

2023

KIDS COUNT IN NEBRASKA REPORT





ACKNOWLEDGEMENTS

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Cover photos featuring
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Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska. Key indicators measure the well-being of children in five areas: health, education, economic stability, child welfare, and juvenile justice.

This research is funded in part by the Annie E. Casey Foundation, as well as by generous sponsorships from Mutual of Omaha, the Heider Family Foundation, the Weitz Family Foundation, First Presbyterian Church of the Cross, Kate and Roger Weitz, Kate Weitz Fund, the Tom Tonniges Family Trust, The Buffett Early Childhood Fund, and Children's Nebraska. We thank them for their support and acknowledge that the findings and conclusions presented in this report are those of the author(s) alone, and do not reflect the opinions of these organizations.

An important component of this project is the Technical Team of Advisors, members of which provide data and expertise on child well-being in our state. The *Kids Count* Technical Team, comprising representatives from numerous agencies and organizations in Nebraska and other research experts, provides invaluable information for this project each year. Without their interest, support, and partnership, *Kids Count* would be impossible to produce.

Kids Count in Nebraska Reports from 2008 to 2023 are available for download at www.voicesforchildren.com/data-research/kids-count.

Additional copies of the *Kids Count in Nebraska 2023 Report*, are available from:

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Dear Kids Count Reader,

You hold in your hands the 31st annual edition of the *Kids Count in Nebraska Report!* For over three decades, Voices for Children in Nebraska has produced this reliable data product.

This year's book comes to you through the support of the Annie E. Casey Foundation, the Heider Family Foundation, Mutual of Omaha, and other generous sponsors listed on page 2. As always, we couldn't bring you this product without the generous assistance of our technical team of advisors and data providers throughout our state agencies, whose names you will find on the final pages. We are grateful for these partnerships, that allow us to share the best data available to inform crucial conversations around child well-being.

Our mission is to advocate for equitable opportunity for all children in Nebraska, and we believe that good data is an important starting point. You cannot know where you need to go without having a clear picture of where you are. But data alone cannot tell the full story of where systemic barriers lie for children and families, nor can it, by itself, propose solutions to crises of child health and well-being. Our commentary this year highlights one such crisis, felt keenly by families across our state: the rising cost of and challenge of finding childcare. This is a nuanced policy conversation that impacts not only family budgets, but the very fabric of our communities. We share with you relevant data points and a set of recommendations highlighting the various policy levers that can be pulled. In doing so, we hope to highlight the opportunities we have as a state, to build a thriving network of care where every child has a safe place to learn and grow while their grown-ups are at work.

These are the conversations that we hope this book, and all the data contained within it, will continue to foster. We are so grateful for everyone who has made Kids Count in Nebraska what it is over the decades, and for all the partnerships that go into every edition, including this one!

Thank you for all you do for the children of Nebraska.

Sincerely,

JULIET SUMMERS, JD
EXECUTIVE DIRECTOR

JOSH SHIRK, PHD
RESEARCH COORDINATOR

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ABOUT VOICES FOR CHILDREN

Founded in 1987, Voices for Children in Nebraska has a 37-year track record of improving the lives of Nebraska’s children and youth. As the independent, nonpartisan voice for children, we are not funded by state, federal, city, or county dollars. Our independence allows us to speak loud and clear and to shine the spotlight on the needs of children in our state.

MISSION:

At Voices for Children in Nebraska, we advocate for equitable opportunity for all children in Nebraska through research, policy, and community engagement.

VISION:

We envision a Nebraska with strong communities where every child has all they need to lead a healthy, secure, and fulfilling life.

VALUES:

We keep children at the heart of everything we do and follow a core set of values that serve as a guide for our words and actions.

Integrity.

We serve as an independent and non-partisan voice to drive systems change.

Information.

We use research, data, and community input to inform our direction and guide our actions.

Equity.

We intentionally center diversity, equity, inclusion, and accessibility in all we do.

Courage.

We fight against the status quo when necessary to amplify youth’s voices and transform systems.

Collaboration.

We listen and partner in order to support children and families according to their needs.

VOICES FOR CHILDREN IN NEBRASKA’S 2023 BOARD OF DIRECTORS:

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CHILDREN ARE OUR STATE'S GREATEST RESOURCE, AND THE DECISIONS OUR LEADERS MAKE ABOUT THEM IMPACT OUR COLLECTIVE FUTURE.

Voices for Children in Nebraska has developed the following Pro-Kid Policy Plan, focusing on the issues of health, economic stability, child welfare, and juvenile justice. Our policy priorities are guided by research, data, and proven best practices that improve child

well-being. We pay close attention to the impact of race, socioeconomic status, and geography, and seek to remove barriers to opportunity within these areas. This plan represents our vision for a Nebraska where strong communities allow all children to thrive.

VOICES FOR CHILDREN WORKS TO ENSURE THAT:

HEALTH



Children and families have access to affordable, quality physical and behavioral health care. Consistent and preventive health care gives children the best start to grow up to be healthy and productive adults.

ECONOMIC STABILITY



Families are able to achieve financial security, and children's basic needs are met. State economic policies support families in trying to build a better future and balance work and family life.

CHILD WELFARE



Children grow up in safe, permanent, and loving homes. An effective child welfare system strengthens families and minimizes trauma through timely and appropriate action.

JUVENILE JUSTICE



Youth are held accountable for their actions in developmentally appropriate ways that promote community safety and allow them to grow into responsible citizens.

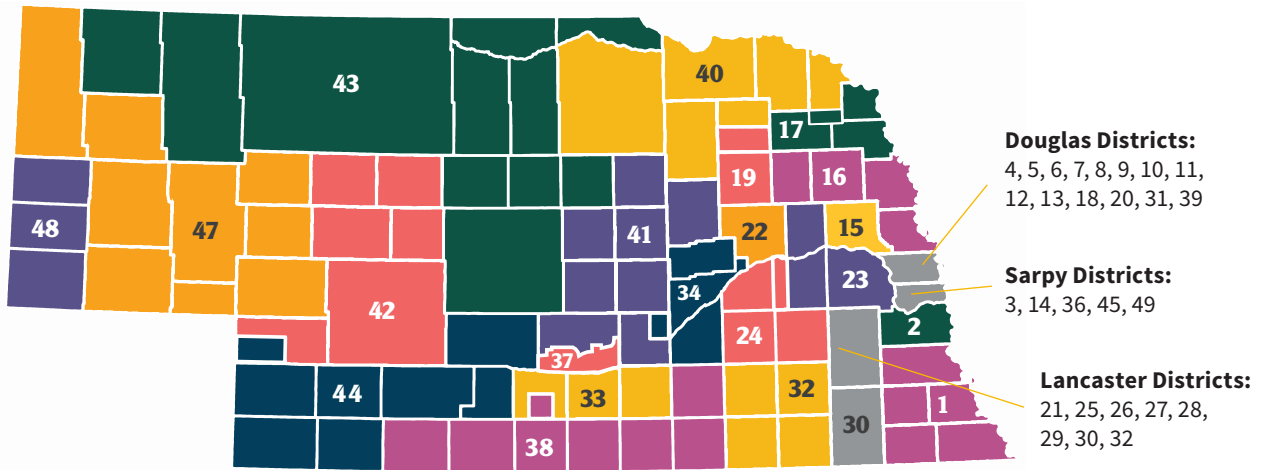


CONTACTING ELECTED OFFICIALS

HOW TO USE YOUR VOICE ON BEHALF OF CHILDREN

Do you have something to share with elected officials about children’s issues? It’s easy to contact policymakers using these tools— a legislative map, contact information for your representatives, and a wealth of information and data at your fingertips.

1 FIND YOUR DISTRICT



2 IDENTIFY YOUR ELECTED OFFICIAL OR OFFICIALS

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Nebraska Secretary of State: Bob Evnen	402-471-2554	www.sos.ne.gov
Nebraska Attorney General: Mike Hilgers	402-471-2683	www.ago.nebraska.gov
Nebraska State Treasurer: Tom Briese	402-471-2455	www.treasurer.nebraska.gov
U.S. Senator: Deb Fischer	202-224-6551	www.fischer.senate.gov
U.S. Senator: Pete Ricketts	202-224-4224	www.ricketts.senate.gov
U.S. Representative-1st District: Mike Flood	202-225-4806	www.flood.house.gov
U.S. Representative-2nd District: Don Bacon	202-225-4155	www.bacon.house.gov
U.S. Representative-3rd District: Adrian Smith	202-225-6435	www.adriansmith.house.gov

3 KNOW YOUR ISSUES, SHARE YOUR DATA

www.voicesforchildren.com contains a wealth of information including:

- Legislative Priority bills
- AdvoKid Updates
- *Kids Count* NInteractive data tool
- Electronic version of the *Kids Count in Nebraska Report*

To stay current on children's legislative issues, sign up for our free **advoKID email alerts** on our website to help you respond to the issues affecting children in the unicameral.

To access Kids Count Nebraska data on the go, visit www.kidscountnebraska.com for our interactive state data tool.

To use the KIDS COUNT Data Center – the interactive home of national, state, and county level data, visit www.datacenter.kidscount.org.

To view the legislative calendar, read bills, listen live, and more, visit www.nebraskalegislature.gov.



CARING FOR OUR FUTURE: ADDRESSING NEBRASKA'S CHILD CARE CRISIS

Stable, responsive, and consistent care at a young age sets children up for a great early start in life. In a functioning early child care and education system, parents would be able to access quality care at an affordable price, child care providers could operate successful businesses, and child care workers would receive fair compensation enabling them to support their own families. Unfortunately, Nebraska's early child care and education system is falling short on all these standards. Costs are high and rising, and parents

often struggle with waitlists or long commutes to access care. Meanwhile, providers are struggling to cover operating costs and child care workers are poorly compensated and burnt out. Here, in the 31st annual Kids Count in Nebraska Report, we examine some of the challenges facing Nebraska's early child care and education system in more detail and recommend some policy solutions to ensure every working family in our state has access to safe, quality care they can afford.

IMPORTANCE OF EARLY CHILD CARE AND EDUCATION

Early child care and education are foundational to modern economics and communities in two important ways. First, for parents with young children, access to affordable care is required for participation in the economy. Second, quality care and education promotes a child's cognitive, social, and emotional development, setting the stage for their formal education and, eventually, their future ability to contribute to the economy and their community.

Nowadays, whether due to changing gender norms, stagnating wages, or other societal shifts, more parents are participating in the economy than ever before. In the U.S., employment rates of mothers with children ages 3 to 7 has increased from just below 20% in 1950 to 67% in 2018.ⁱ Nebraska's parents are no different and, in fact, the evidence suggests they are more likely to be working than the U.S. average. Ten years ago, in 2014, 70% of Nebraska's children under the age of 6 had all available parents in the workforce. In 2022, that percentage has risen to 74%, significantly higher than the national average of 68%.ⁱⁱ In addition, another 6% of parents in Nebraska quit, did not take, or changed their job because of child care problems.ⁱⁱⁱ

With parents at work, children still need consistent, caring, and responsive relationships and educational experiences. Luckily, as the Harvard University Center on the Developing Child explains, decades of research have established that "high-quality caregiving in the early childhood period that is stable and responsive has a greater impact on child outcomes than where that care is provided".^{iv} The task, then, is to ensure that all children of working parents have such care, rather than the highly variable caregiving networks currently available.

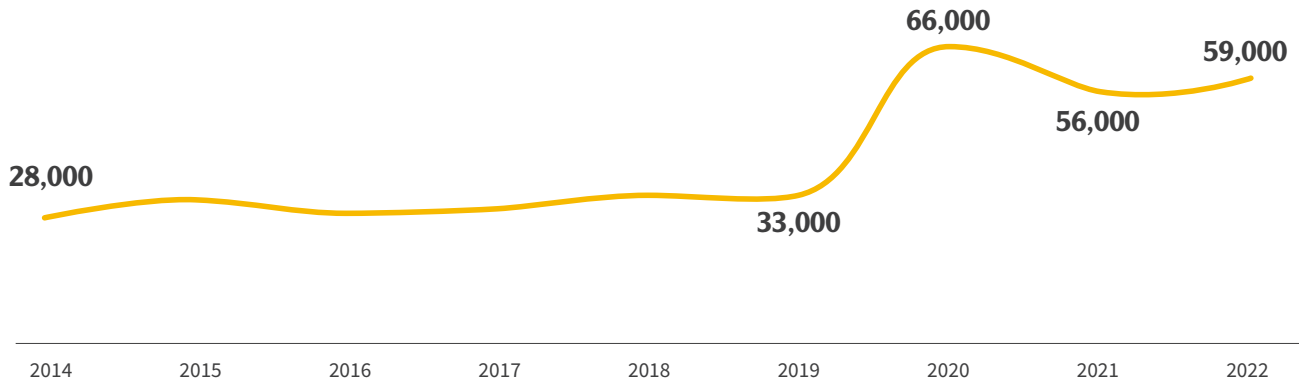
ACCESS

For working parents, child care needs to be close to home or work, accessible by transit, and be available during working hours. Nebraska has long been challenged in these regards, particularly in rural parts of the state.^v

Unfortunately, since the onset of the Covid-19 pandemic, access has become only more difficult. In this respect, Nebraska's problems are not unique. Nationwide, the number of employed people who missed work due to child care problems doubled in 2020 and remained well above pre-pandemic levels as of 2022 (see Figure 1).^{vi}



FIGURE 1. NUMBER OF EMPLOYEES MISSING WORK DUE TO CHILD CARE PROBLEMS SINCE (2014-2022)⁶

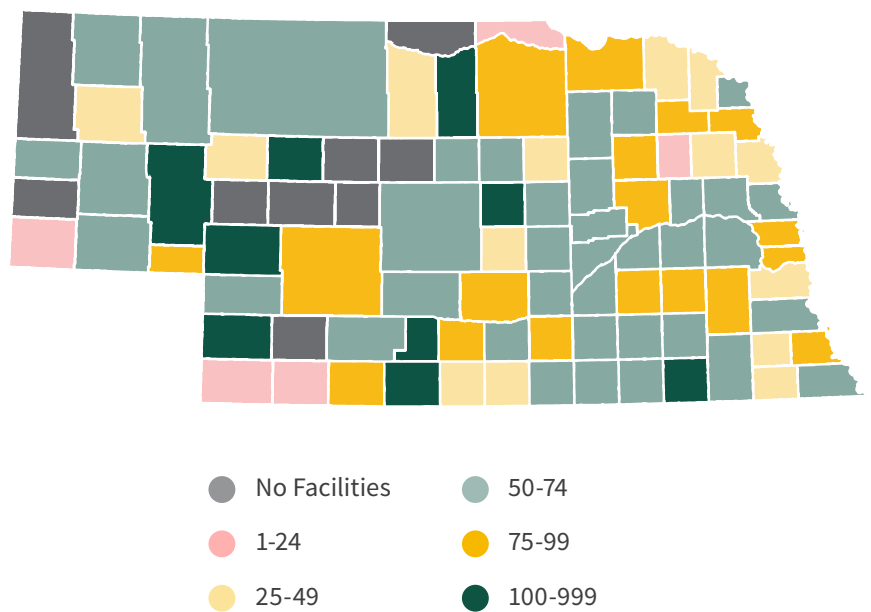


In Nebraska, from 2020 to 2022, there was a 17% decline in the number of licensed child care facilities. Figure 2 presents the capacity of licensed child care facilities per 100 children under the age of 6 with all available parents working for each county in Nebraska.^{vii} In this figure, counties with higher scores have higher child care capacity, with a score of 100 representing full capacity to meet the potential need.

As you can see, in 2022, nine counties had zero child care capacity, classifying them as child care deserts (Arthur, Banner, Blaine, Hayes, Keya Paha, Logan, McPherson, Sioux, Thomas). Meanwhile, another 23 counties received scores between 1 and 50, meaning those counties could not meet the licensed child care needs for at least half the county’s young children of an age to require care. At a recent community meeting held in Central Nebraska, Voices for Children staff heard fears that their towns would not survive unless their residents gained better access to child care.

FIGURE 2. CAPACITY OF LICENSED CHILD CARE FACILITY PER 100 CHILDREN UNDER 6 WITH ALL AVAILABLE PARENTS WORKING BY COUNTY (2022)

Note: Does not include School-Age-Only Child Care Centers.



Source: Department of Health and Human Services.



AFFORDABILITY

If parents cannot find affordable care, then labor participation becomes harder for them to justify. Based on the most recent data from 2021, however, child care is costing a significant percentage of a working parent’s income. As Table 1 shows, the average rate of center-based care for an infant now absorbs 10% of the median income of a married couple and 33% of the median income of a single mother. Having two young children in need of care becomes especially costly as center-based care for an infant and a 4-year-old absorbs 19% of a married couple’s income and 61% of a single mother’s income.

While the high and rising costs of college have garnered much national attention in recent years, a year of child care in Nebraska now rivals, and even surpasses, a year’s worth of tuition and fees at Nebraska’s public universities. As seen in Table 2, tuition and fees at the University of Nebraska at Kearney for the 2023-24 school year was cheaper than the average child care cost of both family and center-based care in 2021, regardless of the age of the child. Even a full year of tuition and fees (2023/24) at the University of Nebraska at Lincoln was cheaper than sending an infant to center-based care in 2021.^{viii}

There are two primary policy mechanics that can be leveraged to impact this cost for working Nebraskan families: subsidies and tax credits.

Subsidies: Our state childcare subsidy is currently offered for low-income families earning up to 185% of the federal poverty level, to help offset costs of approved hours of needed care. Providers can decide whether or not to accept families with subsidies, and if they do, will receive reimbursement based on a child’s attendance during their approved hours of care. These payments are up to the 75th percentile of the market rate for child care, or the rate the provider charges for private pay families, whichever is lower.^{ix}

TABLE 1. CHILD CARE AFFORDABILITY⁸

CENTER-BASED CARE		COST AS A PERCENTAGE OF MEDIAN INCOME BY FAMILY TYPE	
		Single Mother	Married Families with Children
Infant	\$11,068	33%	10%
4-year-old	\$9,431	28%	9%
Infant and 4-year-old	\$20,499	61%	19%
HOME-BASED CARE			
Infant	\$7,462	22%	7%
4-year-old	\$7,164	21%	7%
Infant and 4-year-old	\$14,626	44%	14%

TABLE 2. CHILD CARE COSTS SURPASSING YEARLY COLLEGE TUITION AND FEES⁸

CENTER-BASED CARE (2021)	
Infant	\$11,068
4-year-old	\$9,431
HOME-BASED CARE (2021)	
Infant	\$7,462
4-year-old	\$7,164
UNIVERSITY OF NEBRASKA AT LINCOLN (2023-24)	
30 Credits over two semesters	\$10,108
UNIVERSITY OF NEBRASKA AT OMAHA (2023-24)	
27 Credits over two semesters	\$8,370
UNIVERSITY OF NEBRASKA AT KEARNEY (2023-24)	
30 Credits over two semesters	\$6,480

Tax credits: Tax credits provide another option to help working families offset the costs of care, particularly for those with lower incomes who may qualify for a subsidy but cannot find an accessible provider willing to accept it. In 2023, Nebraska passed the Child Care Tax Credit Act, which goes into effect in 2024 and offers families a refundable credit of up to \$2,000 per child enrolled in care. The credit is tiered according to household income, limited to parents or caregivers with household income up to \$150,000, and capped at \$15 million statewide per fiscal year.^x



QUALITY

It has long been recognized that quality care education in the early years requires deeper community investment. Excellent early care and education can spur a child’s development, establishing a strong foundation of skills to build upon and, as such, offer a great return on public investment.^{xi} This is a field that requires experience, judgment, commitment and high reserves of patience, energy, and attention. Yet, the workers we entrust to provide this quality care and education are often poorly compensated and burnt out.

In 2022, the median yearly wage for child care workers was only \$28,000, which places their earnings slightly above those of cashiers, but below those of parking attendants and animal trainers (see Figure 3). Overall, child care workers rank among the lowest paid workers in the country—673rd out of the 693 occupations with data tracked by U.S. Bureau of Labor Statistics.^{xii}

With the high-level of economic and social importance of the child care work itself, along with the low-pay and high-level of responsibility placed on the child care workers, it is of little surprise that the workers often suffer from burnout.^{xiii} Burnout is a work phenomenon impacting individuals who are deeply committed to and find the work that they do to be meaningful, beyond the money it earns them.^{xiv} That commitment, however, may lead the worker to overextend themselves to accomplish the organization’s goals and mission – leading eventually to exhaustion and turnover.

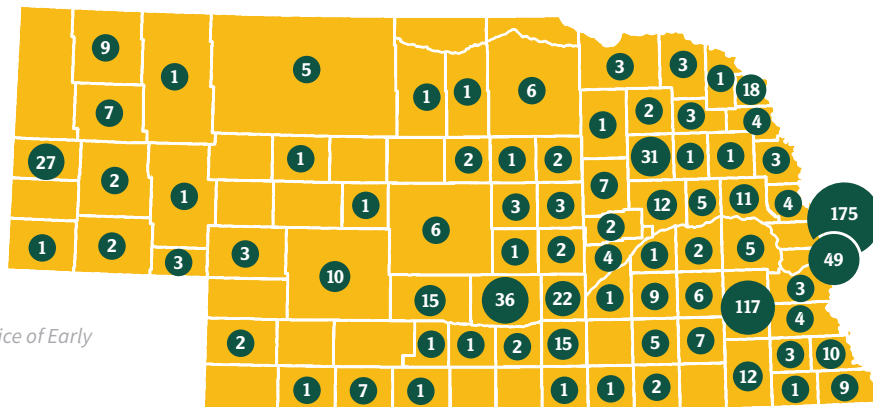
This burnout effect is seen in the 30% turnover rate among Nebraska’s child care workers from 2022 to 2023.^{xv} Thus, for our children to have quality care, recruitment, retention, and appropriate compensation of committed child care workers will need to occur. These efforts must respect the financial, psychological, and emotional well-being of the people who step up to care for our young children.

One initiative in Nebraska focused on increasing quality in child care and early childhood education is Step Up to Quality, Nebraska’s quality rating and improvement system for providers. Figure 4 shows a map of “Step Up” rated providers across the state. Participating in Step Up offers guidance, training, and financial incentives to providers to enhance and enrich program quality for the children in their care.

FIGURE 3. CHILD CARE WORKERS AMONG WORST PAID OCCUPATIONS IN NEBRASKA¹²

Occupation	Yearly Wage Estimates
Parking Attendants	\$29,590
Animal Trainers	\$29,370
Maids and Housekeeping Cleaners	\$29,140
Child Care Workers	\$28,000
Telemarketers	\$27,860
Hotel, Motel, and Resort Desk Clerks	\$27,370
Cashiers	\$26,820

FIGURE 4. NEBRASKA STEP UP TO QUALITY PROGRAMS BY COUNTY (AS OF 2022)



Source: Nebraska Office of Early Childhood Education.



RECOMMENDATIONS

With a low unemployment rate, high rate of families with all grown-ups participating in the workforce, and increasing number of children living at or below poverty thresholds, investments in Nebraska's child care system are becoming ever more crucial.

This is a complex issue with no one silver bullet. It will take significant state and local investment and attention to ensure that every family across our state has access to the care they need. To better address issues with access, affordability, and quality, we propose that Nebraska policymakers and concerned citizens alike consider the value of the following recommendations:

ACCESS

- **Promoting incentives for providers starting up/operating in child care deserts:** Targeted tax credits or grants can help with an array of child care costs, such as start-up costs, operations, building or remodeling existing structures to licensing codes, and workforce costs. Access to these additional, targeted resources can support providers in opening and remaining open in locations where the need is greatest.
- **Ensuring subsidy payments reflect providers' real costs of operation:** Updating the child care subsidy program to pay providers based on enrollment rather than daily attendance would help create stability for child care providers and for families. Making this change would help ensure programs accepting subsidy payment have a sufficient and stable income stream, and have the potential to increase the number of providers willing to accept families on subsidies. Moreover, when child care programs offer regularly scheduled hours to their workforce, they are better able to retain educators.

AFFORDABILITY

- **Keeping or increasing our current gross income eligibility for the child care subsidy:**
 - Our current child care subsidy offers eligibility for families with household incomes up to 185% of the federal poverty level. This eligibility has been helping families across the state be able to access care they might not otherwise afford, but is currently set to sunset in 2026. Legislation will be needed to eliminate that sunset, or eligibility will fall back to just 130% FPL.
- **Implementing and tracking the effect of enhanced dependent care tax credits:** 2024 will be the first tax year for an enhanced state-level, refundable dependent care tax credit for working families making up to \$150,000. It will be important for eligible families to know about and file for the credit, and for advocates and lawmakers to track the economic impact.
- **Enacting a state-level child tax credit:** In 2021, an enhanced, refundable federal child tax credit lifted millions of children out of poverty nationally, and assisted over 223,000 Nebraska families. The child tax credit (as opposed to the dependent care tax credit) is more flexible in nature for families, but is still often used at least in part to assist in paying for child care. Enacting a state-level credit would support families in meeting the full range of needs for their young children - including the high cost of child care.



