

2025

KIDS COUNT IN NEBRASKA REPORT





ACKNOWLEDGEMENTS

© 2026 Voices for Children in Nebraska

Portions of this report may be produced without prior permission, provided the source is cited as:
©Kids Count in Nebraska 2025 Report.

AUTHORS:

Josh Shirk, Research Coordinator

EDITORIAL CONTRIBUTORS:

Josh Shirk, Research Coordinator

Juliet Summers, Executive Director

DESIGN:

Emily Pietrzak, Graphic Designer

Cover photos featuring
Nebraska children

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, Edward and Sally Malashock Family Foundation, and Mutual of Omaha, as well as by generous sponsorships from Presbyterian Church of the Cross, Katie Weitz, PhD and Tim Wilson, UNMC College of Public Health, Heider Family Foundation, and Mortenson Construction. 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 2010 to 2025 are available for download at www.voicesforchildren.com/research-data/report-archives/.

Additional copies of the *Kids Count in Nebraska 2025 Report*, are available from:

Voices for Children in Nebraska

319 South 17th Street, Suite #212
Omaha, NE 68102

402-597-3100
VoicesForChildren.com
voices@voicesforchildren.com



TABLE OF CONTENTS & LETTER



Dear Kids Count Reader,

You have in your hands the 33rd annual edition of the Kids Count in Nebraska Report!

At Voices for Children, our mission is to advocate for equitable opportunity for all children in Nebraska, and we believe that reliable, accessible data is an essential starting point for that work. Data helps us understand where children and families are thriving, and where they are struggling. It allows us to identify emerging trends, track progress over time, and ground our advocacy in evidence rather than anecdote.

At the same time, numbers alone do not tell the full story of the lived experiences of children, nor do they solve the challenges they may reveal. This year's commentary focuses on a growing and deeply concerning trend affecting children across our state: rising food insecurity. For a state with significant economic opportunity, too many Nebraska children live in households where access to nutritious, consistent meals is uncertain. Food insecurity does not exist in isolation; it impacts children's health, academic outcomes, and long-term well-being, and it intersects with other economic pressures facing families. By examining the data, we can better understand who is most affected, how conditions are changing, and where policy and community responses can make the greatest difference. We share both data and recommendations to highlight the opportunities we have, working together, to ensure every child has enough to eat and the chance to grow and thrive.

This report is made possible through the support of the Annie E. Casey Foundation, the Edward and Sally Malashock Family Foundation, Mutual of Omaha, and other generous sponsors listed on page 2. We are also deeply grateful to our technical advisors and data partners across state agencies and organizations, whose expertise and collaboration make this project possible. Their contributions ensure that Kids Count in Nebraska continues to reflect the best data available.

As always, our hope is that this report sparks meaningful conversations and collective action across our communities. Thank you to everyone who has contributed to Kids Count in Nebraska over the years, and to all who are engaging with this edition.

Your interest and dedication strengthen our shared work on behalf of Nebraska's children.

Sincerely,

JULIET SUMMERS, JD
EXECUTIVE DIRECTOR

JOSH SHIRK, PHD
RESEARCH COORDINATOR

4 ABOUT VOICES FOR CHILDREN

6 CONTACTING ELECTED OFFICIALS

8 COMMENTARY

19 POPULATION

24 RACE AND OPPORTUNITY INDEX

28 HEALTH

40 EDUCATION

52 ECONOMIC STABILITY

62 CHILD WELFARE

74 JUVENILE JUSTICE

86 TECHNICAL TEAM OF ADVISORS



ABOUT VOICES FOR CHILDREN

Founded in 1987, Voices for Children in Nebraska has a 39-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 2026 BOARD OF DIRECTORS:

EXECUTIVE COMMITTEE:

Jill Batter, Esq, President

Tim Hron, MA, LIMHP Vice President

Angie Jones, Treasurer

Keegan Korf, Secretary

Chad Abresch, At Large

Patti Koraleski, At Large

BOARD OF DIRECTORS:

Donna Addison

Aadriah Baloch

Michelle Brisnehan

Carolina Ibarra Nielsen

Archana Janakiram

Shawntal Mallory, JD

Juan Padilla

Kelley Peterson

Allyson von Seggern



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.

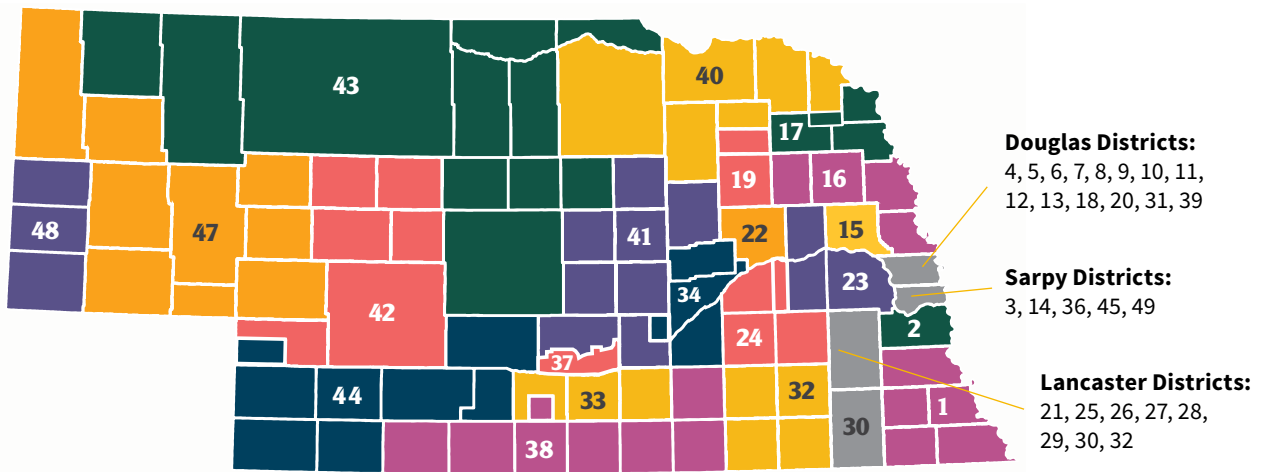


CONTACTING ELECTED OFFICIALS

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

2026 NEBRASKA LEGISLATURE

SENATOR	DISTRICT	OFFICE PHONE	EMAIL
Andersen, Bob	49	(402) 471-2725	bandersen@leg.ne.gov
Arch, John	14	(402) 471-2730	jarch@leg.ne.gov
Armendariz, Christy	18	(402) 471-2618	carmendariz@leg.ne.gov
Ballard, Beau	21	(402) 471-2673	bballard@leg.ne.gov
Bosn, Carolyn	25	(402) 471-2731	cbosn@leg.ne.gov
Bostar, Eliot	29	(402) 471-2734	ebostar@leg.ne.gov
Brandt, Tom	32	(402) 471-2711	tbrandt@leg.ne.gov
Cavanaugh, John	9	(402) 471-2723	jcavanaugh@leg.ne.gov
Cavanaugh, Machaela	6	(402) 471-2714	mcavanaugh@leg.ne.gov
Clements, Robert	2	(402) 471-2613	rclements@leg.ne.gov
Clouse, Stan	37	(402) 471-2726	sclouse@leg.ne.gov
Conrad, Danielle	46	(402) 471-2720	dconrad@leg.ne.gov
DeBoer, Wendy	10	(402) 471-2718	wdeboer@leg.ne.gov
DeKay, Barry	40	(402) 471-2801	bdekay@leg.ne.gov
Dorn, Myron	30	(402) 471-2620	mdorn@leg.ne.gov
Dover, Robert	19	(402) 471-2929	rdoover@leg.ne.gov
Dungan, George	26	(402) 471-2610	gdungan@leg.ne.gov
Fredrickson, John	20	(402) 471-2622	jfredrickson@leg.ne.gov

CONTACTING ELECTED OFFICIALS



2026 NEBRASKA LEGISLATURE (CONTINUED)

SENATOR	DISTRICT	OFFICE PHONE	EMAIL
Guereca, Dunixi	7	(402) 471-2721	dguereca@leg.ne.gov
Hallstrom, Robert	1	(402) 471-2733	bhallstrom@leg.ne.gov
Hansen, Ben	16	(402) 471-2728	bhansen@leg.ne.gov
Hardin, Brian	48	(402) 471-2802	bhardin@leg.ne.gov
Holdcroft, Rick	36	(402) 471-2642	rholdcroft@leg.ne.gov
Hughes, Jana	24	(402) 471-2756	jhughes@leg.ne.gov
Hunt, Megan	8	(402) 471-2722	mhunt@leg.ne.gov
Ibach, Teresa	44	(402) 471-2805	tibach@leg.ne.gov
Jacobson, Mike	42	(402) 471-2729	mjacobson@leg.ne.gov
Juarez, Margo	5	(402) 471-2710	mjaurez@leg.ne.gov
Kauth, Kathleen	31	(402) 471-2327	kkauth@leg.ne.gov
Lippincott, Loren	34	(402) 471-2630	llippincott@leg.ne.gov
Lonowski, Dan	33	(402) 471-2712	dlonowski@leg.ne.gov
McKinney, Terrell	11	(402) 471-2612	tmckinney@leg.ne.gov
Meyer, Fred	41	(402) 471-2631	fmeyer@leg.ne.gov
Meyer, Glen	17	(402) 471-2716	gmeyer@leg.ne.gov
Moser, Mike	22	(402) 471-2715	mmoser@leg.ne.gov
Murman, Dave	38	(402) 471-2732	dmurman@leg.ne.gov
Prokop, Jason	27	(402) 471-2632	jprokop@leg.ne.gov
Quick, Dan	35	(402) 471-2617	dquick@leg.ne.gov
Raybould, Jane	28	(402) 471-2633	jraybould@leg.ne.gov
Riepe, Merv	12	(402) 471-2623	mriepe@leg.ne.gov
Rountree, Victor	3	(402) 471-2627	vrountree@leg.ne.gov
Sanders, Rita	45	(402) 471-2615	rsanders@leg.ne.gov
Sorrentino, Tony	39	(402) 471-2885	tsorrentino@leg.ne.gov
Spivey, Ashlei	13	(402) 471-2727	aspivey@leg.ne.gov
Storer, Tanya	43	(402) 471-2628	tstorer@leg.ne.gov
Storm, Jared	23	(402) 471-2719	jstorm@leg.ne.gov
Strommen, Paul	47	(402) 471-2616	pstrommen@leg.ne.gov
von Gillern, R. Brad	4	(402) 471-2621	bvongillern@leg.ne.gov
Wordekemper, Dave	15	(402) 471-2625	dwordekemper@leg.ne.gov

OTHER ELECTED OFFICIALS

U.S. President: Donald Trump	(202) 456-1414	president@whitehouse.gov
Nebraska Governor: Jim Pillen	(402) 471-2244	www.governor.nebraska.gov
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: Joey Spellerberg	(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

voicesforchildren.com contains a wealth of information including:

- Legislative Priority bills
- AdvoKid Newsletter
- *Kids Count* interactive 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 **voicesforchildren.com/research** for our interactive state data tool.

