	0	0
Prefer Not To Answer	1	0	0	1	0	0	0	0
Source Of Information								
Email	15	4	0	1	0	2	1	0
Facebook	25	1	1	3	1	0	0	2
Other	62	4	2	11	2	2	6	1

*Data suppressed to retain confidentiality

PARENT DEMOGRAPHICS

	Nevada	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
N	103	7	14	12	4	2	5	9	5
Avg. Age	35.26	30.57	40.2	37.08	43	39.5	31.4	39.77	28.5
Standard Deviation	9.54	0.7	9.19	4.9	24.74	6.36	10.6	7.07	7.07
Gender									
Male	19	0	4	3	0	0	1	0	1
Female	81	7	9	9	4	2	3	9	4
Transgender	1	*	*	*	*	*	*	*	*
Other	1	*	*	*	*	*	*	*	*
Have Children:									
0-2 Year	56	5	5	4	2	2	4	6	5
3-5 Year	50	3	10	5	0		2	3	1
Level Of Education									
Less Than 9th Grade	5	0	0	0	1	0	0	0	1
9th To 12th Grade, No Diploma	4	0	0	0	0	0	0	0	0
High School Diploma Or Ged	15	1	1	4	0	0	1	2	1
Some College, No Degree	29	2	5	2	0	1	1	2	2
Associate's Degree	16	2	1	3	1	0	0	1	0
Bachelor's Degree	19	0	4	1	2	1	2	3	1
Graduate Or Professional Degree	13	2	2	2	0	0	1	1	0
Race/Ethnicity									
White, Non-Hispanic	71	6	14	10	2	0	4	6	4
Hispanic, Latino, Or Spanish	21	0	0	2	1	2	1	2	1
Alaska Native /American Indian	3	1	0	0	0	0	0	0	0
Black Or African American	2	0	0	0	0	0	0	0	0
Asian	1	0	0	0	0	0	0	1	0
Other	3	0	0	0	1	0	0	0	0
Prefer Not To Answer	1	0	0	0	0	0	0	0	0
Source Of Information									
Email	15	0	0	0	0	1	3	2	0
Facebook	25	4	1	5	5	0	0	6	0
Other	62	3	13	7	7	1	2	1	5

*Data suppressed to retain confidentiality

PDG B-5 Questions for Parent Focus Group

Intro: Thank you for participating in our meeting today. We are holding meetings like this across the state to get a better idea of what we need to do to better support families with young children in Nevada. We have a set of questions that we are hoping will guide a discussion about what things you all see as strengths in your community as well as those areas where you have recommendations for improvement. We are putting this information together to help Nevada Department of Education develop a plan for improved access to health services, child development and early learning strategies for families, early childhood education, and other needs for children 0-5.

We would like to record this discussion so we don't miss any of your important comments, but that recording is only used internally by our staff and not shared with anyone else. Is everyone ok with that?

Ok let's begin!

1. How do you learn about what kind of care is available in your community?
    a. Are there better ways that this can be communicated? What would be the best way?
    b. If you have every received or went to apply for social services (any) were you referred to any assistance regarding child care?
2. When you think about seeking care for your child under 5, what types of things do you think for that help you with your decision?
    a. What would make you think, this place/person offers quality care?
        i. When you look at locations for child care, do you have concerns about the condition of the facility/home?
    b. What would make you think, this place/person offers quality education?
    c. How do you learn about the quality of care in your community? How do you research places?
        i. Do you feel the advertisements or information provided by places is culturally sensitive? Are there things they do to make you feel welcome or like you and your family belong? Are there things that make you feel uncomfortable?
        ii. Do you know if there are options for people who do not speak English? Is this a need in your community?
        iii. What could be improved in this area?
    d. How do you prioritize what you are looking for if a place does not meet all your expectations?
3. What does it mean for you to have early childhood care and education available?
4. What are some of the best things about your community in terms of what they offer for young children? Including, care, education, activities, healthcare, etc.
    a. What do you think is missing from your community?
5. How are you encouraged to be involved in the development and education of your child by doctor, child care center, etc.?
    a. Do you find that these people are helpful in providing resources about your child's development?
    b. Do you feel like you need more information and resources? And if so, what do you feel like you need?
6. How is access to Pediatric care?
    a. How about prenatal care?
7. How do you get connected to social or crisis services?
    a. How do you find information for these programs?

    b. If you are in a child program, do they help you?
8. If you have had a child go into kindergarten, do you feel like you were prepared? Did you know what to expect? What could have made it easier or better?
    a. If your child was in child care, did the place help you prepare for the transition? Did you feel like you were supported? Do you think there is anything that could be done at these locations to help when kids move into kindergarten?
9. As a group, is there anything else you would like to talk about?