QUALITY

- **Offering categorical eligibility for child care providers for the child care subsidy:** Child care is the work that facilitates all other work. Ensuring workers are able to afford care for their own children expands access and promotes retention - creating sustainable work positions in Nebraska's workforce, as well as expanding child care availability for parents.
- **Investing further in quality grants and education funding for providers:** Nebraska has some limited funding to incentivize participation in our Step Up to Quality program. Enhancing this investment and offering scholarship resources for providers and workers seeking to deepen their knowledge, will aid facilities in achieving high levels of quality, ultimately enriching children's developmental outcomes.

Reforming the child care crisis in Nebraska will require simultaneously addressing the interrelated issues of access, affordability, and quality. As we strive to enhance access and affordability, quality cannot be sacrificed. We've presented data on this crisis and proposed policy measures to inform the discussion on this critical matter. Moving forward, it is imperative we support working parents, child care providers and workers, and ensure that children receive the nurturing care and education they need to flourish.



END NOTES

1. Cascio, Elizabeth U. Early childhood education in the United States: What, when, where, who, how, and why. No. w28722. National Bureau of Economic Research, 2021.
2. U.S. Census Bureau. "Age of Own Children Under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B23008, 2022.
3. 2020-21 National Survey of Children's Health, Family Health and Activities.
4. Shonkoff, J. P., J. Richmond, P. Levitt, S. A. Bunge, J. L. Cameron, G. J. Duncan, and C. A. Nelson III. "From best practices to breakthrough impacts a science-based approach to building a more promising future for young children and families." Cambridge, MA: Harvard University, Center on the Developing Child (2016): 747-756.
5. Bishop, Sandra. "Early Childhood Programs' Scarcity Undermines Nebraska's Rural Communities: Quality early care and education can bolster public safety, the economy, and national security." Council For A Strong America Council For A Strong America (2021).
6. Employed - With a job, not at work, Childcare problems, 2024. U.S. Bureau of Labor Statistics.
7. Based on data obtained from Nebraska Department of Health and Human Services; U.S. Census Bureau, "Age of Own Children Under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents," 2022. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B23008.
8. Based on Data obtained from Buffett Early Childhood Institute; University of Nebraska at Kearney costs retrieved from www.unk.edu/costs.php; University of Nebraska at Omaha costs retrieved from www.unomaha.edu/undergraduate-admissions/tuition-and-aid/estimated-cost-of-attendance.php; University of Nebraska at Lincoln costs retrieved from admissions.unl.edu/cost/.
9. For a more comprehensive examination of Nebraska's child care subsidy and market cost model, we recommend you check out First Five Nebraska's report written for LR 151 in October 2023, accessible here https://www.firstfivenebraska.org/wp-content/uploads/2023/12/Report_LR151_Cost_Model_FINAL_10.10.23.pdf.
10. Nebraska Revised Statute, Section 77-7203.
11. Heckman, James J. "Policies to foster human capital." *Research in economics* 54, no. 1 (2000): 3-56; Deming, David J. "Four facts about human capital." *Journal of Economic Perspectives* 36, no. 3 (2022): 75-102.
12. Quarter 4 2023 State occupational Employment and Wage Estimates, 2024. U.S. Bureau of Labor Statistics.
13. Lowrey, Annie. "Teachers, Nurses, and Child-Care Workers Have Had Enough: The burnout crisis in pink-collar occupations puts everyone's well-being at risk." *The Atlantic*. September 27, 2022. <https://www.theatlantic.com/ideas/archive/2022/09/teachers-nurses-child-care-job-burnout-crisis/671563/>.
14. Han, Byung-Chul. *The burnout society*. Stanford University Press, 2015.
15. First Five Nebraska, Policy Brief LB 1416:bChild Care Capacity Building and Workforce Act," 2024. https://www.firstfivenebraska.org/wp-content/uploads/2024/02/LB1416_FFN_PolicyBrief_Final.pdf.

Population

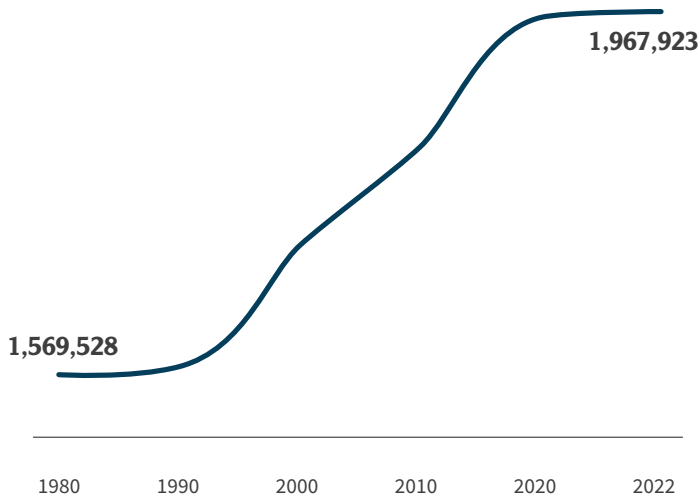
The premise of Kids Count is and has always been that good data can help drive good decisions. Without knowing where children, families, and our communities stand now, we cannot know where the most effective solutions lie. The U.S. Census, taken every 10 years, and the American Community Survey, taken every year, are two of the most important tools for learning how communities are faring. Utilizing these tools, the following section provides a demographic snapshot of Nebraska.



POPULATION



NEBRASKA TOTAL RESIDENT POPULATION (1980 - 2022)¹



1,967,923

people lived in Nebraska in 2022.¹

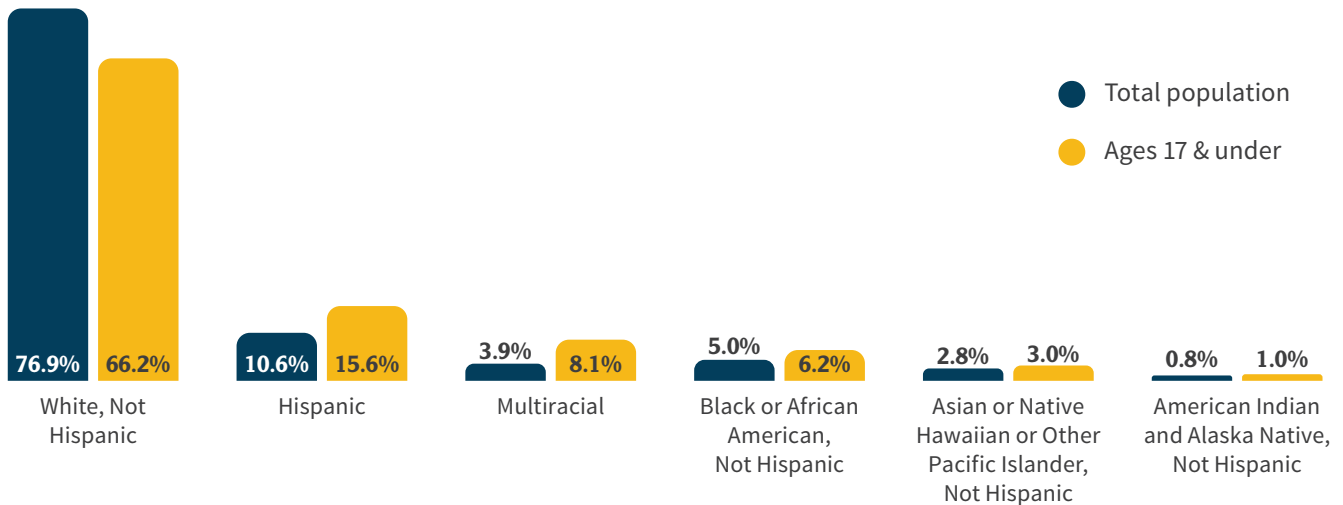
476,677

children under age 18 lived in Nebraska in 2022.²

23.1%

of Nebraskans were of color in 2022.³
This is expected to increase to 38% by 2050.⁴

NEBRASKA POPULATION BY RACE/ETHNICITY (2022)



1. U.S. Census Bureau, Population Division, Annual Population Estimates.

2. U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Single Year of Age and Sex for Nebraska: April 1, 2020 to July 1, 2022.

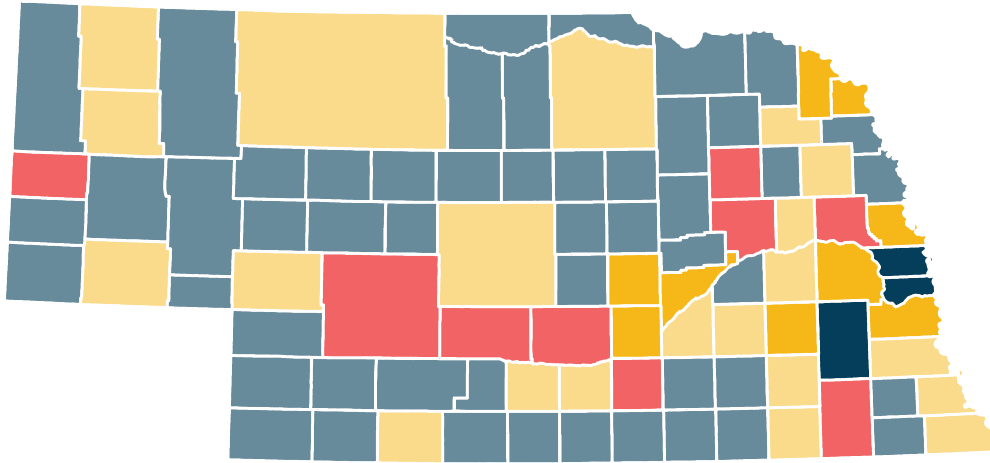
3. U.S. Census Bureau, Population Division, Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2022.

4. Center for Public Affairs Research (CPAR) and Office of Latino/Latin American Studies (OLLAS), UNO, Nebraska Population Projections to 2050 and Implications.



POPULATION

NEBRASKA RURALITY CLASSIFICATION (2022)¹

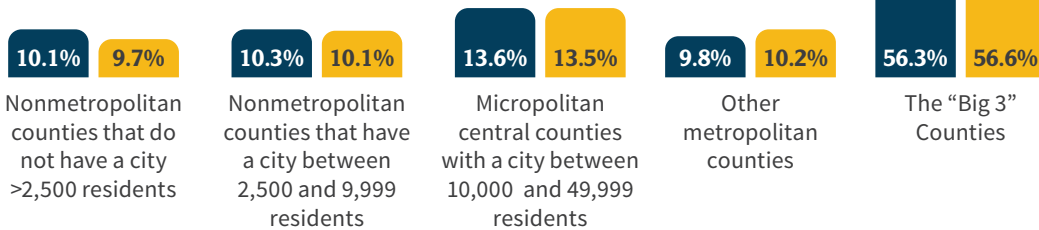


Based on the current population distribution of Nebraska, counties are split into five categories:

- The Big 3 Counties
- Other metropolitan counties
- Micropolitan counties with a city between 10,000 and 49,999 residents
- Nonmetropolitan counties that have a city between 2,500 and 9,999 residents
- Nonmetropolitan counties that do not have a city >2,500 residents

NEBRASKA POPULATION BY RURALITY CLASSIFICATION (2022)¹

- Total population
- Ages 17 & under



56.6%
of Nebraska children lived in the "Big 3" counties in 2022.¹

16.9%
of Nebraskans were 65 or older in 2022.² This is expected to increase to **21.0% by 2050.**³

NEBRASKA POPULATION BY AGE (2022)²



1. U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2022.

2. U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Single Year of Age and Sex for Nebraska: April 1, 2020 to July 1, 2022.

3. Center for Public Affairs Research, UNO, Nebraska County Population Projections: 2010 to 2050.

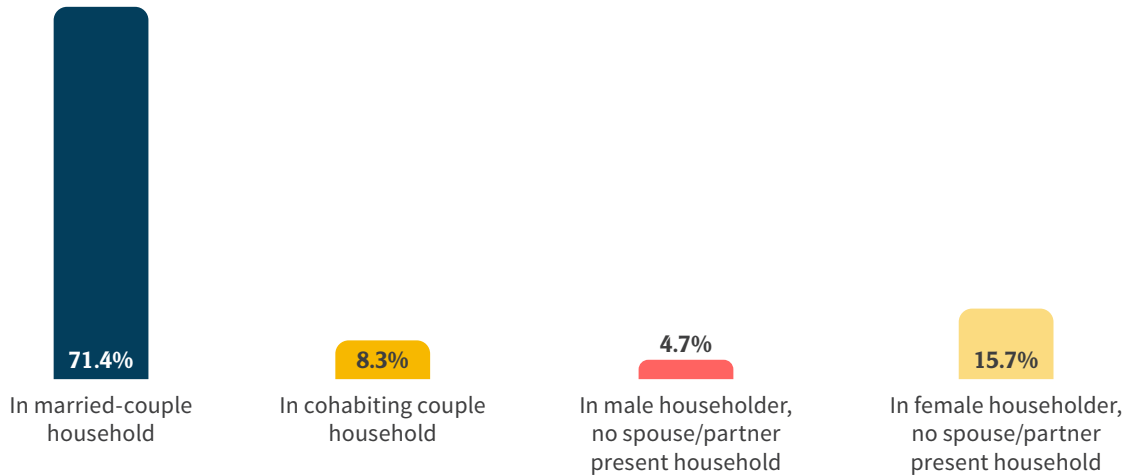


NEBRASKA CHILDREN BY AGE (2022)



Sources: U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Single Year of Age and Sex for Nebraska: April 1, 2020 to July 1, 2022.

NEBRASKA HOUSEHOLDS WITH CHILDREN BY HOUSEHOLD TYPE (2022)



Sources: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B09005.

1,209

children lived in group quarters in 2022.¹

3,956

children lived with their grandparent(s) without a parent present in 2022.²

4,035

children lived in non-family households in 2022.³

28.6%

of Nebraska children lived with an unmarried or single parent in 2022.⁴

1. U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B09001.
 2. U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B10002.
 3. U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B09010.
 4. U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B09005.



RACE & OPPORTUNITY INDEX



HEALTH

- Children with health insurance coverage
- Babies born at normal birth rate (5.5 pounds or more)



EDUCATION

- 3 to 5 year-olds enrolled in school
- 3rd graders proficient in English Language Arts
- Young adults ages 19 to 26 who are in school or working



ECONOMIC STABILITY

- Children living above the Federal Poverty Level
- Median family income
- Children living in low-poverty areas (poverty < 20%)



CHILD WELFARE

- Children not involved in the child welfare system
- State Wards receiving in-home services
- Children with three or fewer out-of-home placements



JUVENILE JUSTICE

- Rate a juvenile case receives a fine/fee
- Youth not in juvenile detention facilities

Nebraska was founded under values of opportunity and equality for all, but when looking at the data on Nebraska's children and families, a harsher reality is uncovered - one of disparity and lack of equitable chance of future success and opportunity for children of color. In response to this, the *Index of Race & Opportunity for Nebraska Children* was created. A composite score of 13 indicators of child well-being was calculated to highlight disparities in opportunity and measure progress toward race equity and inclusion.

7 KEY STEPS

Used to help advance and embed race equity and inclusion at all levels of policy creation

- STEP 1** Establish an understanding of race equity and inclusion principles.
- STEP 2** Engage affected populations and stakeholders.
- STEP 3** Gather and analyze disaggregated data.
- STEP 4** Conduct systems analysis of root causes of inequities.
- STEP 5** Identify strategies and target resources to address root causes of inequities.
- STEP 6** Conduct race equity impact assessment for all policies and decision making.
- STEP 7** Continuously evaluate effectiveness and adapt strategies.

OVERALL INDEX SCORES OUT OF A POSSIBLE 100 (2022)*

American Indian | 24

Asian/Pacific Islander | 73

Black/African American | 20

Hispanic | 59

Multiracial | 64

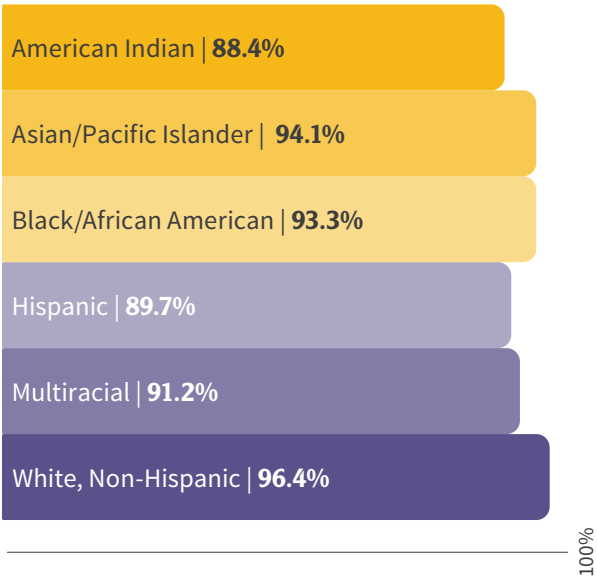
White, Non-Hispanic | 94

Source: In-house analysis.

*Compiling a Race and Opportunity index required substituting five new or modified variables. As a result, exercise caution when making direct comparisons to previous year's indices.

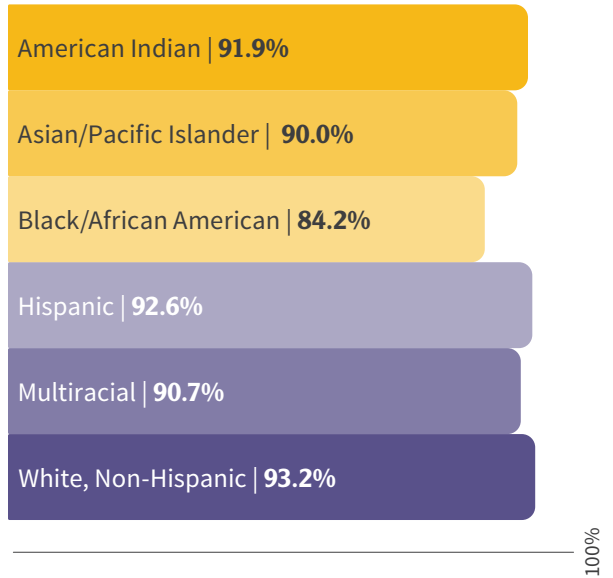


CHILDREN WITH HEALTH INSURANCE COVERAGE (2022)



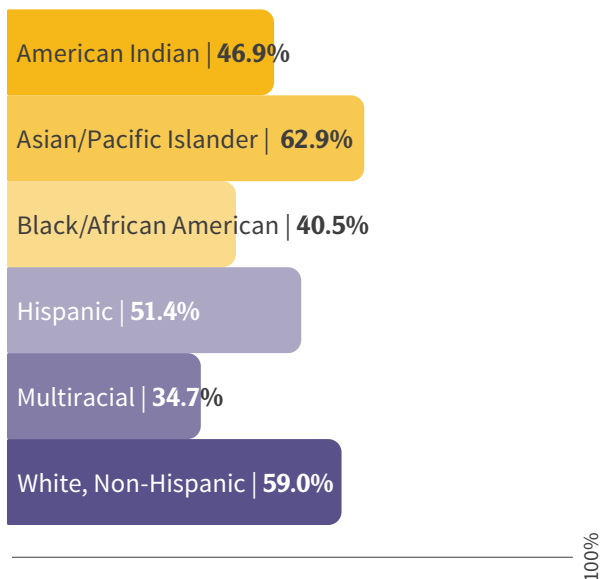
Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table C27001B-1.

BABIES BORN AT NORMAL BIRTH RATE (5.5 POUNDS OR MORE) (2022)



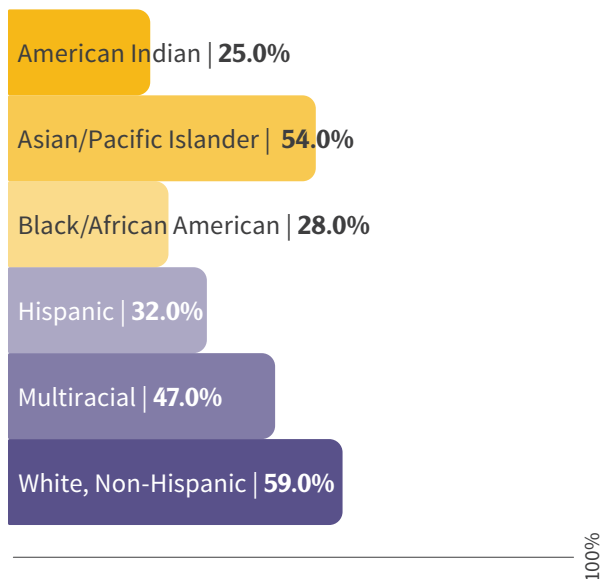
Source: National Center for Health Statistics, final natality data.

3 TO 5 YEAR OLDS ENROLLED IN SCHOOL (2021)



Source: U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Public Use Microdata Samples.

3RD GRADERS PROFICIENT IN ENGLISH LANGUAGE ARTS (2021-22)

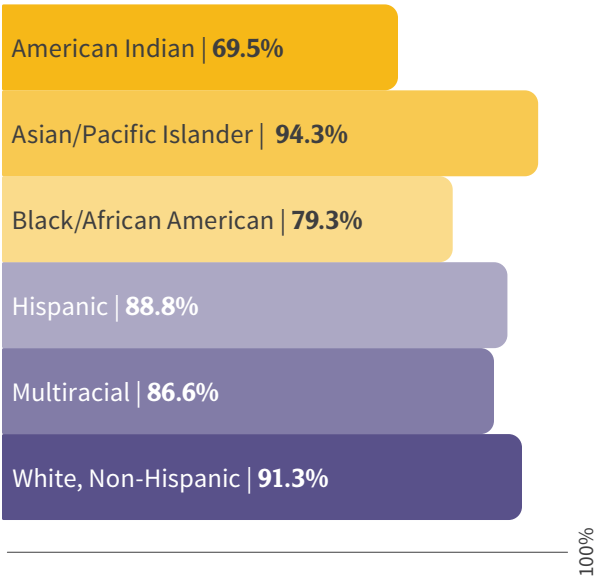


Source: Nebraska Department of Education, 2021-2022, Nebraska Education Profile, English Language Arts.



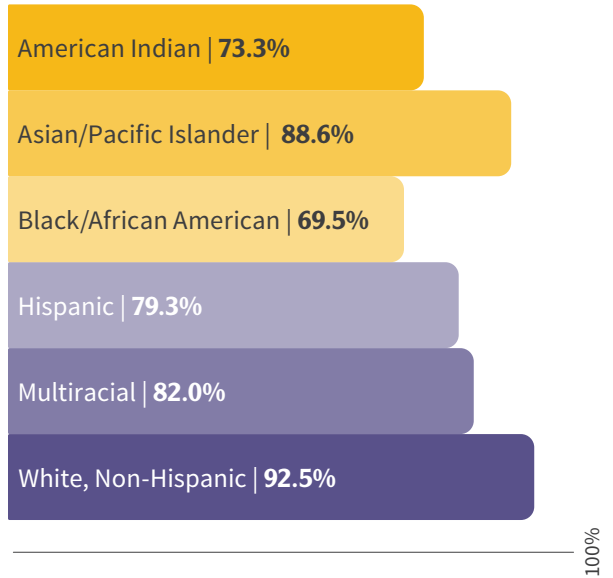
RACE & OPPORTUNITY INDEX

YOUNG ADULTS AGES 19 TO 26 WHO ARE IN SCHOOL OR WORKING (2021)



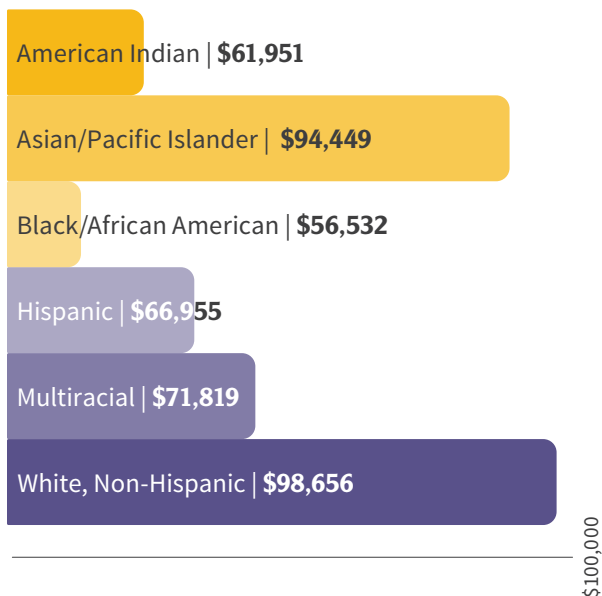
Source: U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Public Use Microdata Samples.