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

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

Commentary





Child Food Insecurity in Nebraska:

Where we stand
and what we
can do



Every child should have consistent access to the nutritious food required to learn, play, and develop a healthy mind and body. Unfortunately, many families struggle to secure the food their children need to gain a good start in life. The most recent available data reveal that 19.2% of children in Nebraska are food insecure, meaning they lack the consistent access to the nutritious food required to live an active, healthy life.¹ Which children are more prone to struggle with food insecurity? How can so many children be food insecure? What can be done to reduce food insecurity? The sections below present data that begin to answer these questions. Fortunately, modern food production methods produce more than enough food to feed everyone. The challenge is ensuring children have access to nutritious food when they need it. Doing so will require adequate income opportunities for parents and effective social protection policies and programs to fill the gaps.

physical and mental health, and lower academic and economic outcomes. Whereas children living in very low food security households are prone to be underweight, those in low security households are at a higher risk of conditions such as obesity and diabetes due to the reliance on cheaper, non-nutritious foods.³ The most recent data show that 12.9% of U.S. households with children experienced low food security and additional 5.4% experienced very low food security.⁴ Despite ample national resources, nearly 20% of children in our country are missing out on critical nutrition their growing bodies and minds need in order to thrive.

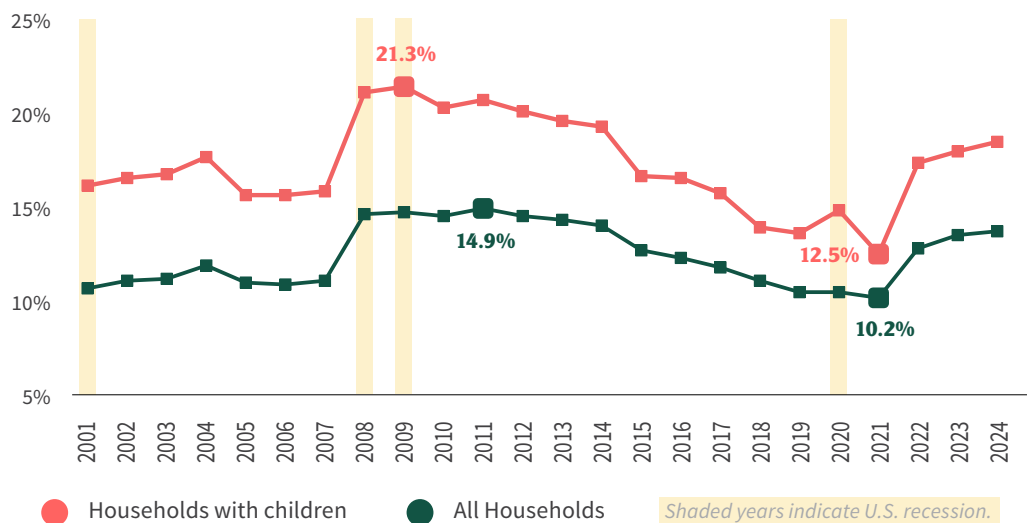
As **Figure 1** shows, food insecurity rates are historically higher among households with children. In 2024, 18.4% of households with children were food insecure, compared to 13.7% of all households. **Figure 1** also shows how food insecurity rates fluctuated in the first quarter of this century, rising and falling depending on macroeconomic trends and policy interventions. Food insecurity among households with children peaked due to the 2008 financial crisis and the ensuing Great Recession, with the highest rate this century occurring in 2009 at 21.3%. Rates remained above 20% through 2012 and continued declining until 2019 when they stood at 13.6%. With the onset of the Covid-19 pandemic, rates began rising again with the exception

FOOD INSECURITY: WHAT THE DATA SAY

The United States Department of Agriculture (USDA) distinguishes between low and very low food security.

Low food security refers to reduced quality, variety, or desirability of diet, while very low food security refers to disrupted eating patterns and reduced food intake.² Households experiencing low food security typically rely on cheap foods lacking nutritious value and therefore suffer from malnutrition whereas households defined as very low food security suffer from hunger and malnutrition. Both forms of food insecurity are linked to poorer

FIGURE 1. U.S. FOOD INSECURITY RATES HIGHER AMONG HOUSEHOLDS WITH CHILDREN (2001-2024)



Source: USDA, Household Food Security in the United States in 2024.



TABLE 1. FOOD INSECURITY AMONG HOUSEHOLDS WITH CHILDREN VARY GREATLY BASED ON SUBPOPULATION GROUPS (2024)

		2024	
All U.S. Households		14%	
U.S. Households with Children	Age & Family Structure	With children <18 years	18%
		With children <6 years	18%
		Married-couple families	11%
		Single mother	37%
		Single father	24%
	Race/Ethnicity of Household	White, non-Hispanic	14%
		Black, non-Hispanic	31%
		Hispanic	24%
		Other, non-Hispanic	12%
	Household Income-to-Poverty Ratio	Under 1.85	38%
		1.85 and over	10%
	Area of Residence	Urban	22%
		Suburban	16%
Rural		22%	

Source: USDA, Household Food Security in the United States in 2024.

of a momentary dip in 2021 when, remarkably, rates among households with children were the lowest of the century at 12.5%. The USDA attributes this momentary dip to the expansion of both the Child Tax Credit and of federal nutrition assistance programs.⁵ Congress failed to extend those expanded supports, however, and food insecurity rates for households with children began rising again, reaching 18.4% in 2024, the last year with available data.

Among U.S. households with children, certain demographic groups are more likely than others to struggle with food insecurity. As **Table 1** shows, children growing up in single-parent households are more likely to experience food insecurity, with 36.8% of single mothers and 22.6% of single fathers doing so, compared to 10.9% of married-couples.

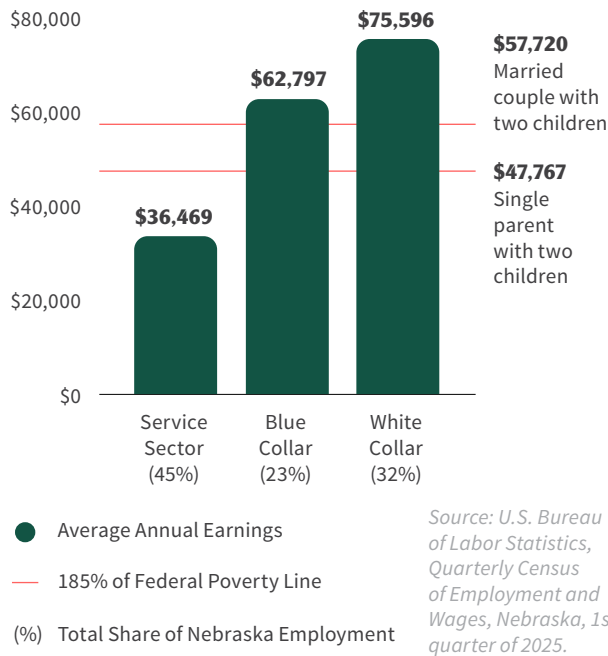
Black households with children had a 31.0% food insecurity rate, the highest among race/ethnicity groups with data. Children in Hispanic households had a 23.8% rate, while white, non-Hispanic households had a 14.1% rate.

Perhaps unsurprisingly, the highest rate of food insecurity occurred among households with income under 185% of the federal poverty line (FPL), at 38.3%. However, food insecurity is not limited to these families as 8.7% of households with incomes 185% or higher of the FBL were food insecure in 2024.

Geographically, 21.7% of rural households with children experienced food insecurity, while 21.5% of urban households with children did so. Children in suburban households had the lowest rates at 16.2%.



FIGURE 3. ANNUAL EARNINGS FOR MANY NEBRASKA JOBS PUT FAMILIES AT GREATER RISK OF FOOD INSECURITY (2024)



proportion of jobs are in the service sector, jobs that also tend to have lower pay, few or no benefits, poor job security, and fewer chances of promotion. At the same time, the emergence of a white collar, professional and managerial class that receive higher wages, greater job security, more benefits, and more opportunities for promotion has also emerged. While those two classes of workers have grown over time, agricultural jobs and jobs traditionally known as blue collar and having solid pay and strong job stability, have declined as a proportion of the total labor market.⁸

Figure 3 shows the proportion of white collar, blue collar, and service sector jobs in Nebraska, along with the average earnings (wages and benefits) per employee in the first quarter of 2025.⁹ In line with national trends, the service sector accounts for the most jobs at 45% but workers in this sector take in the smallest earnings at an average of \$36,469 annually. Blue collar jobs account for 23% of employment and fare better financially at an average of \$62,797 annual earnings. White collar jobs account for 32% of employment and bring in the best average annual earnings at \$75,596.

Differences between the class of workers are more pronounced when considering the size of the business employing the workers. **Table 2** breaks the employment sector earnings data down by the size of the business. Service workers employed by small businesses (1 to 99 employees) account for 22% of workers in the state of Nebraska, but bring in annual earnings on average of \$28,414, while service workers employed by large businesses (300+ employees) do better at \$44,284 in yearly earnings. The earnings of blue-collar workers were consistent across the size of business employing them, but white-collar workers experienced more variation. White collar workers earned \$59,531 at small businesses, \$76,137 at medium-sized businesses, and \$81,235 at large businesses.

These earnings may be enough to support an individual, but for parents they often fail to cover the full expense of raising a family, forcing households with children to make tough decisions that often come at the expense of food quality and quantity. Together, these findings point to the need for policy interventions that ensure access to nutritious food for all children.

TABLE 2. SMALL BUSINESS EMPLOYEES IN NEBRASKA TYPICALLY EARN LESS (2024)

	Firm Size (by # of Employees)	% of total Employment	Annual earnings per employee
Service Sector	small (1 to 99)	22%	\$28,414
	medium (100 to 299)	4%	\$44,394
	large (300+)	19%	\$44,284
Blue collar	small (1 to 99)	10%	\$62,805
	medium (100 to 299)	2%	\$59,524
	large (300+)	11%	\$63,459
White collar	small (1 to 99)	8%	\$59,531
	medium (100 to 299)	2%	\$76,137
	large (300+)	22%	\$81,235

Source: Quarterly Census of Employment and Wages, U.S. Bureau of Labor Statistics, Nebraska, 1st quarter of 2025.



ADDRESSING CHILD FOOD INSECURITY

Families have limited budgets. Any actions that increase wages among the lowest earners or bring down the cost of major budget items such as housing, health care, child care, transportation, or food would help reduce hunger and malnutrition among children. Space does not allow us to address all these issues, but a brief comment on wage inequities and job opportunities is necessary before addressing food specific safety net programs.

Efforts to attach work requirements on nutrition programs are unlikely to spur more Nebraskans to work and advance their careers. Nebraskans are hardworking people who, in general, are already taking the job opportunities available to them in a strong labor market. In 2025, the unemployment rate in Nebraska was 3.2%, lower than the national average of 4.3%.¹⁰ Unemployment rates, however, only measure unemployment among people who are actively looking for employment and may hide many discouraged workers who have given up on looking for work. Labor participation rates account for this by measuring how much of the adult population is working. Nebraska's labor force participation rate is 69.9%, the highest in the nation.¹¹ Labor force participation rates are even higher among parents. In Nebraska, 95.6% of children have at least one parent in the workforce, higher than the national rate of 93.3%. Nebraska also has a higher rate of children with all available parents in the labor force, 77.6% compared to the national rate of 71.3%.