PDG B-5 Questions for Stakeholder Focus Group

- What type of early childhood care and education is available in your area?
- What would you describe as key gaps in your availability?
- Is the quality of care available consistent across settings?
    a. Certain areas, centers, etc.
    b. What is most needed to improve quality of care in your area?
- Who are the most vulnerable or underserved children in your area?
    a. What are their characteristics?
        i. Race/ethnicity, language at home, concentrations in neighborhood, etc.
- What are your current strengths in making care available across populations and settings?
- Do you know how parents learn about child development in your community?
    a. Do you know if pediatricians discuss child development with parents or talk about early learning experiences, child care, etc.
    b. Do other community services refer parents to child care?
- What initiatives do you currently have in place to help deliver care to vulnerable/underserved families?
    a. Are there programs geared towards engaging parents?
        i. Childhood development, education, child care, etc.
    b. Do families have access to pediatricians, mental health providers, and other specialists? If not, what are the barriers?
    c. Specifically, what programs/supports are available to help identify children that are developmentally delayed and provide them with early interventions?
    d. How about connecting families to crisis intervention (family violence, emergency economic assistance, mental health, substance abuse, etc.)?
- Which types of initiatives/programs seem to work best in your area?
- Are policy or other bureaucratic barriers impeding your ability to deliver high-quality programs?
    a. Are there specific funding policies/practices that hinder your programs abilities to collaborate and/or implement interventions?
- Is there anything else that, as a group, you feel is important for us to address?

APPENDIX D. PARENT INTERCEPT SURVEY PRELIMINARY DATA AND METHODS

NICRP staff developed a parent/caregiver survey based on focus group questions in order to capture data from those who were not able to attend focus groups. This survey would allow us to capture information from a wider group of parents whose voices might otherwise not be heard.

SURVEY DEVELOPMENT

The questions for the survey were developed by the staff at NICRP based on the information that was to be obtained in the focus groups. The final draft was reviewed by staff at the Nevada Department of Education Office of Early Learning and Development, The Children's Cabinet, the Head Start Collaboration Office, and Children's Advocacy Alliance for feedback. The final version was a one page survey available in both English and Spanish. Questions focused on access to early care and education, access to healthcare and other community resources, community supports for families with young children, and awareness of community resources.

SURVEY DISTRIBUTION

A request to distribute the survey was sent out to child serving organizations statewide starting in August via email with the offer to deliver printed copies if needed. The survey was distributed through the following organizations: NICRP, the Nevada Department of Education Office of Early Learning and Development, child care licensing, Nevada Early Childhood Advisory Council and local councils, and NevAEYC and TEACH. In addition, all stakeholders in rural areas that participated in the focus groups and provided contact information to remain updated on the process were asked to distribute the survey in their communities.

LIMITATIONS

The survey was developed after the focus groups were completed. It would have been helpful to have this survey earlier in the process to have additional time to capture this information. In addition, while this survey is available in English and Spanish, community members that do not speak either language will have a harder time expressing their voice.

PARTICIPATION AND DEMOGRAPHICS

At the time the results were calculated for this report, October 1, 2019, 128 parents or caregivers had completed the survey. Approximately half (49.2%) of the survey participants were between the ages of 25 – 35. More than 70 percent (70.4%) of the survey participants were female, while 28.8 percent were male. Most participants were the child's parent (85.8%), grandparent (3.9%), or aunt/uncle (3.9%). Only a few participants indicated that they had some other relationship to the child that was non-related, like a foster parent or some other relationship. Other, non-familial relationships included teachers and child care providers.

The majority (48.4%) of survey participants indicated they were of Hispanic descent. For the remaining participants, 28.1 percent were White, non-Hispanic, 20.3 percent were African American, 2.3 percent were Pacific Islander, and 0.7 percent were American Indian/Alaska Native. One participant indicated they were of African descent, and another indicated that they preferred not to answer. There were no participants of Asian descent. The primary language spoken in the home is English (64.1%), followed by Spanish (33.6%). A few participants indicated they spoke a language other than English or Spanish at home, including French, Amharic, and Swahili.

