kidscount in Nebraska

2006 REPORT

A Publication of Voices for Children in Nebraska

kidscount

2006

Kids Count is a national and state-by-state effort sponsored by The Annie E. Casey Foundation to track the status of children in the United States by utilizing the best available data. Key indicators measure the education, social, economic and physical well-being of children.

Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska. An important component of this project is the Technical Team of advisors. The Kids Count Technical Team is comprised of data representatives from the numerous agencies in Nebraska, which maintain important information about child well-being and other research experts. This team provides us with information from their databases as well as information on the positioning of their data in other fields. We could not produce this report without their interest and cooperation and the support of their agencies. Kids Count in Nebraska, sponsored by The Annie E. Casey Foundation, began in 1993. This is the project's fourteenth report. Additional funding for this report comes from Wells Fargo, Union Bank & Trust Company, and Share Our Strength (S.O.S.).

Featured Kids Count photographs are all Nebraska children. Several issues and programs may be discussed in a particular section. Children featured in each section represent elements of that section but may not be directly involved with all programs or issues discussed therein.

Additional copies of the 2006 Kids Count in Nebraska report as well as 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005 reports, are available for $11.00 from:

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Commentary 2006

What is Poverty in America, Exactly?

Americans often find the subject of poverty uncomfortable. It is something we do not fully understand, although we acknowledge that it exists in other countries and we often wonder why people "do not just get out of it." But the idea of poverty in America is another issue. It is a reality that many would rather not deal with and, instead, would like to maintain the view that this is a rich country with a huge middle class. So what, exactly, does poverty in America mean? Does it truly exist? Are we turning into a nation of the 'haves' and 'have nots?'

2006 FEDERAL HHS POVERTY GUIDELINES BY PERSONS IN FAMILY
(48 CONTIGUOUS STATES & D.C.)

1 Person	$9,800
2 Persons	$13,200
3 Persons	$16,600
4 Persons	$20,000
5 Persons	$23,400
6 Persons	$26,800

For each additional person add $3,400.

The fact is poverty does, indeed, exist here in America. The federal Department of Health and Human Services sets what is called the Federal Poverty Level (FPL) and this changes year after year based on price changes of the most recently completed year. It is important to note that many economists, professionals and families have long considered the FPL to vastly underestimate the reality of the cost of living but the federal government has not yet endorsed any other measure for poverty in America.

In 2006, a family of four surviving on $20,000 per year ($1,667 per month) is considered to be at the poverty level (FPL) or at 100% of poverty. According to these guidelines, a family of four living on $20,100 is not considered poor by the federal government. By definition, any family living between 100% of poverty ($20,000 for a family of four) and 200% of poverty ($40,000 for a family of four) is considered low-income.

The question is this – how far do you think $20,000 will go for a family consisting of two parents and two children? Consider the following annual costs to meet the basic needs of a Nebraska family:

Rent or Mortgage Payments	$5,329
Transportation	$4,920
Food	$4,102
Utilities	$2,309
Health Care	$2,132
Child Care	$2,300
Total	**$21,092**

This family is now $1,092 in debt and the following have not yet been considered:

- School Supplies
- Clothing
- Life Insurance
- Cleaning Supplies
- Toiletries
- Birthdays and Holidays
- Education

Parental Employment Characteristics of Low-Income Children in Nebraska

(at 200% of Poverty or Below)

- 60% Child has at least one parent working full-time, year round *(85,201 children)*
- 30% Child has at least one parent working part- or full- time, part year *(43,091 children)*
- 10% Child does not have an employed parent *(15,026 children)*

Source: "Nebraska – Demographics of Low-Income Children." National Center for Children in Poverty. Columbia University, Mailman School of Public Health. January, 2006.

So how far does $20,000 go for a family in Nebraska?

The answer is – not far.

NOTE: For more information on how far $20,000 gets a family of four in Nebraska, please view the Voices for Children in Nebraska website at www.voicesforchildren.com to view our Poverty in Nebraska video.

Realistically, as research shows, many families find it difficult to meet even their most basic needs with an income at 200% of poverty or double the poverty rate for their family size ($40,000 for a family of four).

As of August 2006, according to the U.S. Department of Commerce,

MYTHS AND FACTS ABOUT LOW-INCOME WORKING FAMILIES

MYTH: Low-income working families do not work hard.

FACT: The average annual work effort for low-income working families is 2,500 hours, equal to 1.2 full-time jobs.

MYTH: Low-income working families are headed by single parents.

FACT: Fifty-three percent of low-income working families are headed by a married couple.

MYTH: Low-income working families are headed by immigrants.

FACT: Seventy-two percent of low-income working families have American-born parents only.

MYTH: Low-income working families have very young parents.

FACT: Eighty-eight percent of low-income working families have parents between 25 and 54 years old.

MYTH: Low-income working families are overwhelmingly minority.

FACT: Forty-seven percent of low-income working families have white, non-Hispanic parents only: 28 percent have a Hispanic parent, and 20 percent have an African-American parent.

Source: Waldron, Tom, Brandon Roberts and Andrew Reamer. "Working Hard, Falling Short: America's Working Families and the Pursuit of Economic Security." A National Report. October, 2004.

7.7 million families (or 37 million people) struggled to live month-to-month as a result of poverty in 2005.

As for children, while the percentage living in poverty varies greatly from state to state, the national average in 2004 was 18% (13.5 million children).[i] That means that literally one out of every five children is likely to live with hunger and food insecurity, poor health care due to a lack of health insurance, and economic hardships, which put children at greater disadvantage and risk. Since 2000, America has experienced a continual increase in child poverty after a decade of decline in the 1990s.

A recent publication by the National Center for Children in Poverty stated that the largest increase of children living in poverty, between 2000-2004, occurred in the Midwest. "The Midwest has experienced a 29% increase in the number of children living in poor families, rising from 2.2 million in 2000 to more than 2.8 million in 2004."[ii]

Child Poverty in Nebraska

According to the 2000 Census and the 2005 American Community Survey, rural child poverty has increased by 3.3% (from 19.2% to 22.5%) between 2000 and 2005. In Nebraska, a majority of children in poverty are living in rural areas of the state. In total, 12% (53,259) of Nebraska's children are considered poor, according to the federal poverty level. Another 22% of Nebraska's children are low-income (living between 100%-200% of the FPL).[iii]

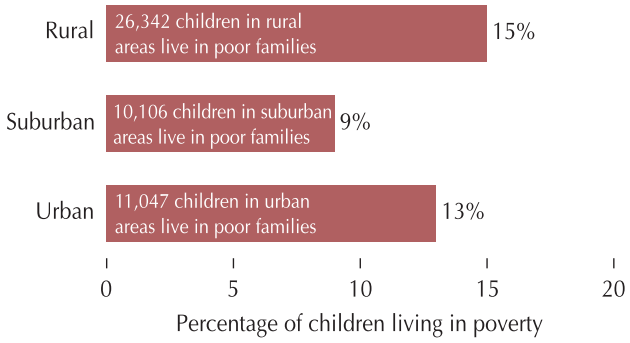
Nebraska's poor children primarily come from working families with full-time jobs who depend on their earnings as the most significant portion of their incomes. Additional income support might come from Aid to Dependent Children (ADC), Child Care Subsidies, health care support, and the Earned Income Tax Credit (EITC). Eighty-two percent of poor children come from families with either (at least) one parent in full-time, year-round work or one parent employed either part-time or part-year – a percentage that has remained unchanged in Nebraska for the last decade.[iv] This begs the question, "why are there so many hard-working Nebraska families living in poverty?"

Nebraska's job industry is largely made up of low-wage work, with a minimum wage that has dropped significantly in value, and therefore contributes to the increasing number of families struggling to make ends meet despite having a steady job. Service and retail industries have had the largest percentage of growth in recent years yet these jobs are unlikely to provide an income high enough to keep a family out of poverty. Additionally, in rural areas, finding good-paying, full-time job opportunities has become increasingly difficult.

In 2004, Voices for Children in Nebraska worked on a collaborative team which published a report entitled, "Family Economic Security for Rural Americans." This report took an in-depth look at rural poverty in 13 states. Due to numerous similarities with rural issues, Nebraska, South Dakota and North Dakota worked together as the *Rural Great Plains Collaborative*. Some of the major findings for contributing factors of rural poverty included:

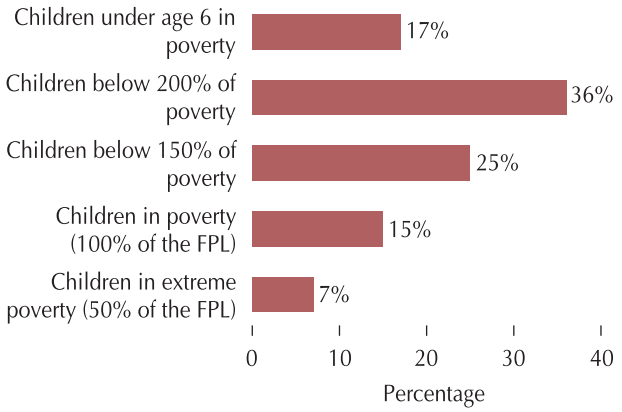
- Meager population growth in rural counties
- Low-wage jobs and a great deficiency in job opportunities and full-time work
- Limited access and affordability of health care
- Lack of affordable, reliable and flexible child care

2006 Nebraska Children in Poor Families By Residential Area



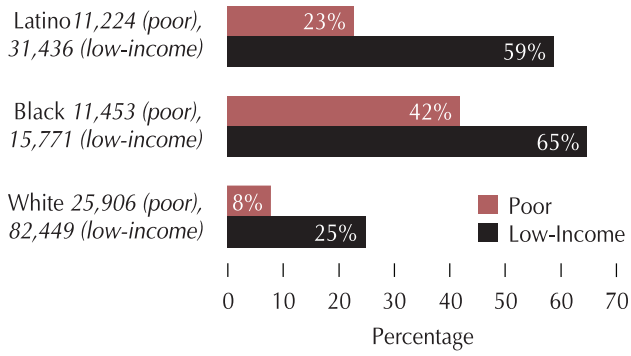
Source: "Nebraska – Demographics of Children in Poverty." National Center for Children in Poverty. Columbia University, Mailman School for Public Health. 2006.

2005 Nebraska Children in Poverty



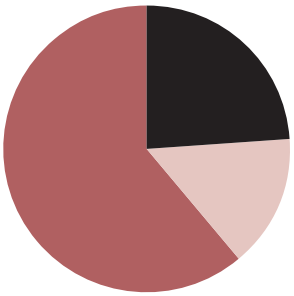
Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2005 American Community Survey.

Percentage of Nebraska Children Within Racial/Ethnic Populations Who Are Poor (At 100% of Poverty) or Low-Income (Between 100-200% of Poverty)



Source: "Nebraska – Demographics of Low-Income Children." National Center for Children in Poverty. Columbia University, Mailman School of Public Health. January, 2006.
"Nebraska – Demographics of Children in Poverty." National Center for Children in Poverty. Columbia University, Mailman School of Public Health. January, 2006.

Percentage of Poor or Low-Income Nebraska Children by Race/Etnicity



- 24% Latino – *11,224 (poor) and 31,436 (low-income)*
- 15% Black – *11,453 (poor) and 15,771 (low-income)*
- 61% White – *25,906 (poor) and 82,449 (low-income)*

Source: "Nebraska – Demographics of Low-Income Children." National Center for Children in Poverty. Columbia University, Mailman School of Public Health. January, 2006.
"Nebraska – Demographics of Children in Poverty." National Center for Children in Poverty. Columbia University, Mailman School of Public Health. January, 2006.

For Nebraska parents struggling with such issues, there is an increased likelihood that their children are suffering the consequences of living in poverty.

The Effects of Poverty on Children

> *"As Americans pay greater attention to the needs of children during their first years of life, it is critical that poverty be recognized as perhaps the single most powerful factor that can negatively influence brain development."*[v]

Many children throughout the United States and Nebraska have experienced poverty and have, as adults, succeeded in moving above the federal poverty level and out of poverty completely. Statisticians often say 'correlation is not to equal causation.' However, there does remain a heightened likelihood of experiencing risk factors in poverty, therefore increasing the possibility of engaging in risky behaviors and subsequently, continuing the cycle of poverty. Some risk factors associated with poverty are:

- Lack of adequate nutrition
- Trauma, abuse and/or neglect
- Low quality child care
- Parental substance abuse
- Unsafe neighborhoods and schools
- Exposure to environmental toxins[vi]

The reality is, exposure to these and other hazardous conditions results in heightened risks to children's physical, emotional and mental well-being.

Poverty-driven factors such as hunger (or food insufficiency), inadequate nutrition, poor health care, and an increased risk of experiencing abuse and/or neglect can be severely detrimental to a child's well-being. Children who consistently attend school without breakfast or without nutritious lunches often perform lower on standardized tests and have difficulty focusing on school activities. Additionally, poor or inadequate nutrition and exposure to toxins have been shown to increase rates of developmental delays and learning disabilities in children, often leading to grade repetition and even dropouts in adolescence.

According to the American Academy of Pediatrics, 34,997 children in Nebraska were without health insurance in 2005. Not having health coverage keeps children from receiving regular check-ups during a time in life when every part of a child's mind and body is developing. Children without health insurance are less likely to have preventative care, often go without treatment for ailments such as sore throats and earaches, and are often not up-to-date on immunizations. The reality is that many of these children miss far more days of school than children who have health coverage, putting them at a greater disadvantage scholastically. Ultimately, not having health insurance puts children at a greater risk of having poor health. The costs of not having health care are not only a strain on the family, but on society as well. Families and children without health coverage are more likely to only visit doctors in emergency room situations – when the situation is dire. The costs of such visits are put not only on the family, but on society as well.

Child abuse and neglect is not limited to any particular part of the country, state, or city. Nor is it limited to particular families of various income levels. It happens everywhere, to children of all ages, races, ethnicities, income levels, and living situations. That being said, research studies have continued to show that children in families considered low-income or poor have an increased risk of experiencing abuse and/or neglect. Boys and girls who grow up in these situations are more likely to develop aggressive behaviors and mental disorders, engage in high risk behaviors such as substance abuse and criminal activities, experience depression, struggle with eating disorders, as well as drop out of school or have low performance in school. In 2005, a reported 4,924 children were involved in cases of child abuse and neglect in Nebraska. The high numbers of children taken from their homes as a result of abuse or neglect put great weight on our society – not only are we putting children at greater risk of engaging in risky behavior, but the costs of having the state become the parents to over 7,000 children is enormous. Taking preventative measures and aiding families lessens the likelihood of children facing abuse and/or neglect, of children being taken from the home, becoming dependent on the state for care,

CHILDREN WHO RECEIVED ADC (TANF) AND ENTERED OUT-OF-HOME CARE BETWEEN 10-01-05 AND 09-30-06

REGION		RECEIVED ADC (TANF)	TOTAL
Central	Number of Youth	93	406
	% within Region	22.9%	100%
Eastern	Number of Youth	468	1,410
	% within Region	33.2%	100%
Northern	Number of Youth	153	519
	% within Region	29.5%	100%
Southeast	Number of Youth	248	912
	% within Region	27.2%	100%
Southwest	Number of Youth	49	282
	% within Region	17.4%	100%
Western	Number of Youth	52	193
	% within Region	26.9%	100.%
Total	Number of Youth	1,063	3,722
	% within State	28.6%	100%

Source: Nebraska HHSS

breaks the possibility of a generational cycle, and in the end, decreases the number of children in the system altogether.

While poverty does not create delinquent adolescents, nor is it the most important force behind criminal activity among youth, poverty does contribute to difficulties in the families that can affect or influence one's behaviors and actions. Significant public funding is spent year after year on Nebraska's juvenile justice system for the juvenile detention centers, treatment facilities, programs combating substance abuse, juvenile probation officers, and educating young adults who are in the juvenile justice system. The elimination of child poverty contributes toward substantially decreasing such costs as well as improves the lives and behaviors of many young people in our society.

Exposure to these risk factors during childhood puts one out of every five children in danger of impaired brain development. "Researchers have gathered new evidence on the importance of first years of life for children's emotional and intellectual development."[vii] While children are extremely resilient and all children encounter risk factors, the reality is that experiencing poverty during childhood creates an increased number of barriers for brain stimulation and development. Children who are not able to recover from such obstacles are more likely to develop difficulties in reading, mathematics and vocabulary, to appear to be more withdrawn and unable to form appropriate, healthy relationships with others, to experience great anxiety and depression, and are less likely to have stimulating encounters and activities which aid in developmental progress.

Looking at the longitudinal consequences of child poverty proves that the effects of poverty do not end upon reaching the age of majority. Juvenile delinquents can often become adult offenders putting financial and societal strains on our criminal justice system. Children may become dependent on the social welfare system as adults, without ever receiving the education and assistance needed to bring them to self-sufficiency. The lack of early education, the consequence of missing too many school days or the shortage of affordable options for higher education can result in low-paying jobs or make it less likely for one to work as an adult, putting even greater demands on our social services. Growing up without preventative health care and being forced to visit doctors for emergency-only situations often overburdens the healthcare system and results in furthering reliance on state and federally-funded medical care programs.

SELECTED POPULATION-BASED INDICATORS OF WELL-BEING FOR POOR AND NONPOOR CHILDREN IN THE U.S.

INDICATORS	% OF POOR CHILDREN	% OF NONPOOR CHILDREN
Reported to be in excellent health	37.4%	55.2%
Reported to be in fair or poor health	11.7%	6.5%
Deaths during childhood (14 and under)	1.2%	0.8%
Developmental delay	5.0%	3.8%
Learning disability	8.3%	6.1%
Grade repetition	28.8%	14.1%
High school dropout	21.0%	9.6%
Parent reports child has ever had an emotional or behavioral problem that lasted 3 months or more	16.4%	12.7%
Parent reports child ever being treated for an emotional or behavioral problem	2.5%	4.5%
Female teens who have out-of-wedlock birth	11.0%	3.6%
Economically inactive at age 24 (not in school or employed)	15.9%	8.3%
Experienced hunger (food insufficiency) at least once in past year	15.9%	1.6%
Reported cases of child abuse and neglect	5.4%	0.8%
Violent crimes (experienced by poor and nonpoor families)	5.4%	2.6%
Afraid to go out (percentage of family heads in poor and nonpoor families who report they are afraid to go out in their neighborhood)	19.5%	8.7%

Source: Brooks-Gunn, Jeanne and Greg J. Duncan. "The Effects of Poverty on Children." The Future of Children: Children and Poverty. Summer/Fall, 1997. Vol. 7, No. 2.