Despite these high labor force participation rates and low unemployment rates, Nebraska's child food insecurity rate was the same as the national rate at 19.2%.¹² It seems doubtful, then, that Nebraska needs to simply emphasize more labor force participation. Parents are already working, but, as the wage-earning data in **Figure 3** and **Table 2** shows, work is not paying enough. It was from this experience that working Nebraskans voted for ballot initiatives to raise the minimum wage to \$15/hour beginning in 2026 and another initiative for paid sick leave, which took effect late in 2025. These measures are small steps to enlarge family budgets and help shield working parents from the loss of wages when they or their family members are sick.

Despite those steps, food insecurity in Nebraska will persist as businesses, especially small businesses in the

service sector, struggle to provide adequate wages, benefit packages, or job security. Safety net programs are a crucial policy lever for filling the gaps for families earning low-wages, getting inconsistent hours, and/or those most vulnerable to swings in labor market conditions.

Several vital federal food programs exist for just this purpose. Programs such Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), and school meal programs help low-income families purchase meals and food. In addition, tax breaks, such as the Child Tax Credit, are effective at targeting families with children and putting more money in their pockets, giving them the flexibility to spend money where they see best fit.

While these programs and tax breaks have existed for several years, they are not always adequately funded or place administrative burdens on potential recipients that prevent access. Currently, parents or guardians must earn below 130% of the FPL for their children to be eligible for free school meals, while reduced price school eligibility is capped at 185% FPL. SNAP and WIC eligibility are capped at 165% and 185% of the FPL, respectively. However, this does not mean all families meeting those income thresholds receive the benefits. For example, only 34% of Nebraska households in poverty were on SNAP, much lower than the national rate of 41%, suggesting that administrative barriers are preventing many families in the U.S., and especially Nebraska, from obtaining the help they need.

Even though these programs have not eliminated food insecurity, we know they are effective at helping families and children. The recent government shutdown in November of 2025 provides proof of this. As the government shutdown prolonged throughout the month, SNAP beneficiaries across the country did not receive their benefits. From January through October of 2025, the U.S. household food insecurity rate among SNAP recipients was 36%. When benefits did not reach households in November, the food insecurity rate jumped to 46%.

School meal programs are another critical nutrition support for families. In the 2024-25 school year, nearly 9 million free breakfasts and over 18 million free lunches were served in Nebraska schools, while another nearly 900,000 reduced price breakfasts and 2.5 million reduced price lunches were served.¹³ For many children,



TABLE 3. 2021 CHILD TAX CREDIT AND FOOD PROGRAM EXPANSION LED TO SIGNIFICANT DECLINES IN CHILD FOOD

Source: USDA, Household Food Security in the United States in 2021, 2022; Feeding America, Map the Meal Gap, Child Food Insecurity in Nebraska 2023.

		2021 (Child Tax Credit and Food Programs Expanded)	2022 (No Expansion of Child Tax Credit and Food Programs)	
All U.S. Households		-3%	25%	
U.S. Household Composition	Age & Family Structure	With children <18 years	-16%	38%
		With children <6 years	-16%	29%
		Married-couple families	-22%	45%
		Single mother	-12%	36%
		Single father	-1%	31%
	Race/Ethnicity of Household	White, non-Hispanic	-19%	56%
		Black, non-Hispanic	-17%	23%
		Hispanic	-17%	37%
		Other, non-Hispanic	13%	8%
	Household Income-to-Poverty Ratio	Under 1.85	-14%	31%
		1.85 and over	-9%	71%
	Area of Residence	Urban	-20%	45%
		Suburban	-15%	36%
Rural		-15%	44%	
Nebraska Household Composition	Children <18	-11%	60%	
	Cost per Meal	14%	10%	

school meals contain the most nutritious food they will consume in a day. Participation in school meal programs is linked to numerous health and educational benefits, including greater food security, better diet quality, improved physical and mental health, higher attendance rates, and stronger academic performance.¹⁴

Further proof of the effectiveness of tax credits and federal nutrition programs was seen in 2021, when the National School Lunch Program (NSLP) allowed schools to provide free meals to anyone in need and the Child Tax Credit increased from \$2,000 per qualifying child to \$3,600 for children under the age of 6 and \$3,000 for children ages 6 to 17.

The expanded Child Tax Credit distributed payments monthly, giving families consistent financial support throughout the year. Unlike SNAP benefits, the tax credit provided unconditional cash assistance, allowing families the agency and flexibility to determine where the cash needed to be spent each month. Research found that families primarily used the payments on basic needs like food, housing, transportation, and childcare.¹⁵

As seen in **Table 3**, these efforts helped reduce food insecurity among U.S. households with children by 16%, the largest drop in U.S. child food insecurity rates this century. In Nebraska, child food insecurity rates dropped 11%. However, once those supports were



reduced back to their previous levels in 2022, U.S. food insecurity among households with children rose 38%, the largest yearly increase this century. In Nebraska, child food insecurity rose 60% from 2021 to 2022. It is true that food prices were rising in 2022 and, as a result, we would expect food insecurity rates to increase.¹⁶ However, according to Feed America, the cost per meal in Nebraska rose more in 2021 than in 2022, at 14% and 10% respectively. The better explanation for the increase in food insecurity from 2021 to 2022 is the loss of direct support for families.

Based on what the data say and what we know works, we recommend solutions that address the root cause of child hunger, expand access to food year-round, and reduce administrative barriers and increase enrollment in existing nutrition programs.

To address the root causes of child hunger, it is necessary to increase family economic stability through policies that:

- Raise wages and expand access to stable employment.
- Strengthen refundable tax credits like the Child Tax Credit and Earned Income Tax Credit.
- Expand affordable housing access to reduce cost burdens that force families to choose between rent and food.

To expand access to food year-round:

- Extend and increase Summer Electronic Benefits Transfer to ensure children who rely on school meals continue receiving nutrition support during summer and school breaks.
- Expand access to school meals by adopting policies that move Nebraska closer to universal free school meals, reducing stigma and ensuring all children can eat regardless of family income.
- Increase participation in afterschool and out-of-school meal programs, particularly in rural and underserved communities where access gaps are largest.

To reduce administrative barriers and increase enrollment:

- Implement express lane eligibility and data-sharing between programs like Medicaid, SNAP, and school meals to automatically enroll eligible children.
- Simplify application and recertification processes across programs to reduce gaps in benefits.
- Invest in community-based navigators and outreach, particularly for youth aging out of foster care, families experiencing homelessness, and immigrant and mixed-status households.

CONCLUSION

Policy choices matter and in 2021 the expansion of already existing nutrition programs and tax credits worked for families and their children. The data presented here show that even in a strong labor market, many working parents cannot earn enough to meet the full cost of raising a family. Programs such as SNAP, WIC, free and reduced school meals, and the Child tax Credit have proven their ability to reduce food insecurity, improve child health, and support educational outcomes when adequately funded and accessible. At the same time, the sharp rise in food insecurity following the rollback of expanded supports demonstrates how quickly progress can be reversed when these policies are weakened.

Addressing child food insecurity requires an approach that encourages strong wage growth, reduces costs burdens, and makes existing safety net programs more accessible. Expanding access to nutrition programs and building on successful past policy experiments, such as the Child Tax Credit, would ensure more children have an equal opportunity to grow and develop physically, mentally, and emotionally. The lack of food to go around is not the problem. We have the food. We have the resources. We have knowledge of what works. We have the choice: do we or do we not take the steps necessary to ensure all children in Nebraska are food secure?



END NOTES

1. Map the Meal Gap, Food Insecurity among the Child Population in the United States, <https://map.feedingamerica.org/county/2023/child>.
2. Matthew Rabbitt, Madeline Reed-Jones, Laura J. Hales, Shellye Suttles, Michael P. Burke. “Household food security in the United States in 2024.” US Department of Agriculture, Economic Research Service (2025); “Food security in the U.S.-Definitions of food security.” Economic research service. U.S. department of agriculture. February 18, 2025, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us>.
3. Shankar Priya, Rainjade Chung, and Deborah A. Frank. “Association of food insecurity with children’s behavioral, emotional, and academic outcomes: a systematic review.” *Journal of Developmental & Behavioral Pediatrics* 38, no. 2 (2017): 135-150; Thomas, Margaret MC, Daniel P. Miller, and Taryn W. Morrissey. “Food insecurity and child health.” *Pediatrics* 144, no. 4 (2019); United Nations Children’s Fund (UNICEF), Feeding Profit. How food environments are failing children. *Child Nutrition Report 2025*, UNICEF, New York, September 2025; Wylie-Rosett, Judith, and Linda A. DiMeglio. “Strategies to reduce food insecurity for people with diabetes: a call to action.” *Diabetes care* 46, no. 2 (2023): 245.
4. Matthew Rabbitt, Madeline Reed-Jones, Laura J. Hales, Shellye Suttles, Michael P. Burke. “Household food security in the United States in 2024.” US Department of Agriculture, Economic Research Service (2025).
5. Laura J. Hales, Alisha Coleman-Jensen. “Food insecurity decreased for U.S. households with children in 2021, but increased for households without children.” Economic research service. U.S. department of agriculture. November 17, 2022, <https://www.ers.usda.gov/amber-waves/2022/november/food-insecurity-decreased-for-u-s-households-with-children-in-2021-but-increased-for-households-without-children>
6. McKee, Gregory J. & Kaskie, Shawn C. “Food deserts in Nebraska: A revised methodology and analysis”. (2024). <https://www.cfra.org/sites/default/files/publications/Food%20Deserts%20in%20Nebraska.pdf>.
7. Omaha Community Foundation. “Omaha’s food deserts: Who has access to healthy foods, September 28, 2022. https://omahafoundation.org/news/omahas-food-deserts-who-has-access-to-healthy-foods/#:~:text=According%20to%20the%20Omaha%20Community%20Foundation,%20Omaha,Omaha%20*%20Western%20portions%20of%20Council%20Bluffs
8. Florida, Richard. *The new urban crisis: How our cities are increasing inequality, deepening segregation, and failing the middle class-and what we can do about it*. Basic books, 2017; *The Global City: New York, London, Tokyo*. Princeton University Press, 2013; Ehrenreich, Barbara, and John Ehrenreich. “The professional-managerial class.” *Between labor and capital* 45 (1979); Larson, Magali Sarfatti. “The rise of professionalism: A sociological analysis.” *Class: The Anthology* (2017): 263-286.
9. Agriculture jobs were not included due to incomplete data.
10. Alternative Measures of Labor Underutilization for States, U.S. Bureau of Labor Statistics, January 30, 2026, <https://www.bls.gov/lau/stalt.htm>.
11. U.S. Bureau of Labor Statistics, Region, Division, and State Labor Force Participation Rates with Confidence Intervals, Their Relationships to the U.S. Rate, and Over-the-Month Rate Changes with Significance Indicators, December 2025, Seasonally Adjusted.
12. Map the Meal Gap, Food Insecurity among the Child Population in the United States, <https://map.feedingamerica.org/county/2023/child>.