Most families had at least one child between the ages of 0 and 2 (56.3%) and/or one child between the ages of 3 and 5 (57.8%). Fewer participants indicated that they a child in the 6 – 8 age range (15.6%), the 9 – 12 age range (17.2%), or children aged 13 or older (10.1%).

Table 1. Demographics (n = 128)

Gender (n=125)	n	%
Female	88	70.4%
Male	36	28.8%
Other	1	.8%

Age Category (n=122)	n	%
18-24	17	13.9%
25-30	34	27.9%
31-35	26	21.3%
36-40	22	18.0%
41 and older	23	18.9%

Primary Language (n=128)	n	%
English	82	64.1%
Spanish	43	33.6%
Other	3	2.3%

Relationship to Child (n = 127)	n	%
Parent	109	85.8%
Foster Parent	2	1.6%
Grandparent	5	3.9%
Aunt/Uncle	5	3.9%
Multiple	2	1.6%
Other	4	3.1%

Number of Families with Child in Age Range (n = 128)*	n	%
0-2	72	56.3%
3-5	74	57.8%
6-8	20	15.6%
9-12	22	17.2%
13+	13	10.1%

Race/Ethnicity (n = 128)	n	%
American Indian/Alaska Native	1	0.7%
Asian	0	0%
African-American	26	20.3%
Hispanic	62	48.4%
Pacific Islander	3	2.3%
White; Non-Hispanic	36	28.1%
Other	2	1.6%

*Note: Participants could select more than one option, so percentages may add up to over 100.

Child care

The majority of participants indicated that between ages 0 – 2, their child either stayed at home (34.7%) or attended Early Head Start (34.7%). Another 13.7 percent of children aged 0 – 2 received home-based child care, and an additional 13.7 percent received Family, Friends, and Neighbor care. A few (3.2%) of children aged 0 – 2 received child care at some other facility or center.

Between ages 3 – 5, the majority of participants (31.9%) indicated that their child stayed at home instead of receiving child care. Another 20.8 percent of children attended Head Start, 13.9 percent received Family, Friends, and Neighbor care, 12.5 percent received home-based care, and 8.3 percent attended child care at a school district based location. Children aged 3 – 5 also received care from another facility or center (6.9%) or received child care from multiple sources (5.6%).

Table 2. Type of Child Care Used, by Age Group

Type of Child Care	Age 0-2 (n=124)	%
None/stayed at home	43	34.7%
Friends/family, neighbor	17	13.7%
Home-based	17	13.7%
Early Head Start/Head Start	43	34.7%
Other facility/center	4	3.2%
School District	-	-
Multiple	0	0%

Type of Child Care	Age 3-5 (n=72)	%
None/stayed at home	23	31.9%
Friends/family, neighbor	10	13.9%
Home-based	9	12.5%
Early Head Start/Head Start	15	20.8%
Other facility/center	5	6.9%
School District	6	8.3%
Multiple	4	5.6%

Barriers to Accessing Child Care

Just over half of the survey participants (n=66; 51.6%) indicated that they had experienced barriers accessing childcare. Of those who reported barriers, half (51.5%) reported that child care was too expensive, 25.8 percent indicated that there was no child care available, and 24.2 percent indicated that the child care hours were not convenient for them. Participants also reported that child care options were too far away (19.7%) or that there were no open spots available (21.2%). Other barriers participants reported included classes that were too large or crowded, low quality care, lack of trust in the care that was given, worries about safety, and that they were unaware of child care programs. Just over 65 percent (68.2%) of participants who reported child care barriers reported experiencing similar barriers for their child when they were aged 0 – 2 as when they were aged 3 – 5. One participant explained that they experienced different barriers for their child at a younger age because there are "no services for 0 – 2."

Table3. Barriers to Child Care Faced by Participants (n = 66)*

	n	%
Too expensive	34	51.5%
None available	17	25.8%
Hours not convenient	16	24.2%
No open spots	14	21.2%
Too far	13	19.7%
Other	9	13.6%

*Note: Participants could select more than one option, so percentages may add up to over 100.