Research continues to show that adults who grow up in poverty are more likely to be poor, have their own children grow up in poverty and continue the cycle. Without policies and programs that enable families to reach self-sufficiency and treat the entire condition of poverty rather than its outcomes, the cycle of poverty will continue to increase and consequently put greater costs on society as a whole.

What Can We Do About Child Poverty in Nebraska?

> *"Beth Shulman (author of "The Betrayal of Work") argues that low-wage jobs damage us all, with costs to children, families, communities, the economy, and even our democracy. Low-wage work … erodes our basic values of personal responsibility, hard work and perseverance, and sends the message that work does not pay."*[viii]
>
> *" … a policy that does not end child poverty but merely treats its symptoms by paying sub-poverty line benefits and dealing with other consequences will become more expensive generation by generation."*[ix]

The reality is, throwing money at poverty, or only providing charity, is not going to pull our Nebraska families out of poverty, nor is it going to reduce the risk factors for our Nebraska children who experience poverty. And telling parents to work more or get a better paying job will not work either. For parents who do find jobs providing slight increases in pay, there is a great likelihood that the family will continue to live in poverty. Consider a parent who earns $8.00 per hour, working 40 hours a week. An $8.00 an hour job certainly provides more than the minimum wage and yet this still puts a family of three below the poverty level and therefore, qualifies the parent and family for numerous federal and state assistance programs such as Head Start, Food Stamps, Medicaid/Kids Connection health care, and WIC. A new job, with a slightly higher salary might push the family over the FPL for their family size. In that case, the parent/family no longer qualifies for most assistance programs yet the small increase in pay might not be enough to cover the cost of food and rent or pay the high costs of child care. As a result, without a living wage, the family continues to

struggle with the same issues of poverty, only now there is less help.

Voices for Children in Nebraska has worked to encourage all Nebraskans to advocate for the best interests of children, to equip all parents, professionals and volunteers to effectively meet the deepest needs of Nebraska's children and to inspire all Nebraskans to put the needs of all our children first. By working to reduce poverty among Nebraska families and children, we can do just that.

The good news is numerous programs and services and legislation do assist families towards self-sufficiency and pull families not only above the poverty line but out of poverty altogether. All of us can help make that happen. It is vital that Nebraskans put their support behind such programs and services and let our policy makers know that poverty not only hurts the families and children living in it, but it harms all of us in our communities, our cities, and our state. Some examples of such programs and services are:

LB 968 – State Earned Income Tax Credit (EITC)

- In the last legislative session, Nebraska's legislature passed LB 968, the budget package, which provides a refundable 8% Earned Income Tax Credit from the state to hard-working, low-income Nebraska families. Please see our Policy Box in the Economic Well-Being section for more information on the State EITC.

LB 1016 – Child Care Subsidies

- In the 2006 legislative session, LB 1016 was introduced as a means to improve child care assistance in Nebraska. LB 1016 did not pass and, according to the Center for the Study of Social Policy, Nebraska ties for 48th place in the nation for setting eligibility levels for child care assistance as a percentage of the state's median income. We will revisit this priority issue in 2007, as raising child care subsidy eligibility is crucial to help parents stay in the workforce, and not on welfare.

State Children's Health Insurance Program (SCHIP)

- ***Federal Issues –*** The productivity of a state's work force and the efficiency of a state government can be improved by increasing families' access to physical and mental health care. Studies show that families in America lose hundreds of billions of dollars in wages due to illness each year, which negatively affects both employees and employers. Access to health insurance is a key determinant in a family's ability to receive adequate health care. In the last session, Congress failed to budget sufficiently to meet the financial needs of States' SCHIP programs during reauthorization and 17 states, including Nebraska, face serious federal funding shortfalls. Read more on this and what you can do in the policy box on Physical and Behavioral Health.
- ***State Issues –*** During the 2002 regular session, there was a change in the Kids Connection eligibility period from 12 continuous months to 6 months, with month-to-month eligibility thereafter. If we reinstated the presumptive eligibility for 12 months of continuous coverage, it would lessen the administrative burden to caseworkers, and help maintain the continuous health coverage of children, saving the state money in the long-run.

Temporary Assistance to Needy Families (TANF) Reauthorization

- The current economy continues to lose high-paying jobs and add low-paying jobs, leaving families in a difficult position as they transition from public assistance and seek to obtain the training needed to secure stable employment. Due to TANF Reauthorization in Congress' Deficit Reduction Act, Nebraska now faces stringent caseload and work requirements. State coordination of job search and training support, the promotion of higher education, and earned income disregard are all policies aimed at helping families meet the goal of self-sufficiency, and for Nebraska to meet new federal requirements.

LB 239 – Immigrant In-State Tuition

- This year Nebraska became the 10th state to enact this legislation, allowing in-state tuition for illegal immigrant children who have lived in Nebraska for at least 3 years and graduated from a Nebraska high school. This legislation makes higher education more accessible to low-income families, therefore aiding in breaking the generational cycle, which often exists in poverty.

Poverty is one link in the chain of events that can determine the potential of a child's developmental future. Growing up in poverty often leads children toward other systems such as the child protection system and the juvenile justice system. Prevention efforts, therefore, need to be directed toward reducing poverty and keeping children out of those other systems. Government assistance programs aid families in eliminating the immediate circumstances of poverty and in making the first steps toward self-sufficiency. However, to effectively treat the root causes of poverty, our communities, cities and states must address a much wider range of issues. In other words, Nebraskans need to put the needs of children first, recognizing that children are a sound investment and will return on that investment for a lifetime. This can be accomplished with all Nebraskans working together for parental employment opportunities, quality child care, suitable and safe housing, educational opportunities, and community support in all areas of our state. As you review each section of this Kids Count Report and look at the statistics identifying the number of children who have dropped out of school or are living without health coverage, please remember that a reduction in poverty will naturally reduce numerous other risks and disadvantages our low-income children face. As we approach strategies to reduce poverty, we hope they will also be viewed as strategies to decrease the number of youth entering our juvenile justice system and the number of children going into out-of-home care, increase educational opportunities and the number of parents in self-sufficient jobs, and ultimately, put the needs of all Nebraska children first.

i Douglas-Hall, Ayana and Heather Koball. "*The New Poor: Regional Trends in Child Poverty Since 2000.*" National Center for Children in Poverty. Columbia University, Mailman School of Public Health. August, 2006.

ii Ibid

iii Douglas-Hall, Ayana and Heather Koball. "*The New Poor: Regional Trends in Child Poverty Since 2000.*" National Center for Children in Poverty. Columbia University, Mailman School of Public Health. August, 2006.

iv Ibid and Lazere, Edward B. and Kristin Anderson Ostrom. "*Nebraska's Families: Poverty Despite Work.*" Center on Budget and Policy Priorities and Voices for Children in Nebraska. October, 1994.

v "*Early Childhood Poverty: A Statistical Profile.*" National Center for Children in Poverty. Columbia University, Mailman School of Public Health. March, 2002.

vi Ibid

vii "*Poverty and Brain Development in Early Childhood.*" National Center for Children in Poverty. Columbia University, Mailman School of Public Health. June, 1999.

viii Waldron, Tom; Brandon Roberts and Andrew Reamer. *"Working Hard, Falling Short: America's Working Families and the Pursuit of Economic Security."* A National Report. October, 2004.

ix Hirsch, Donald. *"The Cost of Not Ending Child Poverty: How We Think About It, How It Might Be Measured, and Some Evidence."* Joseph Rowntree Foundation. 2006.

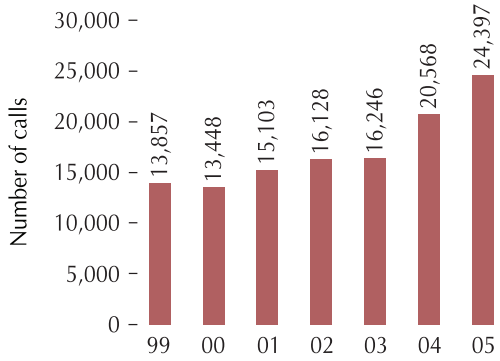
Child Abuse & Neglect Domestic Violence

The maltreatment of children affects those individual children, their families, their communities and our society. Violence, whether observed or directly felt by a child, can disrupt growth and development, lower self-esteem, perpetuate a cycle of violence and cause or exacerbate mental health problems. The result is often academic underachievement, violent behaviors, substance use and low productivity as adults.

Investigated and Substantiated Cases

Nebraska Health and Human Services System (HHSS) received 28,009 calls made to the Child Abuse/Neglect Hotline in 2005. Of those calls, 24,397 were for alleged child abuse and neglect, an increase of 3,829 calls over the 20,568 calls alleging child abuse and neglect in 2004. The hotline averages 76.7 calls a day. Of the 24,397 child abuse and neglect calls received, 13,897 were investigated (an increase of 606 investigations over 2004) resulting in 3,324 substantiations involving 4,924 children (unduplicated). This is an average of 38 new investigations each day, 63.9 child abuse and neglect substantiations involving nearly 95 children per week.

Alleged Child Abuse and Neglect Calls to Child Protective Services (CPS)

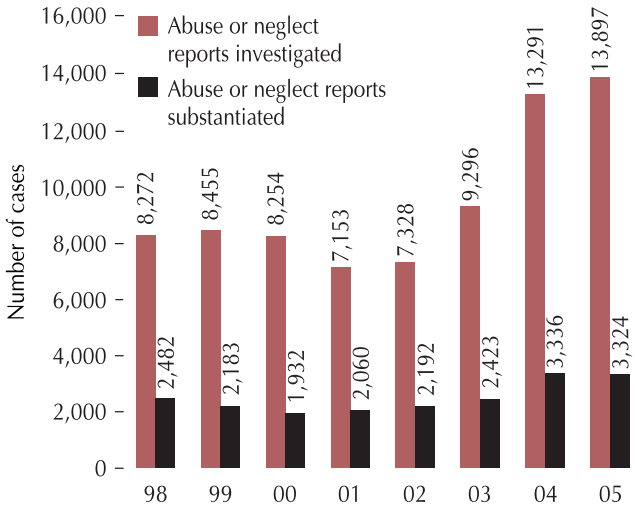


Source: HHSS

Data show substantiated cases are more likely to involve young children. In 2005, 62.9% of the children involved in substantiated cases were ages eight and under. The average age of a child in a substantiated case was seven years old. Children ages three and under represented 1,178, or 23.9% of the children involved in substantiated cases. Children age two or under accounted for 785, almost 15.9%, of the victims. Older children are not less likely to be abused, however, children who are younger often display stronger evidence of abuse making it more likely to be reported. In 2005, there were 2,469 (50.1%) female children and 2,455 (49.9%) male children involved in substantiated cases.

According to hospital discharge records, males are the most probable perpetrator of physical abuse resulting in the need for medical assistance. These perpetrators are usually the spouse or partner of the child's mother.

Statewide Abuse/Neglect Cases 1998-2005

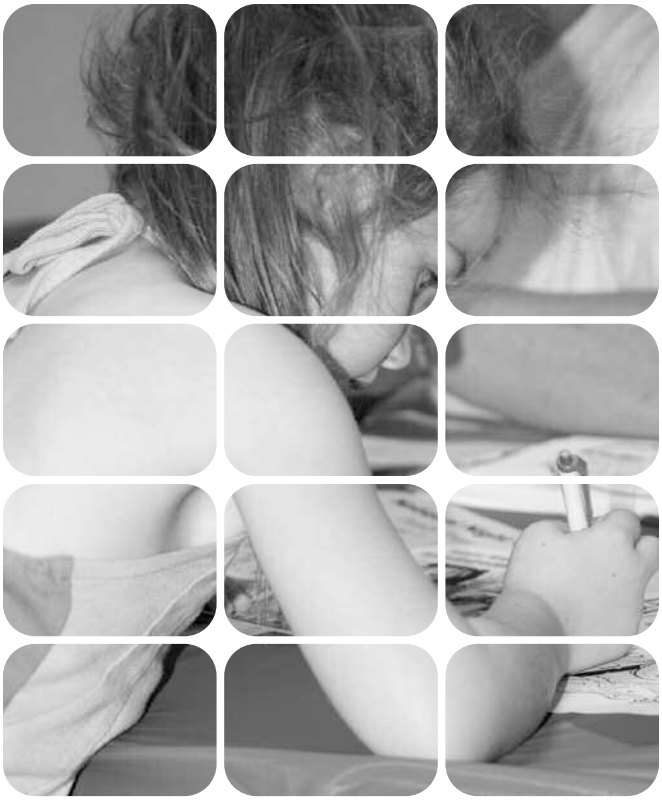


Source: Nebraska Health and Human Services System (HHSS)

It's the Law!

The state of Nebraska requires all citizens who have reasons to believe or have witnessed child abuse or neglect to report the incident to their local law enforcement agencies or to HHSS Child Protective Services (CPS).

Only 1% of child abuse reports to HHSS or law enforcement come from the children themselves. Children often have strong loyalties to their parent(s) and/or the perpetrator and therefore are not likely to report their own, or their siblings', abuse or neglect. These children may fear the consequences for themselves, the perpetrator and/or their parent(s). There is also a strong possibility the perpetrator has threat-



Kristiana

ened more serious abuse if they tell. Children may be more likely to tell a trusted adult such as a teacher, care provider or family member if they believe that person will help the family.

Types of Abuse

Neglect, physical abuse and sexual abuse are the three main classifications that fall under the umbrella of child abuse. Because children may experience more than one form of abuse, HHSS records all types of abuse that apply to each child individually. Over the years, neglect has been found to be the most commonly substantiated form of child maltreatment. If a child has not been provided for emotionally, physically and/or medically, it is considered neglect. Infants and children labeled as "failure to thrive" are often the result of neglect.

TYPE OF ALLEGATION (ABUSE)	FEMALE*	MALE*	TOTAL
Physical Abuse	336	386	722
Emotional Abuse	181	178	359
Sexual Abuse	384	123	507
Emotional Neglect	102	94	196
Physical Neglect	1,948	2,109	4,057
Medical Neglect of Handicapped Infant	2	2	4
Totals	2,953	2,892	5,845

** Numbers based on substantiated allegations may include more than one allegation per report per child.*

Source: HHSS, 2005

Child Abuse Fatalities in 2004 and 2005

According to Nebraska Health and Human Services System, in 2004, ten Nebraska children died as a result of child abuse and/or homicide (these data were not available in time for print last year). This is down from twelve children in 2003. In 2005, there were nine Nebraska child deaths due to child abuse and/or homicide.

In 1993, the Nebraska State Legislature mandated formation of a Child Death Review Team to review all child deaths. The first report in several years was published in 2004, covering the years 1996-2001. We look forward to more regularly published Child Death Review Team reports to provide both a more accurate record of the number of children who have died due to the tragedy of child abuse and to begin to identify strategies to prevent these tragedies. In July 2006, the Nebraska Child Death Review Team released its fourth report, encompassing findings on 575 child deaths occurring during 2002-2003.

Domestic Violence/Sexual Assault Programs

In Nebraska, there are 22 community-based domestic violence/sexual assault programs, as well as four tribal programs serving the Ponca, Winnebago, Omaha, and Santee Sioux nations. These programs offer a range of services for both adults and children who are victims of domestic and sexual violence, including: 24-hour crisis lines; emergency food, shelter, and sundries; transportation; medical advocacy and referrals; legal referrals and assistance with protection orders; and ongoing support and information.

During fiscal year 2004-2005, the 22 community-based programs served 9,921 people, including 3,357 children and youth who received direct services.[1] A total of 60,424 shelter bed nights and 155,156 meals were provided to 3,292 people, including 1,668 children.[2] [3] The programs also provided 42,602 hours of support and assistance to victims of domestic and sexual violence of all ages.[4]

A perpetrator of domestic violence often uses several forms of violence to exert control over both the adult victim and the children in the home.

Of the people who provided demographic information, 5,976 children were reported as living in the involved households.[5] Almost 400 (398) were reported as having been physically harmed, 112 were suspected of being victims of child sexual abuse, and 3,619 had witnessed the perpetrator's use of violence.[6] A perpetrator of domestic violence often uses several forms of violence to exert control over both the adult victim and the children in the home. Because of this, there is a high correlation between domestic violence, child abuse and animal abuse. A 2003 report by the Humane Society of the United States (HSUS) found that 91% of advocates who work with victims of domestic violence say they have heard

adult victims talk about incidents of pet abuse.[7] Seventy-three percent of the same group of advocates say they have heard children talk about pet abuse too.[8] This is consistent with a 1997 survey of 50 of the largest shelters for battered women in the United States, which found that 85% of women and 63% of children entering shelters discussed incidents of pet abuse in the family.[9]

Pets are part of the family in the majority of American households, where nearly three-quarters of families with school-age children have at least one companion animal.[10] Batterers abuse pets to perpetuate the context of terror; punish the adult victim or the child for leaving or to prevent them from leaving; degrade and humiliate the adult victim and children; teach submission; and, to force the family to keep the violence a secret.

Anonymous

The Nebraska Network of Domestic Violence Sexual Assault Programs and the Nebraska Domestic Violence Sexual Assault Coalition work together to address the needs of the entire family when assessing for safety, including the pets. This includes distributing information and educating the public on warning signs, the overlap between types of violence, and assisting victims of violence with expenses related to caring for the pets.

impact box

DOMESTIC VIOLENCE AND MEDIATION

Previous reports developed by Voices for Children in Nebraska have verified that:

- Domestic violence and child maltreatment often occur simultaneously
- The effect of a child witnessing domestic violence is as harmful to the child as it is for them to experience the abuse themselves
- When a victim of domestic abuse attempts to leave the perpetrator, the level of risk to that victim increases

"Family Courts have traditionally turned a blind eye to domestic violence or have minimized its significnce. Custody disputes involving domestic violence have been forced into a one-size-fits-all paradigm, an erroneous and potentially life-threatening approach. What is required is a differentiated approach based on careful screening of cases for the presence of domestic violence and thoughtful consideration of the clinical and legal implications. Recognizing the need for improvement in this area, the National Council of Juvenile & Family Court Judges and the State Justice Institute released in 2006, "Navigating Custody & Visitation Evaluations in Cases with Domestic Violence: A Judges Guide." For purposes of this tool, domestic violence is defined as "a pattern of assaultive and coercive behaviors that operate at a variety of levels – physical, psychological, emotional, financial and/or sexual – that perpetrators use against their intimate partners." Unlike stranger-to-stranger violence, domestic violence abusers have ongoing access to the victim, especially when they share children, and can continue to exercise a great deal of physical and emotional control over the victim's daily life. Child custody decisions could, therefore, more effectively protect children through identification and consideration of the type of domestic abuse a family has experienced or is experiencing.