CHILDREN LIVING ABOVE THE FEDERAL POVERTY LINE (2022)



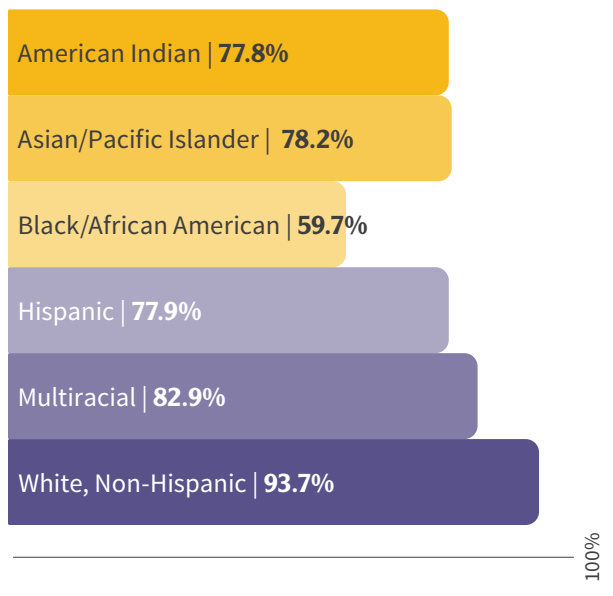
Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B17001B-1.

MEDIAN FAMILY INCOME (2022)



Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B19113B-1.

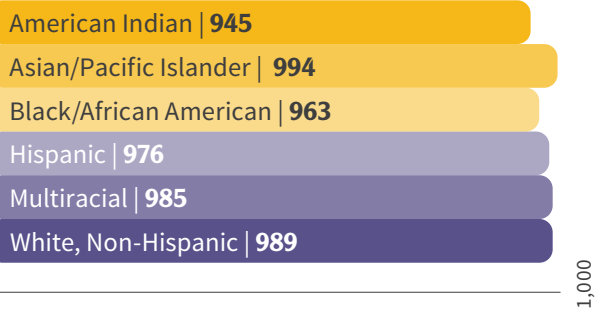
CHILDREN LIVING IN LOW POVERTY AREAS (POVERTY <20%) (2021)



Source: U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Public Use Microdata Samples.

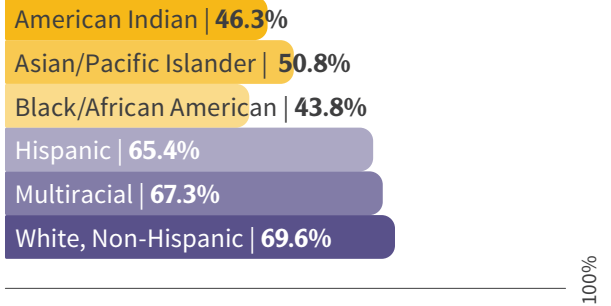


CHILDREN NOT INVOLVED IN THE CHILD WELFARE SYSTEM [RATE/1000] (2022)



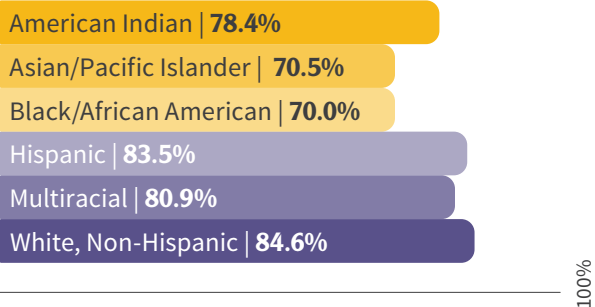
Source: Nebraska Department of Health and Human Services.

STATE WARDS RECEIVING IN-HOME SERVICES (2022)



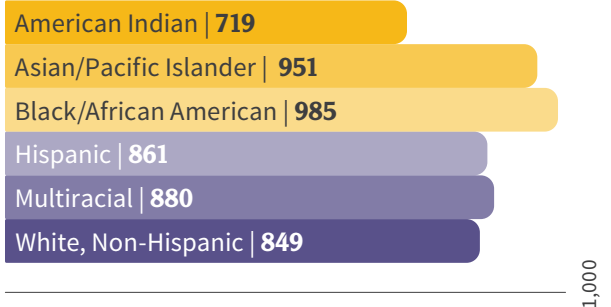
Source: Nebraska Department of Health and Human Services.

CHILDREN WITH THREE OR FEWER OUT-OF-HOME PLACEMENTS (2022)



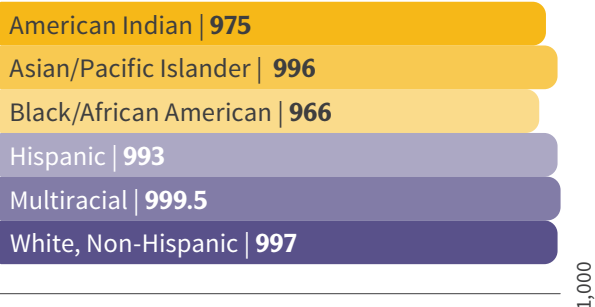
Source: Nebraska Department of Health and Human Services.

RATE A JUVENILE CASE FILING DOES NOT RECEIVE A FINE/FEE (2022)



Source: Nebraska Administrative Office of Courts & Probation.

YOUTH NOT IN JUVENILE DETENTION FACILITIES [RATE/1000] (2022)



Source: Douglas County Youth Center; Patrick J. Thomas Juvenile Justice Center; Lancaster County Detention Center; Northeast Nebraska Juvenile Services.

Health

Every child and family deserves access to affordable, quality physical and behavioral health care.

Quality and consistent preventive health care, beginning even before birth, gives children the best chance to grow up to be healthy and productive adults.

Children and families must be able to access and maintain affordable health insurance, and policies should maximize availability and robust investment in Medicaid and the Children's Health Insurance Program. Our health care systems and policies should prioritize preventive services including immunization, developmental screenings, early intervention, and home visiting. Policies should promote timely and equitable access to a complete range of health care services within a healthy home and community-based environments for children and families across the lifespan.



Section Contents

- 26** Births
- 27** Pre/post-natal health
- 28** Teen births & sexual behavior
- 29** Infant & child deaths
- 30** Health insurance
- 31** Health services
- 32** Behavioral health
- 33** Health risks
- 35** Adverse childhood experiences



BIRTHS

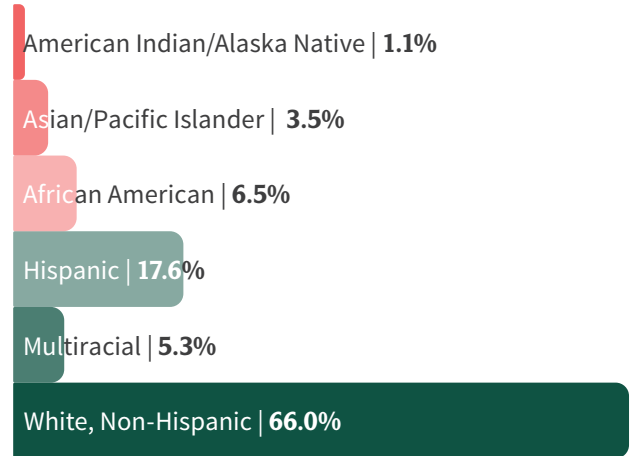
24,345

babies were born in 2022.¹

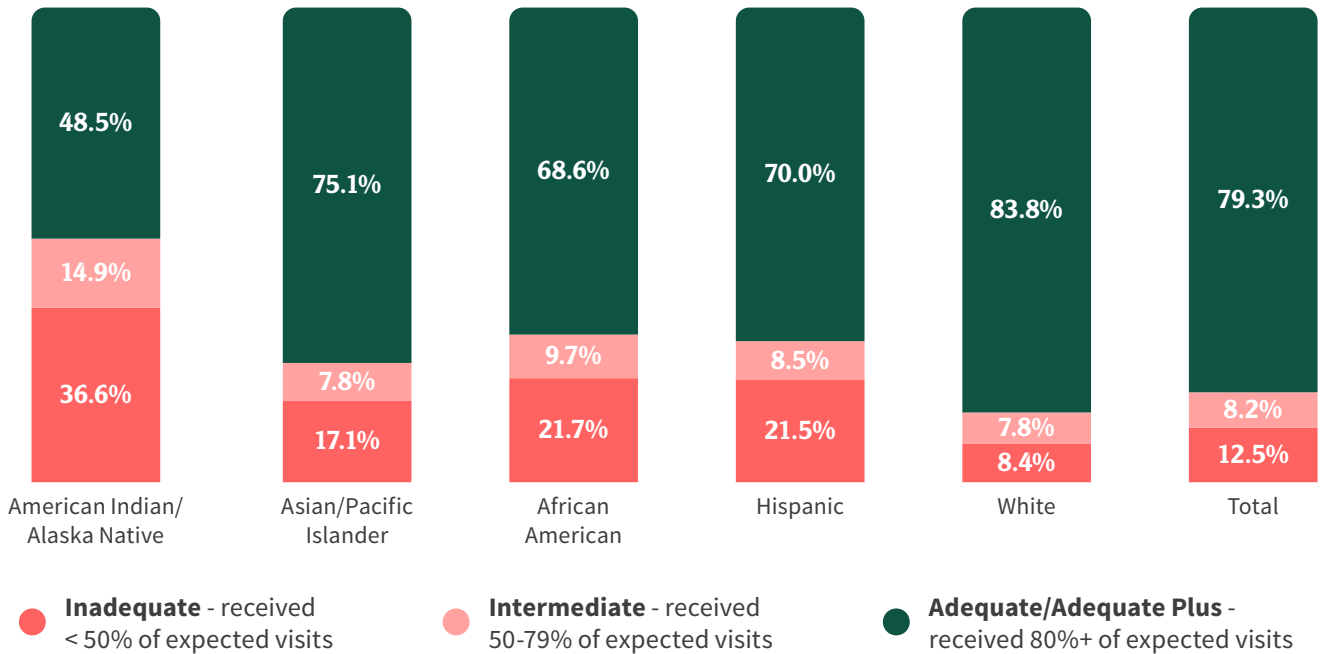
TRIMESTER PRENATAL CARE BEGAN (2022)¹

First trimester	78.9%
Second trimester	14.8%
Third trimester	3.4%
None	1.0%
Unknown	1.9%

BIRTHS BY RACE/ETHNICITY (2022)¹



ADEQUACY OF PRENATAL CARE BY RACE/ETHNICITY (2022)



Source: National Center for Health Statistics, final natality data.

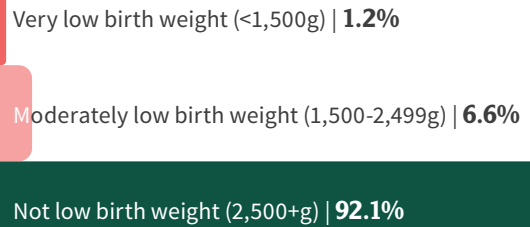
1. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Natality on CDC WONDER Online Database, for years 2016-2022.



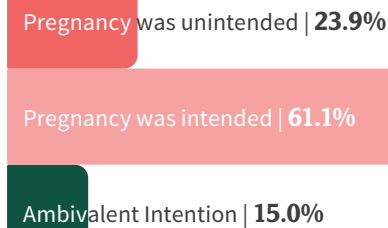
TOBACCO USE (2022)¹



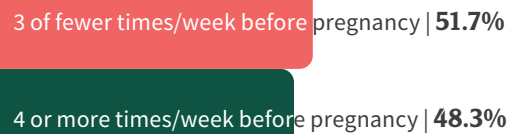
LOW BIRTH WEIGHT (2022)¹



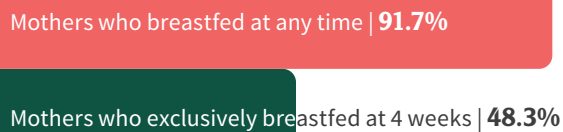
PREGNANCY INTENDEDNESS (2022)²



FOLIC ACID USE PRIOR TO PREGNANCY (2022)²



BREASTFEEDING (2022)²



12% of new mothers in 2022 experienced **postpartum depression symptoms** related to their most recent pregnancy.²

3.3% of women in 2022 had a **home visitor** during pregnancy to help prepare for the new baby.²

1. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database.

2. Nebraska Department of Health and Human Services.



TEEN BIRTHS & SEXUAL BEHAVIOR

TEEN BIRTHS (2022)¹

Teen births are at the lowest point in a decade.

900

babies were born to teen mothers

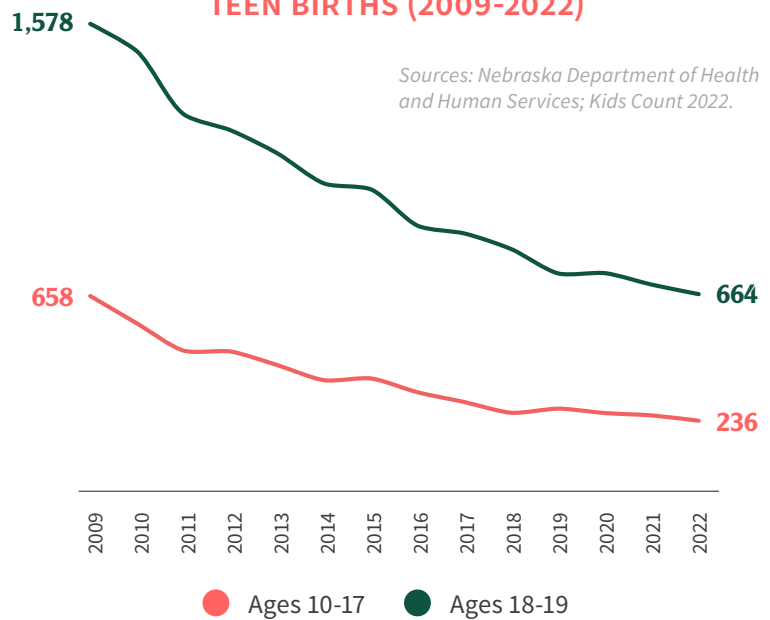
236

of mothers were 10-17 years old

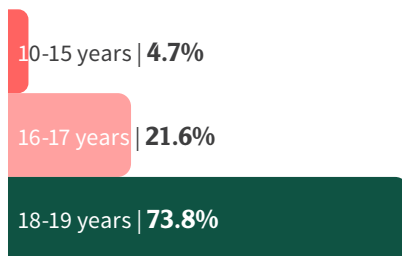
664

of mothers were 18 or 19 years old

TEEN BIRTHS (2009-2022)



TEEN BIRTHS BY AGE (2022)¹



TEEN SEXUAL BEHAVIOR (2021)²

Ever had sexual intercourse	34.5%
Had sexual intercourse before age 13	2.5%
Had sexual intercourse with four or more people	10.4%
Had sexual intercourse in the past three months	26.8%
Drank alcohol or used drugs before last sexual intercourse	20.4%
Did not use condoms during last sexual intercourse	49.0%
Did not use any method to prevent pregnancy during last sexual intercourse	5.4%

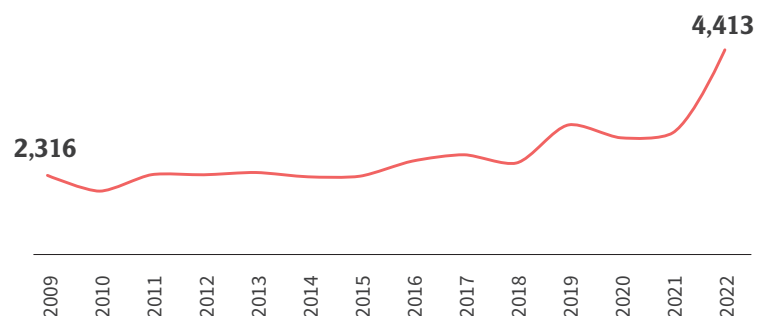
HIV/AIDS (2022)¹

BETWEEN 1-5 children under 11 years old had HIV/AIDS.

19 children ages 12-19 had HIV/AIDS.

0 children with diagnosis of HIV or AIDS who have died from the disease.

NUMBER OF SEXUALLY TRANSMITTED INFECTIONS (STIs) AMONG THOSE 19 AND UNDER (2009-2022)¹



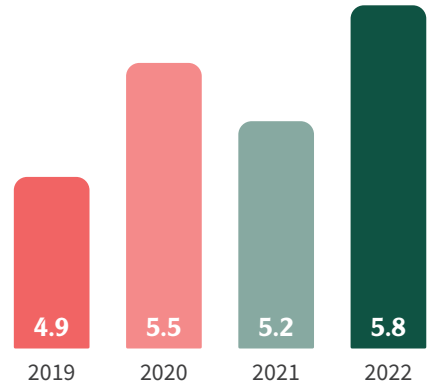
INFANT & CHILD DEATHS



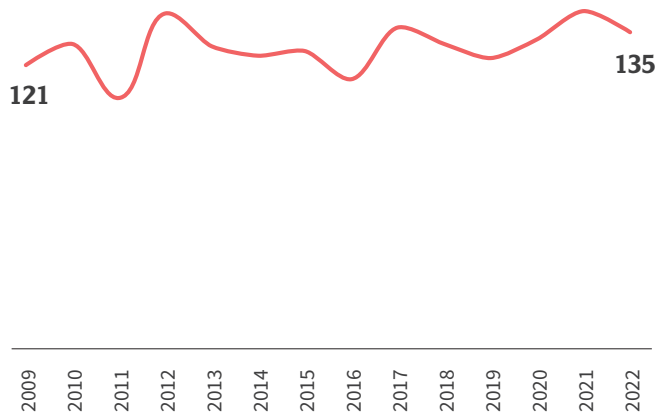
CAUSE OF INFANT DEATHS (2022)

	#	%
Maternal and perinatal	17	12.6%
Birth defects	35	25.9%
SIDS/SUDI	9	6.7%
Heart/Cardiovascular and Respiratory	29	21.5%
Accident or Violent Cause	9	6.7%
Prematurity	14	10.4%
Infection	2	1.5%
Other	20	14.8%
Total	135	

INFANT MORTALITY PER 1,000 BIRTHS



CHILD DEATHS, AGES 1-19 (2009-2022)



CAUSES OF CHILD DEATHS (2022)

	#	%
Accidents	46	34.1%
Suicide	26	19.3%
Cancer	8	5.9%
Birth defects	6	4.4%
Homicide	9	6.7%
COVID-19	0	0%
Other	40	29.6%
Total	135	

8 WOMEN

died due to a cause related to or aggravated by pregnancy or its management in 2022.

34.2

Maternal death rate per 100,000 population in 2022.



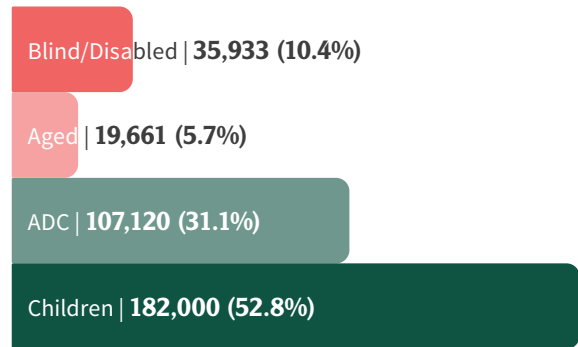
HEALTH INSURANCE

HEALTH COVERAGE FOR KIDS 18 & UNDER BY TYPE (2022)

	#	%
Any	482,501	94.8%
Public	137,168	26.9%
Employer-based	290,730	57.1%
Direct-purchase	31,424	6.2%
More than one type	34,057	6.7%
None	26,668	5.2%

Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B27010.

MEDICAID/CHIP ELIGIBILITY BY CATEGORY SFY 2022 (MONTHLY AVERAGE)¹

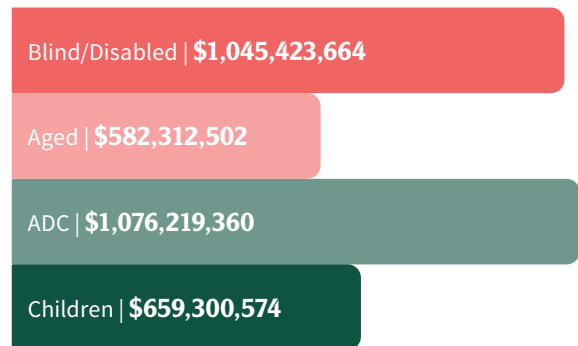


182,000 children were enrolled in Medicaid/CHIP (SFY 2022).¹

52.8% of people eligible for Medicaid/CHIP were children (SFY 2022).¹

19.6% of Medicaid costs were made up by children (SFY 2022).¹

MEDICAID/CHIP EXPENSES BY CATEGORY (SFY 2022)¹



UNINSURED CHILDREN BY RACE/ETHNICITY (2022)

	#	%
American Indian	812	11.6%
Asian/Pacific Islander	759	5.9%
African American	1,934	6.7%
Hispanic	9,690	10.3%
Multiracial/Other	7,160	8.8%
White, Non-Hispanic	12,306	3.6%

Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table C27001B-1.

MEDICAID/CHIP ENROLLMENT (JULY 2022)



Source: State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data.



NUMBER OF MEDICAL PROVIDER SHORTAGES (AS OF SEPT. 30, 2022)

of shortages

Primary	94
Mental	85
Dental	81

Source: Health Resources & Services Administration, Health Professional Shortage Areas.

Health professional shortage areas are designations that indicate a shortage of health care providers in the areas of primary care, mental health care, or dental health care. Shortages fall into 3 categories:¹

- 1. Geographic areas** - a shortage of providers for the entire population within an area
- 2. Population groups** - a shortage of providers within an area for a specific high-need population
- 3. Facilities** - health care facilities within an area have a shortage of health professionals to meet their needs

MEDICAID/CHIP (FY2022)

221

children received developmental services through Medicaid/CHIP.

30,090

children received behavioral services through Medicaid/CHIP.

1,340

providers served children through Medicaid/CHIP.

Sources: Nebraska Department of Health and Human Services.

IMMUNIZATIONS (2022)

88.3%

of teens were immunized against meningitis caused by types A, C, W, and Y.

56.5%

of teen girls completed their HPV vaccine series.

73.9%

of teens boys completed their HPV vaccine series.

Sources: National Immunization Survey-Child, 2022.

CHILDREN WITH A MEDICAL HOME (2021)²

Do not have a medical home | **47.6%**

Have a medical home | **52.4%**

80%

of children had a preventative dental visit in the past year in 2022.¹

33%

of children had one or more current health conditions in 2021.²

92.6%

of children are in very good to excellent health in 2022.¹

80.1%

of children who had a preventative medical visit in the past year in 2021.²

1. 2022 National Survey of Children's Health.
2. 2020-21 National Survey of Children's Health.



BEHAVIORAL HEALTH

Many children in Nebraska deal with behavioral health problems that may affect their ability to participate in normal childhood activities.

The National Survey of Children’s Health estimates the amount of Nebraska children facing the following disorders:

NUMBER OF CHILDREN FACING DISORDERS (2021)¹

Anxiety	32,490
ADD/ADHD	30,143
Depression	16,692
Autism Spectrum Disorder	7,252

78,687

children with a mental, emotional, developmental or behavioral problem in 2021.¹

47.6%

of children needing mental health counseling actually received it in 2022.²

CHILDREN RECEIVING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES THROUGH DHHS (2022)³

Mental Health	2,936
Substance Use	67

SUICIDES IN THE LAST 12 MONTHS (2021)⁴

Seriously considered suicide	19.2%
Made a suicide plan	14.3%
Attempted suicide	10.1%

REGIONAL CENTERS (2022)³

22

YOUTH

received services at **Hastings Regional Center**, a chemical dependency program for youth from the Youth Rehabilitation & Treatment Center (YRTC) in Kearney in 2021.

47

YOUTH

received services from **Lincoln Regional Center** at the Whitehall Campus.

CHILDREN RECEIVING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES BY RACE/ETHNICITY (2022)³

American Indian/Alaska Native	1.6%
Asian/Pacific Islander	1.1%
African American	6.5%
White	58.2%
Multiracial	3.4%
Hispanic	20.5%
Other	3.9%
Not available	4.8%

83.9%

of children 6 months to 5 years who met all four measures of flourishing it in 2021.¹

36.4%

of teens who felt sad or hopeless everyday for 2+ weeks so that activity was stopped in 2022.³

1. 2020-21 National Survey of Children’s Health.

2. 2022 National Survey of Children’s Health.