Quality Child Care

Survey participants were asked if they felt the community needed more quality child care/education programs. The majority of participants who responded (84%) indicated that they do feel that more quality child care programs are needed in their community. Those who answered yes were asked to explain why they felt that more quality child care programs are needed. Some of the main reasons provided include:

- There currently are not enough open seats
- There are not enough child care programs available, especially for low-income families, families in rural areas, or for special-needs children
- So, children can start learning early
- To keep children safer, and
- To allow parents to continue to work

Participants were also asked to select what they feel are the most important characteristics of quality child care. Many participants (61.7%) indicated that the curriculum or education program was an important characteristic of quality child care. Just over 52 percent (52.1%) of participants indicated that safety is an important characteristic, 47.9 percent indicated that the number of teachers and kids are important, 35.1 percent indicated that the structure of the facility is important, and 8.5 percent indicated that other factors are also important. Other characteristics of quality child care that participants indicated include:

- Cleanliness
- Consistency
- Passionate, generous, and happy teachers

Table 4. Characteristics of Quality Child Care, According to Survey Participants (n = 94)

	n	%
Curriculum/Education Program	58	61.7%
Safety	49	52.1%
# of Teachers and Kids	45	47.9%
Structure of Child Care Facility	33	35.1%
Other	8	8.5%

*Note: Participants could select more than one option, so percentages may add up to over 100.

Hours Needed for Child Care

Survey participants were asked the hours that they needed care for their children. Most participants indicated that they needed some child care. The majority of participants who needed care (78.4%) indicated that they needed daytime care for their child. Of these, 12.1 percent needed care that started between 6:00 am and 7:00 am and 17.2 percent needed care to begin between 7:00 am and 8:00 am. For participants who needed daytime care, 36.2 percent needed care after 5:00 pm including:

- 13.8% who needed care until as late as 6:00 pm
- 15.5% who needed care between 6:00 pm and 7:00 pm, and
- 6.9% who needed care until 7:00 pm or later

Three participants indicated that they would potentially need child care available in the evening or overnight hours, including two who indicated that they may needed access to child care at any time of the day or night. More than 20 percent (20.3%) of participants suggested that they may need variable hours for child care, due to rotating work schedules or indicating the number of hours they would need care, but not the time frame during which those hours would be needed.

Table 5. Hours Needed for Child Care by Survey Participants (n = 74)

	n	%
Exclusively Daytime Hours	58	78.4%
Exclusively Evening/Overnight Hours	1	1.4%
Variable Hours	15	20.3%

Information about Child Care

More than 70 percent of participants (71.9%) indicated that information about child care was available in their community. Most participants (73.9%) received information about child care opportunities through word of mouth. Participants also received information about child care through referrals from another service or program (34.8%), Facebook or other social media (29.3%), the Internet (30.4%), or from their pediatrician or another medical professional (20.7%). Nearly 15 percent of participants (14.1%) also indicated that they received information about child care from another source. Other sources of information included information from WIC, information from their employer, information from a school or teacher, and being employed in the child care field.

Table 6. How Participants Received Information about Child Care (n = 92)*

	n	%
Word-of-mouth	68	73.9%
Reference by another service/program	32	34.8%
Internet search	28	30.4%
Facebook/social media	27	29.3%
Pediatrician/Medical Professional	19	20.7%
Other	13	14.1%

*Note: Participants could select more than one option, so percentages may add up to over 100.

Early Childhood Resources

Survey participants were asked how finding early childhood resources could be made easier. Several participants answered that resources were already easy to find, however many suggested additional ways in which information could be made more readily available. Some suggestions included:

- Using social media
- Having information available at places like social services offices (e.g. WIC), other public offices, doctors' offices, and workplaces
- Distributing information through the mail
- Sending out text messages or emails
- Having information available through teachers or the school district
- Having someone available at community events to provide information
- Distributing information about early childhood resources at every visit (e.g., doctor's visits, social services visits, etc.)

Many participants felt that having information about early childhood resources available at the WIC office during visits would be useful. However, other participants would like information to be available "through other programs, besides WIC." One participant felt that the information should be available anywhere it could be made available.

Medical Care

Participants were asked how easy or difficult it was to obtain prenatal care while pregnant. Most participants who answered (77.6%) felt that it was easy to obtain prenatal care. However, more than 20 percent (22.4%) indicated that they had some difficulty obtaining prenatal care. Those who had difficulty obtaining care were asked to explain their difficulty. The primarily difficulties participants had in receiving prenatal care were:

Provider's offices required substantial travel (e.g., one participant reported the nearest OBGYN office was 80 – 100 miles away, and another reported driving for 1 ½ - 2 hours to visit their provider).

- Closest providers were out of state
- Cost of services
- Lack of health insurance.