Sources: Ganley, Anne L. "Understanding Domestic Violence: Preparatory Reading for Trainers."

Jaffe, Peter G., et al, Child Custody & Domestic Violence 16 (2003).

Ver Steegh, Nancy, J.D., MSW. Summer 2005 Law Review 65 La. L. Rev. 1379.

Early Childhood Care & Education

Early childhood is the term used to describe children from birth through age eight. During this critical period, children will grow and learn more than they will at any other time in their lives. In Nebraska, 73% of working mothers have children under the age of six. Whether young children are receiving care at home, in centers or preschools, or from family child care providers, they require a high quality, nurturing environment in order to make the most of this developmental stage. Young children who receive quality care may benefit cognitively, socially and emotionally, thus increasing their chances of achieving productivity in adulthood from which we all will benefit.

Early Childhood Development Programs in Nebraska

Head Start and Early Head Start

Head Start and Early Head Start programs are federally funded programs. The programs provide comprehensive services in child development, health and wellness, nutrition and social services to support low-income families who have infants, toddlers and preschool children. Early Head Start also serves pregnant women preparing for the birth of their child. The four cornerstones of Head Start include: child development, family development, staff development and community development. Children participate in various program formats including: center-based, home-based or a combination to focus on the cognitive, social and emotional development in preparation for the transition to school. Research shows that Head Start children perform better in school, and eventually in employment, than those children of similar economic circumstances who did not participate in Head Start.

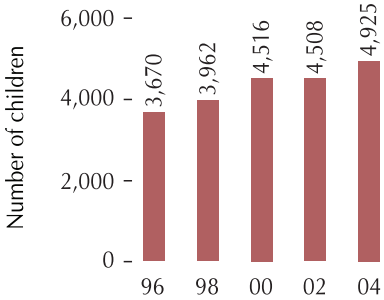
Jamon, 4

Early childhood brain research provided a catalyst to funding Early Head Start programs within the last decade. Research concluded that developmentally appropriate experiences contribute to the healthy development of an infant's brain and make a significant difference in whether a child may reach his or her full potential. Head Start and Early Head Start assists families in helping their children reach their full potential through parenting education and support, mentoring, volunteering, employment opportunities and collaborations with other quality early childhood programs and community services.

During the 2004-2005 program year, 15 Head Start and 10 Early Head Start programs provided services for young children and their families in 71 of Nebraska's 93 counties.

Head Start and Early Head Start services were offered in a variety of settings in the state. Services were provided for children in Head Start/Early Head Start centers, in partnership with school districts, in community early childhood centers and family child care homes as well as in the child's own home. Children and their families were served in full-day, part-day and home-based programs. Early childhood programs serving children eight or more hours per day served 422 Nebraska children. Head Start/Early Head Start grantees serving chil-

How many of Nebraska's 8,202* eligible 3- and 4-year-old children were enrolled in the Head Start Program?



** 8,202 children estimated income-eligible based on 2000 Census.*

Source: Nebraska Department of Education

L to R: Trenton, 3 and Maliyah, 4

dren at least six hours per day served 1,249 children. An additional 2,917 children were served in part-day programs.

According to the Head Start Program Information Report for the 2004-2005 program year, Head Start/Early Head Start programs in Nebraska served 6,142 children birth through age five and 178 pregnant women. Thirty-eight of the women were under 18 years of age. Of the 6,142 children, approximately 2,847 needed child care for full-days and/or for the entire calendar year because their parents were working or were in full-time educational programs. More than 1,500 children in Head Start/Early Head Start spoke a language other than English. Finally, 866 children served in Head Start/Early Head Start were determined to have a disability.

State Early Childhood Education Grant Program

Since 1992, Early Childhood Projects have served young children and their parents in 10 Nebraska communities. In 2001, in response to the Governor's identification of early childhood as a state priority, the legislature appropriated additional funds to expand the number of programs. Nebraska's Early Childhood Education Grant Program was designed to award state funds to schools or Educational Service Units (ESUs) to assist in the operation of early childhood programs. These programs are intended to support the development of children from birth to kindergarten through the provision of comprehensive center-based programs. In 2005-2006, 38 school districts or ESUs received grants to provide child development programs throughout communities across Nebraska. Grantees were required to collaborate with existing local providers, including Head Start. The collaborative groups combined the grant funds with existing resources to operate integrated early childhood programs, which improved access to services for young children in those communities.

A majority of the 1,469 served were from low-income families, as was reflected by the 64% of children who were eligible for free or reduced school lunch. The grant-funded programs predominately served preschool age children. In fact, 1,346 of the children (92%) were either three or four years old. Nearly one quarter of the children served had a primary language used in their home other than English.

Even Start Family Literacy Programs

Even Start is a program of the US Department of Education admin-

policy box

CHILD CARE SUBSIDIES

Child care subsidies provide families with a safety net that enables parents of low-income households to work while ensuring quality and affordable child care for their children. Child care subsidies also provide states a tool for strengthening their current and future workforce. Research indicates access to high-quality, affordable child care improves the stability of workers and that low-income families are less likely to return to welfare assistance if they have access to child care assistance. Many families in Nebraska have the potential to leave welfare assistance and only rely on child care assistance, leading them down the path to self-sufficiency, if only Nebraska were to raise its child care subsidy eligibility levels to pre-2002 levels and receive sufficient funding to cover all eligible families.

In 2002, Governor Mike Johanns line-item vetoed $4.5 million from child care assistance in order to off-set the budget deficit. This resulted in cutting approxiamately 1,563 kids from the program in subsequent months as the eligibility requirement for low-income families was reduced from 185% of the federal poverty level ($37,000/yr for a family of four) to 120% ($24,000/yr for a family of four). Eligibility remained at 185% FPL for 24 months as families transition from public assistance. Due to the sudden change, parents who once received child care subsidies were faced with such choices as quitting their jobs, reducing work hours, and declining promotions and raises in order to remain under the 120% federal poverty level, going into debt, choosing lower quality care, less stable child care, and living without necessary but costly items included in the household budget. Before the line-item veto, most of the families receiving the subsidies were not a part of any other public assistance program other than Kids Connection, but after the cut many families had to rely on public assistance.

In response to the 2002 cut, parents, advocacy agencies and legislators rallied in support of Legislative Bill 1016, which would have returned the qualifying level for eligibility for child care subsidies back to the pre-2002 level of 185%. Unfortunately, Nebraska's legislature failed to pass the bill. Voices for Children, in partnership with The Center for People in Need and Nebraska Appleseed, along with many others, are working to support the return of pre-2002 levels in the 2007 Legislative Session. It is hoped that many other organizations will join the effort.

istered through the Nebraska Department of Education Office of Early Childhood. The Even Start Family Literacy Program is intended to help break the cycle of poverty and illiteracy and improve the educational opportunity of low-income families by integrating intensive early childhood education, adult literacy or adult basic education including support for English language learners and parenting education.

During the 2004-2005 grant year, a total of nine Even Start programs were funded across Nebraska. Eligible participants in Even Start programs are parents who qualify for participation in an adult education program and their children, birth through age seven. To be eligible, at least one parent and one or more eligible children must participate together in all components of the Even Start project. Program components include early childhood education/development, parenting and adult education.

Nebraska Even Start programs served 311 families, including 365 adults and 437 children. Seventy percent of the parents served were English language learners. Additionally, 71% of the families were at or below the federal poverty level.

Early Childhood Special Education

In Nebraska, school districts are responsible for providing special education and related services to all eligible children in their district, from birth to age 21, who have been verified with a disability. In order for a child to be eligible for special education and related services, the school district must evaluate the child through a multidisciplinary team process (MDT) to determine the educational and developmental abilities and needs of the child. Once the evaluation and assessment for the child have been completed, an Individualized Family Service Plan (for children from birth to age three) or an Individualized Education Program (for children ages 3-21) must be developed for the child. A service coordinator with the Early Development Network is available to assist families with children from birth to age three who have disabilities. In 2005, there were 5,929 children from birth to age five receiving early childhood special education services in Nebraska.

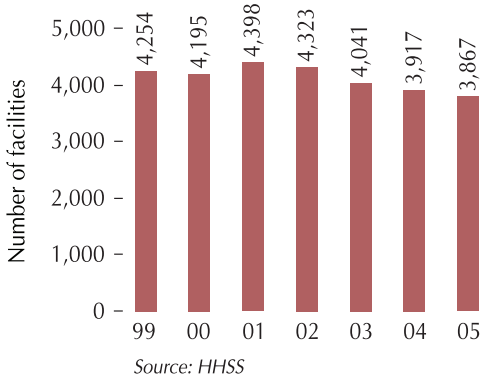
Katlyn, 4

Services for young children with disabilities, birth to age five, are required to be provided in natural environments for children birth to age three, and in inclusive environments for children ages 3 to 5. The terms "natural" and "inclusive" environments are defined as settings that would be natural or normal for the child if he/she did not have a disability. To the greatest extent possible, the early education experience is to be provided for children in partnership with community preschools, child care centers, Head Start programs and other community settings.

Child Care Facilities and Subsidies

In Nebraska, a child care provider or facility providing care for four or more children from more than one family must be licensed by Nebraska Health and Human Services System (HHSS). Nebraska continued to lose licensed child care facilities in 2005, with a decrease of 50 facilities leaving 3,867 facilities. The 2000 Census calculated 117,048 children under age five in Nebraska. The vast majority will require child care outside the household at some point in their young lives. The lack of quality and licensed child care in Nebraska often results in long waiting lists and families' use of unlicensed care.

Licensed Child Care Facilities in Nebraska



Source: HHSS

In 2005, families who had previously received Aid to Dependent Children (ADC) with incomes at or below 185% of the federal poverty level (see Economic Well-Being section of this report), could utilize child care subsidies. Families who had not received ADC were eligible only if their income was below 120% of the federal poverty level. Throughout 2005, HHSS subsidized the child care of 30,238 unduplicated children, an increase from 2004 of more than 2,410 unduplicated children. The monthly average was 15,326 children. With an average annual cost of $1,695 per child, $51,611,888 federal and state dollars were used for child care subsidies in Nebraska. Subsidies are usually paid directly to the providers. While not all children receive subsidy for 12 months, the average subsidy cost per child paid by the Health and Human Services System during state fiscal year 2005 was approximately $281 per month. The rates established to pay for child care subsidy for preschool and school age children range between $13.00 and $21.00 per day. For in-home care, where the child care provider comes to the home of the child, HHSS uses a basic rate of $5.15 per hour.

Economic Well-Being

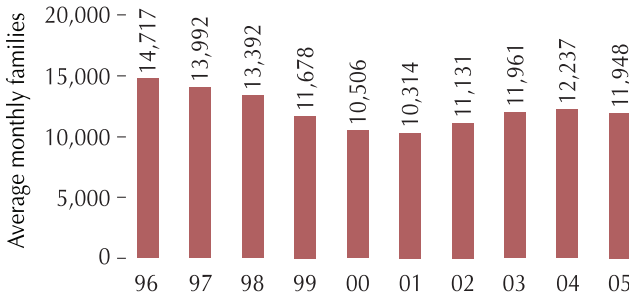
The general definition of economic self-sufficiency is a family who earns enough income to provide for their basic needs without public assistance. Nebraska Appleseed Center for Law in the Public Interest considers the basic needs budget to consist of food, housing, health care, transportation, child care, clothing and miscellaneous such as necessary personal and household expenses. If a family has the economic ability to provide these essentials without public assistance, they are considered self-sufficient. While it is limited, public assistance is available to families who cannot provide these necessities on their own.[1]

Temporary Assistance to Needy Families (TANF)

Aid to Dependent Children (ADC) remains the title of government "cash assistance" in Nebraska. TANF, as the program is known at the federal level, provides non-cash resources and education to foster self-sufficiency among program recipients. Nebraska's Employment First program was created to assist parents in acquiring and sustaining self-sufficiency within 48 months. Medicaid coverage, child care services and subsidies and job support are all provided through Employment First; cash assistance may be drawn for 24 of the 48 months.

In Nebraska, ADC was provided to a monthly average of 11,948 families (a decrease of 289 families from 2004) totaling $50,212,559, an average of $350.20 per family in 2005. These families included 21,702 children per month. Unfortunately, the maximum ADC payment only amounts to approximately 32% of poverty as prescribed by Nebraska law (see the guidelines on page 14). The utilization of ADC decreased steadily since it peaked at 17,239 in 1993, then after a four year increase it has again decreased slightly in 2005.

How many Nebraska families with children receive ADC?



Source: HHSS

Federal and State Tax Credits for Families

In 2005, a total of $194,384,000 was claimed as Earned Income Tax Credit on 110,339 Nebraska tax returns. The federal government created this tax credit in an effort to assist low and moderate-income working families in retaining more of their earned income. In addition, 160,240 families claimed the Child Tax Credit, receiving $220,722,000 and 52,246 families claimed the Dependent Care Credit, receiving $24,102,000.

Tristan, 4

This year the Nebraska state legislature voted to enact a state Earned Income Tax Credit (EITC), which provides a tax credit equaling 8% of the federal earned income tax credit for working families. Nebraska is the 19th state to enact this crucial tax relief plan for low-income, hard-working families. Additionally, Nebraska is one of 12 states that has refundable State Child and Dependent Care Tax Credits, and has received financial support from the National Women's Law Center in Washington, DC to promote these credits to families. Nebraska also offers free tax assistance to families statewide through a collaboration of state and local agencies.

Single Parent Families

Single parent families are less likely to have sufficient support systems and adequate financial resources than two parent families. The lack of these essential resources has been linked with greater parental stress and, therefore, greater occurrence of child abuse. Research shows more than 50% of our nation's children will spend all or part of their childhood in a single parent household. Forty-five percent of single parent families headed by a woman and 19% of single parent families headed by a man live in poverty, as compared to only 8% of

married couples with children under the age of 18.[2] In 2000, the census showed approximately 20% of Nebraska children lived in a single parent headed household.

Divorce and Child Support

Divorce accounts for 46% of all single parent households.[3] At the time that this report went to print, 2005 data on divorce were not available. In 2004, 5,942 marriages in Nebraska ended in divorce, involving 6,210 children, slightly more than in 2003. Of the 2004 divorces, custody was awarded to mothers 2,187 times, to fathers 367 times and joint custody was awarded 674 times. Child support can be awarded to the custodial parent. However, overall, 70% of support is collected and in 2005, total collections and disbursments were in excess of $245,000,000.

L to R: Jayveona, 3 and Corianna, 4

Unfortunately, court awarded child support is not always paid to the custodial parent. A parent can request HHSS assistance if they are not receiving the child support they are owed. HHSS responded to 104,076 of these cases as of September 2005 and collected $11,649,214 on behalf of children who are dependent on Temporary Assistance to Needy Families (TANF). On behalf of children whose parents were also owed child support but were not receiving TANF, $151,566,217 was collected.

Homeless Assistance Programs

The Nebraska Homeless Assistance Program (NHAP) funds emergency shelters, transitional housing and services for people who are homeless and near homeless across the state. In 2005, agencies funded by NHAP served a total of 34,143 people who were homeless and 54,064 people who were near homeless. Data indicated that in 2005 there was a decrease in homelessness of 12% from 2004, yet the number at-risk of homelessness increased by 29% over the previous year. Of those served, unaccompanied youth under the age of 18 accounted for 798 of the homeless and 942 of the near homeless. Children and their single parents accounted for 8,124 of the homeless (a 42% increase over 2004), and 16,662 of the near homeless. Children and their two parents accounted for 2,459 of the homeless and 10,527 for the near homeless (an increase of 75% from the prior year).

In addition to providing housing and resources, each region's shelters and units sponsor activities for children. For example, the Omaha Area Continuum on Housing and Homelessness sponsors an art project for children in shelters. This group provides the children with art supplies, ranks the drawings and has an awards dinner for the families of participants. The art is then displayed during Hunger and Homeless Week, the week preceding Thanksgiving.

2005 FEDERAL POVERTY GUIDELINES (AT 100% OF POVERTY)

SIZE OF FAMILY UNIT	GROSS ANNUAL INCOME
2	12,830
3	16,090
4	19,350
5	22,610
6	25,870

Source: HHSS

Note: The 2000 census estimates that 12% of all Nebraska children and 14% of Nebraska children under five live in poverty.

policy box

State Earned Income Tax Credit

This April, Governor Heineman signed into law a budget that included an 8% refundable State Earned Income Tax Credit (EITC). Voices for Children in Nebraska, along with organizations including Nebraska Appleseed, The Center for People in Need, Human Services Federation, The United Way and the Creighton University Legal Clinic made the state EITC a priority during the 2006 legisltive session. We worked with numerous state senators to help Nebraska become the 19th state to provide a state EITC.

A state EITC provides tax-relief to hard-working low-income citizens. The federal EITC is the single most effective policy that lifts low-income working families out of poverty. The National Center for Children in Poverty found that the federal EITC has reduced child poverty among young children by nearly 25%. A state EITC builds on the benefits of the federal EITC. The introduction of a refundable 8% state EITC means that families who qualify will receive 8% of the amount of the individual's federal EITC refund. This policy is designed to offset the tax burden on low-income working families.

The federal EITC was enacted in 1975 under President Ford. It was expanded and endorsed by members of both parties including Presidents Reagan, Bush and Clinton. State EITCs have been enacted under both Democratic and Republican governors. When the bill was in the Revenue Committee in the Nebraska Unicameral, it was supported by all eight of the committee's members and went on to be passed by a wide margin in the general assembly.

To find out if you qualify for this credit, and to receive assistance in preparing your tax return, call the Nebraska Low Income Tax Hotline toll-free at 211.