3. Department of Health and Human Services.

4. Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2021.



54.6%

of high schoolers rarely or never wore a seat belt in 2021.¹

MOTOR VEHICLE CRASHES AND SEAT BELT USE (2021)¹

In the past 30 days, rode in a vehicle driven by someone who had been drinking alcohol | **14.8%**

In the past 30 days, drove a vehicle after drinking alcohol | **4.5%**

Texted or emailed while driving a car or other vehicle in the last 30 days | **51.4%**

INJURIES AND VIOLENCE (2021)¹

19.9% of children were in a physical fight in the past 12 months.

7.6% of children, in the past 12 months, were physically hurt on purpose by someone they were dating.

7.7% of children were threatened or injured with a weapon on school property.

20.7% of children were bullied in school.

17.1% of children were electronically bullied.

15.8% of children experienced sexual dating violence.

BLOOD LEAD LEVEL TESTING (SFY 2022)

Exposure to lead may harm a child's brain and central nervous system. Even low blood lead concentrations can cause irreversible damage such as:

- impaired physical and cognitive development,
- delayed development,
- behavioral problems,
- hearing loss, and
- malnutrition.

The Centers for Disease Control uses a reference level of five micrograms per deciliter to identify children as having an elevated blood lead level.

595

children had elevated blood lead levels.

35,281

children had a confirmed blood lead level test.

1.7%

of tested children had elevated blood lead levels.

Source: Nebraska Department of Health and Human Services.



HEALTH RISKS

TEEN ALCOHOL AND OTHER DRUG USE (2021)

In the past 30 days had at least one drink of alcohol **18.9%**

In the past 30 days had 5 or more drinks in a row within a couple of hours **9.1%**

Ever used marijuana **18.7%**

Ever used inhalants to get high **7.3%**

Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it **7.1%**

In the past 12 months offered, sold, or given illegal drugs by someone on school property **10.4%**

Source: Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2021.

TEEN TOBACCO USE (2021)

Currently smokes cigarettes, cigars, smokeless tobacco, or electronic vapor products **14.9%**

Currently smokes cigarettes **3.6%**

Currently uses smokeless tobacco **2.9%**

Currently uses an electronic vapor product **14.7%**

Source: Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2021.

ADVERSE CHILDHOOD EXPERIENCES



ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) are **potentially traumatic events that can have negative, lasting effects on health and well-being**. Experiencing multiple ACEs results in compounding effects, and there is growing evidence that it is the general experience of multiple ACEs, rather than the specific individual impact of any one experience, that matters. The experience of ACEs extends beyond the child and can cause consequences for the whole family and community.

NUMBER OF ACEs CHILDREN EXPERIENCE (2021)

0 ACEs	65.1%
1 ACEs	18.4%
2+ ACEs	16.6%

Source: 2020-21 National Survey of Children's Health.

TYPES OF ACE (2021)

Economic hardship (somewhat to very hard to get by) | 9.9%

Divorce | 22.2%

Mentally ill family member | 8.5%

Lived with anyone who had drug or alcohol problems | 7.4%

Parent incarceration | 5.7%

Domestic violence | 5.0%

Neighborhood violence | 2.5%

Racial/ethnic discrimination | 3.3%

Parent death | 2.1%

Discrimination based on sexual orientation or gender identity | 1.5%

Source: 2020-21 National Survey of Children's Health.

AMONG CHILDREN WITH 1 OR MORE ACE, THE FOLLOWING WERE DISPLAYED (2021)

CHALLENGING FACTORS WERE DISPLAYED

Chronic health condition | 48.8%

Ongoing mental, emotional, and/or behavioral health condition | 36.5%

Parents cut back on work or stopped working because of child's health | 11.3%

SUPPORTIVE FACTORS WERE DISPLAYED

Engaged in school | 36.6%

Demonstrates resilience | 73.7%

Live in a supportive neighborhood | 46.8%

Mother's physical and mental health is very good or excellent | 32.3%

Parents can handle day-to-day demands | 59.6%

Source: 2020-21 National Survey of Children's Health.

Education

Education is the surest way to build a pathway to lifelong success, and the early years of a child's life are imperative to laying a solid foundation for success. Establishing the conditions that promote educational achievement for children is critical. With a strong and healthy early beginning, children can more easily stay on track to remain in school, graduate on time, pursue postsecondary education and training and enjoy a successful transition into adulthood. Closing gaps in educational access and quality is key to ensuring the future workforce can compete and build or continue the cycle of success and independence.



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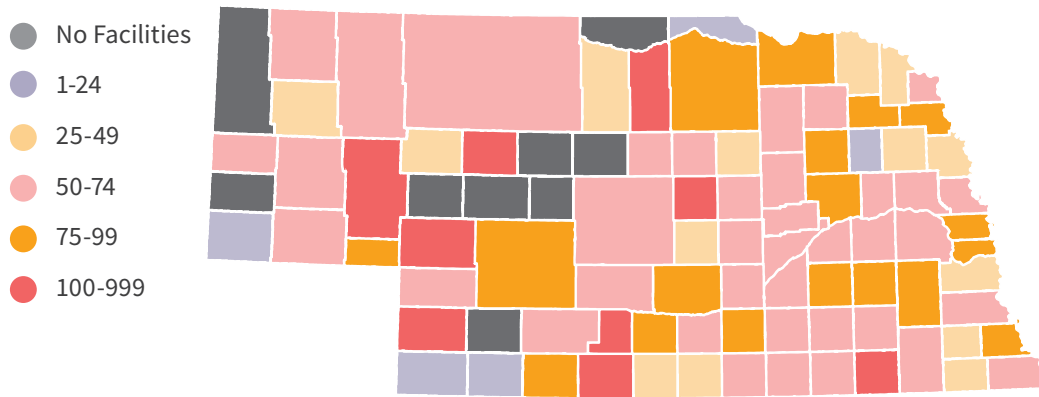
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CHILD CARE

CAPACITY OF LICENSED CHILD CARE FACILITY PER 100 CHILDREN UNDER 6 WITH ALL AVAILABLE PARENTS WORKING BY COUNTY (2022) ¹

Note: Does not include School-Age-Only Child Care Centers.



2,494
total licensed child care facilities in 2022. ¹

110,997
children under 6 need child care in 2022. ²

6%
(9,102)

of Nebraska parents of children 0-5 that quit, did not take, or greatly changed their job because of child care problems in 2020-21.

Source: 2020-21 National Survey of Children's Health, Family Health and Activities, Indicator 6.17.

CHILD CARE SUBSIDY (2022)

21,284
children received child care subsidy.

680
children were in the care of license-exempt providers.

13,091
children, on average, received a subsidy each month.

AVERAGE NUMBER OF CHILDREN WHO RECEIVED A SUBSIDY EACH MONTH (2022) ¹

Below school-age	9,094
School-age	4,852
Living below 100% FPL	11,242
Between 100% and 130% FPL	7,388
Between 130% and 185% FPL	979

FUNDS SPENT ON THE CHILD CARE SUBSIDY PROGRAM (2022) ¹

State	\$66,816,701
Federal	\$133,085,322

ANNUAL CHILD CARE COSTS (2021)

CENTER-BASED CARE	Infant	\$11,068
	4-year-old	\$9,431
HOME-BASED CARE	Infant	\$7,462
	4-year-old	\$7,164

Source: Buffett Early Childhood Institute Analysis of Nebraska Child Care Market Rate Survey Report 2021.



EARLY CHILDHOOD EDUCATION

18,841

children were enrolled in public school-based preschool in 2021-22. ¹

The **Early Development Network (EDN)** serves families with children born with disabilities.

2,222

infants and toddlers had an Individualized Family Service Plan through EDN in 2021-22.

Source: U.S. Department of Education, Nebraska State Performance Plan Annual Performance Report, FFY 2021.

CHILDREN (BIRTH-AGE 3) (2021-22)

of children

With developmental delay	2,140
With speech language impairment	94
With hearing impairment	54
With autism	55
With some other disability	115

Source: Nebraska Department of Education, Office of Special Education.

17

Head Start Programs

19

Early Head Start Programs

5,800

children served in Early Head Start/Head Start Programs

8.8%

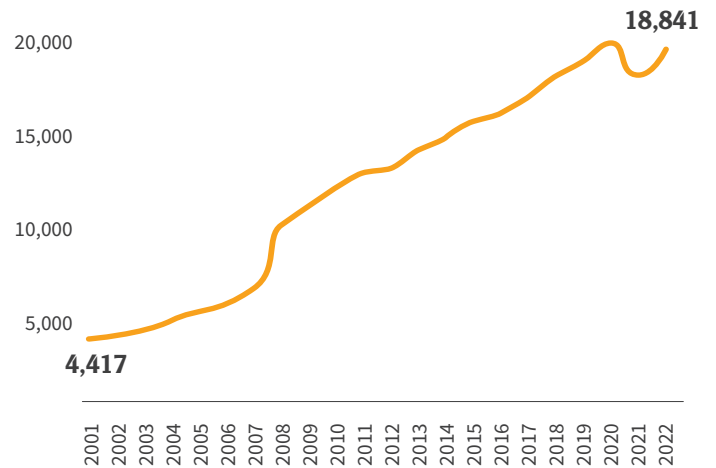
of families with children served in Early Head Start/Head Start programs experienced homelessness

143

pregnant women served in Early Head Start program

Source: Office of Head Start, Program Information Report.

PUBLIC PRESCHOOL ENROLLMENT ¹



Sixpence serves children birth to age 3 who are at risk of failure in school and is funded through public and private dollars.

42

Sixpence Programs as of 2021-22

979

families served by Sixpence Programs

78

pregnant moms served by Sixpence Programs

1,132

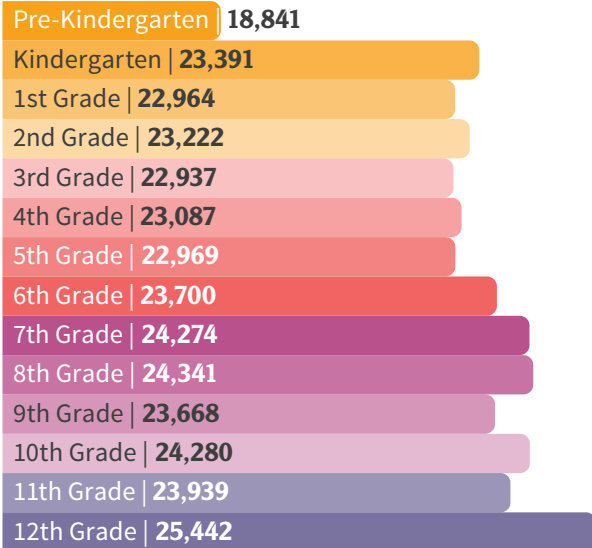
children served by Sixpence Programs

Source: Sixpence Early Learning Fund 2021-22 Evaluation Report UNMC.

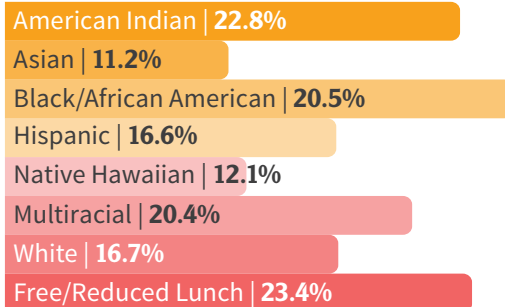
K-12 STUDENT CHARACTERISTICS



SCHOOL MEMBERSHIP BY GRADE (2021-22)



SPECIAL EDUCATION CLASSIFICATION (2021-22)



327,055

children were enrolled in public school in 2021-22.

4.2%

of Nebraska school students were **highly mobile**, meaning they enrolled in two or more public schools during the 2021/22 school year. Higher school mobility is correlated with lower achievement.

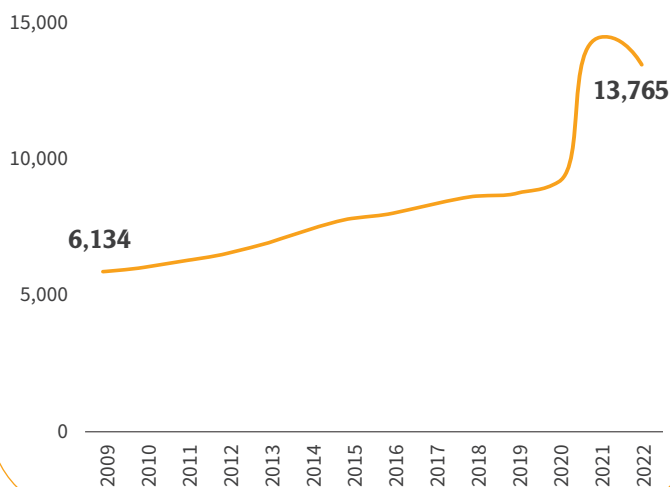
15.9%

of students were classified as **Special Education**. (2021-22)

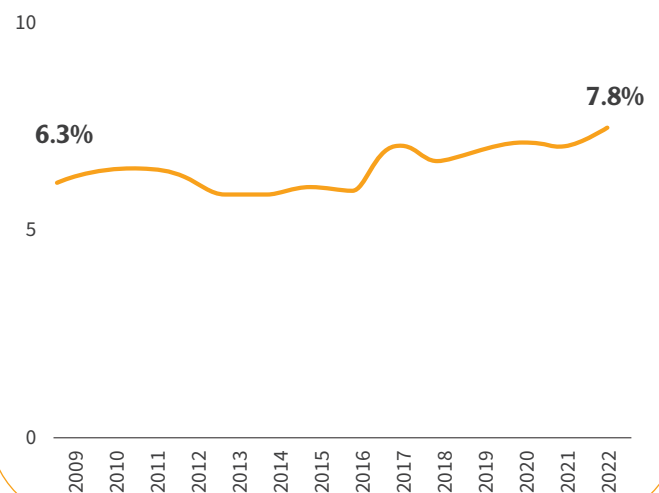
12.9%

of students were classified as **High Ability Learners**. (2021-22)

NUMBER OF HOME SCHOOL STUDENTS (EXEMPT SCHOOL PARTICIPANTS)



PERCENT OF STUDENTS WHO WERE ENGLISH LANGUAGE LEARNERS





FREE-REDUCED MEALS

MEAL PROGRAM PARTICIPATION (2020-21)

BREAKFAST	District	256
	School/Sites	764
<hr/>		
LUNCH	Districts	350
	School/Sites	901

COMMUNITY ELIGIBILITY (2020-21)

SITES	Eligible	293
	Served	54
<hr/>		
CHILDREN	Eligible	109,085
	Served	11,659

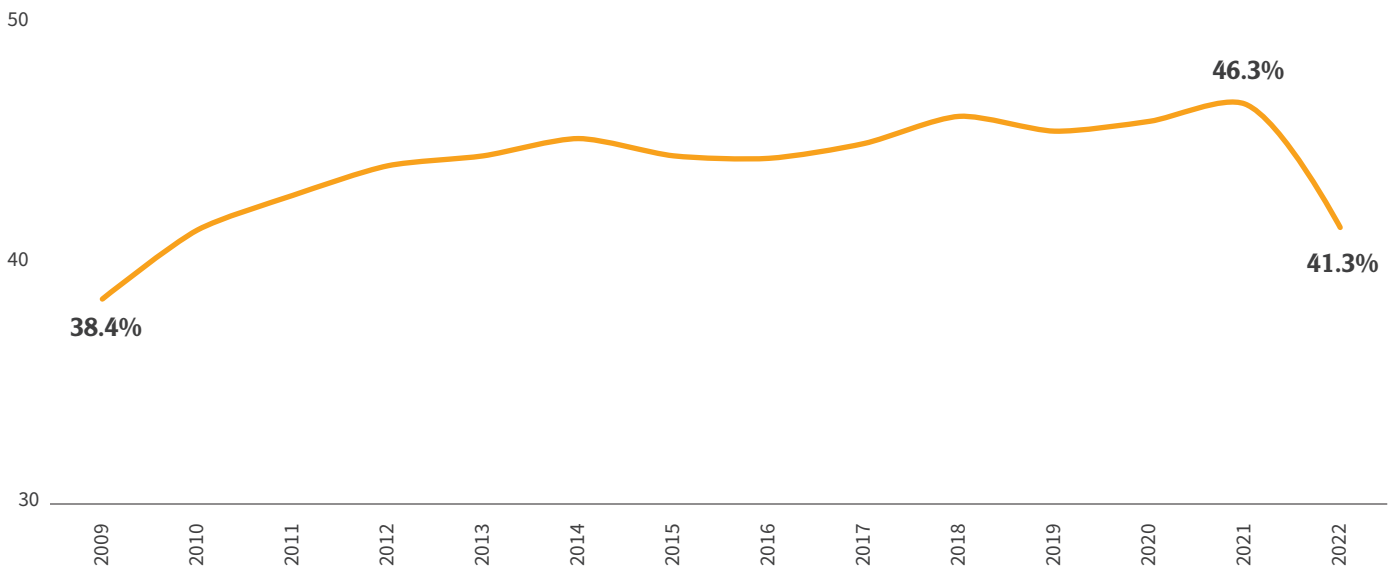
130

summer food participation sites (2020-21)

33,985

average daily meals served (2020-21)

PERCENT OF CHILDREN ELIGIBLE FOR FREE AND REDUCED PRICE SCHOOL MEALS



ENGLISH LANGUAGE ARTS PROFICIENCY



Reading is a fundamental skill that affects learning experiences and school performance of children and teens. The ability to read proficiently translates to a greater likelihood of performing well in other subjects.

Children with lower reading achievement are less likely to be engaged in the classroom, graduate high school, and attend college.

Source: Child Trends, Reading Proficiency.

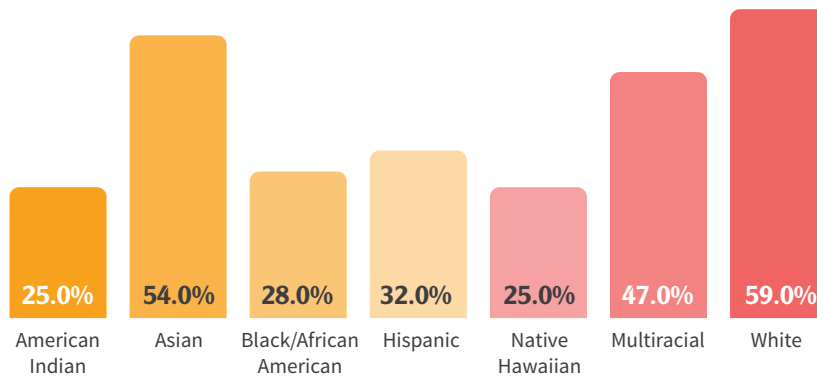
3RD GRADE (2021-22) ¹

50.0%

of children overall proficient in English Language Arts

33.0%

of low-income children overall proficient in English Language Arts



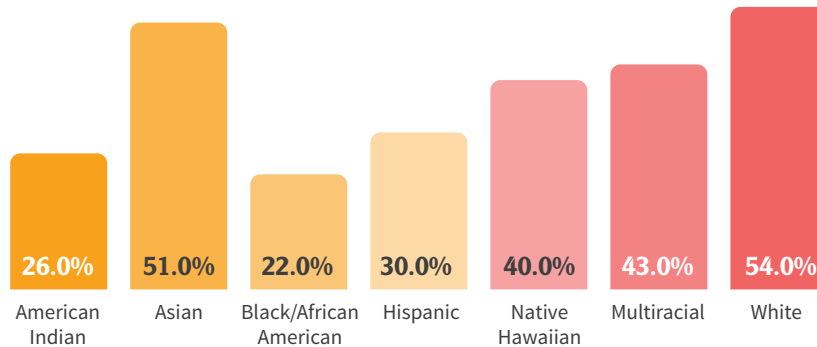
8TH GRADE (2021-22) ¹

46.0%

of children overall proficient in English Language Arts

31.0%

of low-income children overall proficient in English Language Arts



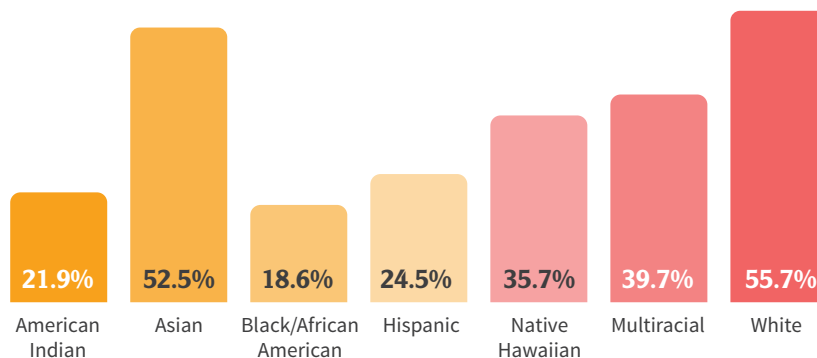
11TH GRADE (2021-22) ¹

46.0%

of children overall proficient in English Language Arts

26.3%

of low-income children overall proficient in English Language Arts





MATH PROFICIENCY

Math skills are essential for functioning in everyday life, as well as for future success in our increasingly technical workplace. Students who take higher courses in mathematics are more likely to attend and complete

college. Those with limited math skills are more likely to find it difficult to function in everyday society and have lower levels of employability.

Source: Child Trends, Mathematics Proficiency.

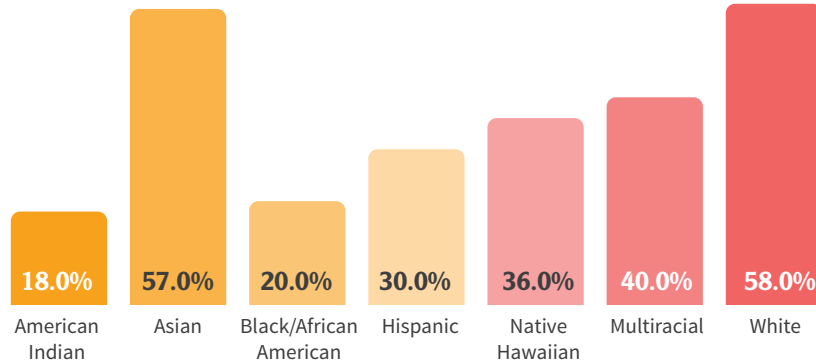
5TH GRADE (2021-22) ¹

49.0%

of children overall proficient in math

31.0%

of low-income children overall proficient in math



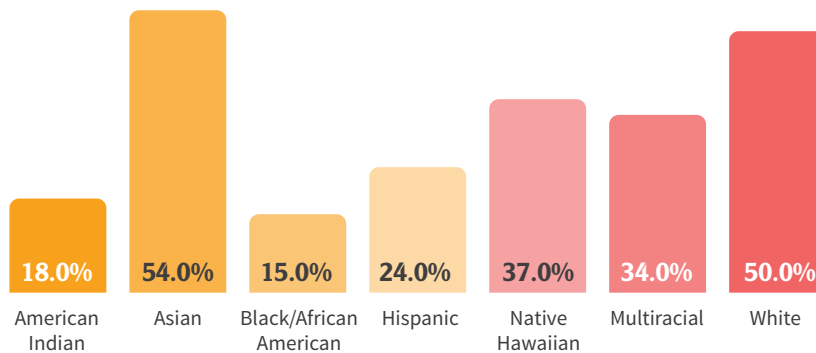
8TH GRADE (2021-22) ¹

41.0%

of children overall proficient in math

24.0%

of low-income children overall proficient in math



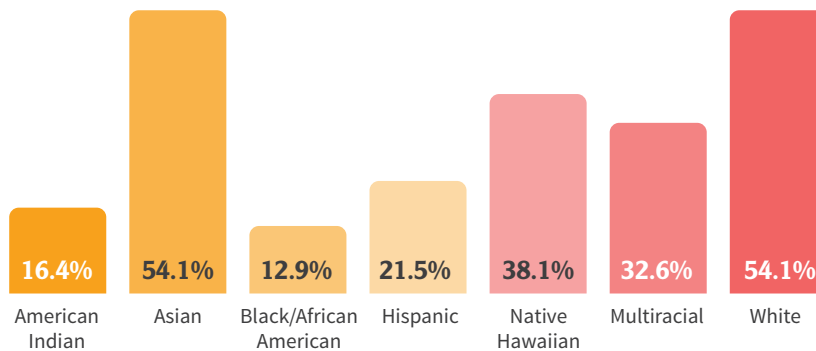
11TH GRADE (2021-22) ¹

43.7%

of children overall proficient in math

23.7%

of low-income children overall proficient in math



SCIENCE PROFICIENCY



Proficiency in science helps prepare students to go on to highly skilled professions. Having a strong foundation in the sciences allows students to work in today's high-demand fields. Students with a greater understanding of

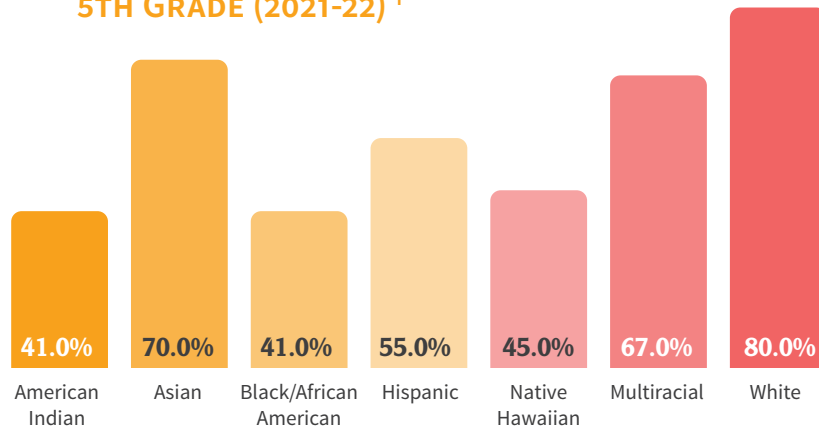
sciences learn how to better protect the environment and increase the health and security of people throughout the world.