COMMENTARY

13. Nebraska Department of Education, <https://nep.education.ne.gov/#/profiles/state/snapshot?dataYears=20242025>.
14. Hartline-Grafton H, Levin M. Breakfast and School-Related Outcomes in Children and Adolescents in the US: A Literature Review and its Implications for School Nutrition Policy. *Curr Nutr Rep.* 2022;11(4):653-664; Cohen JFW, Hecht AA, McLoughlin GM, Turner L, Schwartz MB. Universal School Meals and Associations with Student Participation, Attendance, Academic Performance, Diet Quality, Food Security, and Body Mass Index: A Systematic Review. *Nutrients.* 2021;13(3):911.
15. Columbia University Center on Poverty and Social Policy. Child Tax Credit Research Roundup. New York: Columbia University, 2021.
16. Nord, M., Coleman-Jensen, A., & Gregory, C. A. Prevalence of U.S. Food Insecurity is Related to Changes in Unemployment, Inflation, and the Price of Food (Economic Research Report No. 167). U.S. Department of Agriculture, Economic Research Service, (2014). <https://www.ers.usda.gov/publications/pub-details?pubid=45216>.

A large, stylized graphic of a human figure in shades of blue, positioned in the upper right quadrant of the page. The figure is composed of simple geometric shapes: a circle for the head, a rounded rectangle for the torso, and a pointed shape for the lower body. The background is a light blue gradient with a large white circular area on the right side.

Population

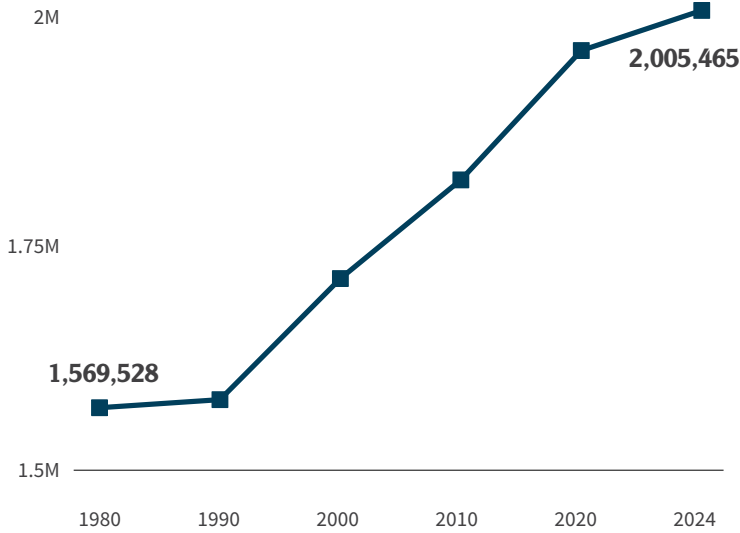
The premise of Kids Count is and has always been that good data can help drive good decisions. Without knowing where children, families, and our communities stand now, we cannot know where the most effective solutions lie. The U.S. Census, taken every 10 years, and the American Community Survey, taken 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 - 2024)¹



2,005,465

people lived in Nebraska in 2024.¹

484,312

children under age 18 lived in Nebraska in 2024.²

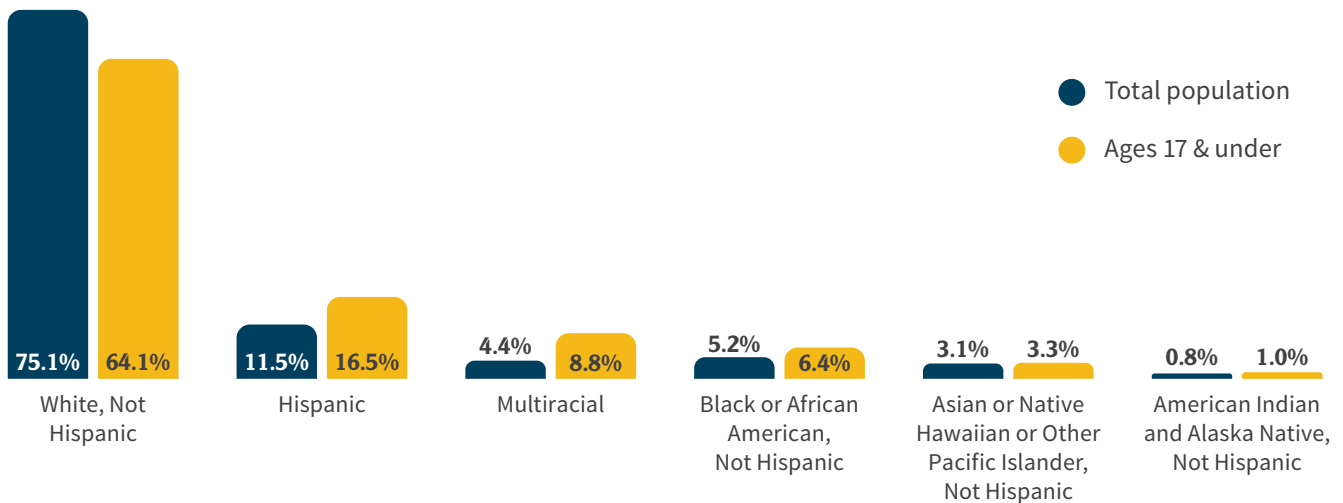
24.9%

of Nebraskans were of color in 2024.³

This is expected to increase to

38% by 2050.⁴

NEBRASKA POPULATION BY RACE/ETHNICITY (2024)³



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, 2024.

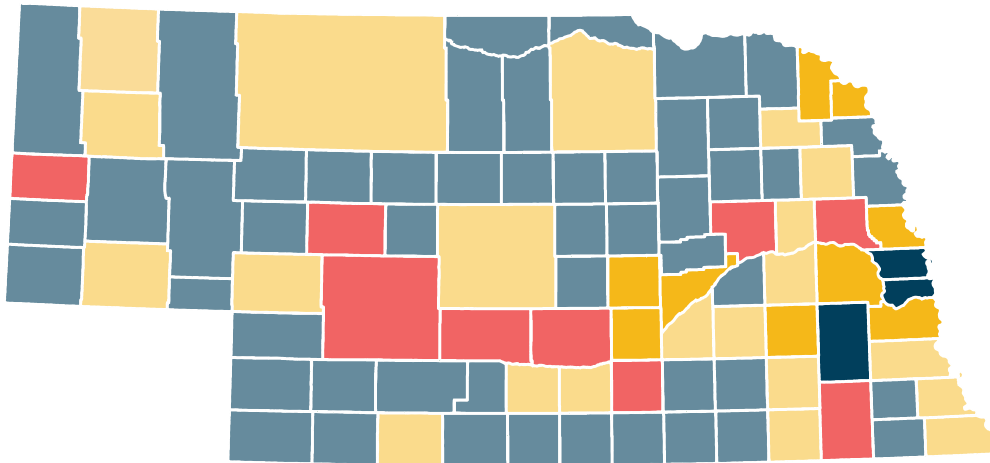
3. U.S. Census Bureau, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for Nebraska: April 1, 2020 to July 1, 2024.

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



POPULATION

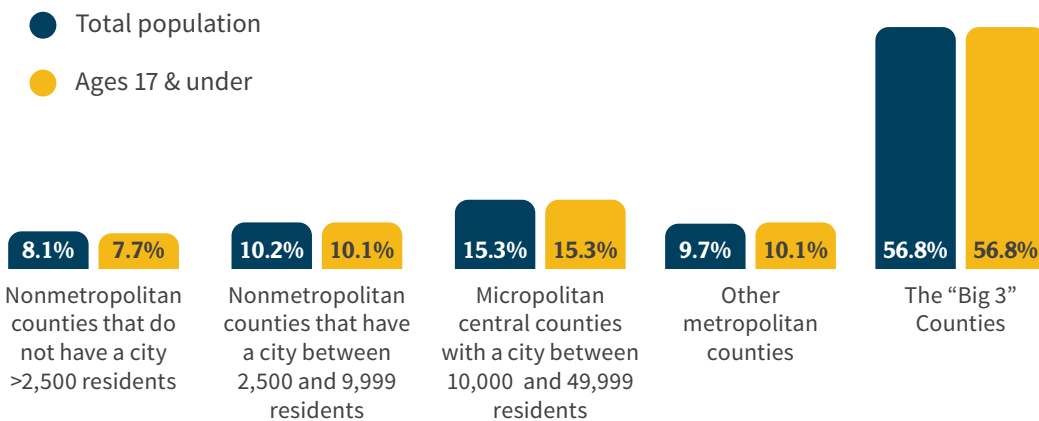
NEBRASKA RURALITY CLASSIFICATION (2024)¹



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 (2024)¹



56.8%
of Nebraska children lived in the "Big 3" counties in 2024.¹

17.4%
of Nebraskans were 65 or older in 2024.²
This is expected to increase to **21.0% by 2050.**³

NEBRASKA POPULATION BY AGE (2024)²



1. U.S. Census Bureau, Population Division, Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2020 to July 1, 2024.
 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, 2024
 3. Center for Public Affairs Research, UNO, Nebraska County Population Projections: 2010 to 2050.

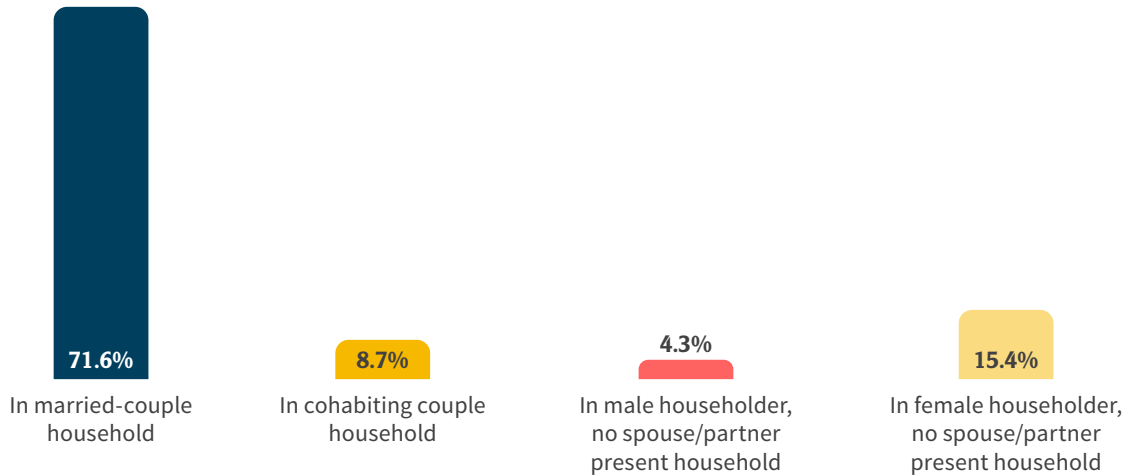


NEBRASKA CHILDREN BY AGE (2024)



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, 2024

NEBRASKA HOUSEHOLDS WITH CHILDREN BY HOUSEHOLD TYPE (2024)



Sources: U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B09005.