Education

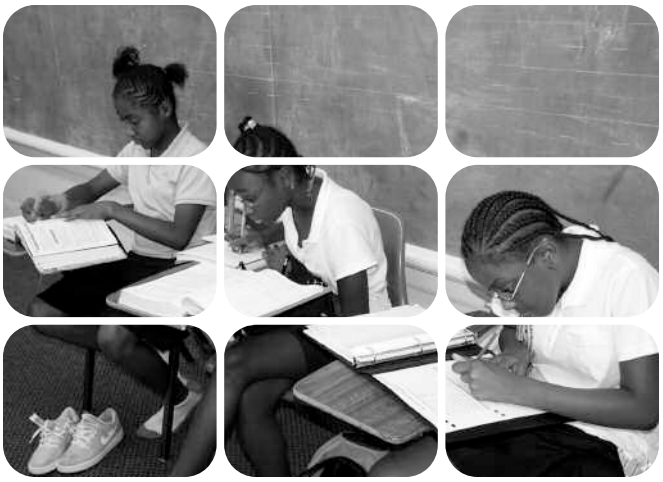
Education requires little introduction. It is common knowledge that children who do well in school are more likely to become successful adults. Generally, a higher education level is associated with higher income. Higher education is often linked to lower divorce rates, lower crime rates and higher job satisfaction.[1]

High School Graduates

During the 2004-2005 school year, 21,647 Nebraska high school students were awarded diplomas. The 2004-2005 graduation rate was 88.02% (compared to 87.48% for the 2003-2004 school year). As of 2002-2003, Nebraska adopted the national definition for graduation rate. The definition was developed by the National Center for Education Statistics (NCES). For the past several years, Nebraska published a twelfth grade graduation rate, which compares high school diploma recipients to all twelfth grade membership for the same year. The NCES definition, instead, attempts to calculate a four-year rate by dividing the number of graduates with regular diplomas by the size of the incoming freshman class four years earlier, expressed as a percent. These are two totally different approaches; one is a one-year retention rate, while the other is a four-year retention rate. For most districts, and for Nebraska as a whole, the graduation rate will be lower under the new definition; however, for a few districts, the graduation rate may increase.

Of the 2004-2005 graduates, approximately .94% were Native American/Alaska Native, 1.7% were Asian, Native Hawaiian, or Pacific Islander, 4.12% were Black, not Hispanic, 5.3% were Hispanic, and 87.9% were White, not Hispanic. In addition, 2,326 Nebraskans finished their high school education by passing the GED tests during the 2005 calendar year.

L to R: Robyn, 6; Lilliano, 6; and Mar'Keshia, 6



L to R: Alysia, 10; Tielar, 12; and Samantha, 10

School Dropouts

During the 2004-2005 school year, 2,767 Nebraska students dropped out of school, 1,610 male and 1,157 female. This was an increase of 137 dropouts over the previous year. (Dropouts are calculated using grades 7-12.) Minority groups have higher dropout rates than White students. In the 2004-2005 school year, 0.8% of White students dropped out of school. While Hispanic students made up almost 10.8% of Nebraska students, grades K-12, they comprised over 18.4% of the dropouts. Just over 7% of Nebraska students were Black, but constituted nearly 13.8% of the total dropouts.

STATEWIDE DROPOUTS
(1995-1996 TO 2004-2005)

1995-1996	4,391
1996-1997	3,923
1997-1998	4,168
1998-1999	4,013
1999-2000	3,774
2000-2001	3,770
2001-2002	4,028
2002-2003	2,911
2003-2004	2,630
2004-2005	2,767

Expelled Students

During the 2004-2005 school year, 924 Nebraska students, grades 7-12, were offered alternative education in response to expulsion from

customary education. Data based on expulsions by race and gender is no longer collected by the Department of Education.

In general, public school students are provided with an alternative school, class, or educational program upon expulsion. In Nebraska, a student can be expelled from a school but not from the school system, allowing for the student to continue their education in either a formal alternative program or his or her home. Prior to expulsion, it is necessary for the student and his/her parents to develop a written plan outlining behavioral and academic expectations in order to be retained in school. Some schools are developing creative and motivational alternative programs to meet the needs of students.

STATEWIDE EXPULSIONS
(1995-1996 TO 2004-2005)

1995-1996	443
1996-1997	615
1997-1998	663
1998-1999	849
1999-2000	824
2000-2001	770
2001-2002	816
2002-2003	857
2003-2004	858
2004-2005	924

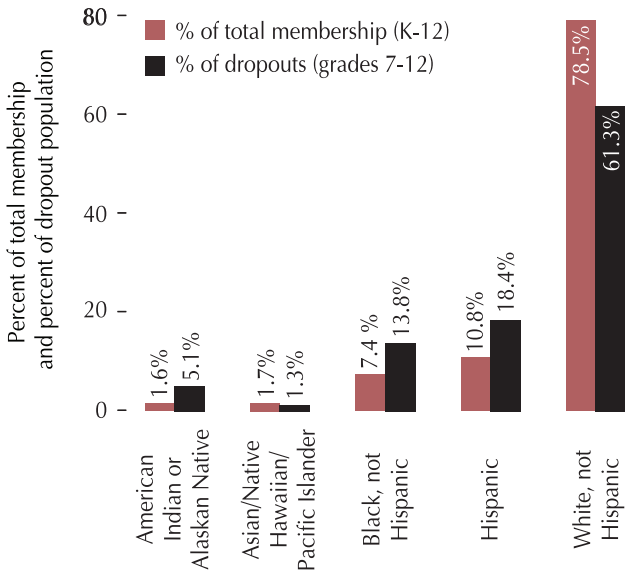
Source: Nebraska Department of Education

The School Discipline Act of 1994 requires expulsion for students found in intentional possession of a dangerous weapon and/or using intentional force in causing physical injury to another student or school representative.

Special Education

During the 2004-2005 school year, 46,500 Nebraska students from birth to age 21 received special education services. It is important for a child's development and education that the need for special education be identified at an early age. There were 5,926 preschool children, birth to age five, with a verified disability receiving special education services. School districts reported 40,574 students age 6-21 with disabilities.

Student Dropout Poplulation by Race/Ethnicity
2004-2005 School Year



Source: Nebraska Department of Education

policy box

IN-STATE TUITION

During the 2006 Legislative Session, by the passage of LB 239, Nebraska became the 10th state to grant in-state tuition at postsecondary schools to children of undocumented immigrants. The new law applies to students who have lived in the state for at least three years, graduated from a Nebraska high school and will sign affidavits swearing they will seek to become permanent legal residents.

Health – Physical & Behavioral

Good health, both physical and behavioral, is an essential element of a productive life. It is no surprise children who receive preventive health care from the time they are in the womb to the time they reach adulthood make healthier adults.

Due to the implementation of new birth, death and fetal death certificates, as well as system changes in data collection, 2005 birth and mortality data were not available in time for this report. Infant mortality and child death data have been updated to 2004 and birth data reflect 2004 data as given in the previous Kids Count in Nebraska report. Data for 2005 will be available next year.

Birth

In 2004, there were a total of 26,324 live births to Nebraska residents. Seven percent, or 1,862, of these births were babies with low birth weight, while the majority were born healthy (see Low Birth Weight section following). Eight point seven percent (2,290) of babies born in 2004 were to women ages 10-19, which was a slight decrease from the previous year. The number of unwed parents grew slightly in 2004, with 7,954 (30.2%) babies born out of wedlock. Almost 18% were born to mothers who did not receive adequate prenatal care during their first trimester of pregnancy.

Prenatal Care

According to the Centers for Disease Control and Prevention, nearly one third of American women giving birth experience a pregnancy-related complication. Early and appropriate prenatal care can detect potential problems and may prevent serious consequences for both the mother and her baby. The Centers for Disease Control and Prevention recommend starting prenatal care as early as possible, even prior to pregnancy. Prenatal care is measured by the Kotelchuk Index to calculate the adequacy of care.

In Nebraska in 2004, 2,801 births were recorded to mothers who did not receive adequate prenatal care and 4,749 were reported to have intermediate prenatal care. This totals more than 19% of births. Over 51% of Native American/Alaskan Native, 69% of Asian/Native Hawaiian/Pacific Islander, 61% of Black, 63% of Hispanic, and 72% of White newborns had mothers who received what was considered "adequate or adequate plus" prenatal care.

Unfortunately, 2005 statistics were not available in time for this report, however, in 2004, 38 newborns died before their first birthday due to birth defects. Research has shown there is a correlation between the health of the mother prior to conception and birth outcomes. Consuming folic acid prior to and following conception and living a healthy lifestyle will improve the chances of a healthy birth and may reduce the likelihood of birth defects including spina bifida.

L to R: Juanita, 13; Alejandro, 13; Mom; and Yasmin, 8

Infant Mortality

Infant mortality rates are frequently used as an indicator of overall human well-being in a community. Although the United States spends more on health care than any other country, it still has a higher infant mortality rate than 21 other industrialized nations. Currently, 2005 data are not available but in 2004, the Nebraska infant mortality rate (deaths per 1,000 births) was 6.57, an increase from 5.4 in 2003. In 2004, 173 Nebraska children died prior to their first birthday.

Nebraska residents lost 1,720 babies under the age of one from 1995-2004. Birth defects, 24.9% of deaths, were the number one cause of infant death during these years, while 13.5% were attributed to Sudden Infant Death Syndrome (SIDS). Premature births constituted approximately 9.1% of deaths. Infant mortality rates are generally higher for minority populations. In 2004, Native American/Alaskan Natives experienced an infant mortality rate of 11.42, while Asian Americans/Native Hawaiians/Pacific Islanders experienced a rate of 3.34, Blacks 16.85, those of Hispanic origin had a rate of 8.4 and Whites a rate of 5.9.

Low Birth Weight

The highest predictor of death and disability in the United States is low birth weight. A newborn weighing below 2,500 grams, or 5.5 pounds, is considered of low birth weight and a newborn weighing less than 1,500 grams, or 3.3 pounds, is considered of a very low birth weight. In Nebraska, 1,862 newborns were of low birth weight (7.07%); of these 1,862, 1.8% (330) were born with a very low birth weight. Both of these categories were higher than in 2003, with more babies being born at these low weights.

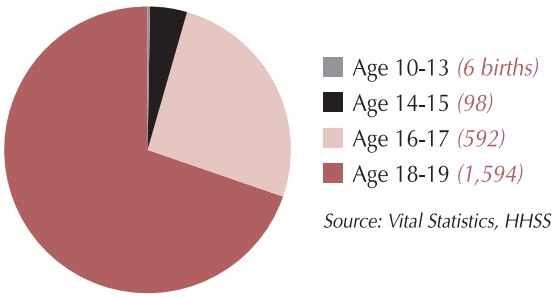
Smoking is an attributal cause of close to one-fifth, or 20%, of all low weight births and is the single most known cause of low birth weight.

Smoking is an attributal cause of close to one-fifth, or 20%, of all low weight births and is the single most known cause of low birth weight. Other factors related to low birth weight are low maternal weight gain, low pre-pregnancy weight, maternal illnesses, fetal infections and metabolic and genetic disorders, lack of prenatal care and premature birth.[1]

Births to Teens

While teen birthrates have been falling in the United States, it has the highest teenage pregnancy rate of all developed countries.[2] Research shows having children as a teenager can limit a young woman's educational and career opportunities, increase the likelihood that she will need public assistance and can have negative effects on the development of her children.[3] In Nebraska, 2,290 babies were born to girls ages 19 and under in 2004. This continues to decline from previous years. Across a ten-year span since 1995, 7,992 were born to mothers ages 17 and under. Of the 696 babies born to teen mothers ages 10-17 in 2004, 527 had White mothers, 117 were born to Black mothers, 35 had Native American mothers and 6 were born to Asian mothers. Adolescent females of Hispanic ethnicity gave birth to 177 babies.

Nebraska Teen Births by Age of Teen – 2004



Source: Vital Statistics, HHSS

Out-of-Wedlock Births

The risk of having children with adverse birth outcomes, such as low birth weight and infant mortality, are greater for unmarried mothers than for married mothers. Children born to single mothers are also more likely to live in poverty than children born to married couples.[4] The likelihood that a mother will be married upon the birth of the child increases with the age of the mother. In 2004, 93.4% (650) of the mothers age 17 and under were not married upon the birth of their child.

Immunizations

The national goal set by the U.S. Centers for Disease Control and Prevention (CDC) is that 90% of all children be immunized (except for preschool boosters) by the age of two. According to the National Immunization Survey for 2005, 83.9% of Nebraska two-year-olds (19 - 35 months of age) have received four DTaP (diphtheria-tetanus-pertussis) shots, three polio shots, one MMR (measles-mumps-rubella) shot, three HIB (H. influenza type b) and three Hepatitis B immunizations and one varicella (chicken pox) shot. The varicella was added at the end and the series is the new standard for up-to-date immunizations for two year olds. The Nebraska immunization rate of 83.9% is an 11% increase from last year for the same series. Nebraska is second in the nation; Massachusetts had 90%. The 2005 U.S. National Average was 76.1%. In 2004, Nebraska used the 4:3:1:3:3 series (without the varicella shot as part of the series) as the standard and for 2005 we were at 89% immunization coverage.

There were 295 cases of pertussis (whooping cough) reported in Nebraska in 2005, primarily in teens and young adults. This is an increase in cases of pertussis from 2004, which had 243 cases. Generally, the disease does not have a strong effect on older children or adults, however it can be easily passed to young children who may end up hospitalized. Although there have been no deaths in recent years, pertussis is a potentially deadly disease for young children. The Centers for Disease Control and Prevention along with the American Academy of Pediatricians and the American Academy of Family Physicians recommended in 2005 that the newly licensed tetanus, diphtheria and acellular pertussis booster dose (Tdap) be given at the 7th grade visit instead of Td which contains no pertussis.

Child Deaths

Slightly over half of child deaths are attributed to accidents in Nebraska. Child deaths include any child 19 and under. While 2005 statistics were not available in time for this report, in 2004, 31.9% of the 169 total child deaths were due to motor vehicle accidents, a decrease from 2003. Fourteen percent of the deaths were due to non-motor vehicle accidents. Twenty-one child deaths were attributed to cancer, 18 children were lost to suicide and 7 to homicide in 2004. According to the 2006 National Kids Count Data Book, Nebraska is ranked 15 out of 50 states and the Virgin Islands for rate of teen (ages 15-19) deaths by accident, homicide and suicide. Substance abuse is often associated with deaths due to suicide and homicide.

SELECTED CAUSES OF DEATH (BY FREQUENCY) AGES 1-19 IN NEBRASKA 1995-2004

CAUSES	FREQUENCY
Motor Vehicle Accidents	609
Non-Motor Vehicle Accidents	232
Suicide	174
Homicide	133
Cancer	130
Birth Defects	66
Heart	63
Infectious/ Parasitic	15
Asthma	27
Pneumonia	15
All Other Causes	263
TOTAL	1,727

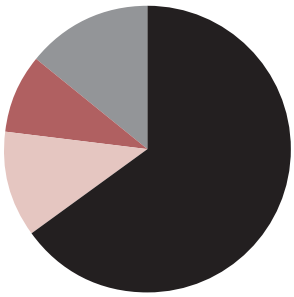
Source: Vital Statistics, HHSS

Access to Health Care

Uninsured children tend to live in employed families that do not have access to insurance. Most often in these cases the employer does not offer insurance, the insurance offered is too expensive or the insurance does not cover all of the necessary medical needs of the family. Many of these uninsured children are eligible for Kids Connection. Kids Connection provides low cost health care coverage for children living in families at or below 185% of the federal poverty level. Kids Connection includes both the State's Children's Health Insurance Program (SCHIP) and the Nebraska Medical Assistance Program (Medicaid). Kids Connection provided health coverage for 128,107 children, nearly 30% of all Nebraska children 18 and under in 2005. Under Nebraska's Medicaid coverage, children are two thirds of the recipients but are only a fourth of the Medicaid expenditures.

Nebraska Medicaid Average Monthly Eligible Persons by Category

Fiscal Year 2005



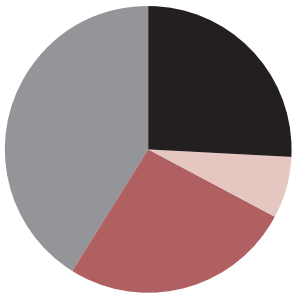
TOTAL: 198,757

- 65% Children *(128,107)*
- 12% ADC Adults *(23,635)*
- 9% Aged *(18,291)*
- 14% Blind & Disabled *(28,724)*

Source: HHSS

Nebraska Medicaid Vendor Expenditures by Eligiblity

Fiscal Year 2005



TOTAL: $1,396,568,237

- 26% Children *($360,859,893)*
- 7% ADC Adults *($104,133,140)*
- 26% Aged *($364,993,807)*
- 41% Blind and Disabled *($566,581,397)*

Source: HHSS

Blood Lead Levels

Data for 2005 were not available in time for print but as reported in 2004, 20,037 Nebraska children under six years old were tested for elevated blood lead levels and 572 were considered to have blood lead levels in the range where detrimental effects on health have been clearly demonstrated. This appears to be a dramatic decrease over previous years. However, it is difficult to obtain the number of children poisoned as some parents do not bring children back into clinics for confirmatory tests. Elevated blood lead levels can cause: increased behavioral problems, malnutrition, significant detrimental physical and cognitive development problems. Lead poisoning can be fatal. Blood lead testing is recommended for all children at 12 to 24 months of age and any child under seven years of age who has been exposed to lead hazards.

Anonymous, 4

Children are commonly exposed to lead through lead-based paints often present in houses built prior to 1950. Some homes built as recently as 1978 may also contain lead-based paint. The best way to protect children who are at risk by living in homes with lead-based paint is to maintain freshly painted walls to avoiding chipping and peeling of the paint. It is also important to keep these areas clean and dust free.

Mental Health and Substance Abuse Treatment

The Nebraska Health and Human Services System (HHSS) funds selected mental health and substance abuse services for children. Children who utilize these services are most often from lower income Nebraska families or are involved in the court system. Services paid for by private insurance are not included in the data and, therefore, the total is an underestimate of the number of children receiving these services.

Regional Centers

In fiscal year 2005, the Adolescent and Family Services (AFS) program at the Lincoln Regional Center (LRC) consisted of a six-bed inpatient program located on the Regional Center campus and several residential programs for adolescents – the 16-bed Adolescent Psychiatric Residential Program and three 8-bed residential and treatment group home programs. The inpatient program treated 64 youth in fiscal year 2005. The adolescent psychiatric residential and treatment group home programs treated 110 youth. Two 18-year-olds received services from the LRC Short-Term Care unit and five 18-year-olds received services from the Forensic Mental Health Program. (These are duplicated counts; some youth may have been treated in more than one program, or had more than one episode of care during the year.)