Source: Child Trends, Science Proficiency.

5TH GRADE (2021-22) ¹

71.0%
of children overall
proficient in science

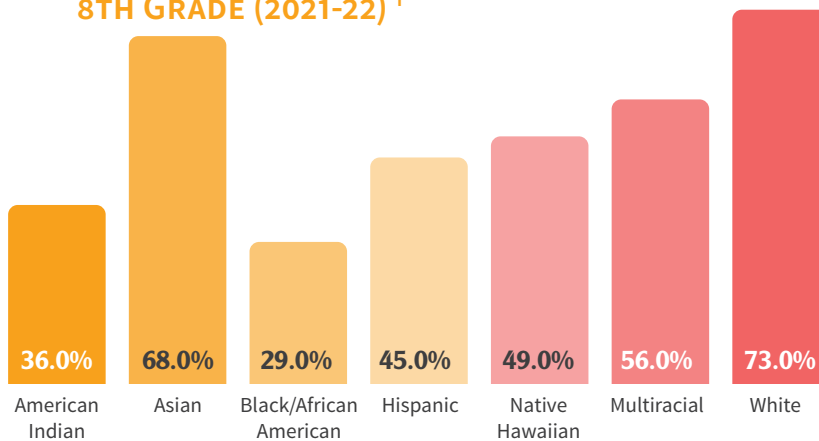
57.0%
of low-income children
overall proficient in science



8TH GRADE (2021-22) ¹

63.0%
of children overall
proficient in science

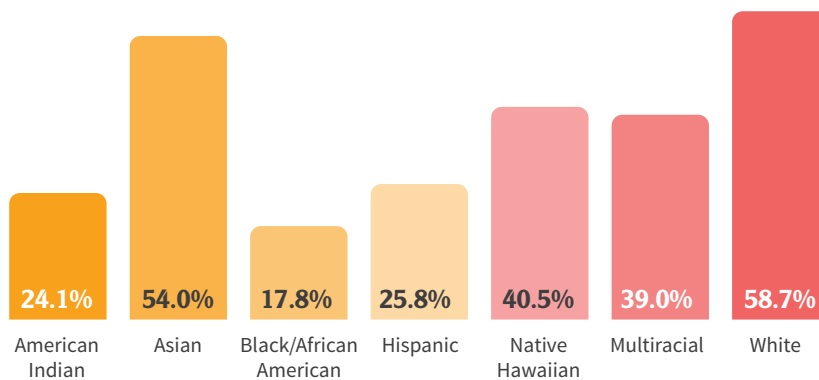
47.0%
of low-income children
overall proficient in science



11TH GRADE (2021-22) ¹

48.2%
of children overall
proficient in science

28.9%
of low-income children
overall proficient in science





ABSENCES & CAREER READINESS

AMOUNT OF STUDENTS EXPELLED AND SUSPENDED (2021-22) ²

Note: Includes public and nonpublic schools.

	# of students	% of students
Expelled	677	< 1%
Suspended	22,581	6.9%

STUDENTS ABSENT (2021-22) ²

Note: Includes public and nonpublic schools.

	# of students	% of students
10-19 Days	66,585	22.2%
20-29 Days	21,855	9.1%
30+ Days	25,847	8.4%

1,901

students in public and nonpublic schools drop out in 2021-22 ²

CAREER READINESS (2021-22)

65.2%

of 2021-22 public high school student graduates that had enrolled in college by April 2022. ¹

42.1%

of students who enrolled in a 2-year public college in Fall 2016 that completed in 6 years. ¹

63.9%

of students who enrolled in a 4-year public college in Fall 2016 that completed within six years. ¹

3,106

students that were enrolled in a career academy. ²

22,294

students who were enrolled in dual credit courses. ²

50%

young people age 18-24 enrolled in or who have completed college. ³

22,387

students who took the ACT. ²

19.4

was the average ACT composite score. ²

4%

teens 16-19 who were not in school and not working. ¹

1. National Student Clearinghouse Research Center.

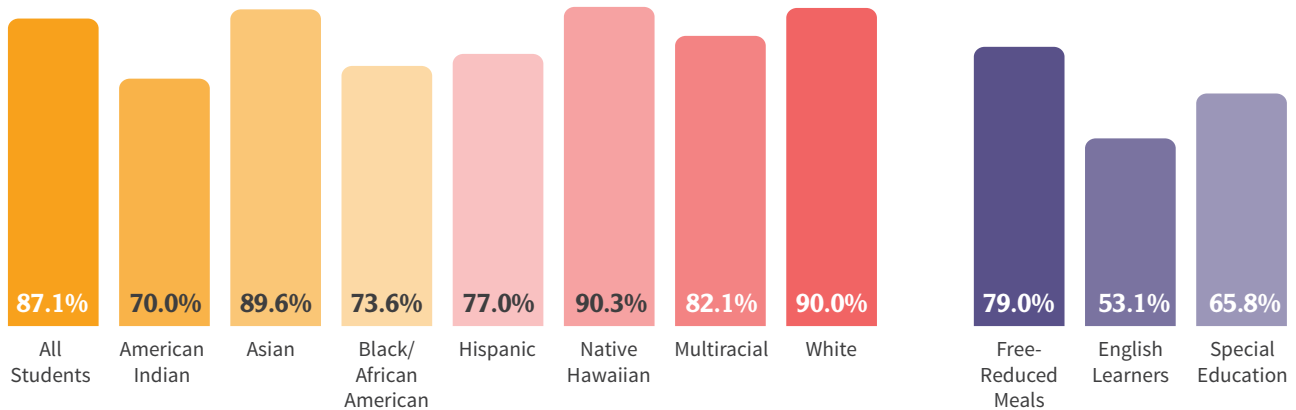
2. Nebraska Department of Education.

3. The Annie E Casey Foundation Kids Count Data Center.

GRADUATION & EDUCATIONAL SAVINGS



4-YEAR COHORT GRADUATION RATE (2021-22) ¹



Source: Nebraska Department of Education.

21,274

students who completed high school in four years.

89.7%

2021 extended 5-year graduation rate*

268

16-21 year olds who took the GED in 2021-22

88%

of 16-21 year olds who successfully completed the GED

Source: Nebraska Department of Education.

*Extended 5th year graduation rate is the percent of students who graduated within five years rather than the standard four.

NEBRASKA EDUCATION SAVINGS PLAN TRUST (NEST) (AS OF DECEMBER 31, 2022)

In the 2019 Legislative Session, lawmakers approved the Meadowlark Act, which creates a college savings account with an initial seed deposit for every baby born in Nebraska on or after January 1, 2020, in addition to an incentive match payment for college

savings contributions made by low-income families. Research shows that similar early investments in educational savings result in improved long-term educational outcomes, particularly for children in lower-income families.

20.6%

of children (under 18) with an Educational Savings Account

296,852

NEST Education Savings Accounts

46,707

NEST accounts funded through the Meadowlark Act

Source: Nebraska State Treasurer's Office, Nebraska Educational Savings Plan Trust Annual Audit 2022.

Economic Stability

Our children, communities, and state are stronger when all of Nebraska's families are able to participate fully in the workforce and establish financial security. We must ensure that families are able to meet their children's basic needs and achieve financial security. A robust system of supports should help families make ends meet as they work toward financial independence.

Hardworking families should have a fair share in the success of our state's economy. When families need assistance in meeting the basic needs of their children, public benefit programs should work efficiently and be easy for families to use. Parents should not have to choose between the job they need and the family they love. All families should have the opportunity to invest in their children's future and be able to access community resources that are well-funded by fair tax policies.

A decorative graphic on the left side of the page. It features a light purple rounded rectangle containing a dark purple line graph with an upward-pointing arrow and two vertical bars. The background is a gradient of purple and pink.

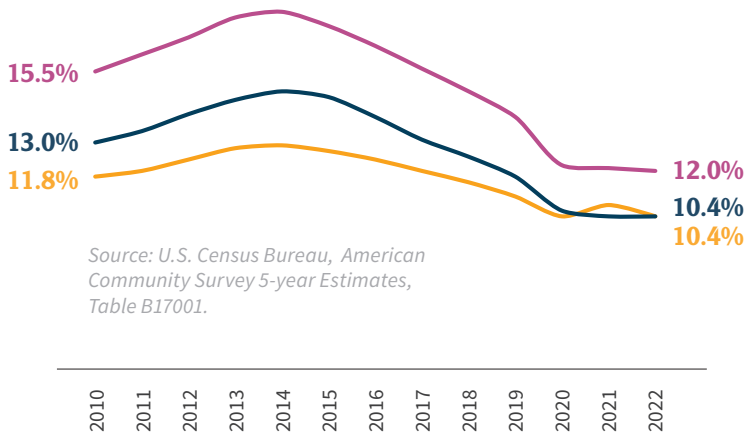
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POVERTY

NEBRASKA POVERTY (2010-2022)



Source: U.S. Census Bureau, American Community Survey 5-year Estimates, Table B17001.

- Poverty rate for children
- Poverty rate for families with children
- Poverty rate for all persons

FAMILY STRUCTURE AND POVERTY (2022)¹

33.3%

of children were living in **single-mother** households and are in poverty.

13.7%

of children were living in **single-father** households and are in poverty.

5.3%

of children were living in **married-couple** households and are in poverty.

17.0%

of children were living **with a grandparent** and are in poverty.

56,544

children were living in poverty in 2022.²

23,859

children were living in extreme poverty (<50% of the Federal Poverty Line) in 2022.³

NEBRASKA POVERTY RATES BY RACE AND ETHNICITY (2022)

	Child poverty rate (17 and under)	Overall poverty rate
White, Not Hispanic	7.5%	8.3%
Hispanic	20.7%	18.0%
Multiracial/Other-related	18.0%	17.0%
Black/African American	30.5%	22.4%
Asian/Pacific Islander	11.4%	12.3%
American Indian	26.7%	23.0%

Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B17001B-1.

2022 FEDERAL POVERTY LEVEL (FPL) GUIDELINES⁴

	Federal Poverty Line	Child Care Subsidy (Non-ADC), Free School Meals	Medicaid Expansion	SNAP	WIC, Reduced Priced Meals, Transitional Child Care Subsidy	Kids Connection (CHIP)	ACA Exchange Tax Credits
# of Persons	100%	130%	138%	165%	185%	213%	300%
1	\$13,590	\$17,677	\$18,754	\$22,424	\$25,142	\$28,947	\$40,770
2	\$18,310	\$23,803	\$25,268	\$30,212	\$33,874	\$39,000	\$54,930
3	\$23,020	\$29,926	\$31,768	\$37,983	\$42,587	\$49,033	\$69,060
4	\$27,750	\$36,075	\$38,295	\$45,788	\$51,338	\$59,108	\$83,250
5	\$32,470	\$42,211	\$44,809	\$53,567	\$60,070	\$69,161	\$97,410
6	\$37,190	\$48,347	\$51,322	\$61,364	\$68,802	\$79,215	\$111,570
7	\$41,910	\$54,483	\$57,836	\$69,152	\$77,534	\$89,268	\$125,730
8	\$46,630	\$60,619	\$64,349	\$76,940	\$86,266	\$99,322	\$139,890

1. U.S. Census, 2022 American Community Survey 5-year Estimates, Table B17006, S1001.

2. U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B17001.

3. U.S. Census, 2022 American Community Survey 5-year Estimates, Table B17024.

4. HH Poverty Guidelines for 2022; Nebraska Women, Infants, and Children Program; Nebraska Department of Education, Free and Reduced Meals; Nebraska Department of Health and Human Services, Medicaid Expansion, Medicaid, Child Care; Nebraska Supplemental Nutrition Assistance Program; HealthCare.Gov, Premium Tax Credit.



MAKING ENDS MEET

Nebraskans pride themselves on being hard-working people. In 2022, 77.6% of children in our state had all available parents in the workforce.¹ Unfortunately, having high labor force participation doesn't always translate into family economic stability.

The chart at right illustrates the gap between low-wage earnings and the amount needed to provide for a two-adult family with two children. It assumes that both adults work full-time (40 hours a week), year-round (52 weeks per year). That means no vacation, no sick time, just work.

The federal poverty level doesn't describe what it takes for working families to make ends meet. For that, we turn to the Family Economic Self-Sufficiency Standard (FESS). The FESS uses average costs, like fair median rent and the average price of a basic menu of food, to calculate what a family needs to earn to meet its basic needs without any form of private or public assistance. It does not include luxuries like dining out or saving for the future.

INCOME PER ADULT FOR FAMILY OF 2 ADULTS AND 2 CHILDREN (2022)

FAMILY ECONOMIC SELF-SUFFICIENCY STANDARD (2021)²

Annual | **\$60,320.79**

Monthly | **\$5,026.74**

Hourly | **\$14.50**

MINIMUM WAGE³

Annual | **\$37,440**

Monthly | **\$3,120**

Hourly | **\$9**

100% FEDERAL POVERTY LINE⁴

Annual | **\$27,750**

Monthly | **\$2,312.50**

Hourly | **\$6.67**

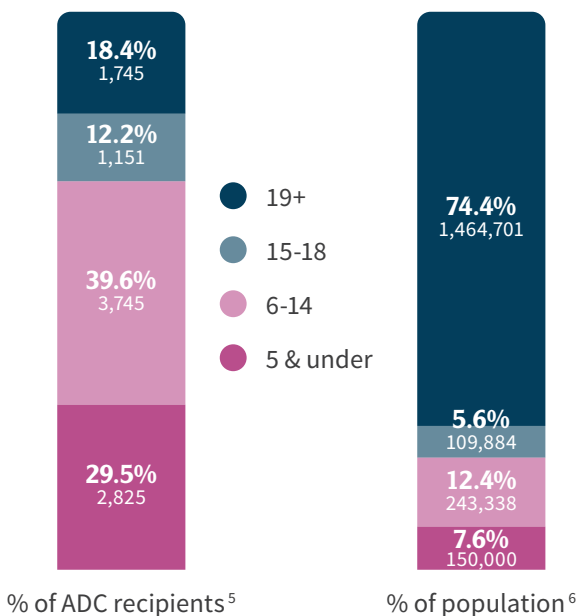
200% FEDERAL POVERTY LINE⁴

Annual | **\$55,500**

Monthly | **\$4,625**

Hourly | **\$13.34**

ADC RECIPIENTS BY AGE (2022)



AID TO DEPENDENT CHILDREN (ADC) (SFY 2022)⁷

7,721 Average monthly number of **children receiving ADC**

3,747 Average monthly number of **families receiving ADC**

\$490 Average monthly ADC **payment per family**

24 Number of cases reaching **60-month eligibility limit**

2.1 Average number of **children per ADC family**

\$18,213,516 **Total ADC payments** (Includes both state and federal funds)

1. U.S. Census, 2022 American Community Survey 5-year Estimates, Table B23008

2. Voices for Children in Nebraska, Family Bottom Line.

3. U.S. Department of Labor.

4. HH Poverty Guidelines for 2022.

5. Financial Services, Operations, Nebraska Department of Health and Human Services.

6. U.S. Census Bureau, Annual Estimates of the Resident Population by Single Year of Age and Sex: April 1, 2020 to July 1, 2022.

7. Financial Services, Operations, Nebraska Department of Health and Human Services.



HOUSING & HOMELESSNESS

HOMELESSNESS

The Nebraska Homeless Assistance Program (NHAP) and the Housing and Urban Development Program (HUD) serve individuals who are experiencing homelessness or near-homeless. Not all people experiencing homelessness receive services.

IN 2021, HUD/NHAP SERVED:

11,501 homeless individuals

2,239 homeless children ages 18 and under

3,555 homeless families with children

18 unaccompanied homeless children

3,294 individuals at risk of homelessness

1,373 children at risk of homelessness

2,229 families with children at risk of homelessness

0 unaccompanied children at risk of homelessness

Source: Nebraska Center On Children, Families and the Law.

13,308 Nebraska Public Housing vouchers in 2021⁴

7,108 Nebraska Public Housing public housing units in 2021⁴

4,650 Nebraska Public Housing units were **one-bedroom or smaller** in 2021⁴

HOMEOWNERSHIP

Homeownership provides a sense of stability for children and communities.

70.8%

of families with children owned their home in 2022.¹

24.7%

of Households were **moderately-burdened** (30-50% income on rent) by housing costs in 2022.²

21.9%

of Households were **severely-burdened** (>50% income on rent) by housing costs in 2022.³

40,000 (8%) children lived in crowded housing with more than one person/room in 2022.

105,000 (22%) children lived in households with a high housing burden cost in 2022.

82,000 (55%) children in low-income households had a high housing cost burden in 2022.

Source: Annie E. Casey Foundation, Kids Count Data Center.

HOMEOWNERSHIP RATE (2022)

White, Not Hispanic | **72.7%**

Hispanic | **52.2%**

Multiracial | **51.8%**

Black/African American | **29.8%**

Asian/Pacific Islander | **53.5%**

American Indian | **46.0%**

Other/Unknown | **52.1%**

Overall | **66.5%**

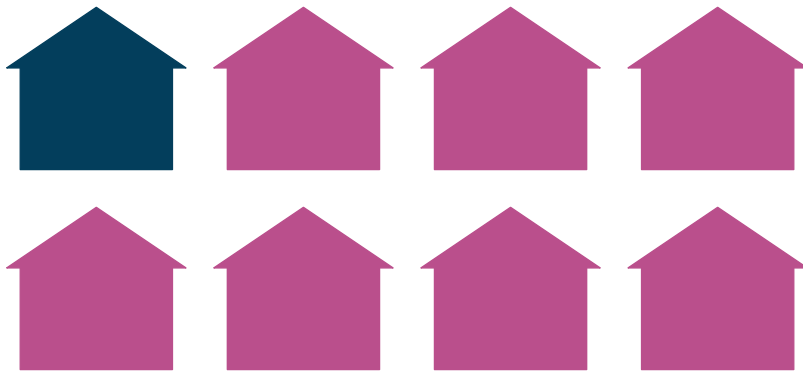
Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B25003B-1.

1. U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B25115.

2. U.S. Census Bureau, 2022 American Community Survey 1-year Estimates, Table B25070.

3. U.S. Census Bureau, 2022 American Community Survey 1-year Estimates, Table B25071.

4. Nebraska Office of Public Housing, HUD.

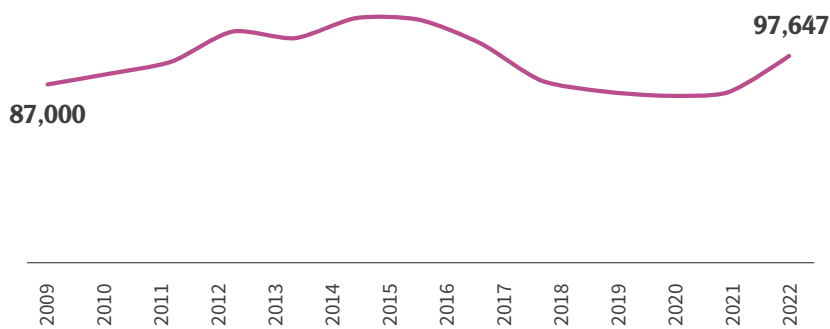


1 IN 8

households don't know where their next meal is coming from in 2022.

Source: U.S. Department of Agriculture, Household Food Security in the United States in 2022.

NUMBER OF FOOD-INSECURE HOUSEHOLDS IN NEBRASKA (2009-2022)



Source: U.S. Department of Agriculture, Household Food Security in the United States in 2022; Kids Count 2022.

Approximately **97,647** households in Nebraska were food-insecure in 2022. Food-insecure means that someone in the household has disrupted their eating patterns or reduced their intake of food because there was not enough food in the house to eat.

12%

of children **experienced food insecurity** in 2021.

20.6%

decrease in the number of food-insecure children since 2019.

68%

of food-insecure children were **income-eligible for Federal Nutrition Assistance** in 2021.

Source: Feeding America, Map the Meal Gap, Child Food Insecurity in Nebraska, 2021.



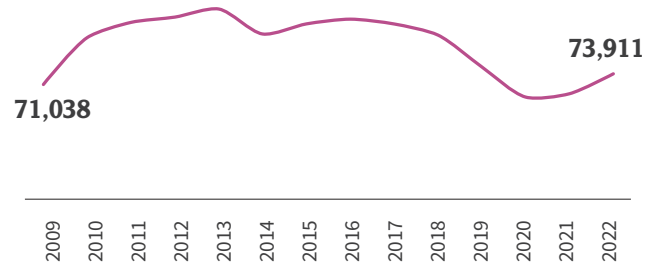
SNAP & WIC

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

The Supplemental Nutrition Assistance Program (SNAP) is one of the most effective anti-poverty programs in the United States. It provides nutrition assistance to low-income individuals and families through benefits that can be used to purchase food at grocery stores, farmers markets, and other places where groceries are sold.

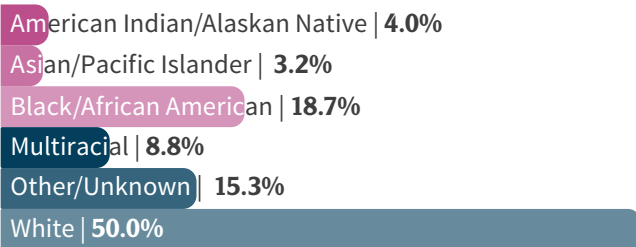
Source: *Characteristics of the Supplemental Nutrition Assistance Program Households.*

AVERAGE NUMBER OF CHILDREN ENROLLED IN SNAP (2009-2022)



Source: *Nebraska Department of Health and Human Services; Kids Count 2022.*

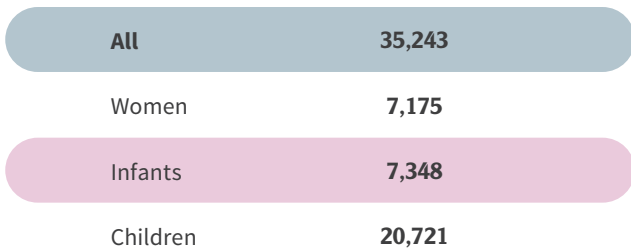
PERCENT OF SNAP CHILD PARTICIPANTS (SFY 2022)



Source: *Financial Services, Operations, Nebraska Department of Health and Human Services.*

The Special Supplemental Nutrition Program for Women, Infants, and Children—known as WIC—aims to improve the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age five who are at nutritional risk. The program provides nutritious foods to supplement diets, information on healthy eating, breastfeeding promotion and support, and referrals to healthcare.

MONTHLY AVERAGE NUMBER OF WIC PARTICIPANTS (SFY 2022)



Source: *Nebraska Department of Health and Human Services.*

98

clinics provide WIC in 2022

75

counties serve WIC in 2022

\$71.98

Average **monthly cost** per WIC participant in 2022

Source: *Nebraska Department of Health and Human Services.*



MARRIAGE AND DIVORCE (2022)

10,937 **5,059**

married couples

divorced couples

4,642

children experienced their parents divorcing.

1,771

children in divorce cases were put under their **mother's custody.**

289

children in divorce cases were put under their **father's custody.**

2,515

children in divorce cases were put under **both parent's custody.**

67

children in divorce cases were given a **different arrangement.**

Source: Nebraska Department of Health and Human Services.

INFORMAL KINSHIP CARE

Children are considered to be in informal kinship care if they are not living with a parent or foster parent and are not living independently.

17,000 (4%) children were living in kinship care in 2022.¹

8,662 (3.6%) grandparent householders were responsible for their own grandchildren under 18 years in 2022.²

CHILD SUPPORT (SFY 2022)

Custodial parents who do not receive child support payments they are owed by non-custodial parents may seek assistance from the Department of Health and Human Services. Assistance is provided by Child Support Enforcement (CSE).