Table 7. Ease of Accessing Prenatal Care by Survey Participants (n = 98)

	n	%
Easy	76	77.6%
Difficult	22	22.4%

Participants were also asked if it was easy or difficult to receive care for their young children. Most participants who responded (69.4%) indicated that receiving care for their young children was easy however, 30.6 percent indicated that they had difficulty accessing care for their young child. Difficulties that respondents had were similar to the difficulties they had in receiving prenatal care, and included long travel times, having to visit providers out of state, cost of appointments, and lack of health insurance. Some participants also indicated that wait times to get an appointment were an issue, with one saying appointments were "booked too far out."

Finally, participants were asked if the child's doctor had ever discussed the child's development with them. The majority of participants (80%) indicated that the doctor had discussed their child's development with them, however some participants (8.7%) indicated that the child's doctor had not discussed child development with them, and just over 11 percent (11.3) indicated that the child's doctor only discussed child development if they asked.

Table 8. Child's Doctor Discusses Child's Development with Participant (n = 115)

	n	%
Yes	92	80.0%
No	10	8.7%
Only if I ask	13	11.3%

Support Needed for Families and Children

Participants were asked what they felt their communities need to support families with children in the ages ranges of 0 – 2 and 3 – 5. In general, the responses for both age groups were the same. Many of the participants who chose to provide responses to these questions indicated that their community needs more

child care programs – including high quality programs, more low-income programs, and more programs like Head Start/Early Head Start. Other supports that participants indicated they feel are needed in their community include:

- Parenting classes
- Support groups
- Job training
- Access to a pediatrician

In addition to the above responses, participants felt that families with children in the 3 – 5 age range needed more flexible child care centers with extended hours in their communities. Participants also wanted breastfeeding consultation support for families with children aged 0 – 2.

Early Childhood Survey / Encuesta de Infancia Temprana

Thank you for taking a few minutes to complete our survey. You are being asked to take this survey to help us improve our access to different resources in your community for children 0-5 years. All information collected from this survey is confidential and participation in this survey is completely voluntary. Please skip any questions your do not feel comfortable answering.

1. **What is you zip code:_____**
2. **Gender:** □ **Female** □ **Male** □ **Other**
3. Age: □ 18-24 years old □ 25-30 years old □ 31 – 35 years old □ 36 – 40 years old □ 41 or older
4. Your Race / Ethnicity: *(Check all that apply)* □ American Indian/Alaskan Native □ Asian □ African-American □ Hispanic □ Pacific Islander □ White; Non-Hispanic □ Other:____
5. What is the primary language you speak at home? □ English □ Spanish □ Other:_____
6. What is your relationship with the child? □Parent □Foster Parent □Grandparent □Aunt/Uncle □Other:_____
7. Please write ***the number*** of children you have in EACH age group: ___2 yrs or less ___3 – 5 yrs ___6-8 yrs ___9-12 yrs __13+ yrs
8. What type of care did your child have most often when your children were between:

   0-2 years: ☐ NONE/Stayed home ☐ Friends/Family/Neighbor care ☐Home-based ☐ Early Head Start Center ☐Other Facility/Center

   3-5 years: ☐ NONE/Stayed home ☐ Friends/Family/Neighbor care ☐Home-based ☐ Head Start Center ☐Other Facility/Center ☐ School District
9. If you have or had barriers accessing care, what were some of the barriers?
   ☐ Too expensive ☐Location too far ☐ Hours not convenient ☐ No open spots ☐ None available in community
   ☐ Other _____ ☐None
10. If you had barriers, were they ☐ The same for ages 0-2 and 3-5 ☐ Does not apply
    ☐ Different – Please explain: _____
11. How do you learn about available child care in your community? (check all that apply)
    ☐Word of mouth ☐Facebook or social media ☐Searching the internet ☐ Referred by Pediatrician/Medical professional
    ☐Referred by another service or program ☐Other - Please explain: _____
12. How can we make early childhood resources easier for you to find:_____
13. What are the most important characteristics of quality child care that you feel you cannot find in your community? (check all that apply) ☐ Safety ☐ Structure ☐ Curriculum/Education program ☐# of Teachers & Kids ☐ Other - Please explain: _____
14. What hours do you need care for your child/ren: _____
15. Do you think your community needs more quality early child care and education programs? _____
    If yes, can say why you feel this way? _____
16. For your family, receiving prenatal care in NV during pregnancy is/was: ☐ Easy ☐ Difficult – Please explain: ____
17. For your family, receiving care for your young child was/is: ☐ Easy ☐ Difficult – Please explain: _____
18. Does your child's doctor discuss your child's development with you? ☐ Yes ☐ No ☐ Only if I ask ☐ My child doesn't have a doctor
19. What do you think your community needs to support:

a. Families and children 0-2?_____

b. Families and children 3-5? _____

Early Childhood Survey / Encuesta de Infancia Temprana

Gracias por tomarse unos minutos para completar nuestra encuesta. Se le solicita que participe en esta encuesta para ayudarnos a mejorar nuestro acceso a los diferentes recursos en su comunidad para niños de 0 a 5 años de edad. Toda la información recopilada en esta encuesta es confidencial y la participación en esta encuesta es completamente voluntaria. Por favor omita cualquier pregunta en la cual no se sienta cómodo respondiendo.

1. **¿Cuál es su código postal?:_____**
2. **Género: □ Femenino □ Masculino □ Otro**
3. Edad: □ 18-24 años de edad □ 25-30 años de edad □ 31 – 35 años de edad □ 36 – 40 años de edad □ 41 o más
4. Su Raza / Origen Étnico: *(Marque todo lo que corresponda)*
   □ Indio Americano/Nativo de Alaska □ Asiático □ Afroamericano □ Hispano □ Isleño del Pacífico □ Blanco; No hispano □ Otro:_
5. ¿Cuál es el idioma principal que se habla en casa? □ Inglés □ Español □ Otro:___
6. ¿Cuál es su relación con el niño? □ Padre □ Padre de crianza temporal □ Abuelo □ Tía/tío □ Otro: _____
7. Por favor escriba el ***número de niños*** que tiene en CADA grupo de edad: __2 años o menor __3 – 5 años __6-8 años __9-12 años __13+ años
8. ¿Qué tipo de cuidado recibió su hijo con mayor frecuencia cuando sus hijos estaban entre:

   0-2 años? ☐NINGUNO/Se quedó en casa ☐Amigos/Familia/Vecinos ☐Basado en el Hogar ☐Centro Early Head Start ☐Otra Instalación/Centro

   3-5 años? ☐ NINGUNO/Se quedó en casa ☐Amigos/Familia/Vecinos ☐Basado en el Hogar ☐Centro Early Head Start ☐Otra Instalación/Centro ☐Distrito Escolar
9. Si tiene o tuvo barreras para acceder a la atención, ¿cuáles fueron algunas de las barreras?
   ☐ Demasiado caro ☐Ubicación demasiado lejos ☐ Horas no convenientes ☐ No hay espacios abiertos
   ☐ Ninguno disponible en la comunidad ☐ Otro _____ ☐Ninguno
10. Si tenía barreras, eran ☐ Iguales para las edades 0-2 y 3-5 ☐ No se aplica
    ☐ Diferente - Por favor explique: _____
11. ¿Cómo aprende sobre el cuidado de niños disponible en su comunidad? *(marque todo lo que corresponda)*
    ☐ Al hablar con otros ☐Facebook o redes sociales ☐Búsqueda en Internet ☐ Recomendado por un pediatra/profesional médico ☐Referido por otro servicio o programa ☐ Otro - Por favor explique: _____
12. ¿Qué podemos hacer para que los recursos de infancia temprana sean más fáciles de encontrar para usted? _____
13. ¿Cuáles son las características más importantes sobre el cuidado infantil de calidad que usted siente que no puede encontrar en su comunidad? *(marque todos los que correspondan)*
    ☐ Seguridad ☐ Estructura ☐ Programa/Plan de Estudios ☐ # de Maestros y Niños ☐ Otro - Explique: _____
14. ¿A qué horas necesita cuidado para sus hijos? _____
15. ¿Cree que su comunidad necesita más programas de educación y cuidado infantil de calidad? _____
    Si es así, ¿puedes decir por qué se siente de esa manera? _____
16. Para su familia, recibir atención prenatal en NV durante el embarazo es/fue: ☐ Fácil ☐ Difícil – Explique: _____
17. Para su familia, recibir atención para su hijo pequeño es/fue: ☐ Fácil ☐ Difícil – Explique: _____
18. ¿El médico de su hijo habla sobre el desarrollo de su hijo con usted? ☐ Sí ☐ No ☐ Solo si le pregunto ☐ Mi hijo no tiene un médico
19. ¿Qué cree que su comunidad necesita para apoyar a:

a. Familias y niños 0-2 años de edad?_____
b. Familias y niños 3-5 años de edad? _____