The Hastings Regional Center operates a Chemical Dependency Unit for youth from the Youth Rehabilitation and Treatment Center in Kearney. During fiscal year 2005, 141 youth were treated in this program. In 2006 the treatment beds at the Lincoln Regional Center were moved to the Hastings Regional Center but 2005 data do not reflect that move.

The Norfolk Regional Center does not have any specialized programs for children or adolescents; however, in fiscal year 2005 they treated one person who was 18 years old.

Community-Based Services

Mental health and substance abuse services are provided to youth in an array of prevention and treatment services. Mental health services include the Professional Partner Program (a community based multi-systemic intensive case management approach), crisis respite (a temporary care-giver relieving family for short periods of time either in the home or at another location) and traditional residential and non-residential therapy. Substance abuse services funded for youth include intensive short-term residential programs on Regional Center campuses to community-based residential and non-residential alternatives (most notably youth outpatient therapy). Substance abuse prevention services are conducted by community-based programs across the state in an effort to repeatedly carry the message of no use before age 21, or in the case of tobacco products – age 18.

Kyle, 16

Approximately 3,553 Nebraska children ages 18 and under received community-based mental health and substance abuse services in the most recent fiscal year. Out of those children, 2,472 received mental health services only, 1,824 received substance abuse services only and 438 received both mental health and substance abuse services.

Over 14,000 prevention events have occurred statewide reaching an estimated population of 1,497,600. Nebraska print and electronic media outlets provided 18 statewide media events reaching an estimated target audience of 2,200,000 Nebraska youth, representing the repeated message of no use targeted at youth and young adults.

Youth Risk Behavior Survey

Developed by the National Centers for Disease Control and Prevention and prepared by Nebraska Health and Human Services System (HHSS), the Youth Risk Behavior Survey (YRBS) includes self-reported health information from a sample of Nebraska 9-12 graders in 2005. This survey is given every two years. The goal of the report is to determine and reduce common youth health risks, increase access and delivery to health services and positively affect the often risky behavioral choices of youth. It is important to note, not all of Nebraska's school districts participate in this survey, including Omaha Public Schools, the largest district in the state. There are six categories of health risk behaviors included in the YRBS survey:

- Behaviors that result in unintentional and intentional injuries
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors that result in HIV infection, other sexually transmitted diseases and unintended pregnancies
- Dietary behaviors
- Physical activity

Source: The 2005 Youth Risk Behavioral Survey of Nebraska Adolescents

Alcohol and Other Drugs

Unfortunately, other surveys support the YRBS finding that alcohol is heavily used by youth in Nebraska. Nearly 43% percent of the students surveyed had consumed alcohol in the last 30 days prior to the survey and 29.8% had reported episodic heavy drinking in that same time period. While this is a small decrease from the previous report, it is still of concern. The report goes on to say that youth alcohol use is associated with increased occurrence of unprotected sex and sex with multiple partners, marijuana use, lower academic performance and fighting. Some of the other drugs youth utilized were marijuana (17.5%), inhalants such as glue, paints, or aerosols (11.3%), methamphetamines (5.8%) and cocaine (3.3%).

Tobacco

In Nebraska, 21.8% of the students surveyed report that they currently smoke cigarettes. Females and males report an almost equal usage of cigarettes, with 21.8% of teen girls and 21.6% of teen boys reporting current cigarette use. Fifty-three percent of those surveyed reported they had smoked at some point in their life. In addition, 8.7% indicated they currently use smokeless tobacco and 16.8% use cigars.

Motor Vehicle Crashes and Seat Belt Use

The leading cause of Nebraska deaths among youth age 15-24 is automobile crashes. According to the YRBS, 35.6% of students reported, in the last 30 days, riding in a vehicle driven by someone who had been drinking alcohol. In addition, 17.3% had driven a motor vehicle themselves one or more times in the past 30 days when they had consumed alcohol.

According to the Nebraska Department of Roads, in 2005, 26 Nebraska children 17 years of age and younger died in motor vehicle traffic accidents (the lowest number in the last 10 years to have died due to traffic accidents) and 332 suffered disabling injuries due to accidents. In the past ten years, 411 Nebraska children have died due to vehicle accidents.

Teen Sexual Behavior

According to the YRBS, 40.8% of the adolescents surveyed report-

ed that they had experienced sexual intercourse at least one time in their life, a decrease of 2.2% from 2003. Twenty-four percent of the adolescents who reported having had sexual intercourse used alcohol or drugs prior to their last sexual intercourse experience. The majority of these teens, 61.6%, reported using a condom the last time they had sexual intercourse, lessening their chances of contracting a sexually transmitted disease or becoming pregnant. Just over 4% of the respondents reported having had sexual intercourse before the age of 13, and 11.9% had experienced intercourse with four or more people during their life.

Obesity, Dieting and Eating Habits

The YRBS student respondents were requested to include their height and weight measurements on their surveys. In 2005, 32.5% of students described themselves as being either slightly or very overweight. However, only 11% were actually considered to be overweight, or at risk of becoming overweight, based on their Body Mass Index (BMI). Nearly 40% of the females surveyed described themselves as overweight, however only 12.8% were at risk of becoming overweight, while 7.8% were overweight, according to their BMI. Although only 7.8% of the female students met the BMI criteria for overweight, 64.8% of the females surveyed reported that they were trying to lose weight at the time of the survey. Twenty-nine percent of the males surveyed were also trying to lose weight at the time of the survey.

Only 36.5% of the students reported to have met the recommended levels of physical activity, which is defined by the YRBS as 60 minutes of an activity that increases the heart rate for at least 5 out of 7 days in a week. Seventy-one percent met previously recommended levels, which equals either 20 minutes of vigorous activity or 30 minutes of moderate activity on at least five days during the week. Nearly 8% reported to have not participated in any vigorous or moderate physical activity. Eighty-six percent ate less than five servings of fruits and vegetables per day during the seven days prior to the survey and 81% reported that they did not regularly consume milk during the seven days preceding the survey.

impact box

SCHIP SHORTFALL

In Nebraska, the State Children's Health Insurance Program (SCHIP) has been established as an extension of Medicaid under Kids Connection, providing families the option of health insurance that covers most medical expenditures for their children in the Medicaid program and for children in low-income households that may not qualify for Medicaid. SCHIP functions by allotting federal funds to states to provide health insurance for uninsured children in low-income households. In 2005, Kids Connection served 44,706 of Nebraska's children.

In 2007, the final year of SCHIP's original authorization, 17 states face a shortfall in federal funding for SCHIP. Nebraska is one of those states. These states are facing a combined shortfall of $800 million – the cost of covering well over 500,000 children nationwide. The shortfall could have various negative effects on Nebraska. Nebraska could be forced to increase its own state funding for the program or cut back the program by reducing eligibility requirements or eliminating benefits. Another possibility results in the separation of SCHIP from Medicaid. Separating SCHIP from Medicaid would allow the government to charge premiums or co-payments to help off-set the lack of federal funding. This possibility would require separate registration for SCHIP and Medicaid, development of a new agency, and implementation of a new educational campaign about the separate program, not to mention the possibility of an increase of the program's dropout rate and an increase in uninsured children due to the separation of programs.

SCHIP's joint-nature with Medicaid allows Nebraska to unify standards and methods used to determine eligibility and secures that less children lose coverage. Due to SCHIP's expansion of Medicaid under Kids Connection, the Kid's Connection program must comply with Medicaid requirements, meaning that Kids Connection is not allowed to impose any co-payments or premiums. Without the joint nature of SCHIP and Medicaid, low-income families could be faced with paying premiums, co-payments or deductibles out of pocket in order to obtain and continue coverage. States which have separate SCHIP and Medicaid programs are 45% more likely to have children "drop off the coverage rolls," and states with a combined or Medicaid-expanded child health program had an annual dropout rate of 9.6%, compared with a 13.9% dropout rate for states with separate SCHIP programs.

In the 2006 Legislative Session, Nebraska's legislators passed an amendment to Legislative Bill 1248 that requires legislative consideration to be given before the state agencies could separate and impose new premiums, co-payments or deductibles. This amendment would mandate discussion before the separation of SCHIP from Medicaid. Nebraska must now prepare itself for the possibility that federal SCHIP funding may not provide adequate funding to support Kids Connection and must prepare a fiscally sound plan to continue to meet the needs of the parents of low-income households relying on this program to ensure their children receive adequate health insurance.

Sources: Broaddus, Matt and Edwin Park. "SCHIP Financing Update: In 2007 Will Face Federal Funding Shortfalls of $800 Million in Their SCHIP Programs," Center on Budget and Policy Priorities. 5 June 2006. ***http://www.cbpp.org/6-5-06health2.htm***

"SCHIP Annual Report to CMS." Nebraska Health and Human Services System. 2005. ***http://www.hhss.ne.gov/med/2005CHIP.pdf***

"SCHIP Children in Separate Child Health Plans More Likely to Drop Off Rolls, Report Says." 2005. ***http://www.healthaffairs.org***

Juvenile Justice

Children can find themselves involved in the juvenile justice system for a variety of reasons, ranging from truancy to homicide. Family problems including domestic violence, poverty, mental health issues and self-esteem can all be factors that influence a juvenile's behavior. Our responsibility as adults is to insure that once a youth has entered the system, he or she has quality resources available such as adequate mental health treatment and educational experiences that will lead to success.

Juvenile Arrests

In 2005, 15,291 Nebraska juveniles were arrested, a very slight decrease of 53 youth from 2004. While female juvenile offenders comprise over 32.5% of all juvenile arrests, they outnumber male offenders in the number of arrests for offenses against family and children and runaways. Additionally, female offenders have doubled the number of felony assaults from 2003. Male offenders make up approximately 67.5% of all juvenile arrests.

Probation

In 2005, there were 5,666 juveniles supervised on probation while there were 5,860 juveniles supervised in 2004. This is a 3.3% decrease from last year. During 2005, statewide, 2,192 juveniles satisfactorily completed probation while there were 2,438 juveniles who completed probation satisfactorily in 2004. This is a decrease of 10.1%.

In 2005, two juveniles were convicted of homicide and 57 juveniles were convicted of sexual assault. Additionally, there were 720 juveniles tried in adult court.

From 2004 to 2005, the number of juveniles sentenced to probation for a misdemeanor offense increased by 6% to 2,650 youth while the number of juveniles sentenced to probation for a felony offense decreased 12% to 205 youth.

Youth Rehabilitation and Treatment Centers (YRTC)

The two Youth Rehabilitation and Treatment Centers in Nebraska are located in Kearney (established for males in 1879) and Geneva (established for females in 1892).

The YRTC Kearney mission is:

> *To help youth live better lives through effective services affording the youth the opportunity to become law abiding and productive citizens.*

The YRTC in Geneva's mission is:

> *To protect society by providing a safe, secure and nurturing environment in which the young women whom come to us may learn, develop a sense of self, and return to the community as productive and law abiding citizens.*

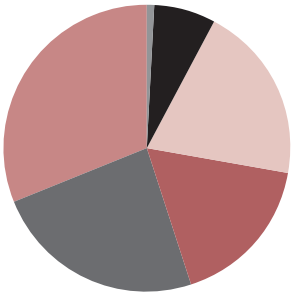
SELECTED* NEBRASKA JUVENILE ARRESTS BY OFFENSE AND GENDER – 2005

OFFENSE	MALES	FEMALES	TOTAL
Larceny – Theft	1,667	1,239	2,906
Liquor Laws	1,413	1,003	2,416
All Other Offenses	1,723	728	2,451
Misdemeanor Assault	1,295	666	1,961
Drug Abuse Violations	938	225	1,163
Vandalism-Destruction of Property	920	173	1,093
Weapons: Carrying, Possessing, etc.	160	6	166
Felony Assault	89	29	118
Sex Offense (except forcible rape & prostitution)	124	4	128
Arson	75	7	82
Robbery	52	7	59
Forgery & Counterfeiting	19	5	24
Forcible Rape	9	0	9
Prostitution	2	2	4
Offenses Against Family & Children	10	14	24
Runaways	163	183	346
Murder & Manslaughter	1	0	1

Source: Nebraska Crime Commission

** This does not include all arrests.*

Juvenile Arrests by Age – 2005



Source: Nebraska Crime Commisson

In the fiscal year 2004-2005, 419 males were admitted for treatment to Kearney and 132 females to Geneva for a total of 551 youth in YRTC care from July 2004 – June 2005. This was a decrease of 39 total YRTC commitments during the previous year.

Jacklyn, 15

YRTC Kearney had an average daily population of 189 (which includes approximately 35 youth in the substance abuse program at Hastings) in 2004-2005, a slight increase of 2 over the previous year. Males at Kearney remained an average of 209 days, and 61% were 16-17 years of age. Most young men committed to Kearney were White (51%), 21% were Black, 21% were Hispanic, 6% were Native American, and 3% were Asian. The major offenses committing males to YRTC Kearney were theft (25%), assault (20%) and burglary (10.7%). Additionally, through the Hastings Regional Center, Kearney utilizes a Chemical Dependency Unit for youth. During fiscal year 2005, 141 youth were served in this program.

Geneva provided services for an average of 90 females per day. The average female committed to Geneva in 2004-2005 was 16 years old at admission and remained there 9 months. The top offenses were theft (29%), assault (18%) and criminal mischief (15%). The majority of females placed at YRTC Geneva were White (56%), 17% were Black, 14% were Native American, and 13% were Hispanic.

Adult Prison and Parole for Juveniles

In 2005, 72 Nebraska youth ages 18 and under were processed through the adult system and housed in adult prisons. Of these juveniles, roughly 48.6% were incarcerated for robbery, burglary or theft, while the remaining were held for drug offenses, weapon offenses, sex offenses, homicide and other crimes. Four youth were incarcerated for homicide, one of them being motor vehicle homicide in 2005. Studies show trying juveniles in adult court is not an effective intervention in reducing juvenile crime, however it is used nationally. "Youth in the adult system are more likely to recidivate – and to recidivate more quickly and with serious offenses – than youth who are prosecuted through the juvenile system."[1]

policy box

JUVENILE JUSTICE

During the 2006 Legislative Session, LB 983 was passed and resulted in a $75,000 appropriation to the Health and Human Services System for improvements to juvenile correctional facilities. HHSS hopes to have a report assessing the improvements by January 2007.

impact box

JUVENILE LIFE WITHOUT PAROLE

While the United States' Supreme Court holds that the Constitution forbids the execution of offenders who were under the age of 18 when the crime was committed, there are over 2,200 youth in the United States serving life sentences without the possibility of parole. In the United Nations' 1989 Convention on the Rights of the Child (CRC) the contradiction between the particular rights and needs of children and life without parole sentences were addressed. Article 37 (a) drafted from the Convention states that "neither capital punishment nor life imprisonment without possibility of release shall be imposed for offenses committed by persons below eighteen years of age." Out of 194 nations, 192 have fully ratified the CRC. The two remaining nations are Somalia and the United States.

Even more alarming than the fact that the U.S. is one of two countries with this practice is the rate at which Nebraska youth are being incarcerated under sentences of life without parole. As of 2003, 21 Nebraska youth were serving sentences of life without parole. This rate equals 19.6 youth per 100,000, the ninth highest rate in the country. Unlike other states, Nebraska does not have a set age for which adult prosecution becomes possible, meaning the youth serving these sentences could be of any age. When broken down by race, Nebraska's rates are even more startling. One white Nebraska youth per 10,000 youth, between the ages of 14 and 17, is serving a sentence of life without parole compared to 18.6 black youth per 10,000 youth. Meanwhile, the national average is significantly lower, with figures of 0.6 white youth per 10,000 and 6.6 black youth per 10,000 serving life sentences without parole.

This practice of sentencing youth to serve life sentences without the possibility of parole fails to recognize the promise and potential of young life. This practice does not allow our young people the ability to grow, change and rehabilitate to become contributing citizens of our communities.

Sources: "The Rest of Their Lives: Life without Parole for Child Offenders in the United States." Amnesty International Human Rights Watch. 2005. Page 25-41.

Nutrition

Nutrition serves as the foundation for children's health, academic achievement and overall development. Being undernourished can inhibit a child's ability to focus, absorb information and exhibit appropriate behavior at home and school. Good nutrition can prevent illnesses and encourage proper physical growth and mental development. Supplemental food programs that include access to nutritious foods and offer education can assist families in providing healthy food for their children.

USDA Nutrition Programs

Food Stamps

Food Stamps are cards provided by the United States Department of Agriculture (USDA) to aid families that have incomes at or below 130% of poverty in order to maintain a low-cost, healthy diet. In the year 2005, the use of Food Stamps continued to rise over previous years. Nebraska Health and Human Services System (HHSS) distributed Food Stamps to an average of 116,831 persons or 49,726 households monthly in 2005. The average payment was $198.73 per household and $84.58 per person totaling $118,582,798.17. There were 60,672 children age 18 and under found eligible to receive Food Stamps in Nebraska.

School Lunch

Families are eligible for free or reduced price lunches based on their income level through the USDA School Lunch Program. Families must have an income at or below 130% of poverty to receive free lunch and at or below 185% of poverty to receive reduced price meals. Through this program, the USDA subsidizes all lunches served in schools. During the 2004-2005 school year, 468 school food authorities participated with 1,023 sites. While an average of 88,171 children received free and reduced price lunches, 104,104 children were found income eligible for free and reduced price lunches. Of the unaccounted for 15,933 children, some chose not to participate in the lunch program and others attended school where free or reduced lunch was not offered.

School Breakfast

The USDA provides reimbursements to schools for breakfast as they do for lunch. Unfortunately, fewer schools choose to participate in the breakfast program. During the 2004-2005 school year, 657 schools in 248 districts participated in the school breakfast program. Each month, an average of 30,148 children participated in the free/reduced price school breakfast program.

A total of $40,448,153.85 was spent, or reimbursed, for all breakfast and lunches in fiscal year 2005 in Nebraska.

Summer Food Service Program (SFSP)

The USDA Summer Food Program was created to meet the nutritional needs of children and low-income adults during the summer. An average of 9,100 Nebraska children participated in the SFSP in 2005. Only 24 of the 93 Nebraska counties offer the SFSP, but this is up from 20 counties in 2004. Due to the sites that offer two meals daily, the actual unduplicated number of child participants may be lower than the total given as one child may be counted twice for receiving both breakfast and lunch daily.