97,908

child support cases that received Child Support Enforcement (CSE) support.

71.6%

of current (any case where obligation is still running) child support cases collected through CSE.

93,546

non-ADC child support cases*

4,362

ADC child support cases*

\$212,631,964

of child support was disbursed through CSE.

16,082

cases received services through CSE, but payments were not being made.

1,616

families receiving public benefits which are eligible for and are receiving child support payments.

1,073

families receiving public benefits which are eligible for child support, but it is not being paid.

3,838

child support cases where non-custodial parent is incarcerated.

\$121.01

monthly child support payment per child

* If the custodial parent is receiving ADC, the state may collect child support from the non-custodial parent as reimbursement.

Source: Nebraska Department of Health and Human Services.



EMPLOYMENT, INCOME, & ASSETS

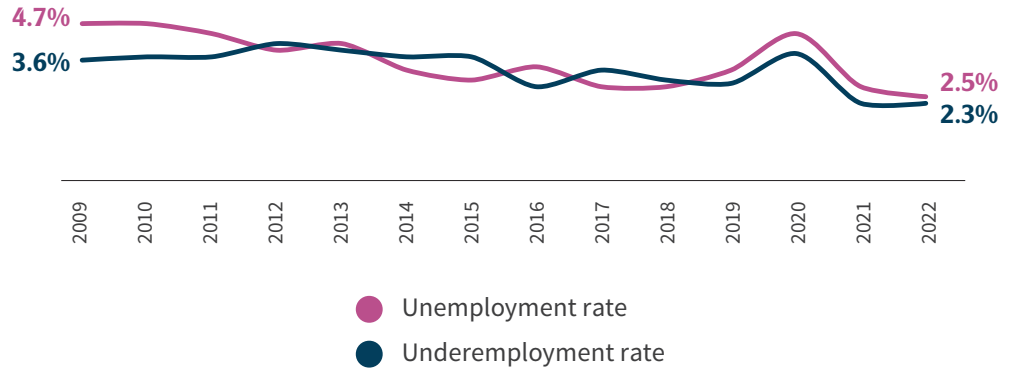
77.6%

of **children under 18** with all available parents in the workforce in 2022.¹

74.3%

of **children under 6** that had all available parents in the workforce in 2022.¹

NEBRASKA UNEMPLOYMENT AND UNDEREMPLOYMENT RATE (2009-2022)



Source: Bureau of Labor Statistics, Alternative Measures of Labor Underutilization for States, Annual Averages, U-3, U-6; Kids Count 2022.

MEDIAN INCOME FOR FAMILIES WITH CHILDREN (2022)

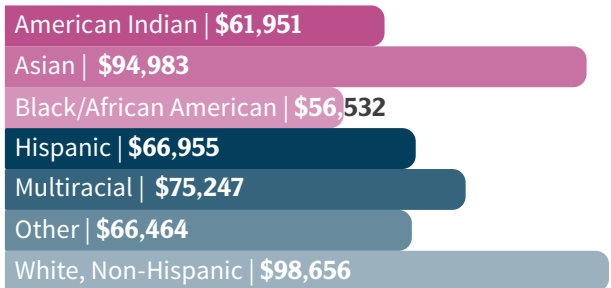
All families	\$92,641
Married couple	\$116,402
Male householder (no spouse)	\$56,301
Female householder (no spouse)	\$36,959

Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B19126.

ASSET POVERTY

A household is considered to be in asset poverty if they do not have sufficient net worth at the Federal Poverty Line to subsist without income for three months.

MEDIAN INCOME FOR FAMILIES BY RACE & ETHNICITY (2022)



Source: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B19113B-1.

11,000

workers earned federal minimum wage or below in 2022.²

19.2%

of individual borrowers were over 75% of credit card limit in 2022.³

1. U.S. Census Bureau, 2022 American Community Survey 5-year Estimates, Table B23008.

2. U.S. Bureau of Labor Statistics, Characteristics of Minimum Wage Workers, 2022.

3. Federal Reserve Bank of New York/Equifax Consumer Credit Panel, tabulated by the Federal Reserve Banks of Philadelphia and Minneapolis and accessed via the Consumer Credit Explorer.



FEDERAL TAX CREDITS (2021)

160,053

tax returns claimed

\$316,628,598

in **federal** Earned Income Tax Credits (EITC).

53,414

families claimed

\$33,824,027

in **federal** Child Tax Credits.

3,466

families claimed

\$6,952,086

in **federal** Child and Dependent Care Credits.

221,316

families claimed

\$740,385,770

in **additional** Child Tax Credit.

Source: Nebraska Department of Revenue.

STATE TAX CREDITS (2022)

105,765

tax returns claimed

\$25,187,586

in **state** Earned Income Tax Credits (EITC).

\$8,674,305

was claimed in **state** Child and Dependent Care Credits.

48,022

families claimed **federal** Child and Dependent Care Credits.

Source: Nebraska Department of Revenue.

36,200
(4%)

workers that used transportation other than a personal automobile or carpool to get to work in 2022. ¹

41,748
(5.2%)

households that had no vehicle available in 2022. ²

1. U.S. Census Bureau, 2022 American Community Survey 1-year Estimates, Table C08141.
2. U.S. Census Bureau, 2022 American Community Survey 1-year Estimates, Table B08201.

Child Welfare

Keeping our children and youth safe is essential to their healthy development. Children deserve to grow up in safe, permanent, and loving homes. An effective child welfare system works to strengthen families and minimize trauma through timely and appropriate action. Families should be connected to resources in their community that strengthen their abilities to care for their children through a robust network of evidence-based services focusing on child abuse and neglect prevention that are able to meet families where they are. When children do enter the child welfare system, they are entitled to retain ties to their family, culture, and community.

The administration and staff of agencies should reflect the diversity of the populations they serve and work in a way that honors children's unique heritage and cultural protective factors. Services must be trauma-informed, individualized, timely, and ongoing to maintain safety, well-being, and permanency.



Section Contents

- 60 Child maltreatment
- 62 Entries & Involvement
- 63 Alternative response & Tribal youth
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CHILD MALTREATMENT

Federal law defines child maltreatment, otherwise known as abuse and neglect, as “any act or failure to act that results in death, serious physical or emotional harm, sexual abuse or exploitation, or any act or failure to act that represents an imminent risk of serious harm.”

In Nebraska, the vast majority (85%) of maltreatment is physical neglect, which is a failure to meet a child’s basic needs like food, shelter, and clothing. This is, in many cases, an economic issue.

WHY SHOULD WE BE CONCERNED?

Exposure to childhood abuse and neglect hinders children’s healthy social, emotional, and cognitive development. If untreated, toxic stress makes it more likely that children will adopt risky behaviors which negatively impact their future health and success. Given the impacts, we need to strengthen families to prevent abuse and neglect whenever possible, and take swift, thoughtful action to ensure that all children grow up in loving homes.

CHILD ABUSE AND NEGELCT REPORTS (2022)

38,674

child abuse & neglect reports

15,544

calls were assessed by DHHS and/or law enforcement.

1,741

reports were **substantiated.**

8,147

reports were **unfounded.**

4,336

reports were **referred** to Alternative Response.

Source: Nebraska Department of Health and Human Services.

SAFETY ASSESSMENTS (2022)

35,927

safety assessments conducted on children

2,184

children were **determined unsafe.**

1,693

children determined unsafe and **referred to court.**

422

children determined unsafe and **referred to voluntary services.**

69

children determined unsafe and **non-court involved** and family **did not elect to participate in voluntary services.**

Source: Nebraska Department of Health and Human Services.



TYPES OF SUBSTANTIATED MALTREATMENT (2022)

Physical abuse | 423

Emotional abuse | 22

Sexual abuse | 418

Physical neglect | 2,380

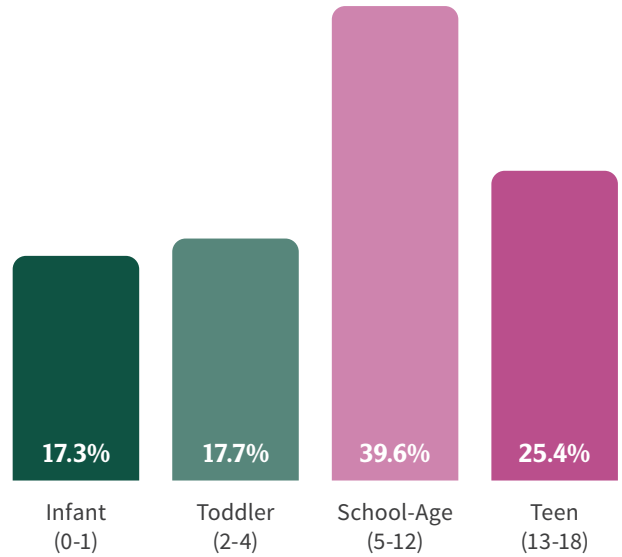
Emotional neglect | 29

Some children experienced more than one type of maltreatment. The numbers here will be higher than the total number of children who experienced maltreatment.

Source: Nebraska Department of Health and Human Services.

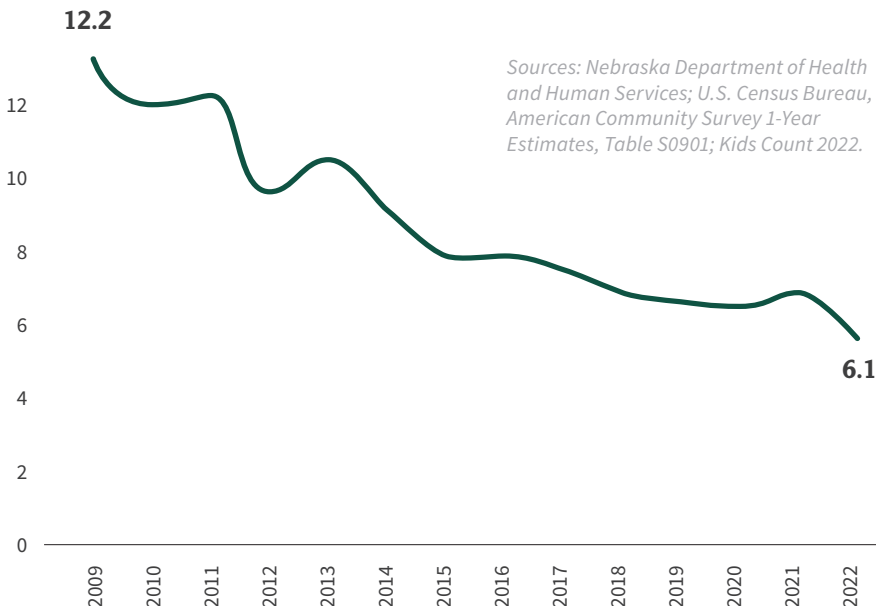
It is important to note that only maltreatment cases that were reported are included in this report. The actual incidence of maltreatment may be higher than what is reported here.

CHILD MALTREATMENT BY AGE (2022)



Source: Nebraska Department of Health and Human Services.

NUMBER OF CHILD MALTREATMENT VICTIMS PER 1,000 CHILDREN



Sources: Nebraska Department of Health and Human Services; U.S. Census Bureau, American Community Survey 1-Year Estimates, Table S0901; Kids Count 2022.

2,873

children experienced maltreatment in 2022.¹

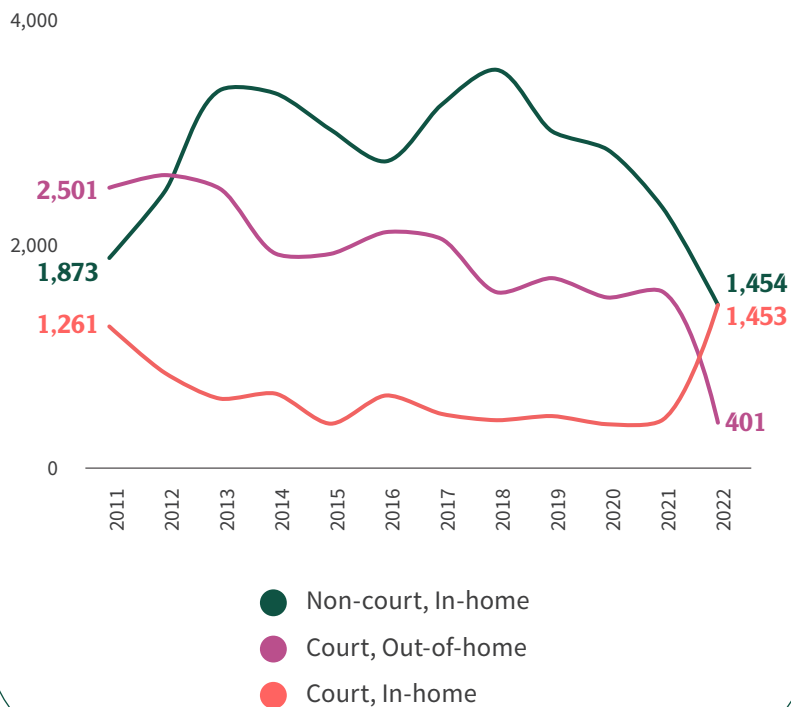
Do you know a child who is being maltreated?

Call the Child Abuse & Neglect Hotline at **1-800-652-1999**.



ENTRIES & INVOLVEMENT

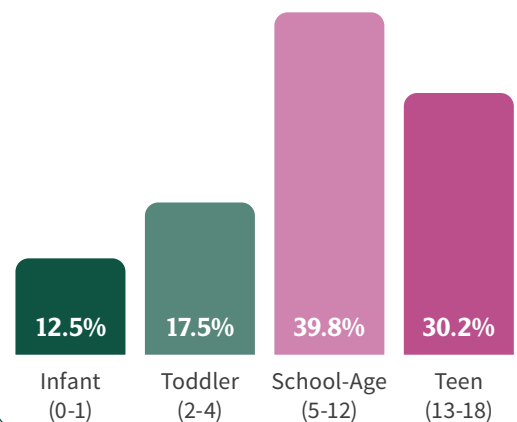
HOW DO CHILDREN ENTER OUR CHILD WELFARE SYSTEM?



1,414

children entering care in 2022 had **previous involvement** in the child welfare system.

CHILDREN WHO HAVE ANY INVOLVEMENT IN THE CHILD WELFARE SYSTEM BY AGE (2022)



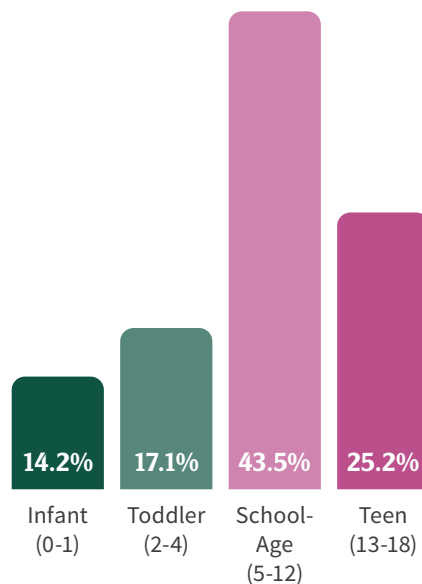
7,919

children were involved in the child welfare system in 2022.

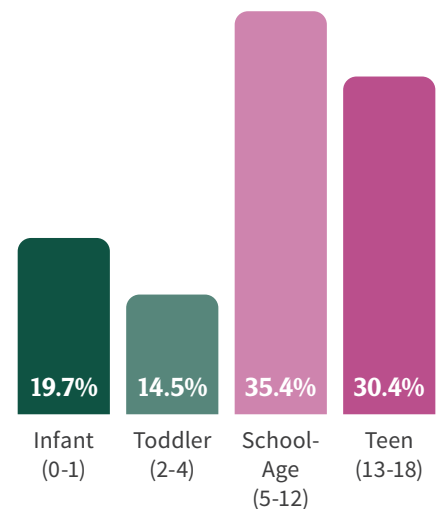
3,953

families were involved in the child welfare system in 2022.

NON-COURT ENTRIES BY AGE (2022)



COURT ENTRIES BY AGE (2022)



ALTERNATIVE RESPONSE & TRIBAL YOUTH



The Omaha Tribe, the Santee Sioux Nation, and the Winnebago Tribe have agreements with the State of Nebraska's Department of Children and Family Services to provide child welfare services to tribal members within the boundaries of their reservations.

These cases are under the jurisdiction of Tribal Courts and fully managed by the tribes' child welfare departments. The Tribal Youth data contained on this page are from DHHS and represent the services provided under those agreements.

NUMBER OF TRIBAL YOUTH (2022)

Involved	631
Entered	165
Placed in out-of-home care	559
Exited	157

TRIBAL CHILDREN RECEIVING OUT-OF-HOME SERVICES BY PLACEMENT TYPE (2022)

Adoptive home	0
Developmental disability facility	0
Detention	6
Emergency shelter	29
Group home	16
Hospital/Medical facility	6
Independent living	6
Kinship foster home	48
Missing youth	14
Non-relative foster home	138
Psychiatric residential treatment facility	1-5*
Relative foster home	424
Therapeutic group home	0
Youth rehabilitation and treatment center	1-5*
Duplicated total	689-697

ALTERNATIVE RESPONSE

5,614

families were served by Alternative Response in 2022.

5,196

families were successfully discharged by Alternative Response.

51 DAYS

on average to successful discharge.

The majority of children who come into Nebraska's child welfare system are identified because their family is unable to meet their basic needs, which is often related to symptoms of poverty. Alternative Response brings more flexibility to our state response to child maltreatment in certain low- or moderate-risk cases by allowing caseworkers to focus on harnessing the strengths of each family and building parental capacity through intensive supports and services.

299

families changed track from Alternative Response to Traditional Response.

12 DAYS

on average of involvement before changing track.

**Exact counts suppressed by Nebraska Department of Health and Human Services due to privacy concerns.*



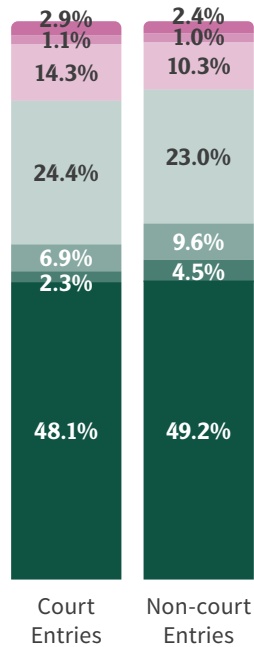
RACE & ETHNICITY IN CHILD WELFARE

- American Indian/Alaska Native
- Asian/Pacific Islander
- Black/African American
- Hispanic
- Multiracial
- Unknown/Other/Declined
- White, Non-Hispanic

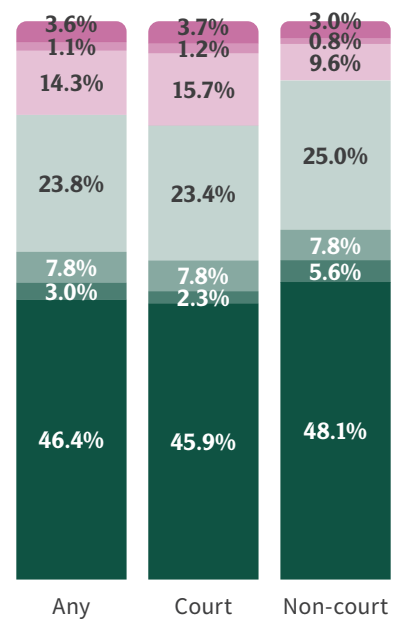
TOTAL CHILD POPULATION (2022)²



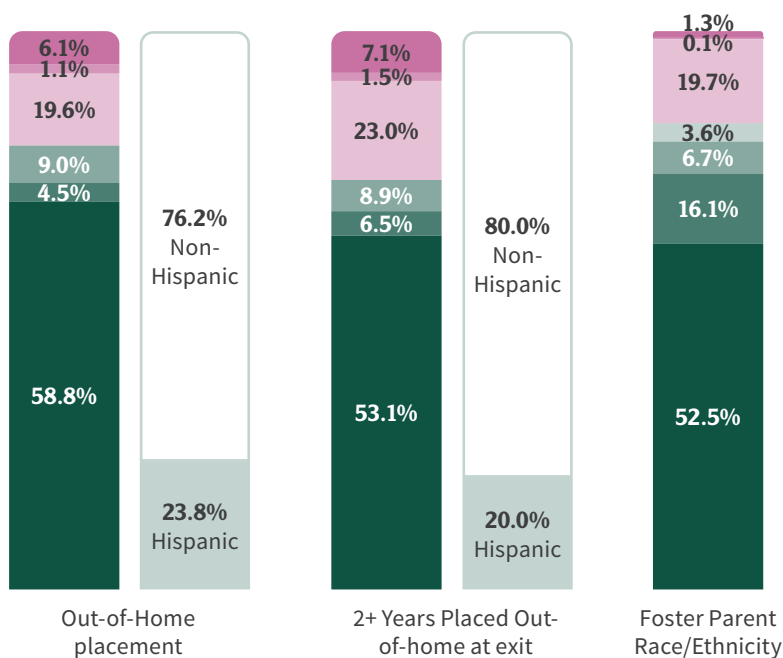
ENTRIES TO THE CHILD WELFARE SYSTEM (2022)¹



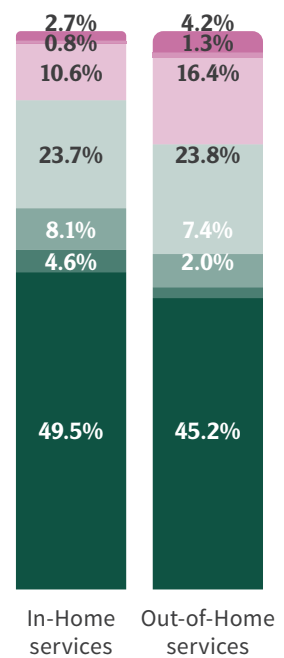
CHILD WELFARE SYSTEM INVOLVEMENT (2022)¹



OUT-OF-HOME CARE (2022)¹



IN-HOME AND OUT-OF-HOME SERVICES (2022)¹



1. Nebraska Department of Health and Human Services.

2. U.S. Census Bureau, Annual Estimates of Resident Population by Sex, Race, and Hispanic Origin for Nebraska: April 1, 2020 to July 1, 2022.

PLACEMENTS & STAFF CASES



REMOVAL REASONS OF CHILDREN IN OUT-OF-HOME CARE (2022)

Neglect (Alleged/Reported)	2,975
Drug Abuse (Parent/Caretaker)	1,476
Physical Abuse (Alleged/Reported)	829
Inadequate Housing	816
Domestic Violence	669
Incarceration of Parent(s)/Caretaker(s)	498
Alcohol Abuse (Parent/Caretaker)	495
Sexual Abuse (Alleged/Reported)	390
Child's Behavior Problems	325
Abandonment	288
Parent's/Caretaker's Inability to Cope Due to Illness/Other	202
Psychological and Emotional Abuse	87
Death of Parent(s)/Caretaker(s)	67
Homelessness	61
Prenatal Drug Exposure	41
Mentally Ill and Dangerous (Child)	41
Medical Neglect	38
Parent's/Caretaker's Significant Impairment Physical/Emotional	27
Drug Abuse (Child)	26
Education Neglect	25
Court Determined that Reasonable Efforts are not Required.	23
Runaway	14
Alcohol Abuse (Child)	14
Diagnosed Child's Disability	13
Voluntary Relinquishment for Adoption	12
Whereabouts Unknown	12
Inadequate Access to Mental Health Services	12
Human Trafficking	11
Parent's/Caretaker's Significant Impairment Cognitive	10
Child Request Placement	5
Inadequate Access to Medical Health Services	2
Conflict Related to Child's Sexual Orientation or Gender ID	2
Parental Immigration Detainment or Deportation	1
Safe Haven	1

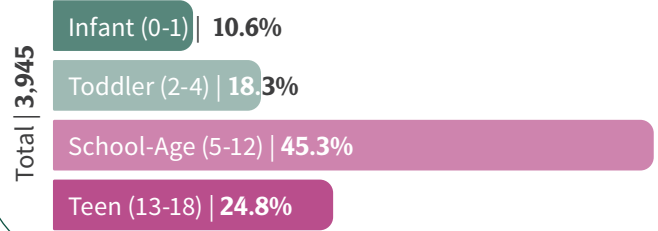
Note: Children may have more than one reason for removal.

Source: Nebraska Department of Health and Human Services.