928

children lived in group quarters in 2024.¹

3,603

children lived with their grandparent(s) without a parent present in 2024.²

3,334

children lived in non-family households in 2024.³

28.4%

of Nebraska children lived with an unmarried or single parent in 2024.⁴

1. U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B09001.
 2. U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B10001.
 3. U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B09010.
 4. U.S. Census Bureau, 2024 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 24 who are in school or working



ECONOMIC STABILITY

- Children living above the Federal Poverty Level
- Median family income
- Children living in households with no housing cost burden



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

- Successfully completed diversion
- 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.

OVERALL INDEX SCORES OUT OF A POSSIBLE 100 (2024)

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.

American Indian | 24

Asian/Pacific Islander | 86

Black/African American | 20

Hispanic | 49

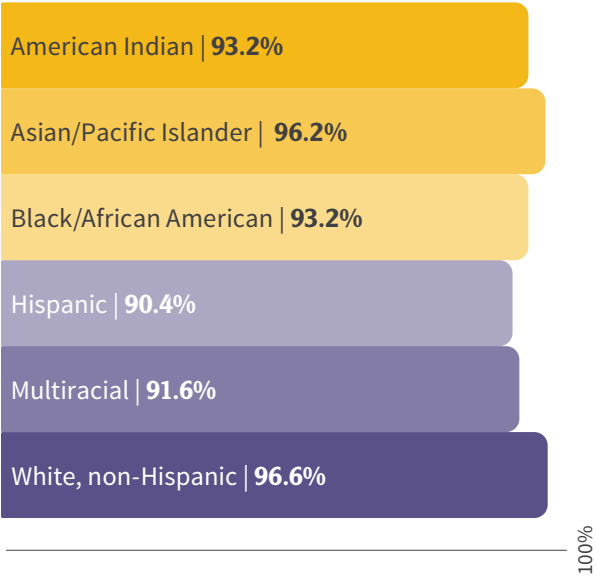
Multiracial | 61

White, non-Hispanic | 92

Source: In-house analysis.

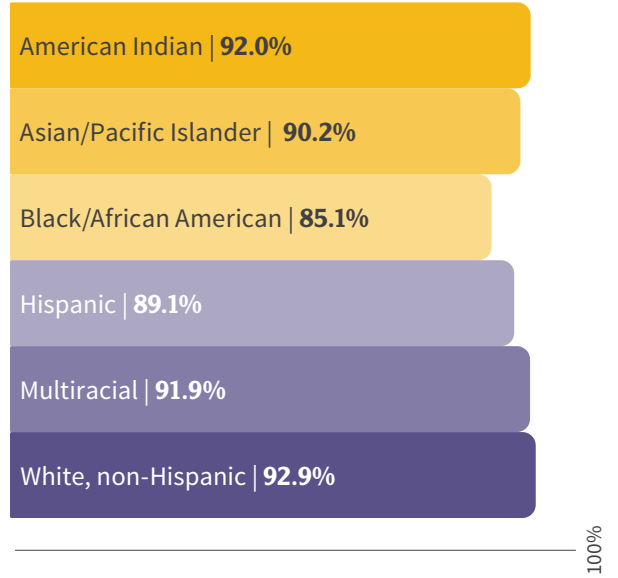


CHILDREN WITH HEALTH INSURANCE COVERAGE (2024)



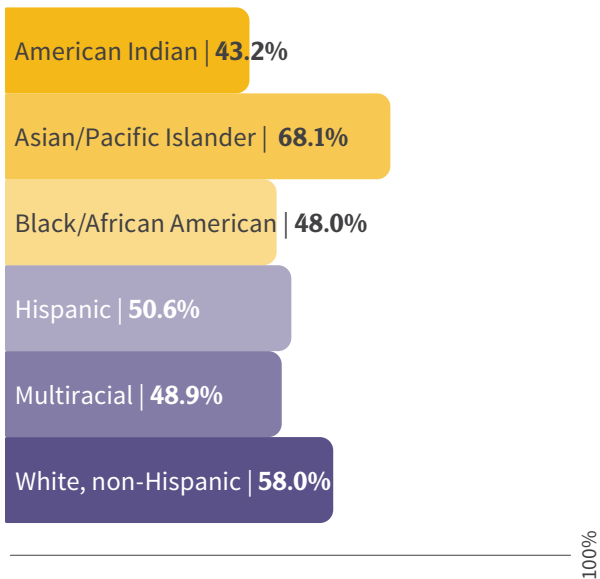
Source: U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table C27001B-1.

BABIES BORN AT NORMAL BIRTH RATE (5.5 POUNDS OR MORE) (2024)



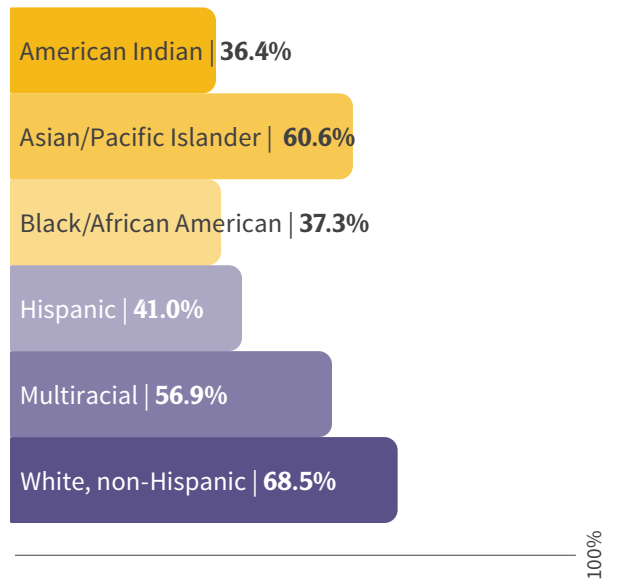
Source: National Center for Health Statistics, final natality data.

3 TO 5-YEAR OLDS ENROLLED IN SCHOOL (2023)



Source: U.S. Census Bureau, 2023 American Community Survey 5-year Estimates, Public Use Microdata Samples.

3RD GRADERS PROFICIENT IN ENGLISH LANGUAGE ARTS (2023-24)

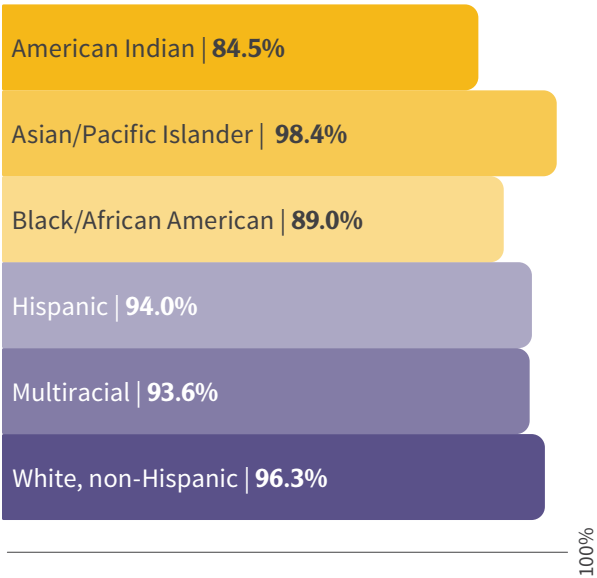


Source: Nebraska Department of Education.



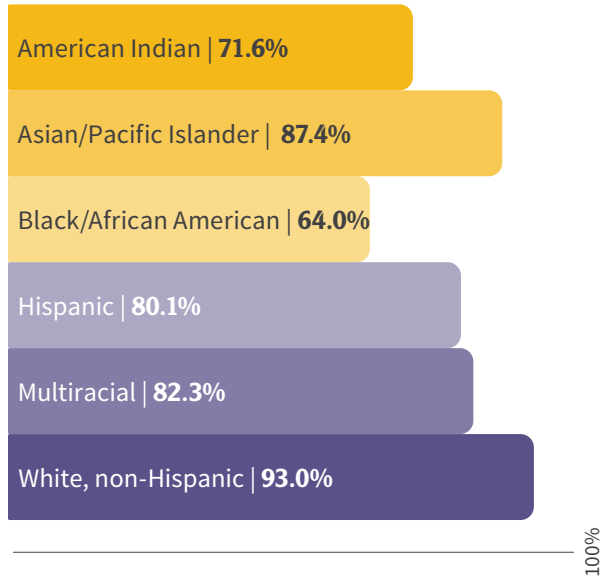
RACE & OPPORTUNITY INDEX

16-24 YEAR OLDS IN SCHOOL OR EMPLOYED (2023)



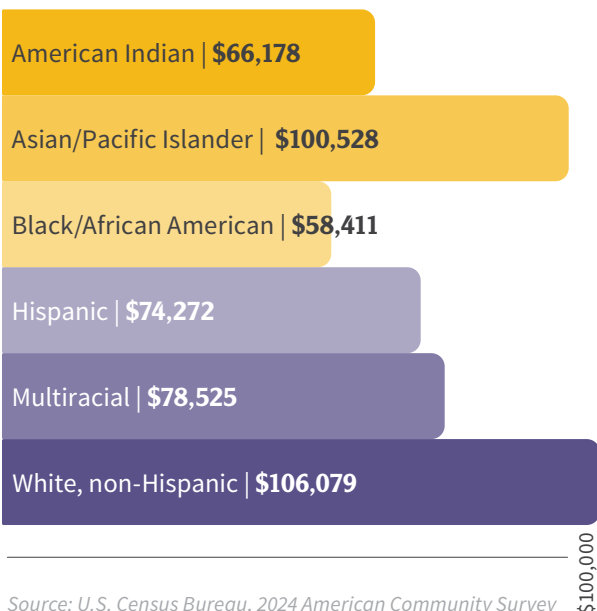
Source: U.S. Census Bureau, 2023 American Community Survey 5-year Estimates, Public Use Microdata Samples.

CHILDREN LIVING ABOVE THE FEDERAL POVERTY LINE (2024)



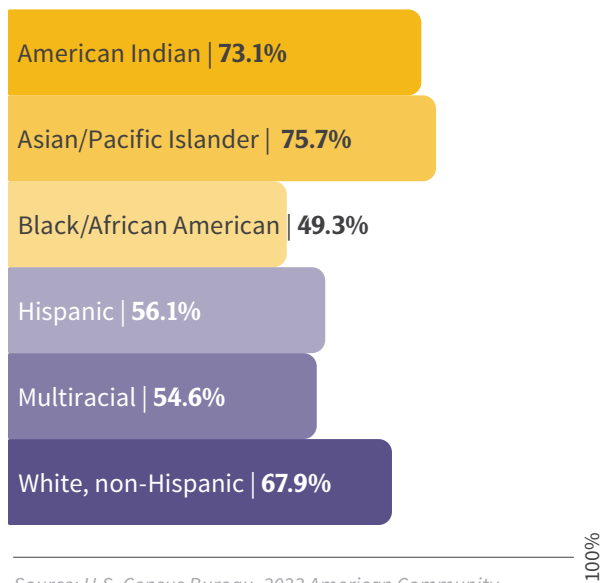
Source: U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B17001B-1.