Child and Adult Care Food Program

In 2005, an average of 10,350 daily lunches were provided in child and adult care centers and 9,968 in family day care homes through this food program.

Commodity Distribution Program

The USDA purchases surplus commodities through price support programs and designates them for distribution to low-income families and individuals through food banks, soup kitchens and pantries. Total numbers for 2005 were not ready at the time this report went to print, although in the months of July, August and September in 2005, a total of 23,112 Nebraska households were served through the Commodity Distribution Program, an average of 7,704 households per month. In this same time period, a monthly average of 79,175 persons were served in soup kitchens through this program, totaling 237,526 persons served. The counts in soup kitchens are higher this year as a result of some agencies coming back onto the program. The 2004 totals were 82,200 Nebraska households served through the Commodity Distribution Program and 396,000 meals served in soup kitchens.

Commodity Supplemental Food Program (CSFP)

Women who are pregnant, breast-feeding and postpartum or families with infants and children to age six who are at or below 185% of poverty are eligible for the USDA Commodity Supplemental Food Program. The program provides surplus commodity foods, such as nonfat dry milk, cheese, canned vegetables, juices, fruits, pasta, rice, dry beans, peanut butter, infant formula and cereal. A monthly average of 1,347 women, infants and children were served by CSFP totaling 16,164 food packages for fiscal year 2005. Seniors, age 60 or older, who are at or below 130% of poverty may also participate in the program. Seniors received 154,824 food packages averaging 12,902 per month. There are 46 CSFP distribution sites serving all 93 counties.

WIC

The special Supplemental Nutrition Program for Women, Infants

and Children (WIC) is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population. Nebraska WIC served an average of over 40,252 participants per month through 120 clinics in 2005. WIC provides nutrition and health information, breastfeeding support and supplemental foods such as milk, juice, cheese, eggs and cereal to Nebraska's pregnant, postpartum and breastfeeding mothers, as well as infants and children up to age five, who have a nutritional risk and meet the income guidelines of 185% of poverty. Parents, guardians and foster parents are encouraged to apply for benefits. While 2005 birth data were not available in time for this report, of the 26,323 babies in Nebraska in 2004, 43% (11,301) were on WIC. Participation in the WIC program has continued to steadily increase. Average participation per month was 40,252 (9,555 women, 10,066 infants and 20,631 children) in 2005. The average cost for food benefits and nutrition services per year for a pregnant woman participating in the WIC Program in Nebraska in 2005 was approximately $607. Participation in the program helps ensure children's normal growth, reduce levels of anemia, increase immunization rates, improve access to regular health care and improve diets. Children participating in WIC also demonstrate better cognitive performance. WIC expenditures can prevent the need for more expensive intervention later. National studies have shown Medicaid costs were reduced on average between $12,000 and $15,000 per infant for every very low birthweight (less than 1500 grams) prevented.

NE WIC PARTICIPATION BY CATEGORY FOR FEDERAL FISCAL YEAR 2005

Breastfeeding Women	4,282
Postpartum Women	2,470
Pregnant Women	2,803
Infants	10,066
Children	20,631
Total	40,252

Source: HHSS

WIC PARTICIPANTS

YEAR	AVERAGE MONTHLY PROGRAM PARTICIPANTS
1996	35,376
1997	32,348
1998	31,081
1999	32,379
2000	32,194
2001	33,797
2002	36,454
2003	37,730
2004	39,087
2005	40,252

Source: HHSS

impact box

THE BENEFITS OF SCHOOL BREAKFAST

In the mornings, students often leave for school without having breakfast. While a family's tight budget may account for this missed meal, other reasons exist that are not dependent on income. Mornings can become too hectic for students to sit down and eat breakfast, while other students find themselves with a long period between breakfast at home and lunch at school due to a long commute and others are just not physically capable of eating when they wake up. In 1966, Congress launched the School Breakfast Program (SBP), in response to these challenges, which became a permanent part of the school systems in 1975. Throughout the years the program has provided children with both nutritional and educational benefits.

The Food Research and Action Center (FRAC) states in their Child Nutrition Fact Sheet: "Breakfast for Learning" that school breakfasts provide at least "one-fourth of the daily recommended levels of key nutrients that children need." Research has shown that students who eat school breakfast consume a smaller amount of saturated fat, drink more milk and consume more fruits than those who don't eat breakfast or have breakfast at home.

In regard to educational benefits, studies referenced on the FRAC's Fact Sheet, have shown school breakfasts are associated with improved math grades, attendance and punctuality as well as improving students' speed and memory on cognitive tests. Research also shows that eating breakfast closer to the beginning time of school and test-taking time results in better performance on standardized tests than those who skip breakfast or eat breakfast at home. J. Michael Murphy, EdD, a School Breakfast Program researcher from Massachusetts General Hospital and Harvard Medical School states that "what we find particularly exciting is that this [school breakfast] is a relatively simple intervention that can significantly improve children's academic performance and psychological well-being."

During the 2004-2005 academic year, 624 of Nebraska's schools participated in the School Breakfast Program; this number represents only 61.3% of the schools that also participate in the School Lunch Program. The remaining schools not participating in the program may be hesitating due to a lack of secure funds at the state level. While federal funds come in as an entitlement program, ensuring that schools receive reimbursement for every breakfast served at the state level, reimbursements for breakfasts served come from an allotted amount. Once the allotment runs out, schools can no longer expect compensation from the state. In past years, state funding has consistently run out in May, therefore eliminating the possibility of continuing through the summer months for children who will go hungry without it.

Sources: "Breakfast for Learning." Child Nutrition Fact Sheet. 2006. Food Research and Action Center. 15 September, 2006. ***http://www.frac.org/pdf/breakfastforlearning.pdf***

"State of the States: 2005." A Profile of Food and Nutrition Programs Across the Nation. 2005. Food Research and Action Center. 15 September, 2006. ***http://www.frac.org/State_Of_States /2005/ Report. pdf***

Out-of-Home Care & Adoption

Nebraska children may be placed in out-of-home care as a result of abusive or neglectful behavior by their parent/guardian or their own delinquent or uncontrollable behavior. Nebraska Health and Human Services System (HHSS) is responsible for most of the children in out-of-home care because they are court ordered into care as wards of the state. There are a small number of children placed in private residential facilities who are not considered wards of the state. A child in out-of-home care may reside in a variety of placements such as foster homes, group homes, residential treatment facilities or juvenile correction facilities.

REASONS CHILDREN ENTERED OUT-OF-HOME CARE IN 2005

CATEGORY	ALL CHILDREN REVIEWED[1]		CHILDREN BY NUMBERS OF REMOVALS: Reviewed children in foster care for the first time[1]		Reviewed children in foster care at least once previously[1]	
Neglect[2]	2,122	64.1%	1,391	65%	731	62.5%
Parental Drug Abuse	1,127	34.1%	852	39.8%	275	23.5%
Housing substandard/unsafe	730	22.0%	444	20.7%	286	24.5%
Physical Abuse	633	19.1%	350	16.4%	283	24.2%
Child's Behaviors[3]	569	17.2%	209	9.8%	360	30.8%
Parental Alcohol Abuse	547	16.5%	393	18.4%	154	13.2%
Abandonment	385	11.6%	239	11.2%	146	12.5%
Parental Illness/Disability	335	10.1%	187	8.7%	148	12.7%
Parental Incarceration	330	10.0%	203	9.5%	127	10.9%
Sexual Abuse[4]	228	6.9%	135	6.3%	93	8.0%
Child's Mental Health[3]	133	4.0%	45	2.1%	88	7.5%
Child's Drug Abuse	70	2.1%	28	1.3%	42	3.6%
Child's Alcohol Abuse	62	1.9%	32	1.5%	30	2.6%
Child's Disabilities	48	1.5%	21	1.0%	27	2.3%
Relinquishment	51	1.5%	11	0.5%	40	3.4%
Child's Illness	33	0.9%	24	1.1%	9	0.8%
Child's Suicide Attempt	13	0.4%	6	0.3%	7	0.6%
Death of Parent(s)	12	0.4%	5	0.2%	7	0.6%
Total Children Reviewed	3,309[1]	100%[1]	2,140[1]	100%[1]	1,169[1]	100%[1]

1 Up to ten reasons for entering out-of-home care could be identified for each child reviewed. 2,140 of the 3,309 children reviewed were in their first removal from the home, 1,169 of the 3,309 reviewed children had been removed from the home at least once before.

2 Neglect is the failure to provide for a child's basic physical, medical, educational, and/or emotional needs.

3 Many of the behaviors identified as a reason for children and youth to enter out-of-home care are predictable responses to prior abuse or neglect. Also, due to budget cuts, the Board is prioritizing the review of children age birth to five, and those that qualify for federal IV-E funding; thus many troubled adolescents are not being reviewed.

4 Children and youth often do not disclose sexual abuse until after removal from the home. This figure includes only sexual abuse identified as an initial reason for removal and does not reflect later disclosures.

Source: State Foster Care Review Board

How Many Children Are in Out-of-Home Care?

In 2005, a total of 10,797 Nebraska children were in out-of-home care at some point. This was a continued rise over previous years and a total increase of 436 over 2004. On January 1, 2005, there were 6,083 children in out-of-home care. During the year, 4,714 entered care while 3,778 exited. An additional 502 children were recorded as having exited in 2005 although their official exit was in 2004. A total of 6,517 children were in care on December 31, 2005 – 434 more children in care than the previous year. Of the 4,714 children who entered care in 2005, 3,328 (70.6%) were placed in out-of-home care for the first time and 1,386 for the second or more times. Of the 6,204 children in care on December 31, 2005, 6,001 were HHSS wards.

Neglect is the most frequently recorded cause for removal of children from their parent(s)' or guardian(s)' home. Neglect has several forms that range from outright abandonment to inadequate parenting skills which affect child well-being. The child's behavior is the second most prevalent cause of placement followed by physical abuse.

In 2003, a change was made in the method for collecting data documenting the reasons for entering care. Previously, each category was broken into subcategories. Currently, no subcategory data is collected. Due to the changes, it is difficult to compare the reasons for entering out-of-home care to previous years.

State Foster Care Review Board (FCRB)

In 1982, the FCRB was created as an independent agency responsible for reviewing the plans, services and placements of foster children. These reviews fulfill Federal IV-E review requirements. Over 350 trained citizen volunteers serve on local FCRB boards to engage in this important review process. Completed reviews are shared with all parties legally involved with the case. The FCRB also has an independent tracking system for all Nebraska children in out-of-home care and regularly disseminates information on the status of those children. With the exception of the approved and licensed foster care home data, all of the data in this section was provided by the FCRB through their independent tracking system.

Kristiana

There are a variety of placement possibilities for children in out-of-home care. Of the 6,204 children in care on December 31, 2005, there were 2,767 (44.6%) in foster homes, 966 in group homes or residential treatment centers, 1,104 placed with relatives, 566 in jail/youth development centers, 113 in private adoptive homes not yet finalized and 362 in emergency shelters. The remaining children were involved in Job Corps/schools, centers for the disabled, psychiatric, medical, or drug/ alcohol treatment facilities, or child caring agencies. Lastly, 159 were runaways/whereabouts unknown and 93 were living independently as they were near adulthood.

Licensed and Approved Foster Homes

In December 2005, there were 2,234 licensed foster homes, an increase of 39 homes over 2004. In becoming a licensed or approved foster home, the candidates must go through local, state and national criminal background checks as well as child and adult abuse registry checks and the Sex Offender registry. Licensed providers must also participate in a series of interviews and complete initial and ongoing training. Approved providers are relatives or individuals known to the child or family prior to placements. Some licensing requirements for approved homes may be waived, as long as it does not compromise the safety of the child. As of December 2005, there were 1,934 approved foster homes, an increase from 1,513 approved foster homes in 2004.

Lack of Foster Care Homes

According to HHSS, a total of 4,168 approved and licensed homes were available in Nebraska in 2005. While this is an increase of 460 approved and licensed homes from 2004, the number of children in need of foster homes has continued to rise for a number of years, thus creating a greater need for foster placements. Foster care providers are desperately needed for individual homes and offer the most ideal, least institutionalized environment for children placed in out-of-home care.

If you are interested in making a difference in a child's life by becoming a foster parent, please call 1-800-7PARENT for information.

Multiple Placements

Unfortunately, it is not unusual for a child to be moved repeatedly while in out-of-home care. The FCRB tracking system counts each move throughout the lifetime of the child as a placement; therefore, if a child is placed in a foster home, then sent to a mental health facility, then placed in a different foster home, three placements would be counted; however, a hospitalization for an operation would not be counted. Again, the ideal situation for a child placed in out-of-home care is to experience only one placement creating the consistency recommended for positive child well-being.

NUMBER OF PLACEMENTS EXPERIENCED BY CHILDREN IN OUT-OF-HOME CARE

NUMBER OF PLACEMENTS	IN CARE ON DECEMBER 31, 2005
4 or more	45.9% (2,849 of 6,204)

Source: State Foster Care Review Board

**Please note: Numbers for multiple placements vary between the Nebraska Foster Care Review Board and the Health and Human Services System based on differing definitions of the term 'multiple placements.' HHSS uses the federal definition in order to meet federal standards.*[1]

Race and Ethnicity

Minority children continue to be over-represented in the Nebraska out-of-home care system. Minority children make up approximately 15% of Nebraska's child population (2000 Census) however, they represent at least 34.8% of children in out-of-home care.

OUT-OF-HOME CARE CHILDREN BY RACE & ETHNICITY (DECEMBER 31, 2005)

RACE	# IN CARE	% IN CARE
White	4,084	65.8%
Black	1,026	16.5%
Native American	447	7.2%
Asian	28	0.5%
Hispanic	686	11.0%
Other/Not Known	619	10.0%

Source: State Foster Care Review Board

Note: Total does not equal 100%, as Hispanic origin is an ethnicity, not a race.

Adoption Services

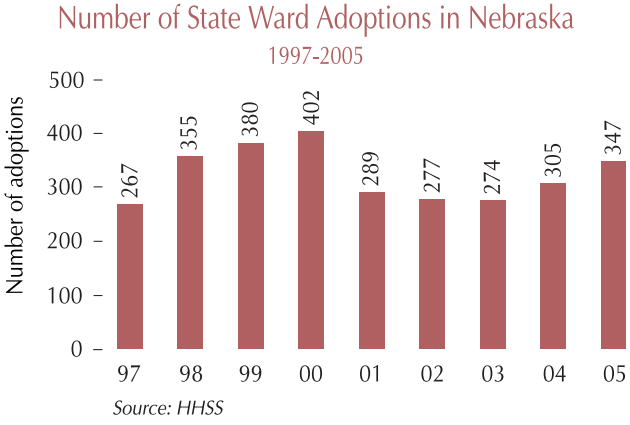
As adoption is the preferred permanency plan for children who cannot be safely reunited with their biological family, efforts are being made to encourage the adoption of state wards. The Nebraska Foster and Adoptive Parent Association (NFAPA), in con-

junction with Nebraska Health and Human Services System and Nebraska Public Policy Group, has developed a book of information on adoption and adoption subsidies for adoptive parents.

Nebraska received $293,316 in adoption incentive funds as a bonus from the U.S. Department of Health and Human Services and as a part of the Adoption and Safe Families Act of 1997. This incentive money was for an increase in adoption of state wards.

The adoption incentive funds are being utilized to fund the Answers 4 Families website, video conference training, video training on the Multi-Ethnic Placement Act, recruitment and training of Foster/Adoptive parents and family group conferencing.

In 2005, there were 347 adoptions of state wards finalized in Nebraska.



impact box

METHAMPHETAMINES

Whether it's called "crank," "crystal," "dirt," "glass," "geek," "ice," "speed," "twack," "tweak" or "scourge" all these name refer back to one drug: methamphetamine (meth). In the United States, methamphetamine use has become the fastest growing drug threat. Meth is unique in its relatively easy manufacturing process, low price, and a high that lasts for days.

While the use of meth can be detrimental to the person consuming the drug, meth's use also has harmful effects on those surrounding the user, especially children. Not only does meth put children at risk of abuse and neglect, but when the drug is manufactured in the home, children are put at risk by noxious gasses and the possibility of explosions and fires.

Diann Muhlbach, Director of Heartland Court Appointed Special Advocate (CASA), conducted an informal study on methamphetamine usage in newly filed cases of child abuse or neglect. Muhlbach's study looked at 75 cases filed in Hall County throughout the 2005 year.

Muhlbach commented in her study that "out of 75 new cases filed in 2005, 30 cases indicated methamphetamine usage in the file. This equals 40% of the cases. That 40%, though, does not take into account the cases filed under child abuse or neglect that failed to mention the methamphetamine usage in the report."

She highlights that "in one case, the affidavit (in the case file) said the children were removed because of no electricity or heat in the home; they were using candles and kerosene. Once we got into the case we saw the real cause of the situation was methamphetamine usage."

Through the results of this informal study, Muhlbach reinforced concerns that methamphetamine usage has become a prevalent issue in Nebraska.

A similar study was completed from December 2004 to May 2005 by Mary Blecha of Voices for Children in Nebraska. Blecha conducted a study on ninety-four child maltreatment cases from the Juvenile Division of the Douglas County Attorney's Office. The study aimed at determining the number of children in Douglas County that were affected by meth, how they were harmed and aimed at providing recommendations to produce a safer environment for children. The study found that at least 36% of all child abuse-neglect cases in Douglas County involved meth in some way.

In 2005, Nebraska's Legislature passed Legislative Bill 117, which mandated that most forms of pseudoephedrine, the primary over-the-counter ingredient of meth, be locked in a pharmacy cabinet or sold behind the counter. The legislation also requires the purchaser to be at least 18 years of age with government issued identification, and limited sales to 1,440 milligrams of pseudophedrine base or 1,440 milligrams of phenylpropanolamine base in 24 hours. While this new legislation may curb production of meth, Blecha's study also recommends the following:

- Consider exposure of children to meth labs as a Class III felony
- Rely on treatment and Drug Courts instead of placing children in an already overwhelmed foster care system
- Continue to make meth hard to manufacture
- Include a comprehensive record of children's contact with meth, known as CHEM-L, into court records and documents.