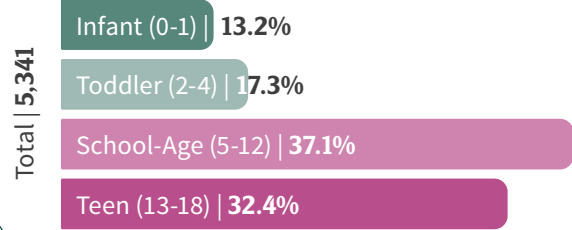
5,057

children received out-of-home services in 2022 and had a 3(A) petition.

CHILDREN RECEIVING IN-HOME SERVICES BY AGE (2022)



CHILDREN RECEIVING OUT-OF-HOME SERVICES BY AGE (2022)



TOTAL STAFF CASELOADS IN COMPLIANCE (2022)

Service Area	Total Staff	Staff with caseloads in compliance	Percent caseloads in compliance
Central	54	44	81.5%
Eastern	159	84	52.8%
Northern	65	50	76.9%
Southeast	93	68	73.1%
Western	63	55	87.3%
State	434	301	69.4%

Compliance as reported by DHHS and determined by the Child Welfare League of America. There are multiple factors influencing caseload including urban or rural, initial assessment, in-home or out-of-home, and court or non-court involvement.



OUT-OF-HOME PLACEMENTS

FOSTER HOME PLACEMENT BEDS (12/31/2022)

	# of beds available	# of homes available
Foster homes	4,956	2,345
Approved foster homes	1,371	846
Licensed foster homes	3,585	1,499

1,800
(54.2%)

children in foster care were placed with relatives or kin.

35.7%

of foster home beds were in kin or relative homes.

2,198

kids in out-of-home care also had a sibling in out-of-home care.

62.0%

of children were placed in out-of-home care with **all siblings**.

82.0%

of children were placed in out-of-home care with **at least one sibling**.

When children must be removed from their homes, it is important to ensure that their placement reduces the trauma of removal and promotes the well-being of the child. Congregate care, which places children in an institutional setting such as a group home or detention center, should be used minimally for out-of-home placements.

Research shows that placement in a family-like setting provides children with improved long-term outcomes in physical and emotional health. Although congregate care may be necessary for some children, for many others, it does not allow children to maintain the strong relationships with trusted adults that are essential for successful development.

THERE ARE THREE TYPES OF FOSTER PARENTS IN NEBRASKA:

Relative foster homes: Foster parents who are related to the child or children whom they care for by blood, marriage, or adoption.

Kinship foster homes: Foster parents who have a significant pre-existing relationship with the child or children for whom they care. (Ex: former teacher, coach, or neighbor.)

Licensed foster homes: Foster parents who live at the licensed residence and care for a child or children who they have not previously known.

WHERE ARE THE KIDS IN OUT-OF-HOME CARE? (12/31/2022)

	#	%
Group home	94	1.2%
Living independently	376	4.8%
Missing youth	262	3.3%
Emergency shelter	112	1.4%
Medical facility	279	3.6%
Foster & adoptive homes	2,311	29.5%
Kinship care	1,082	13.8%
Relative home	2,593	33.1%
Detention facility	169	2.2%
Developmental disability facility	304	3.9%
Psychiatric residential treatment facility	106	1.4%
Therapeutic group home	12	0.2%
Youth rehabilitation and treatment center	139	1.8%

PLACEMENT STABILITY



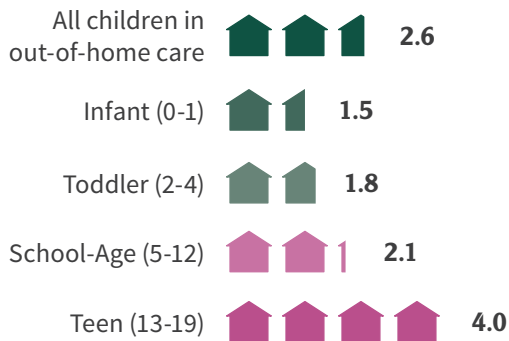
MULTIPLE PLACEMENTS

The Nebraska Department of Health and Human Services counts placement changes when a child moves from one foster care setting to another. Children in stable homes are reported to receive more attention, acceptance, affection, and better care from their foster parents. Children who are in

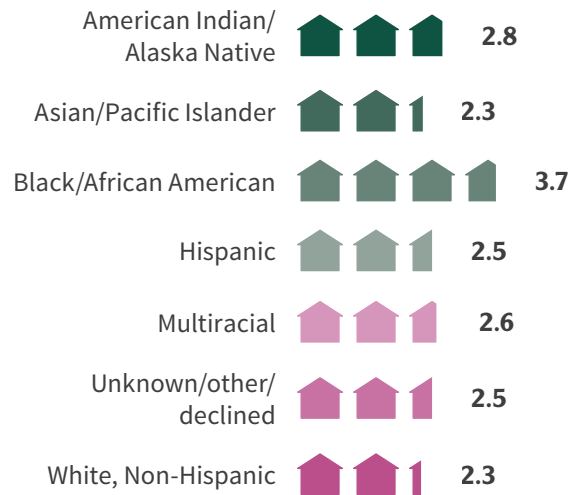
stabilized homes are more likely to receive therapy, are less delinquent and oppositional/aggressive, and are more likely to be placed with competent and caring foster parents.

Source: University of Illinois, Child and Family Research Center, Placement Stability Study, 1999.

AVERAGE NUMBER OF OUT-OF-HOME PLACEMENTS BY AGE (2022)



AVERAGE NUMBER OF OUT-OF-HOME PLACEMENTS BY RACE/ETHNICITY (2022)



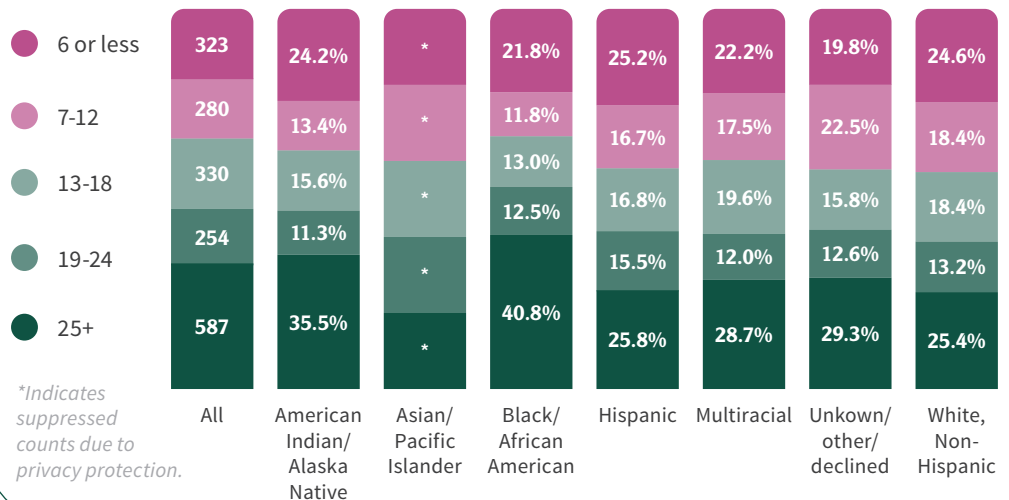
1,774

children **exited** out-of-home care in 2022.

20.8 MONTHS

is the mean length of time **away from home** for children in out-of-home placement in 2022.

LENGTH OF TIME IN OUT-OF-HOME CARE (MONTHS)(2022)



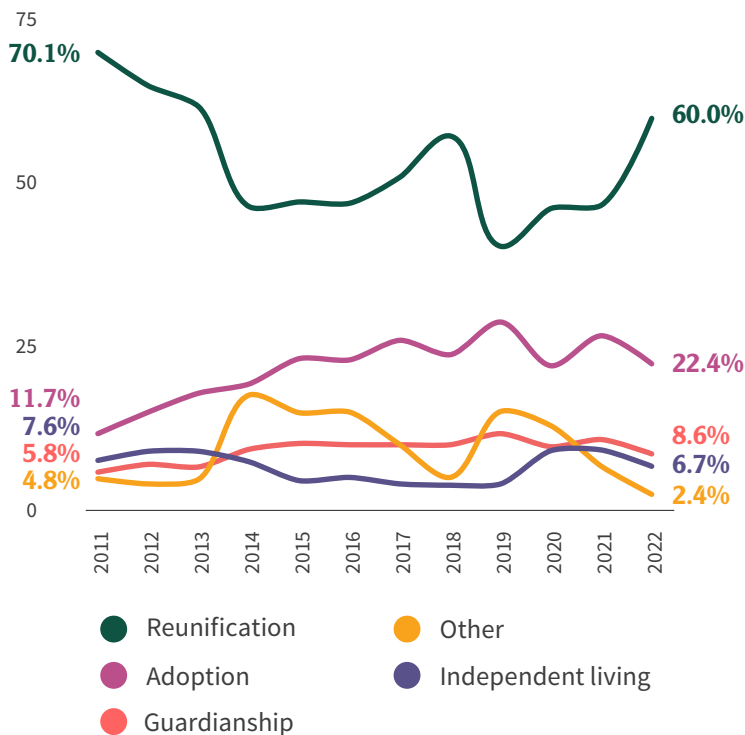


PERMANENCY

EXITING THE SYSTEM

Once in the child welfare system, children should be on a track toward achieving permanency in a safe, loving environment. Most of the time, that means they will be reunified with their family and return home. Other times, permanency may be achieved through adoption or guardianship.

EXITS FROM OUT-OF-HOME CARE (2011-2021)



Sources: Nebraska Department of Health and Human Services; Kids Count 2022.

1,841

non-court-involved children exited the system in 2022.

3,254

court-involved children exited the system in 2022.

260

children exited into **guardianships** in 2022.

135

children exited into **guardianships which were subsidized** in 2022.

638
CHILDREN
were **adopted**
in 2022.

395
ADOPTIONS
were **subsidized**
in 2022.

11
MONTHS
is the mean length of
time from **termination**
of **parental rights**
until adoption
in 2022.

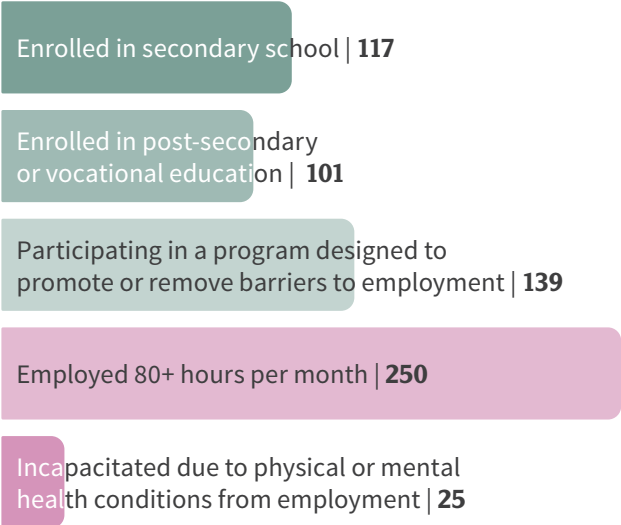


Family support is key to any successful transition into adulthood, especially for youth who may have been exposed to trauma. Learning to be self-reliant in seeking employment and housing, managing finances, or seeking healthcare can be daunting without family connections. For youth who have been in foster care who do not exit the system to a family, ensuring a strong system of support in this transition is key. The Bridge to Independence (B2i) program works to address this issue. B2i serves youth who must be either working, seeking work, or are in school. In return, they receive Medicaid coverage, a monthly stipend to use for living expenses, and an assigned caseworker on call 24/7 to help them navigate the transition to adulthood.

YOUTH WHO WERE IN OUT-OF-HOME CARE WHEN THEY REACHED THEIR 19TH BIRTHDAY (2022)

Total	120-124
Who were DHHS wards	119
Who were OJS wards (youth placed at YRTC)	0
Who were in (both)	*

REASONS FOR PARTICIPATION IN THE BRIDGE TO INDEPENDENCE PROGRAM (2022)



84

Young adults in the Bridge to Independence Program were **parenting or pregnant** in 2022.

BRIDGE TO INDEPENDENCE PROGRAM (2022)

343

young adults **participated** in the program.

168

young adults **entered** the program.

159

young adults **left** the program.

1 TO 5*

young adults **chose to leave** the voluntary services program.

52

young adults left the program due to **lack of cooperation** with the voluntary program.

6

young adults left the program because **housing could not be approved**.

83

young adults **successfully completed** the B2i Program.

Source: Nebraska Department of Health and Human Services. *Data suppressed due to privacy protection.

Juvenile Justice

Keeping our children and youth safe is essential to their healthy development. Youth should be held accountable for their actions in developmentally appropriate ways that promote community safety and allow them to grow into responsible citizens.

When youth act out, they should be held accountable primarily by families, schools, and communities, avoiding contact with the juvenile justice system if at all possible. Youth entering and already in the juvenile justice system are entitled to be safe, and their rights must be respected. Retaining strong connections to family, community, and culture help youth thrive within the system. The juvenile justice system should be rehabilitative in nature and designed specifically for youth.



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- 73** Disproportionate minority contact
- 74** Pre-trial diversion
- 75** Juvenile court cases
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- 77** Probation
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- 79** Detention
- 80** YRTC & room confinement
- 81** Youth treated as adults



ARRESTS

YOUTH ARRESTS (2022)¹

Type	Male	Female	Total	% of Total
Curfew	44	10	54	1.0%
Alcohol	208	148	356	6.8%
Drug-related	528	254	782	14.9%
Violent	75	23	98	1.9%
Person	940	634	1,574	29.9%
Property	996	344	1,340	25.5%
Public order	82	33	115	2.2%
Weapon	45	7	52	1.0%
Other	554	263	817	15.5%
DUI	45	25	70	1.3%
Total	3,517	1,741	5,258	

5,258

youths were **arrested** in 2022.¹

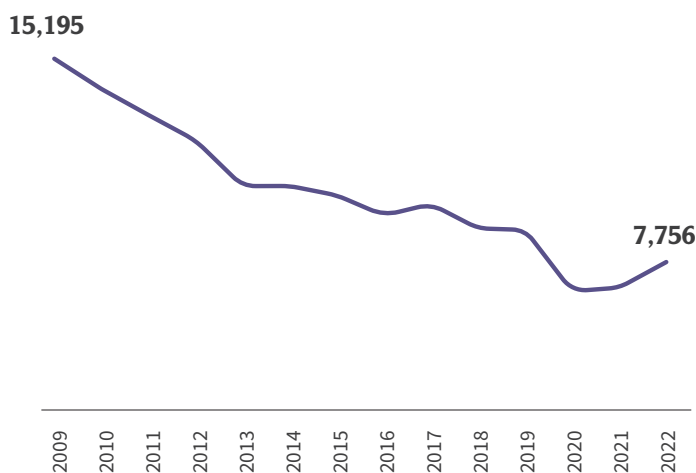
29.9%

person crimes were the most common.¹

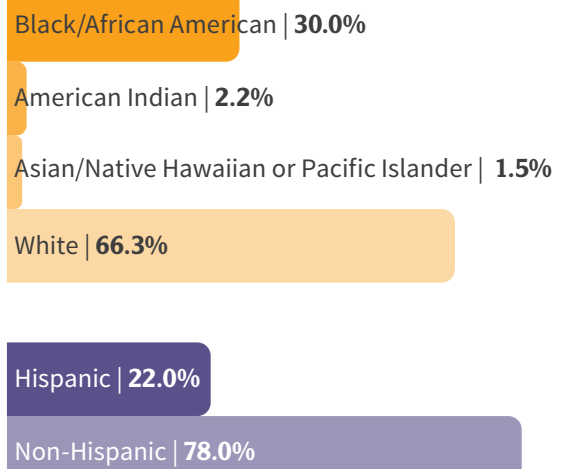
STATUS OFFENSES

“Status offenses” are non-criminal behaviors, like skipping school, that could not be charged but for the “status” of being a minor.

NUMBER OF YOUTH ARRESTS (2009-2022)¹



YOUTH ARRESTS BY RACE/ETHNICITY (2022)



Source: Arrests by Jurisdiction, Race, Ethnicity, and Age, Nebraska Crime Statistics

DISPROPORTIONATE MINORITY CONTACT

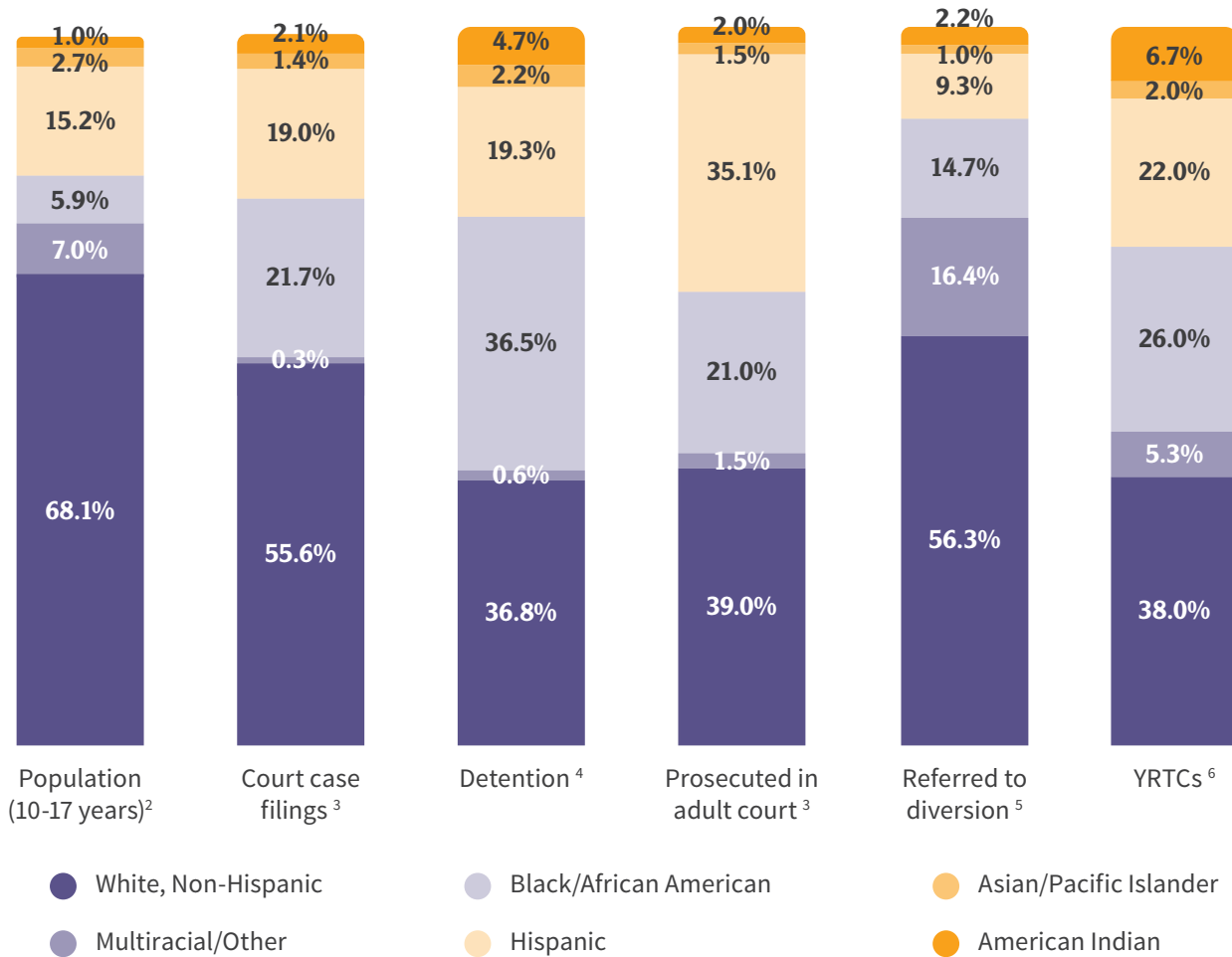


DISPROPORTIONATE MINORITY CONTACT (DMC)

Despite the promise of equal protection under the law, national research shows that youth of color are overrepresented in the juvenile justice system. This overrepresentation often is a product of decisions made at early points of contact with the juvenile justice system. Where racial differences are found to exist, they tend to accumulate as youth are processed deeper into the system.¹

Unfortunately, our juvenile justice system lacks uniform ways of collecting data on race and ethnicity. Although disparities exist across system points, different agencies have different ways of counting Hispanic youth in particular. Additional information on the race and ethnicity of youth arrested, on probation, and in adult prison are available elsewhere in this section.

YOUTH INTERACTION WITH THE JUSTICE SYSTEM BY RACE/ETHNICITY (2022)



1. "And Justice for Some: Differential Treatment of Youth of Color in the Juvenile Justice System," National Council on Crime and Delinquency, (January 2007).
 2. U.S. Census Bureau, Population Division, Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024.
 3. Nebraska Juvenile Justice System, Statistical Annual Report April 1, 2020 to July 1, 2022.
 4. Analysis based on data from individual facilities including Lancaster County Detention Center, Northeast Nebraska Juvenile Services, and Douglas County Youth Center. The Patrick J. Thomas Juvenile Justice Center was not included in this analysis due to the facilities' different methods of measuring race and ethnicity.
 5. Nebraska Crime Commission, Juvenile Diversion in Nebraska 2021 Annual Report.
 6. Department of Health and Human Services, Office of Juvenile Services Annual Legislative Report SFY 2022.



PRE-TRIAL DIVERSION

JUVENILE DIVERSION PROGRAM

Pretrial diversion programs are based on the belief that many juvenile cases are better handled outside of the courthouse doors. These voluntary programs are designed to provide eligible youth an opportunity to demonstrate rehabilitation and make things right with the community, while reducing the cost and burden to taxpayers and

courts that come with formal charges being filed. By successfully completing his or her diversion plan, a minor has the opportunity to avoid formal charges in the court and get all record of the matter sealed. By diverting these cases from the court system, counties save significant dollars, making successful diversion programs a win-win.

3,841

youths were **referred** to the diversion program in 2022.¹

2,307

youths **successfully completed** diversion in 2022.¹

87

counties participated in the diversion program in 2022.¹

2

tribes participated in the diversion program in 2022.¹

705

of those referred **did not participate** in 2022.¹

653

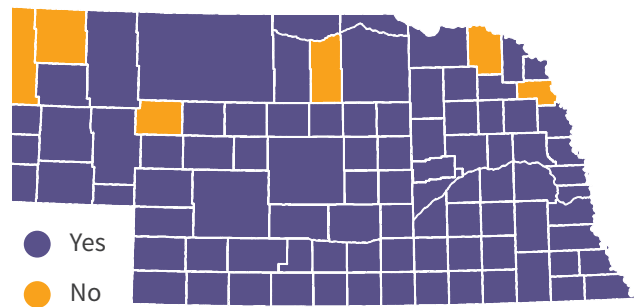
youths **did not complete** diversion successfully and were discharged for failing to comply or for a new law violation in 2022.¹

MOST COMMON LAW VIOLATIONS REFERRED TO DIVERSION (2022)¹

of children

Assault	755
Alcohol offenses	566
Drug offenses	890
Shoplifting	465
Truancy	511
Traffic offenses	478
Criminal mischief	275
Other theft	176
Trespassing	167
Disorderly conduct	165
Disturbing the peace	153
Tobacco use by minor	204
Ungovernable	125
Other	722

COUNTIES OFFERING A JUVENILE DIVERSION PROGRAM (2022)¹



YOUTH PARTICIPATING IN A JUVENILE DIVERSION PROGRAM (2022)¹

	Referred	Successful	Unsuccessful	Success Rate
10 & Under	17	13	0	100%
11-12	250	180	52	77.6%
13-14	778	579	161	78.2%
15-16	1,356	959	299	76.2%
17-18	735	576	141	80.3%

COMMUNITY-BASED JUVENILE SERVICES AID PROGRAM (2022)²

170

programs

80

counties

0

tribes

were funded through the Community-Based Juvenile Services Aid Program.