MEDIAN FAMILY INCOME (2024)



Source: U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B19113B-1.

CHILDREN LIVING IN HOUSEHOLDS WITHOUT HOUSING COST BURDENS* (2023)



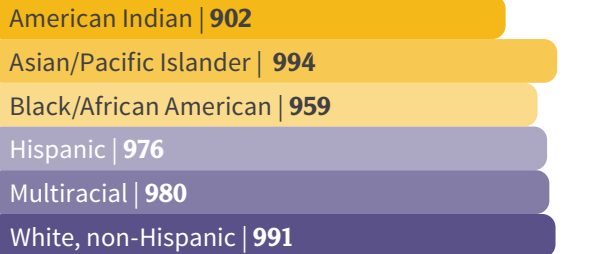
Source: U.S. Census Bureau, 2023 American Community Survey 5-year Estimates, Public Use Microdata Samples.

*Cost-burdened households spend more than 30% of income on housing

RACE & OPPORTUNITY INDEX



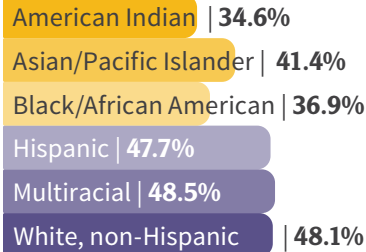
CHILDREN NOT INVOLVED IN THE CHILD WELFARE SYSTEM [RATE/1000] (2024)



Source: Nebraska Department of Health and Human Services.

1,000

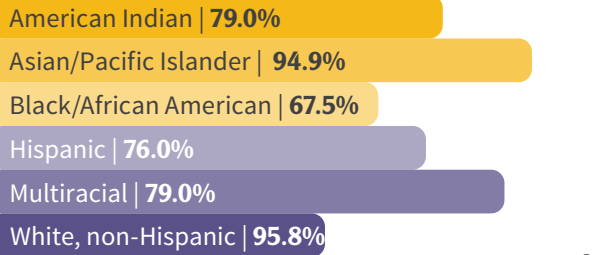
STATE WARDS RECEIVING IN-HOME SERVICES (2024)



Source: Nebraska Department of Health and Human Services.

100%

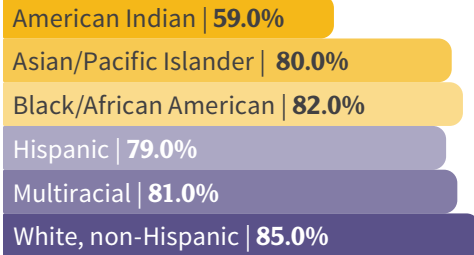
CHILDREN WITH THREE OR FEWER OUT-OF-HOME PLACEMENTS (2024)



Source: Nebraska Department of Health and Human Services.

100%

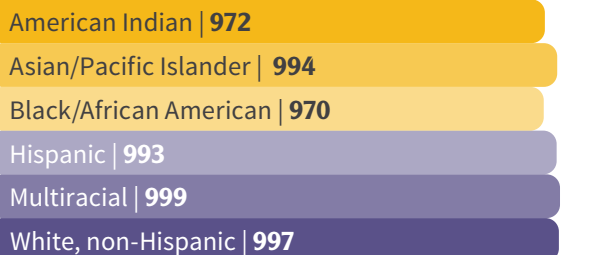
YOUTH SUCCESSFULLY COMPLETING DIVERSION (2024)



Source: Nebraska Administrative Office of Courts & Probation.

100%

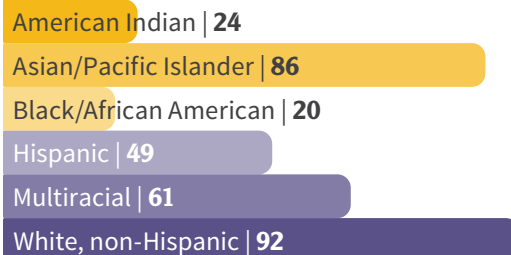
YOUTH NOT IN JUVENILE DETENTION FACILITIES [RATE/1000] (2024)



Source: Nebraska Juvenile Probation System

1,000

OVERALL INDEX SCORES OUT OF A POSSIBLE 100 (2024)



Source: In-house analysis.

100

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 their lifespan.



Section Contents

- 30** Births
- 31** Pre/post-natal health
- 32** Teen births & sexual behavior
- 33** Infant & child deaths
- 30** Health insurance
- 34** Health services
- 36** Behavioral health
- 37** Health risks
- 39** Adverse childhood experiences



BIRTHS

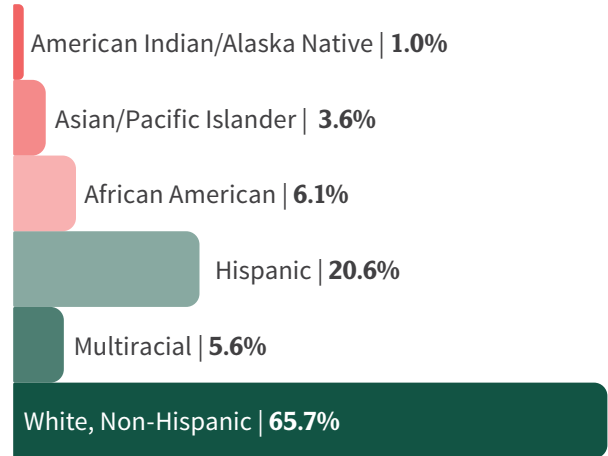
24,928

babies were born in 2024.¹

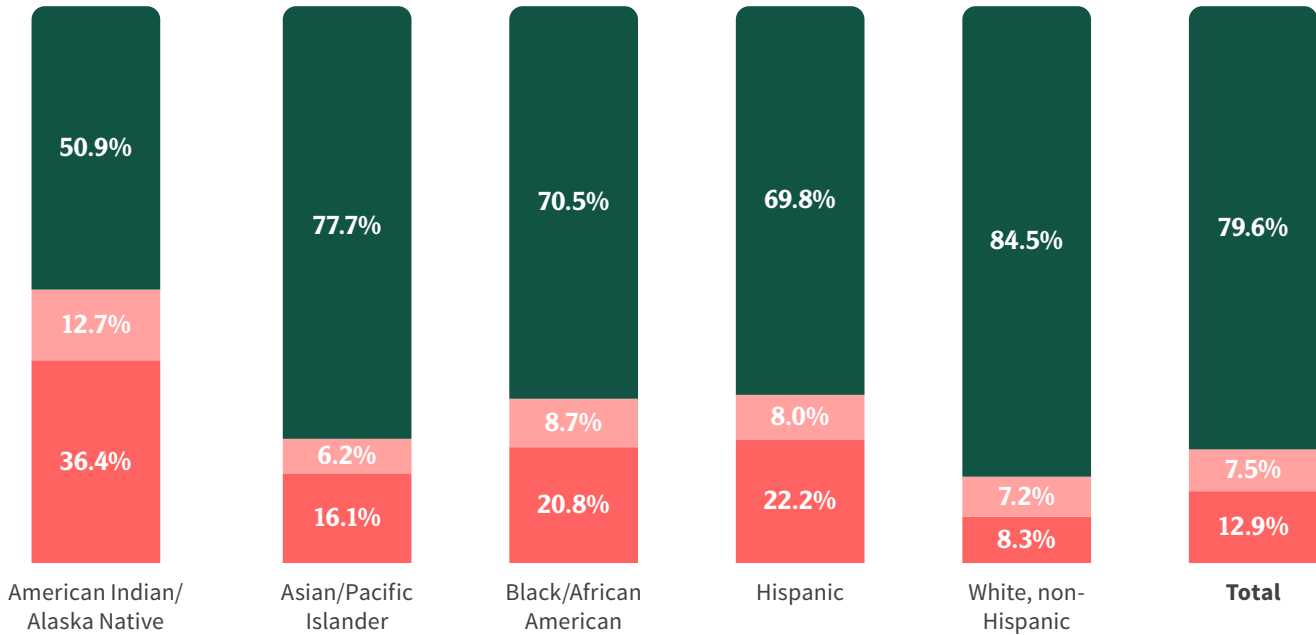
TRIMESTER PRENATAL CARE BEGAN (2024)²

First trimester	78.4%
Second trimester	15.7%
Third trimester	3.6%
None	1.3%
Unknown	1.0%

BIRTHS BY RACE/ETHNICITY (2024)²



ADEQUACY OF PRENATAL CARE BY RACE/ETHNICITY (2024)³



- **Inadequate** - received < 50% of expected visits
- **Intermediate** - received 50-79% of expected visits
- **Adequate/Adequate Plus** - received 80%+ of expected visits

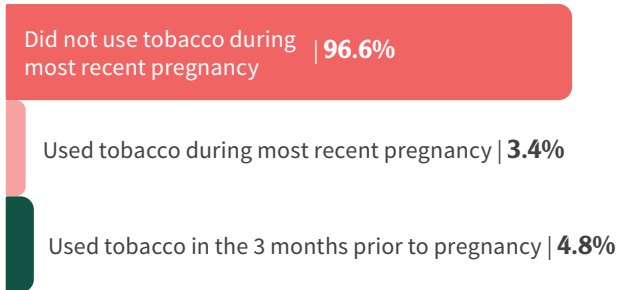
1. Nebraska Department of Health and Human Services.

2. 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 2024.

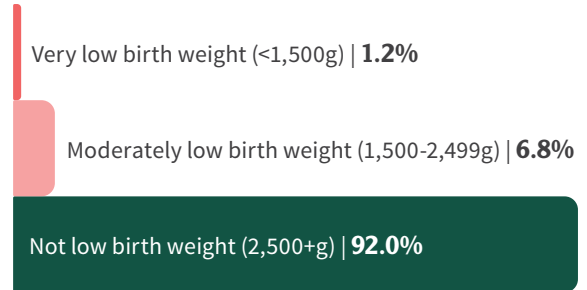
3. March of Dimes PERISTATS.