Sources: Muhlbach, Diann. Interviewed by Vanesa Hernandez. Meth Use Interview. 9 October 2006.

Sanchez, Devonne R. and Blake Harrison. "The Methamphetamine Menace." LEGISBREIF. Vol. 12 No. 1. National Conference of State Legislatures. January 2004. ***http://www.ncsl.org/programs/cj/meth.pdf***

2006 County Data Notes

** Sources for data on pages 30-33.*

1) TOTAL COUNTY POPULATION
Source: 2000 U.S. Census of Population & Housing

2) CHILDREN 17 AND UNDER
Source: 2000 U.S. Census of Population

3) CHILDREN UNDER 5
Source: 2000 U.S. Census of Population

4) BIRTHS IN 2004*
Source: Nebraska Health and Human Services System (HHSS).
**2005 Data were not available*

5) MINORITY CHILDREN (ALL CHILDREN MINUS WHITE, NON-HISPANIC ONLY)
Source: 2000 U.S. Census of Population

6) CHILDREN LIVING IN SINGLE-PARENT FAMILIES (SINGLE HEAD-OF-HOUSEHOLD MAY BE MALE OR FEMALE)
Source: 2000 U.S. Census of Population

7) PERCENT OF POOR CHILDREN WHO LIVE IN SINGLE-PARENT FAMILIES
Source: 2000 U.S. Census of Population

8) PERCENT OF POOR CHILDREN WHO LIVE IN TWO-PARENT FAMILIES
Source: 2000 U.S. Census of Population

9) PERCENT OF CHILDREN LIVING IN POVERTY
Source: 2000 U.S. Census of Population

10) PERCENT OF CHILDREN UNDER 5 YEARS-OF-AGE LIVING IN POVERTY
Source: 2000 U.S. Census of Population

11) PERCENT OF MINORITY CHILDREN LIVING IN POVERTY
Source: 2000 U.S. Census of Population

12) PERCENT OF MOTHERS WITH CHILDREN UNDER 6 YEARS-OF-AGE WHO ARE IN THE LABOR FORCE
Source: 2000 U.S. Census of Population

13) AVERAGE MONTHLY NUMBER OF FAMILIES ON ADC IN 2005
Source: HHSS

14) AVERAGE MONTHLY NUMBER OF CHILDREN RECEIVING MEDICAID SERVICES IN 2005
Source: HHSS

15) NUMBER OF WOMEN, INFANTS AND CHILDREN PARTICIPATING IN WIC SERVICES IN 2005
Source: HHSS

16) AVERAGE NUMBER OF CHILDREN PARTICIPATING IN FREE AND REDUCED BREAKFAST PROGRAM IN 2005
Source: Nebraska Department of Education

17) AVERAGE NUMBER OF CHILDREN RECEIVING FREE OR REDUCED PRICE SCHOOL LUNCH IN 2005
Source: Nebraska Department of Education

18) AVERAGE DAILY NUMBER OF CHILDREN SERVED BY THE SUMMER FOOD PROGRAM IN 2005
Source: Nebraska Department of Education

19) BIRTHS TO TEENS, AGES 10 TO 17 YEARS OLD FROM 1996 to 2005
Source: HHSS
** 2005 Data were not available*

20) OUT-OF-WEDLOCK BIRTHS FROM 1996 TO 2005
Source: HHSS
** 2005 Data were not available*

21) INFANT DEATHS 1996 to 2004
Source: HHSS
** 2005 Data were not available*

22) DEATHS IN CHILDREN AGES 1 TO 19 FROM 1996 to 2004
Source: HHSS
** 2005 Data were not available*

23) NUMBER OF INFANTS BORN AT LOW BIRTH WEIGHTS IN 2005
Source: HHSS
** 2005 Data were not available*

24) HIGH SCHOOL GRADUATES 2004-2005
Source: Nebraska Department of Education

25) SEVENTH TO TWELTH GRADE SCHOOL DROPOUTS FOR THE SCHOOL YEAR 2004-2005
Source: Nebraska Department of Education

26) NUMBER OF CHILDREN WITH VARIFIED DISABILITY RECEIVING SPECIAL EDUCATION FOR THE SCHOOL YEAR 2004-2005
Source: Nebraska Department of Education

27) COST-PER-PUPIL (PUBLIC EXPENDITURES) FOR THE SCHOOL YEAR 2004-2005 BY AVERAGE DAILY MEMBERSHIP
Source: Nebraska Department of Education

28) HEAD START AND EARLY HEAD START ENROLLMENT FOR 2005
Source: Nebraska Dept. of Education (data is self-reported by Head Start programs)

29) CHILDREN IN FOSTER CARE BY COUNTY OF COMMITMENT 2005 TOTAL INCLUDES VOLUNTARY, UNREPORTED AND TRIBAL COURT COMMITMENTS NOT INCLUDED IN THE COUNTY BREAKDOWNS.
Source: Nebraska Foster Care Review Board

30) REPORTED NUMBER OF YOUTH 19 AND YOUNGER WITH STD'S IN YEARS 1996-2005
Source: HHSS

31) JUVENILE ARRESTS 2005
Source: Nebraska Crime Commission and Omaha Police Department.

Data included on County Data pages are reflective of county specific data only. Data from agencies that include data from outside sources such as "out of state, other, etc." may not be included.

County Data

Kids Count 2006 Report

	1. TOTAL POPULATION	2. CHILDREN AGES 0-17	3. CHILDREN UNDER 5	4. 2004 BIRTHS	5. MINORITY CHILDREN	6. CHILDREN WITH SINGLE PARENTS	7. % POOR WITH SINGLE PARENTS	8. % POOR TWO PARENTS	9. % CHILDREN IN POVERTY	10. % UNDER 5 IN POVERTY	11. % MINORITY CHILDREN IN POVERTY	12. % WORKING MOMS WITH CHILD(REN) UNDER 6	13. FAMILIES ON ADC	14. MEDICAID ELIGIBLE CHILDREN	15. 2005 AVERAGE MONTHLY WIC PARTICIPATION
	31,151	7,616	1,986	455	879	1,434	68	32	10	12	17	76	188	2,563	724
ADAMS	7,452	2,050	447	76	50	270	41	59	17	19	39	80	16	587	114
ANTELOPE	444	106	23	6	7	15	38	62	15	20	50	83	0	26	8
ARTHUR	819	236	39	6	21	19	31	69	19	8	69	65	0	52	10
BANNER	583	153	32	5	3	8	3	97	22	32	0	69	1	57	9
BLAINE	6,259	1,822	370	60	43	225	28	72	12	15	18	80	10	295	106
BOONE	12,158	3,420	797	133	677	650	68	32	14	18	37	71	99	1,100	326
BOX BUTTE	2,438	609	123	19	11	67	21	79	20	16	0	77	8	170	63
BOYD	3,525	875	188	40	26	129	45	55	15	22	46	81	3	304	81
BROWN	42,259	10,566	2,805	640	1,178	1,941	71	29	10	14	24	79	226	3,244	875
BUFFALO	7,791	2,001	441	70	123	339	56	44	12	9	13	77	40	492	121
BURT	8,767	2,443	599	95	84	330	29	71	10	14	33	75	20	447	106
BUTLER	24,334	6,792	1,699	335	315	1,125	68	32	7	12	5	74	72	1,497	343
CASS	9,615	2,828	582	100	57	240	23	77	11	8	0	83	9	449	130
CEDAR	4,068	1,025	227	45	79	155	41	59	11	16	15	71	12	243	74
CHASE	6,148	1,659	380	80	162	295	44	56	13	17	22	75	24	705	166
CHERRY	9,830	2,587	628	146	243	544	57	43	12	15	31	76	35	655	151
CHEYENNE	7,039	1,921	409	67	146	256	40	60	13	16	26	76	23	448	123
CLAY	10,441	3,017	748	186	1,085	455	26	74	14	16	21	66	52	809	553
COLFAX	10,203	2,774	665	138	261	344	34	66	10	14	24	74	15	500	201
CUMING	11,793	3,097	672	116	104	422	36	64	16	20	26	75	34	1,005	254
CUSTER	20,253	6,177	1,772	402	2,473	1,409	67	33	15	17	23	73	130	2,272	1,135
DAKOTA	9,060	1,918	451	103	260	401	47	53	14	31	32	69	75	856	217
DAWES	24,365	7,120	2,043	478	2,678	1,311	48	52	14	16	21	65	131	2,701	1,261
DAWSON	2,098	489	91	15	29	77	42	58	12	13	29	87	4	92	26
DEUEL	6,339	1,741	405	62	167	260	46	54	12	17	12	78	11	342	132
DIXON	36,160	8,922	2,225	499	772	1,816	53	47	10	14	22	73	215	2,849	1,146
DODGE	463,585	123,221	34,293	8,343	36,781	30,153	77	23	13	14	31	70	5,812	44,800	11,534
DOUGLAS	2,292	534	122	18	39	51	24	76	16	16	31	84	3	163	38
DUNDY	6,634	1,748	387	52	108	231	56	44	8	11	21	76	14	513	115
FILLMORE	3,574	875	186	31	17	144	41	59	17	15	43	74	11	246	47
FRANKLIN	3,099	806	170	25	13	119	30	70	10	10	10	75	4	175	61
FRONTIER	5,324	1,285	300	49	55	220	45	55	15	17	44	76	11	415	131
FURNAS	22,993	5,514	1,353	265	259	970	53	47	10	13	25	83	72	1,509	397
GAGE	2,292	499	83	18	21	86	26	74	22	22	52	79	5	158	15
GARDEN	1,902	447	91	19	19	51	8	92	12	11	0	84	5	171	50
GARFIELD	2,143	510	111	23	17	53	22	78	11	6	0	78	4	101	38
GOSPER	747	218	37	4	7	34	50	50	17	21	0	65	0	47	17
GRANT	2,714	731	154	28	31	89	46	54	22	23	0	74	7	183	82
GREELEY	53,534	14,535	4,090	884	3,475	2,996	59	41	16	20	28	73	509	6,332	2,376
HALL	9,403	2,733	629	103	96	377	51	49	10	10	37	78	19	556	157
HAMILTON	3,786	916	183	36	22	134	17	83	14	20	4	69	13	222	56
HARLAN															

HAYES	1,068	284	47	9	19	7	3	97	26	26	46	70	0	43	5
HITCHCOCK	3,111	740	135	36	36	120	33	67	23	26	37	66	4	284	68
HOLT	11,551	3,148	674	126	78	371	14	86	15	13	22	81	28	947	300
HOOKER	783	188	32	9	7	19	30	70	5	6	0	74	1	45	12
HOWARD	6,567	1,860	397	77	60	300	35	65	14	13	24	77	30	497	146
JEFFERSON	8,333	1,940	440	91	62	297	51	49	10	15	8	75	33	515	134
JOHNSON	4,488	1,086	245	54	134	155	40	60	11	11	11	83	16	286	101
KEARNEY	6,882	1,842	424	77	96	283	56	44	10	10	2	79	15	400	124
KEITH	8,875	2,243	508	89	193	400	40	60	13	20	25	76	24	565	152
KEYA PAHA	983	234	60	15	17	27	12	88	34	46	0	60	2	59	19
KIMBALL	4,089	1,010	220	35	75	166	29	71	12	13	22	80	15	365	83
KNOX	9,374	2,393	539	98	373	374	27	73	30	23	36	83	53	831	121
LANCASTER	250,291	58,828	16,680	4,126	9,808	12,457	67	33	10	12	24	75	1,538	17,505	5,640
LINCOLN	34,632	9,085	2,287	483	1,051	1,812	64	36	12	16	21	69	215	2,767	863
LOGAN	774	211	40	9	10	27	32	68	13	18	11	33	5	58	16
LOUP	712	190	45	2	8	13	5	95	23	23	9	68	0	36	8
MADISON	35,226	9,450	2,433	5	1,732	1,748	55	45	13	17	31	76	229	3,319	1,081
MCPHERSON	533	147	39	604	10	9	19	81	22	11	100	73	0	23	6
MERRICK	8,204	2,260	522	83	102	355	61	39	10	10	25	76	25	533	168
MORRILL	5,440	1,480	321	48	266	226	27	73	20	24	36	72	38	574	121
NANCE	4,038	1,126	250	51	39	169	30	70	17	24	23	74	7	281	76
NEMAHA	7,576	1,756	352	90	81	324	35	65	13	20	0	66	36	464	90
NUCKOLLS	5,057	1,184	250	56	32	162	33	67	17	17	38	78	12	309	86
OTOE	15,396	4,050	986	172	245	638	53	67	9	14	28	74	59	883	258
PAWNEE	3,087	700	151	28	25	103	37	63	14	14	0	80	6	181	43
PERKINS	3,200	852	173	42	61	110	24	76	20	25	17	55	6	159	52
PHELPS	9,747	2,584	606	115	162	390	43	57	12	12	34	72	44	631	181
PIERCE	7,857	2,276	470	90	69	267	30	70	14	18	28	79	17	471	115
PLATTE	31,662	9,184	2,296	482	1,092	1,464	43	57	9	11	20	75	129	2,141	764
POLK	5,639	1,418	326	60	43	155	42	58	7	11	48	71	14	278	77
RED WILLOW	11,448	2,847	712	145	184	516	65	35	11	14	17	83	18	846	292
RICHARDSON	9,531	2,434	495	100	200	503	60	40	10	15	29	74	33	713	143
ROCK	1,756	404	96	15	7	52	22	78	36	36	63	70	3	138	35
SALINE	13,843	3,481	863	197	502	679	51	49	9	7	21	70	25	833	377
SARPY	122,595	37,367	10,112	2,376	6,047	6,135	60	40	5	6	8	70	460	5,327	1,897
SAUNDERS	19,830	5,532	1,260	235	179	735	46	54	7	10	8	73	52	1,068	266
SCOTTS BLUFF	36,951	9,588	2,404	538	2,953	2,387	58	42	22	26	42	72	325	4,451	1,226
SEWARD	16,496	4,079	942	203	173	536	43	57	6	8	9	79	15	647	190
SHERIDAN	6,198	1,587	359	72	340	337	48	51	20	27	42	75	43	650	191
SHERMAN	3,318	814	172	35	25	107	27	73	19	33	0	61	8	253	91
SIOUX	1,475	359	79	11	15	45	26	74	24	12	0	73	2	68	9
STANTON	6,455	1,922	433	85	130	273	68	32	7	5	25	77	12	353	62
THAYER	6,055	1,459	343	47	60	250	55	45	15	16	51	81	11	325	65
THOMAS	729	172	43	7	1	23	14	86	21	10	0	69	3	36	15
THURSTON	7,171	2,642	688	149	1,857	811	61	64	33	34	41	71	257	1,632	37
VALLEY	4,647	1,147	258	43	63	167	47	53	16	17	58	76	14	348	99
WASHINGTON	18,780	5,086	1,207	231	164	672	46	54	8	12	13	73	50	717	223
WAYNE	9,851	2,131	523	91	119	298	48	52	11	16	40	79	26	451	101
WEBSTER	4,061	957	210	31	32	150	30	70	14	12	27	68	14	240	43
WHEELER	886	258	69	6	5	23	19	81	28	32	100	76	0	66	12
YORK	14,598	3,691	814	170	181	539	41	59	10	13	55	80	19	915	275
STATE TOTAL	1,711,263	450,242	117,048	26,324	82,116	88,431	60	40	12	14	27	73	11,948	136,996	40,128

County Data Kids Count 2006 Report

County	31. Juvenile Arrests 2005	30. STDs 19 & Under 1996-2005	29. Foster Care 2005	28. Head Start 2005-2006	27. Cost per Pupil 2004-2005	26. Special Education 2004-2005	25. Dropouts 2004-2005	24. Graduates 2004-2005	23. Low Birth Weight 2004	22. 1-19 Deaths 1995-2004	21. Infant Deaths 1995-2004	20. Out of Wedlock Births 1995-2004	19. Teen Births 10-17 1995-2004	18. Summer Food Program	17. Free/Subsidized School Lunch	16. Free/Subsidized Breakfast
ADAMS	239	262	131	162	8,188	928	35	423	26	29	30	1,125	130	189	1,486	371
ANTELOPE	6	16	9	17	9,401	190	*	98	5	7	3	135	15		560	67
ARTHUR	0	0	0		15,462	17	0	*	0	0	0	6	1		0	0
BANNER	3	0	0		13,150	14	*	17	0	2	1	9	1		45	0
BLAINE	0	1	0		12,317	24	0	14	0	1	0	2	17		65	37
BOONE	2	13	3	18	8,924	164	*	100	4	6	4	124	53		355	148
BOX BUTTE	163	43	20	56	8,101	323	*	169	13	9	9	474	53	127	587	14
BOYD	4	2	2		12,191	85	0	51	3	6	3	24	5		168	76
BROWN	2	15	1	18	8,874	81	*	57	4	5	1	56	11		144	33
BUFFALO	440	359	86	116	7,405	1,110	42	523	36	43	37	1,403	124	675	1,835	777
BURT	21	14	20	17	8,178	276	*	127	8	10	2	189	26		313	109
BUTLER	17	11	33	17	8,479	203	*	150	5	7	3	195	20		438	98
CASS	23	118	34	140	8,202	707	22	251	23	27	25	748	85		911	393
CEDAR	2	5	13	17	8,953	231	228	155	4	20	8	152	12		643	180
CHASE	19	5	5	10	9,761	119	*	69	1	6	4	99	19		242	0
CHERRY	5	2	7	20	9,599	123	*	77	3	8	5	192	19		327	116
CHEYENNE	105	20	35	40	8,899	269	11	134	10	13	10	325	47	374	486	174
CLAY	9	9	15	36	9,211	205	*	83	3	11	6	166	22	66	291	78
COLFAX	57	32	26	47	7,460	240	30	159	8	19	16	610	82		922	57
CUMING	16	10	7	36	8,227	243	*	150	5	6	5	273	37		676	210
CUSTER	88	23	28	20	9,009	304	*	152	6	11	9	255	37		639	104
DAKOTA	321	203	51	72	7,542	647	27	224	29	18	26	1,394	168	219	1,515	465
DAWES	62	135	14	48	8,239	207	43	184	7	5	5	260	24	22	359	123
DAWSON	276	118	109	61	7,543	842	50	272	36	51	44	1,461	207	694	2,313	503
DEUEL	8	1	5	15	11,809	62	*	46	2	6	1	44	8		170	22
DIXON	17	14	15	4	7,926	168	*	83	4	8	2	175	25		211	62
DODGE	231	214	158	125	7,659	1,122	48	416	36	39	36	1,289	129		1,951	336
DOUGLAS	4,081	11,664	2,275	1,088	7,756	12,446	925	5,656	654	462	568	23,897	2,867	4,952	28,511	13,472
DUNDY	1	1	3	10	11,083	78	0	27	0	5	0	33	4		112	18
FILLMORE	1	104	21	17	9,863	262	*	113	5	11	6	127	18		365	117
FRANKLIN	0	2	4	32	8,700	45	*	28	1	2	0	56	7		127	44
FRONTIER	4	8	5	10	10,567	107	*	46	3	7	1	49	8		230	44
FURNAS	37	10	20	20	9,391	214	*	82	2	6	5	87	12		546	197
GAGE	219	84	48	71	7,828	689	18	252	18	33	19	636	74		930	244
GARDEN	0	7	4	7	12,408	38	*	29	1	3	2	25	3	35	91	41
GARFIELD	7	1	5	17	9,648	47	0	26	0	2	2	23	3		99	24
GOSPER	11	3	6	10	8,808	69	0	29	2	1	4	53	9		61	27
GRANT	0	3	0		16,912	18	0	27	1	4	1	4	1		26	0
GREELEY	4	3	9	17	11,224	96	0	40	0	4	3	55	8		328	95
HALL	540	409	259	185	6,977	1,498	146	643	52	60	80	3,076	418	999	3,928	1,466
HAMILTON	13	23	22	18	8,077	301	*	121	14	5	8	165	24		420	0
HARLAN	11	4	0	10	8,639	61	0	27	3	5	2	67	5		91	18