13

prevention/
promotion event
programs

147

direct
intervention
programs

3

direct
service
programs

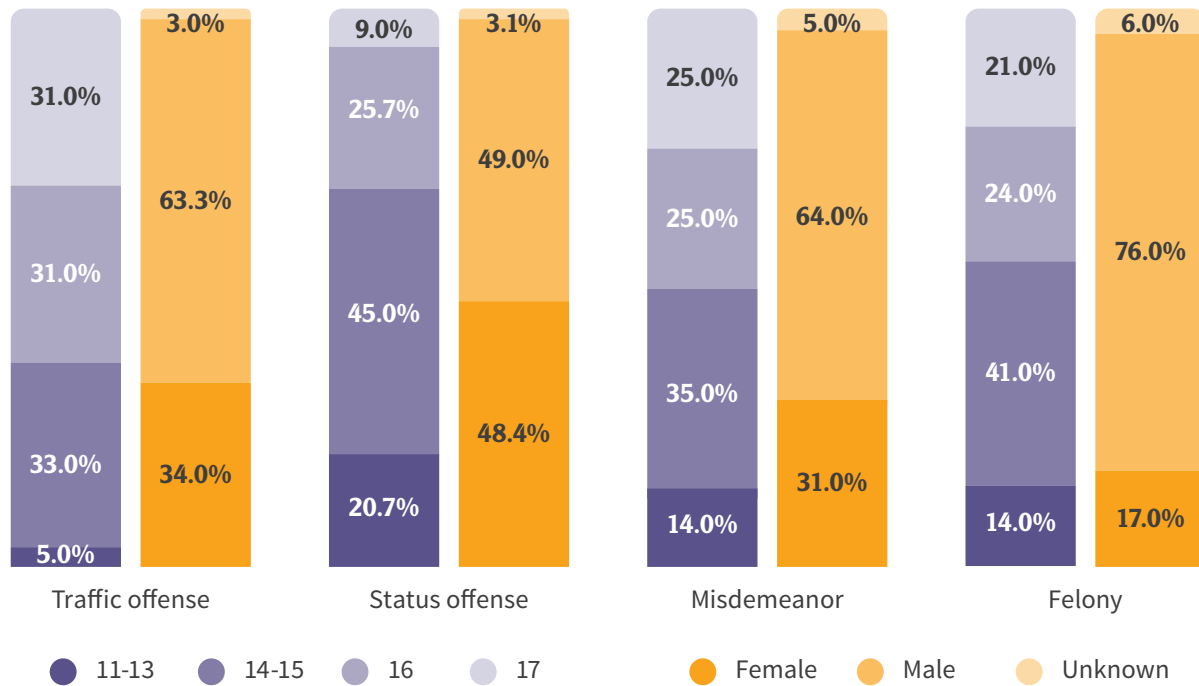
18

system
improvement
programs

JUVENILE COURT CASES



PERCENT OF NEW COURT FILINGS BY AGE AND GENDER (2022)



NUMBER OF NEW JUVENILE COURT FILINGS BY RACE/ETHNICITY (2022)

	Traffic Offense		Status Offense		Misdemeanor		Felony	
American Indian	0	0.0%	13	1.8%	37	1.4%	14	2.3%
Asian/Pacific Islander	2	1.6%	7	0.9%	17	0.6%	15	2.5%
Black/African American	2	1.6%	71	9.6%	436	15.9%	141	23.1%
Hispanic	32	26.2%	108	14.6%	364	13.3%	65	10.7%
White	69	56.6%	273	36.9%	1,116	40.8%	209	34.3%
Other	0	0.0%	3	0.4%	3	0.1%	3	0.5%
Unknown	17	13.9%	265	35.8%	761	27.8%	163	26.7%
Total adjudicated as "admit"*	122	92.0%	740	60.5%	2,734	71.3%	610	83.3%

*Note: The data provider recording a case being adjudicated as "admit" means that it has been accepted to be true.



ACCESS TO COUNSEL

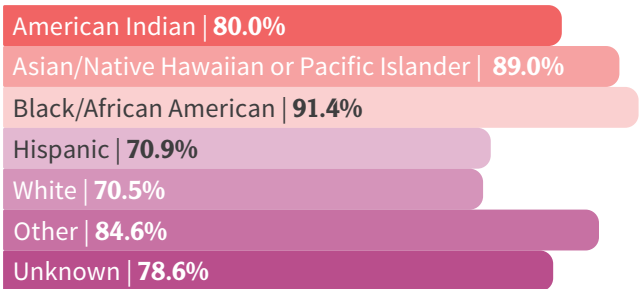
JUVENILE ACCESS TO COUNSEL

Having an attorney present during proceedings in the juvenile justice system is not only important for youth but a guaranteed constitutional right. The right to counsel is also enshrined in Nebraska statute 43-272(1). The law is meant to protect children at every stage of legal proceedings and requires the court to advise youth, along with their parents, of their right to an attorney and that legal counsel can be provided at no cost if they are unable to afford it.

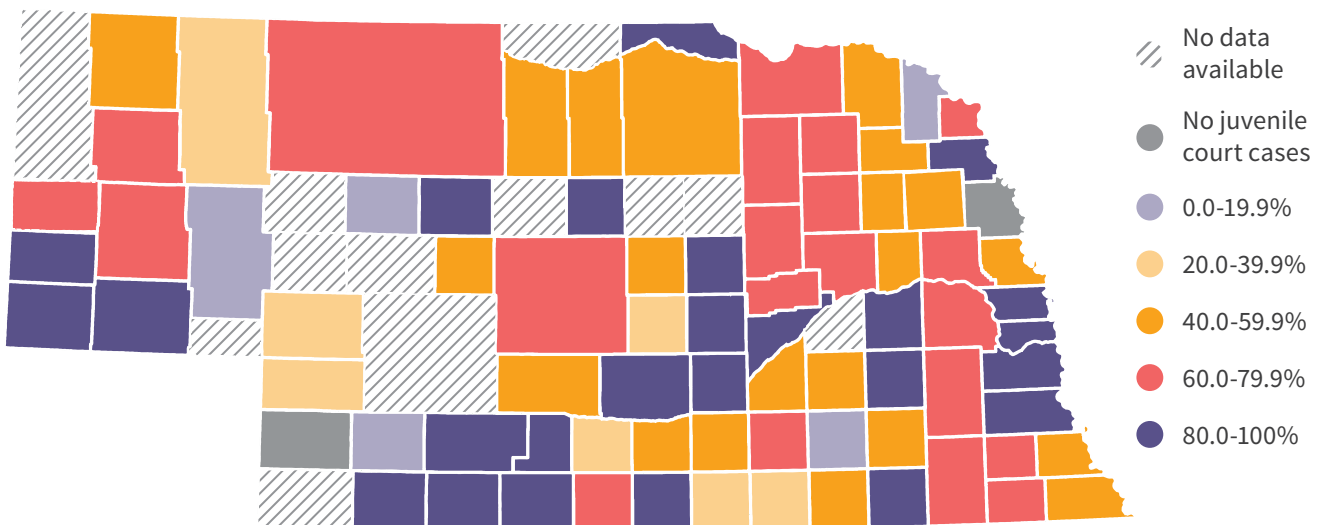
46.0%
of children in **adult criminal court** had an attorney in 2022.

77.3%
of children in **juvenile court** had an attorney in 2022.

YOUTH IN JUVENILE COURT WITH ACCESS TO COUNSEL BY AGE, GENDER, AND RACE/ETHNICITY (2022)

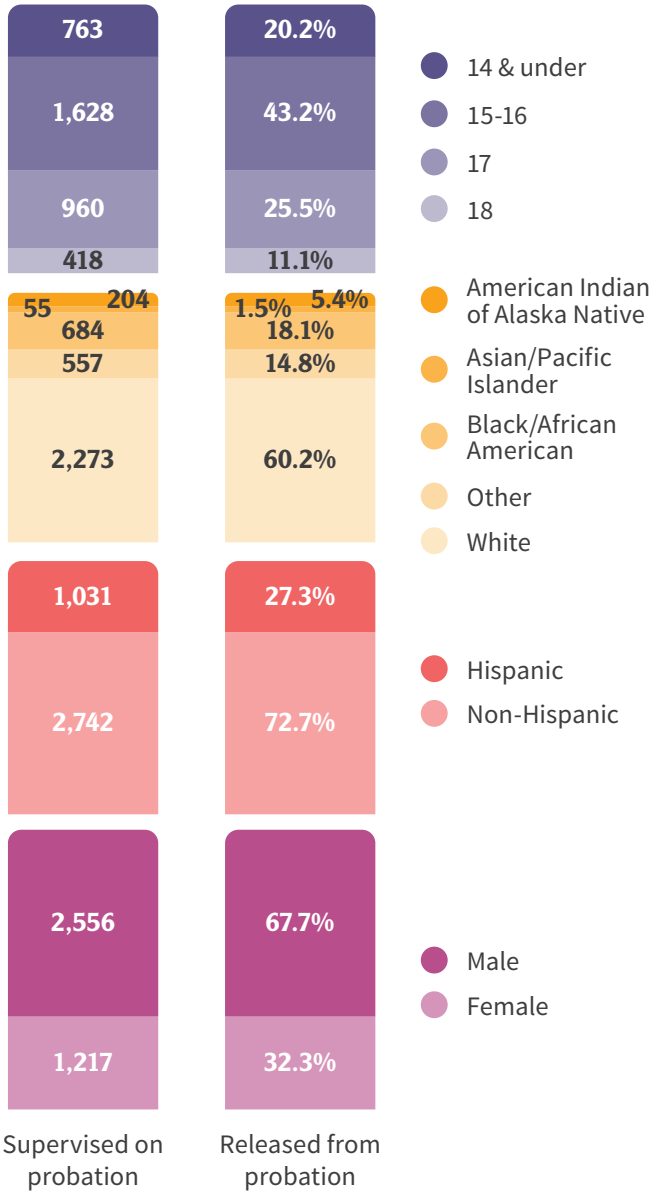


PERCENT OF YOUTH IN JUVENILE COURT WHO HAD ACCESS TO COUNSEL BY COUNTY (2022)





YOUTH SUPERVISED ON PROBATION BY AGE, GENDER, AND RACE/ETHNICITY (2022)



3,773

youth were supervised on probation in 2022.

596

had felony offenses

2,539

had misdemeanor, infraction, traffic or city ordinance offenses

638

had status offenses

2,011

were discharged

AVERAGE CASELOAD OF JUVENILE PROBATION OFFICER (2022)

	Urban	Rural
High-risk/high-need intervention	13	16
Low-risk/low-need intervention	20	25

COST OF SERVICES FUNDED BY PROBATION (2022)

	Monthly average per Youth
Total	\$1,267
In-home services	\$557
Out-of-home services	\$1,961

MEAN LENGTH OF TIME ON PROBATION (2022)

10 MONTHS
for status offenses

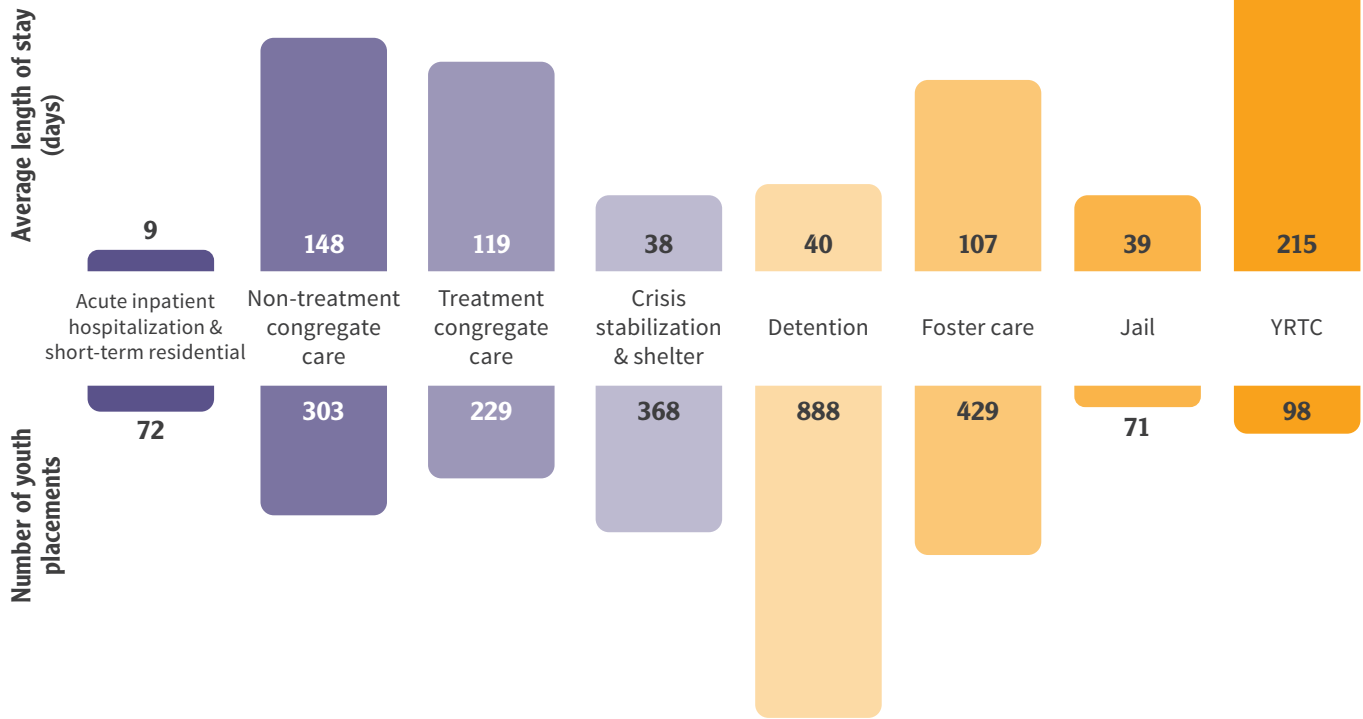
15 MONTHS
for felonies

11 MONTHS
for misdemeanors/
infractions



YOUTH IN OUT-OF-HOME CARE

OUT-OF-HOME CARE OF PROBATION YOUTH BY PLACEMENT TYPE AND AVERAGE LENGTH OF STAY (2022)



1,334

youth were supervised on probation who were placed in out-of-home care in 2022.

2.6 MONTHS

was the mean length of time in out-of-home care in 2022.

YOUTH ON PROBATION IN OUT-OF-HOME CARE (2022)

	#	%
American Indian	94	7.0%
Asian/Pacific Islander	28	2.0%
Black/African American	360	27.0%
Other	188	14.0%
White	664	50.0%
Hispanic	313	24.0%
Non-Hispanic	1,021	76.0%
Male	948	71.1%
Female	386	28.9%
Status offenses*	68	5.1%
Felonies*	650	48.7%
Misdemeanors/infractions/city ordinance offenses*	616	46.2%
Total	1,334	

*If a youth had an offense in more than one adjudication type, they will be counted by the youth's highest or most serious offense.

Source: Nebraska Administrative Office of the Courts & Probation.

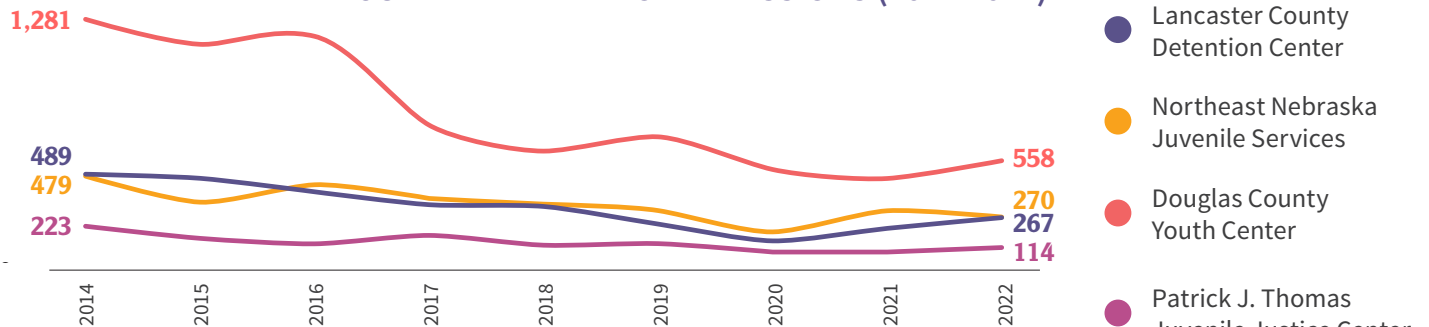


NUMBER OF YOUTH HELD IN JUVENILE DETENTION FACILITIES* (2022)

	Lancaster County Detention Center (Lancaster County)		Northeast Nebraska Juvenile Services (Madison County)		Douglas County Youth Center (Douglas County)		Patrick J. Thomas Juvenile Justice Center (Sarpy County)	
	#	%	#	%	#	%	#	%
Age**								
12 & under	0	0%	0	0%	19	3.2%	0	0%
13-14	69	25.8%	68	25.2%	128	21.3%	21	18.4%
15-16	133	49.8%	102	37.8%	289	48.1%	61	53.5%
17+	65	24.3%	100	37.0%	165	27.5%	32	28.1%
Race/Ethnicity								
American Indian/ Alaska Native	23	8.6%	17	6.3%	12	2.2%	5	4.4%
Asian/Pacific Islander	5	1.9%	0	0%	21	3.8%	0	0%
Black/African American	108	40.4%	19	7.0%	295	52.9%	19	16.7%
Other	5	1.9%	0	0%	2	0.4%	0	0%
White Non-Hispanic	82	30.7%	158	58.5%	138	24.7%	90	78.9%
Hispanic	44	16.5%	76	28.1%	90	16.1%	23	20.2%
Gender								
Male	178	66.7%	222	82.2%	447	80.1%	89	78.1%
Female	89	33.3%	48	17.8%	111	19.9%	25	21.9%
Times Detained								
1	137	71.7%	183	67.5%	420	75.3%	95	83.3%
2	37	19.4%	48	17.7%	103	18.5%	16	14.0%
3+	17	8.9%	40	14.8%	35	6.3%	3	2.6%
Total count	267		270		558		114	
Secure Admissions	267		115		558		0	
Staff Secure Admissions	0		155		0		114	
Average Days Detained	30.4 Days		33.0 Days		33.1 Days		26.0 Days	

Source: Individual detention centers.

JUVENILE DETENTION ADMISSIONS (2014-2022)



Source: Individual detention centers; Kids Count 2022.

*Includes secure and staff-secure detention.

** For Lancaster County Detention Center and Douglas County Youth Center, if the same youth is admitted under different ages during the year, they will count under each age group.



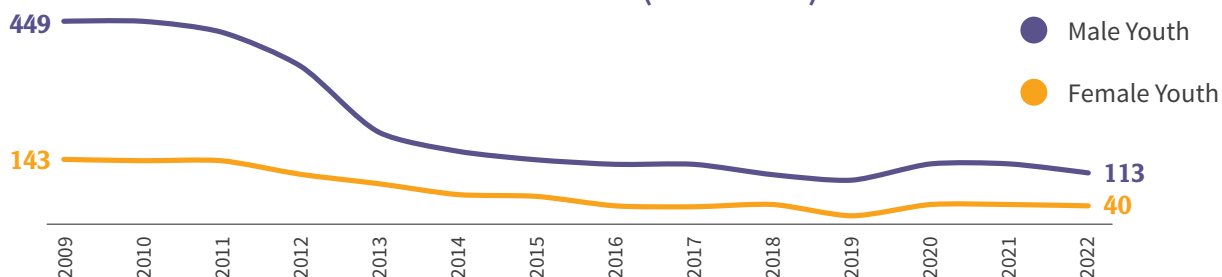
YRTC & ROOM CONFINEMENT

YOUTH REHABILITATION AND TREATMENT CENTERS (YRTCS) SFY 2022

	Hastings	Lincoln	Kearney
Number admitted for treatment	23 youth	8 admissions, 8 transfers	70 youth
Average daily population	11 youth	6 youth	48 youth
Average length of stay	7.6 months	4.2 months	9.0 months
Average age at admission	17 years	16 years	17 years
Average per diem cost per youth	\$1,945	\$2,025	\$760
% return to facility in 12 months	22.0%	12.0%	7.0%

Source: Office of Juvenile Services, Annual Legislative Report SFY 2022.

YRTC ADMISSIONS (2009-2022)



Source: Office of Juvenile Services, Annual Legislative Report SFY 2022; Kids Count 2022.

ROOM CONFINEMENT (SFY 2022)

	Total incidents	Median duration of room confinement incidents (hours)	Percent of incidents lasting more than 8 hours	Most common reason for room confinement
Nebraska Corrections Youth Facility (SFY 2020-21)	106	123.0	55.7%	Danger to others (26%)
YRTC - Kearney	277	8.5	25.0%	Danger to other youth (65%)
YRTC - Lincoln	39	33.5	51.0%	Danger to other youth (56%)
Douglas County Youth Center	232	81.2	86.0%	Fighting (50%)
Lancaster County Youth Services Center	1,097	3.0	2.0%	Admin-staffing (37%)
Northeast Nebraska Juvenile Services	25	4.1	4.0%	Danger to other youth (52%)
Patrick J. Thomas Juvenile Justice Center	36	2.2	0%	Danger to other youth (100%)

Source: Juvenile Room Confinement in Nebraska, 2021-2022 Annual Report, Inspector General of Child Welfare.

Research associates room confinement with serious consequences for mental and physical health including: - “Increased risk of self-harm and suicidal ideation; - Greater anxiety, depression, sleep disturbances, paranoia, and aggression; Exacerbation of the on-set of pre-existing mental illness and trauma symptoms; and, Increased risk of cardiovascular-related health problems.”¹ Regulations, policies, and practices on when, how, and why juvenile room confinement is used differ among types of facilities.

Room confinement should be used as the absolute last resort and only in cases of threats of safety to the individual or other residents and only after other interventions have failed. Room confinement should be time-limited; the youth should be released as soon as they are safely able and should never last longer than 24 hours. During confinement, the youth should be closely monitored and seen by mental health professionals. All instances of room confinement should be recorded and reviewed.¹

YOUTH TREATED AS ADULTS



220

youth were prosecuted in adult courts in 2022. ¹

This is down from

2,019

in 2014. ¹

YOUTH PROSECUTED IN ADULT CRIMINAL COURTS BY CASE TYPE (2022) ¹

Total Youth	220
Traffic	29.1%
Misdemeanor	42.3%
Felony	28.6%

A motion to transfer from juvenile court to adult court in 2022 was:

Requested ¹ in

44 CASES

Granted ¹ in

4 CASES

105

motions were filed to transfer from adult court to juvenile court in 2022. ¹

89

cases were transferred from adult court to juvenile court in 2022. ¹

YOUTH CASES TRIED IN ADULT COURT (2022) ¹

Age	Youth cases prosecuted in adult court		Youth sentenced to probation		Youth sentenced to jail		Youth sentenced to prison	
11-13	0	0%	0	0%	0	0%	0	0%
14-15	31	14.1%	27	17.4%	1	2.8%	3	8.6%
16	65	29.5%	55	35.5%	3	8.3%	8	22.9%
17	124	56.4%	73	47.1%	32	88.9%	24	68.6%
Race/Ethnicity								
American Indian	4	2.0%	1	0.6%	2	5.6%	1	2.9%
Asian/Pacific Islander	3	1.5%	2	1.3%	1	2.8%	0	0%
Black/African American	43	21.0%	25	16.1%	5	13.9%	14	40.0%
Hispanic	72	35.1%	51	32.9%	10	27.8%	12	34.3%
Other/Unknown	18	1.5%	8	5.2%	8	22.2%	3	8.6%
White, Non-Hispanic	80	39.0%	68	43.9%	10	27.8%	5	14.3%
Gender								
Male	163	74.1%	107	69.0%	28	77.8%	32	91.4%
Female	46	20.9%	42	27.1%	4	11.1%	1	2.9%
Unknown	11	5.0%	6	3.9%	4	11.1%	2	5.7%
Total	220		155		36		35	

AN AGE-APPROPRIATE RESPONSE

Research consistently indicates that treating children as adults neither acts as a deterrent, nor does it prevent crime or reduce violence. Instead, prosecution in adult court exposes youth to more risks and delays or prevents treatment and can burden them with permanent records which may act as barriers to future education and employment opportunities. Nebraska law requires that all children age 17 or younger charged with a misdemeanor or low-level felony must have their cases originate in juvenile court. This means that many more children are now receiving the benefit of speedy access to treatment services, a developmentally-appropriate court process aimed at rehabilitation, and the potential to have their records sealed to set them up for a brighter future.

YOUTH IN ADULT PRISONS AND JAILS (2022) ¹

70 Male | 5 Female

8

youth (18 and under) were **held** in a Nebraska **correctional facility** for safekeeping reasons or waiting assessment.

35

youth were **sentenced** to a Nebraska **prison**.

YOUTH INCARCERATED IN CORRECTIONAL FACILITIES BY RACE/ETHNICITY (2022) ²

American Indian | 3

Asian | 1

Black/African American | 19

Hispanic | 28

Other/Unknown | 1

White, Non-Hispanic | 15

1. Nebraska Judicial Branch, Juvenile Justice System Statistical Annual Report 2022.

2. Nebraska Department of Correctional Facilities.



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Any opinions, views, or policy positions expressed in this Kids Count in Nebraska Report can only be attributed to Voices for Children in Nebraska. These opinions do not

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THE KIDS COUNT IN NEBRASKA 2023 REPORT
IS GENEROUSLY FUNDED BY:

The Annie E. Casey Foundation