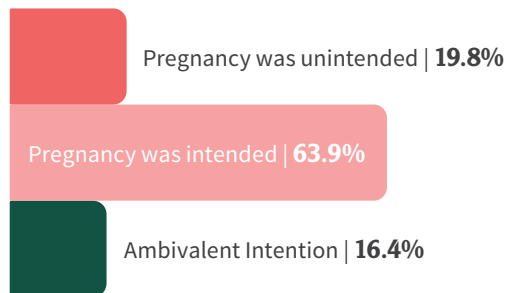
TOBACCO USE (2024)¹



LOW BIRTH WEIGHT (2024)¹



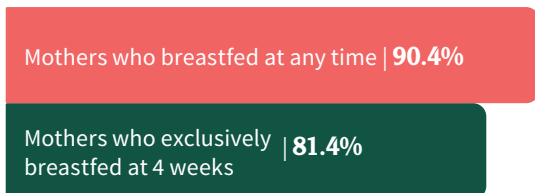
PREGNANCY INTENDEDNESS (2023)²



VITAMIN USE PRIOR TO PREGNANCY (2022)²



BREASTFEEDING (2023)²



11.3%

of new mothers experienced **postpartum depression symptoms** related to their most recent pregnancy in 2023.³

12.8%

of women had **depression during pregnancy** in 2023.²

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.
3. March of Dimes PERISTATS.



TEEN BIRTHS & SEXUAL BEHAVIOR

TEEN BIRTHS (2024)

954

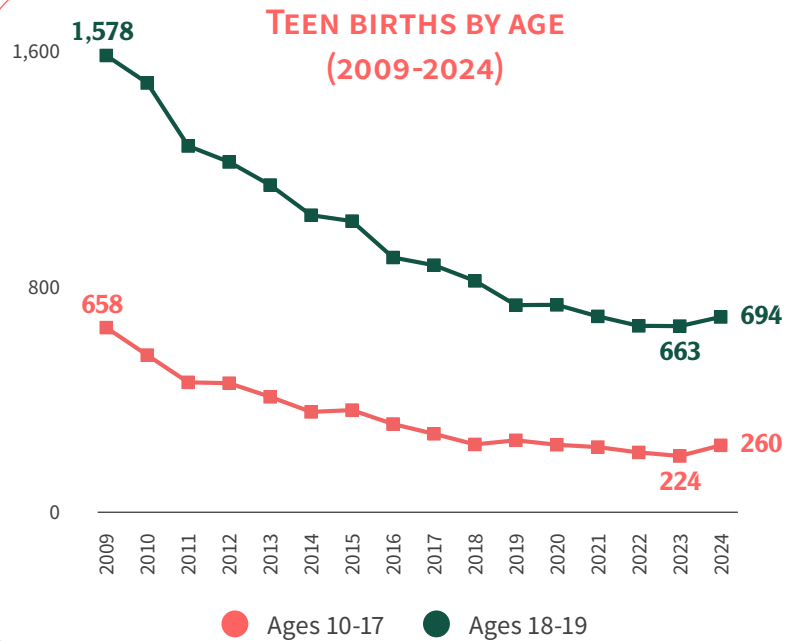
babies were born to teen mothers

260

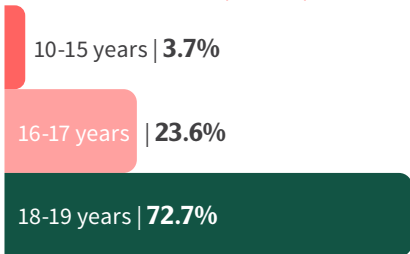
mothers were 10-17 years old

694

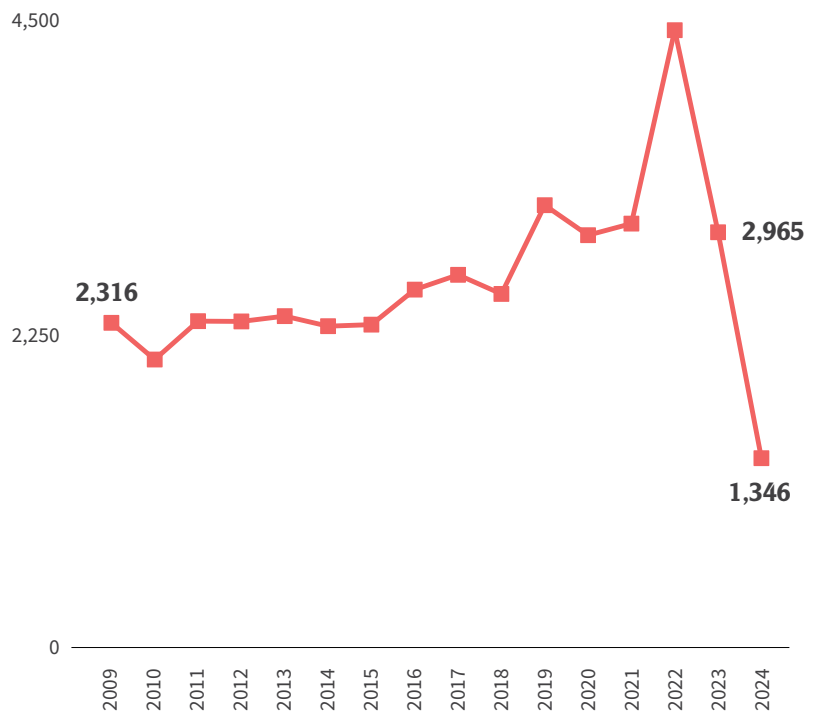
mothers were 18 or 19 years old



TEEN BIRTHS BY AGE (2024)



NUMBER OF SEXUALLY TRANSMITTED INFECTIONS (STIs) AMONG THOSE 19 AND UNDER (2009-2024)



HIV/AIDS (2024)

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

8 children ages 12-19 had HIV/AIDS.

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

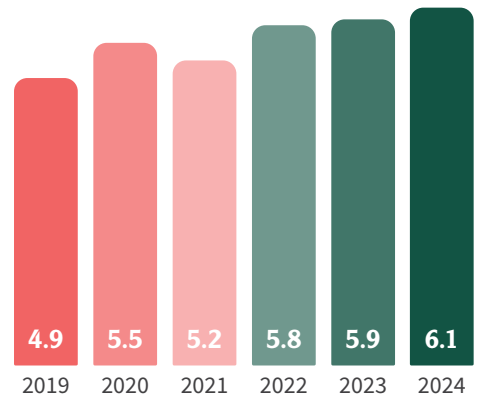
INFANT & CHILD DEATHS



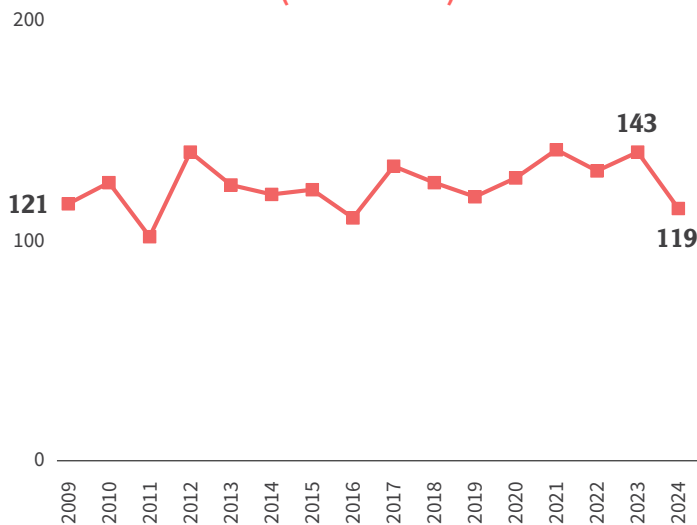
CAUSE OF INFANT DEATHS (2024)

	#	%
Maternal and perinatal	66	43.4%
Birth defects	40	26.3%
SIDS/SUDI	20	13.2%
Heart/cardiovascular and respiratory	9	5.9%
Accident or violent cause	3	2.0%
Prematurity	0	0%
Infection	5	3.3%
Other	9	5.9%
Total	152	

INFANT MORTALITY PER 1,000 BIRTHS



CHILD DEATHS, AGES 1-19 (2009-2024)



CAUSES OF CHILD DEATHS (2024)

	#	%
Accidents	47	39.5%
Suicide	17	14.3%
Cancer	8	6.7%
Birth defects	8	6.7%
Homicide	5	4.2%
COVID-19	0	0%
Other	34	28.6%
Total	119	

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.



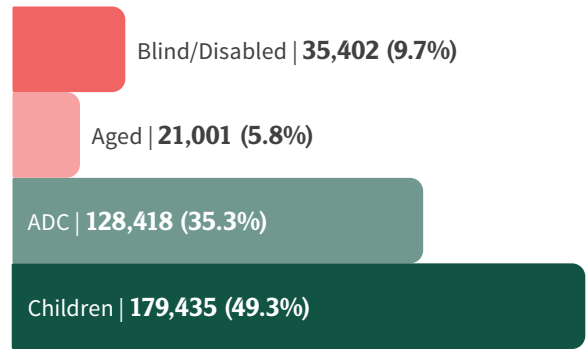
HEALTH INSURANCE

HEALTH COVERAGE FOR KIDS 18 & UNDER BY TYPE (2024)

	#	%
Any	486,753	95.2%
Public	137,582	26.9%
Employer-based	277,884	54.3%
Direct-purchase	32,376	6.3%
More than one type	38,911	7.6%
None	24,749	4.8%

Source: U.S. Census Bureau, 2024 American Community Survey 5-year estimates, Table B27010.

MEDICAID/CHIP ELIGIBILITY BY CATEGORY SFY 2024 (MONTHLY AVERAGE)¹

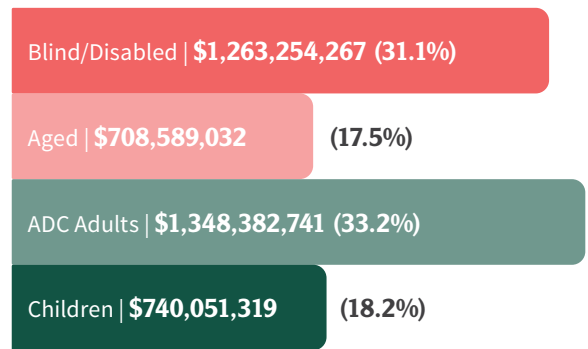


179,435 children were enrolled in Medicaid/CHIP (SFY 2024, Monthly Average).¹

49.3% of people eligible for Medicaid/CHIP were children (SFY 2024, Monthly Average).¹

18.2% of Medicaid costs were made up by children (SFY 2024, Monthly Average).¹

MEDICAID/CHIP EXPENSES BY CATEGORY SFY 2024 (MONTHLY AVERAGE)¹

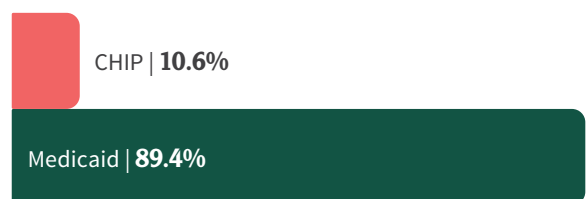


UNINSURED CHILDREN BY RACE/ETHNICITY (2024)

	#	%
American Indian	489	6.8%
Asian/Pacific Islander	492	3.8%
African American	1,991	6.8%
Hispanic	9,656	9.6%
Multiracial/Other	9,265	8.4%
White, Non-Hispanic	11,134	3.4%

Source: U.S. Census Bureau, 2024 American Community Survey 5-year estimates, Table C27001B-1.