HAYES	17	70		3	10	0	2	0	16	0	21	11,855		0	2	0
HITCHCOCK	49	124		8	65	1	2	2	*	0	74	15,309	10	8	1	4
HOLT	167	694	143	39	244	8	14	9	176	*	296	9,866	37	20	20	54
HOOKER	26	63		2	12	0	0	1	18	0	29	11,554		1	0	0
HOWARD	183	471		19	164	3	5	7	100	*	244	8,146	24	15	19	14
JEFFERSON	183	525	63	36	178	5	5	12	142	*	337	8,623	17	22	33	3
JOHNSON	92	276	64	14	108	2	6	0	65	*	129	8,587		16	20	3
KEARNEY	47	215		16	128	7	9	7	120	*	287	8,710	17	13	16	52
KEITH	68	323		45	245	9	8	9	110	*	222	8,092	17	19	27	41
KEYA PAHA	0	63		2	12	0	0	2	13	0	14	11,963		0	0	2
KIMBALL	61	148		15	118	2	3	6	44	*	91	10,623	20	23	17	1
KNOX	220	687	77	31	307	6	16	9	146	12	257	9,992	17	4	14	4
LANCASTER	3,176	9,236	888	1,021	8,998	237	164	301	2,695	508	6,424	7,786	600	1,019	3,461	3,027
LINCOLN	473	1,429	336	155	1,353	36	42	31	443	29	1,101	7,537	70	192	145	526
LOGAN	19	44		1	11	2	3	0	10	*	33	11,912		0	1	0
LOUP	38	73		1	6	0	1	0	14	0	19	10,002		1	0	0
MADISON	587	2,139	49	1	5	37	38	0	534	46	1,056	7,976	98	164	275	625
MCPHERSON	0	0		203	1,706	0	1	28	*	0	8	15,295		0	0	0
MERRICK	117	406		17	203	7	9	2	120	*	172	8,127	16	17	21	2
MORRILL	176	448		28	166	5	11	6	63	*	133	9,635	20	18	27	19
NANCE	39	274		21	104	5	6	7	75	*	112	8,335	17	8	9	3
NEMAHA	68	301		18	176	5	10	2	86	*	159	8,182	32	10	21	51
NUCKOLLS	30	374		18	103	3	6	5	105	*	284	10,658	35	4	14	0
OTOE	144	671		65	466	13	17	19	215	14	469	7,465	55	18	48	75
PAWNEE	95	207		5	39	2	5	3	43	*	94	8,908	17	0	7	9
PERKINS	0	122		6	45	1	4	0	42	*	69	10,937	10	2	2	3
PHELPS	121	397		36	232	4	11	5	120	*	366	8,851	17	32	16	47
PIERCE	113	405		19	169	7	8	4	125	*	243	8,206	4	16	18	18
PLATTE	341	1,639		151	1,160	36	43	27	434	39	764	7,299	94	84	118	388
POLK	76	403		8	98	1	7	6	91	*	181	9,599		6	13	2
RED WILLOW	111	525		44	364	8	9	8	177	*	414	7,041	18	44	51	180
RICHARDSON	249	650	21	33	251	6	10	9	136	*	246	9,290	52	14	24	93
ROCK	15	55		6	18	1	2	0	15	0	44	14,314		1	1	2
SALINE	206	716		42	421	9	15	9	172	13	420	7,667	32	33	88	143
SARPY	607	3,049	289	379	3,572	122	89	163	1,676	75	2,935	7,490	180	297	873	1,616
SAUNDERS	105	806		41	399	14	15	15	264	12	490	7,565	44	38	51	91
SCOTTS BLUFF	683	2,197	670	321	1,953	38	56	49	420	53	711	7,748	334	226	380	478
SEWARD	53	489		28	272	6	15	12	223	12	382	7,978	17	37	37	113
SHERIDAN	67	345	102	29	238	5	8	5	80	*	149	9,025	40	8	22	76
SHERMAN	87	221		13	86	3	6	1	47	*	75	9,445	18	3	5	1
SIOUX	0	0		1	12	2	0	0	*	0	11	16,247		1	1	0
STANTON	62	135		22	153	0	7	4	43	*	74	8,539	17	14	10	48
THAYER	56	265		10	85	3	10	6	81	*	143	10,731	17	5	12	36
THOMAS	0	48		2	9	1	3	0	15	*	13	13,274		0	0	0
THURSTON	372	993	388	129	1,031	17	11	3	75	65	390	11,045	90	13	292	0
VALLEY	90	231		10	86	4	6	3	62	*	104	10,113	20	11	11	14
WASHINGTON	38	445		38	394	14	22	10	261	*	531	7,517	18	26	82	132
WAYNE	66	446		15	216	9	13	5	144	*	257	8,012	17	6	55	23
WEBSTER	67	217		10	75	3	3	0	52	*	129	8,735	37	4	5	17
WHEELER	37	68		1	16	2	1	0	12	76	18	12,200		0	0	10
YORK	91	526		29	423	13	11	13	171	*	403	9,529	47	48	34	180
*STATE TOTALS	30,148	88,171	11,442	8,045	66,243	1,720	1,751	1,862	21,647	2,767	46,500	8,013	5,274	6,204	20,370	15,291

** Some totals are not balanced due to agency procedures.*

Methodology, Data Sources & Definitions

General

Data Sources: Sources for all data are listed below by topic. In general, data was obtained from the state agency with primary responsibility and from reports of the U.S. Census Bureau and the U.S. Department of Commerce. With respect to population data, the report utilizes data from the 2000 U.S. Census of Population and Housing.

Race – *Race/Hispanic identification* – Throughout this report, race is reported based on definitions used by the U.S. Census Bureau. The census requests adult household members to specify the race for each household member including children. New 2000 guidelines, implemented in an effort to reflect the growing diversity of our nation's population, allowed the respondents to report as many racial categories as applied. Because the 1990 Census required respondents to pick only a single, mutually exclusive, category, the 1990 and 2000 Census data regarding race is not directly comparable. The 2000 Census treats Hispanic origin as a separate category and Hispanics may be of any race, as did the 1990 Census.

Rate – Where appropriate, rates are reported for various indicators. A rate is the measure of the likelihood of an event/case found in each 1,000 or 100,000 "eligible" persons (Child poverty rates reflect the number of children living below the poverty line as a percentage of the total child population).

Selected Indicators for the 2006 Report – The indicators of child well-being selected for presentation in this report reflect the availability of state data, the opinion and expertise of the *Kids Count in Nebraska* project consultants and advisors, and the national KIDS COUNT indicators.

Indicators of Child Well-Being

CHILD ABUSE AND NEGLECT/DOMESTIC VIOLENCE

Data Sources: Data was provided by the Nebraska Health and Human Services System, (HHSS), and the Nebraska Domestic Violence/Sexual Assault Coalition. Data regarding hospital discharges and abuse fatalities was taken from Vital Statistics provided by HHSS.

Child Abuse:

- Physical Abuse – an unexplainable, non-accidental injury to the child
- Emotional Abuse – continual scapegoating or rejection of a child by parents which results in diturbed behavior, and
- Sexual Abuse – any sexual oriented act, practice, contact, or interaction in which the child has been used for sexual stimulation of an adult.

Neglect – Can include emotional, medical, physical neglect, or failure to thrive.

Substantiated Case – A case has been reviewed and an official office or court has determined that credible evidence of child abuse and/or neglect exists. Cases are reviewed by HHSS and/or an appropriate court of law.

Agency Substantiated Case – HHSS determines a case to be substantiated when they find indication, by a "preponderance of the evidence" that abuse and/or neglect occurred. This evidence standard means that the event is more likely to have occurred than not occurred.

Court Substantiated Case – A court of competent jurisdiction finds, through an adjudicatory hearing, that child maltreatment occurred. The order of the court must be included in the case record.

Domestic Violence/Sexual Assualt Programs – Shelters (public or private) for victims and survivors whose health/safety are threatened by domestic violence and sexual assualt.

EARLY CARE AND EDUCATION

Data Sources: Parents in the workforce data was taken from the U.S. Census of Population and Housing, 2000. Data concerning child care subsidies and licensed childcare was provided by HHSS. Data concerning Head Start was provided by the Administration for Children and Families, U.S. Department of Health and Human Services, Office of Family Supportive Services, and Office of Head Start. Data concerning early childhood initiatives was obtained from the Nebraska Department of Education Office of Early Childhood.

Child Care Subsidy – HHSS provides full and partial child care subsidies utilizing federal and state dollars. Eligible families include those on Aid to Families with Dependent Children and families at or below 185% of poverty. As of July 1, 2002, the eligibility level was reduced to at or below 120% poverty for families not receiving ADC. Most subsidies are paid directly to a child care provider, while some are provided to families as vouchers.

Licensed Child Care – State statute requires HHSS to license all child care providers who care for four or more children from more than one family on a regular basis, for compensation. A license may be provisional, probationary or operating. A provisional license is issued to all applicants for the first year of operation.

Center-Based Care – Child care centers which provide care to many children from a number of families. State license is required.

Family Child Care Home I – Provider of child care in a home to between 4 and 8 children from families other than providers at any one time. State license is required. This licensure procedure begins with a self-certification process.

Family Child Care Home II – Provider of child care serving 12 or fewer children at any one time. State license is required.

Head Start – The Head Start program includes health, nutrition, social services, parent involvement, and transportation services. This report focuses on the largest set of services provided by Head Start – early childhood education.

ECONOMIC WELL-BEING

Data Sources: Data related to Temporary Assistance to Needy Families, Kids Connection income guidelines, poverty guidelines, and child support collections was provided by HHSS. Data concerning divorce and involved children was taken from Vital Statistics provided by HHSS. Data enumerating the number of children in low-income families and cost burden for housing was taken from the 2000 Census of Population and Housing. Data on the Earned Income Tax Credit program was provided by the Department of Revenue.

EDUCATION

Data Sources: Data on high school completion, high school graduates, secondary school dropouts, expulsions, and children with identified disabilities was provided by the Nebraska Department of Education.

Dropouts – A dropout is an individual who: 1) was enrolled in school at some time during the previous year and was not enrolled at the beginning of the current school year, or 2) has not graduated from high school or completed a state or district-

approved educational program. A dropout is not an individual who: 1) transferred to another public school district, private school, home school (Rule 12 or Rule 13), state or district-approved education program, or 2) is temporarily absent due to suspension, expulsion, or a verified legitimate approved illness, or 3) has died.

Graduation – As of 2002-2003 school year, Nebraska has adopted the national definitions for graduation rate. The definition was developed by the National Center for Education Statistics (NCES). For the past several years, Nebraska has published a twelfth grade graduation rate which simply compares high school diploma recipients to fall twelfth grade membership for the same year. The NCES definition attempts to calculate a four-year rate. These are two totally different approaches; one is a one-year retention rate, while the other is a four-year retention rate. For most districts, and for Nebraska as a whole, the graduation rate will decline under the new definition; however for a few districts the graduation rate will increase.

The rate incorporates four years worth of data and thus is an estimated cohort rate. It is calculated by dividing the number of high school completers by the sum of the dropouts for grades nine through twelve respectively, in consecutive years, plus the number of completers.

Expulsion – Exclusion from attendance in all schools within the system in accordance with Section 79-283. Expulsion is generally for one semester unless the misconduct involved a weapon or intentional personal injury, for which it may be for two semesters (79-263).

Special Education – Specially designed instruction to meet the individual needs of children who meet the criteria of a child with an educational disability provided at no extra cost to the parent. This may include classroom support, home instruction, instruction in hospitals and institutions, speech therapy, occupational therapy, physical therapy, and psychological services.

HEALTH – PHYSICAL AND BEHAVIORAL

Data Sources: Data for Medicaid participants was provided by HHSS. Data related to pertussis, immunizations, STD's, and blood lead levels was provided by HHSS. Data related to infant mortality, child mortality, and birth is based on HHSS 2004 Vital Statistics Report and unpublished data from the Child Death Review Team. Data related to adolescent risk behaviors sexual behaviors, and use of alcohol, tobacco, and other drugs are taken from the 2005 Youth Risk Behavior Survey. Data enumerating motor vehicle accident related deaths and injuries were provided by the Nebraska Department of Roads.

Data pertaining to children receiving mental health and substance abuse treatment in public community and residential treatment facilities was provided by Nebraska Department of Health and Human Services, Division of Behavioral Health Services, Behavioral Health Data System operated by Magellan Behavioral Health Services, Lincoln 2006.

Prenatal Care – Data on prenatal care is reported by the mother and on birth certificates.

Low Birth Weight – A child weighing less than 2,500 grams, or approximately 5.5 pounds at birth.

JUVENILE JUSTICE

Data Sources: Data concerning total arrests and the number of juveniles in detention centers was provided by the Nebraska Commission of Law Enforcement and Criminal Justice. Data concerning juveniles currently confined or on parole was provided by HHSS, Office of Juvenile Services. Data on youth committed to YRTC programs was provided by HHSS. Data on youth in the adult corrections system was provided by the Department of Corrections. Data on youth arrested/convicted of serious crimes and juvenile victims of sexual assault was provided by the Crime Commission. Data concerning juveniles on probation was provided by the Administrative Office of the Courts and Probation.

Juvenile Detention – Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court, requiring a restricted environment for their own or the community's protection, while legal action is pending.

Youth Rehabilitation and Treatment Center (YRTC) – A long-term staff secure facility designed to provide a safe and secure environment for Court adjudicated delinquent youth. A YRTC is designed to provide services and programming that will aid in the development of each youth with a goal of successfully reintegrating the youth back into the community.

NUTRITION

Data Sources: Data on households receiving food stamps, the USDA Special Commodity Distribution Program, the USDA Commodity Supplemental Foods Program, and the WIC Program was provided by HHSS. Data related to the USDA Food Programs for Children was provided by the Nebraska Department of Education.

OUT-OF-HOME CARE

Data Sources: Data was provided by HHSS and the Foster Care Review Board.

Approved Foster Care Homes – HHSS approves homes for one or more children from a single family. Approved homes are not reviewed for licensure. Data on approved homes has been maintained by HHSS since 1992. These homes are the homes of relatives or individuals known to the child.

Licensed Foster Care Homes – Must meet the requirements of the HHSS. Licenses are reviewed for renewal every two years.

Multiple Placements –

From the Foster Care Review Board (FCRB): The FCRB tracking system counts each move throughout the lifetime of the child as a placement; therefore, if a child is placed in a foster home, then sent to a mental health facility, then placed in a different foster home, three placements would be counted; however, a hospitalization for an operation would not be counted. Again, the ideal situation for a child placed in out-of-home care is to experience only one placement creating the consistency recommended for positive child well-being.

From Health and Human Services System (HHSS):

Federal Description: Number of Previous Placement Settings During This Removal Episode

State Interpretation: The number of places the child has lived, including the current setting, during the current removal episode.

Do not include when the child remains at the same location, but the level of care changes i.e.:

Foster Home A, who becomes Adoptive Home A = 1 placement

Do not include when the child runs or is with parent and returns to the same foster home i.e.:

Foster Home A ➜ Runaway or with Parent ➜ Foster Home A = 1 placement

Foster Home A ➜ Runaway or with Parent ➜ Foster Home B = 2 placements

There are certain temporary living conditions that are not placements, but rather represent a temporary absence from the child's ongoing foster care placement. As such, the State must exclude the following temporary absences from the calculation of the number of previous placement settings for foster care:

a) Visitation with a sibling, relative, or other caretaker (i.e., preplacement visits with a subsequent foster care provider or preadoptive parents)
b) Hospitalization for medical treatment, acute psychiatric episodes or diagnosis
c) Respite care
d) Day or summer camps
e) Trial home visits
f) Runaway episodes

Out-of-Home Care – 24-hour substitute care for children and youth. Out-of-home care is temporary care until the child/youth can be returned to his or her family, placed in an adoptive home, receive a legal guardian, or reach the age of majority. Out-of-home care includes the care provided by relatives, foster homes, group homes, institutional settings, and independent living.

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MISSION STATEMENT

Voices for Children is an independent, non-profit organization committed to serving Nebraska's children by:

***Advocating** for the best interests of children;*

***Equipping** parents, professionals, and volunteers to effectively meet the deepest needs of Nebraska's children;*

***Inspiring** all Nebraskans to put the needs of children first.*

VISION STATEMENT

Voices for Children in Nebraska is recognized as the vital resource, trusted advisor, and influential leader – advocating for Nebraska's children.

STATEMENT OF PURPOSE

Voices for Children is a statewide, non-profit child advocacy organization committed to educating the public about the needs of children and improving conditions when and where necessary. We work cooperatively with community groups and individuals to give children a voice in the classroom, the courtroom, the legislative chambers, and the media.

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