MEDICAID/CHIP ENROLLMENT (JULY 2024)



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



NUMBER OF MEDICAL PROVIDER SHORTAGES (SFY 2024)

of shortages

Primary	121
Mental	84
Dental	107

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

IMMUNIZATIONS (2023)

77.7%

of children received their primary immunization series by age 3.

88.4%

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

67.9%

of teen **girls** completed their HPV vaccine series.

66.9%

of teens **boys** completed their HPV vaccine series.

Sources: National Immunization Survey-Child, 2023
National Center for Immunization and Respiratory Diseases.

81.7%

of children had a **preventative dental visit** in the past year in 2024.

38.0%

of children had **one or more current health conditions** in 2024.

93.2%

of children were in **very good to excellent health** in 2024.

78.8%

of children had a **preventative medical visit** in the past year in 2024.

Sources: 2023-24 National Survey of Children's Health.

CHILDREN WITH A MEDICAL HOME (2024)

Do not have a medical home | **47.8%**

Have a medical home | **52.2%**

Sources: 2023-24 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:

96,503

children with a mental, emotional, developmental or behavioral problem in 2024.¹

NUMBER OF CHILDREN FACING DISORDERS (2024)¹

Anxiety	38,500
ADD/ADHD	41,866
Depression	17,810
Autism Spectrum Disorder	15,279

47.6%

of children needing mental health counseling actually received it in 2022.²

CHILDREN RECEIVING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES THROUGH DHHS (2024)³

Mental Health	2,552
Substance Use	27

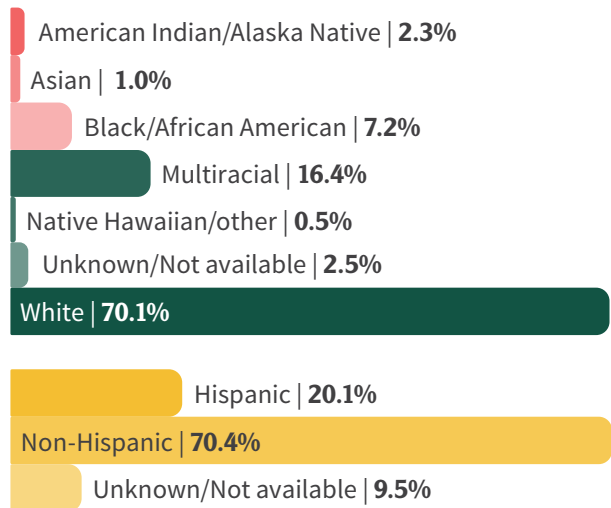
SUICIDES IN THE LAST 12 MONTHS (2023)⁴

Seriously considered suicide	14.0%
Made a suicide plan	9.6%
Attempted suicide	3.1%

66 YOUTH

received services from **Lincoln Regional Center** at the Whitehall Campus in 2024.³

CHILDREN RECEIVING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES BY RACE/ETHNICITY (2024)³



84.0%

of children 6 months to 5 years who met all four measures of flourishing in 2024.¹

27.2%

of teens who felt sad or hopeless everyday for 2+ weeks so that activity was stopped in 2023.⁴

37,327

children received behavioral services through Medicaid/CHIP in 2024.³

1. 2023-24 National Survey of Children’s Health.

2. 2022 National Survey of Children’s Health.

3. Department of Health and Human Services.

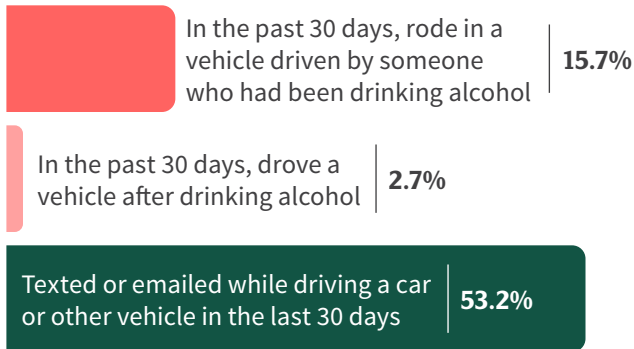
4. Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2023.



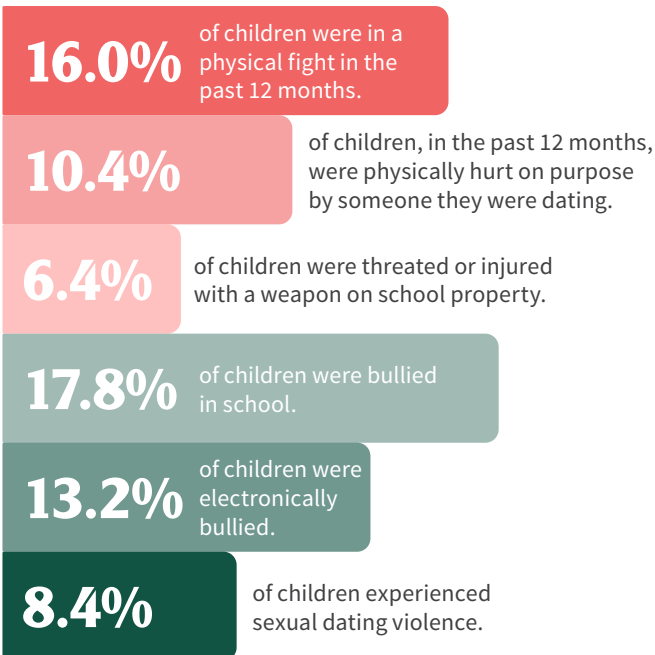
47.3%

of high schoolers rarely or never wore a seat belt in 2023.¹

MOTOR VEHICLE CRASHES AND SEAT BELT USE (2023)¹



INJURIES AND VIOLENCE (2023)¹



BLOOD LEAD LEVEL TESTING (SFY 2024)

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.

723

children had elevated blood lead levels.

36,725

children had a confirmed blood lead level test.

2.0%

of tested children had elevated blood lead levels.

Source: Childhood Lead Poisoning Prevention Program, Nebraska Department of Health and Human Services.



HEALTH RISKS

TEEN ALCOHOL AND OTHER DRUG USE (2023)

In the past 30 days had at least one drink of alcohol **10.8%**

In the past 30 days had 5 or more drinks in a row within a couple of hours **4.1%**

Ever used marijuana **14.4%**

Ever used any form of cocaine **0.7%**

Ever used any form of heroin **0.6%**

Ever used inhalants to get high **3.4%**

Ever used meth **1.0%**

Ever used ecstasy or MDMA **1.0%**

Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it **9.8%**

Source: Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2023.

TEEN TOBACCO USE (2023)

Currently smokes cigarettes **1.9%**

Currently uses smokeless tobacco **1.9%**

Currently uses an electronic vapor product **6.9%**

Source: Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2023.

ADVERSE CHILDHOOD EXPERIENCES



ADVERSE CHILDHOOD EXPERIENCES

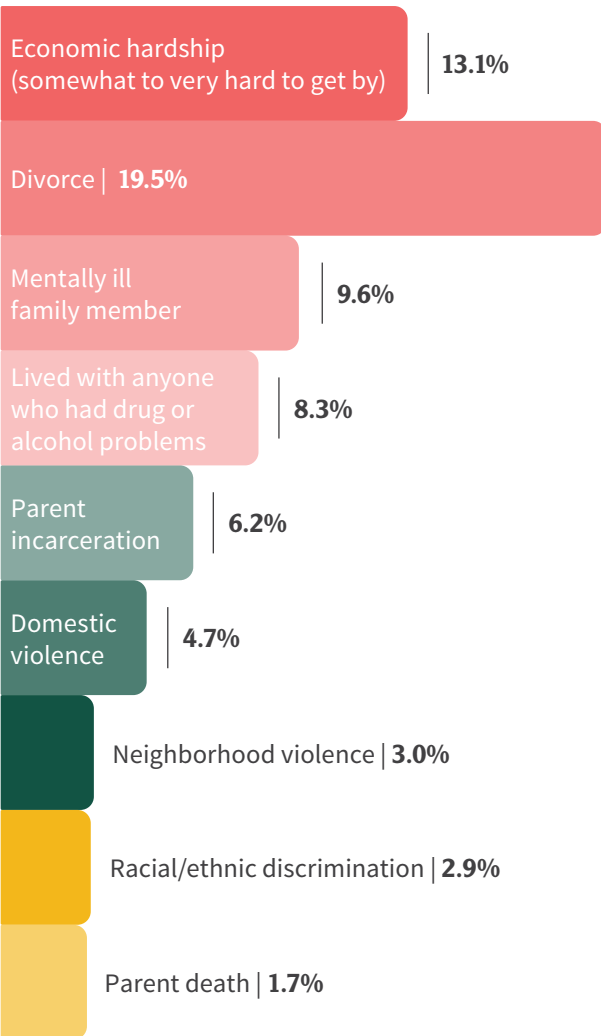
Adverse childhood experiences (ACEs) are **potentially traumatic events that can have negative, lasting effects on health and well-being**. Experiencing multiple ACEs results in compounding effects, and there is growing evidence that it is the general experience of multiple ACEs, rather than the specific 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 (2024)

0 ACEs	65.0%
1 ACEs	19.6%
2+ ACEs	15.5%

Source: 2023-24 National Survey of Children's Health.

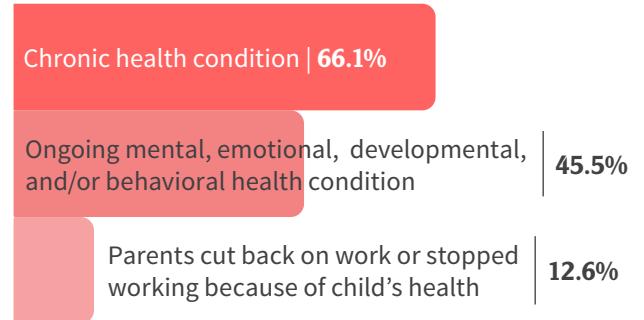
TYPES OF ACEs (2024)



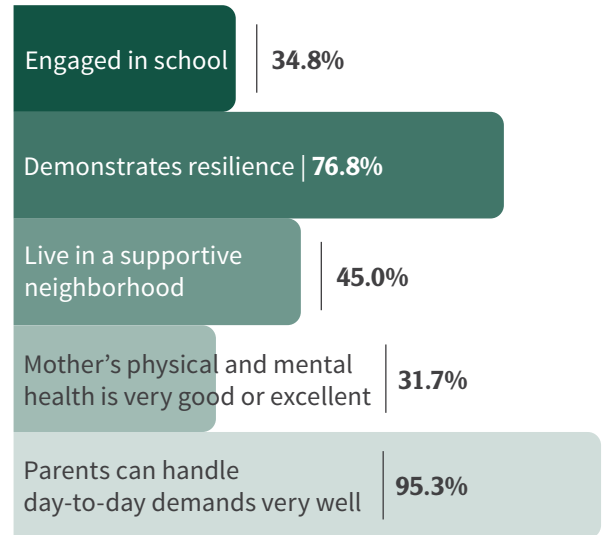
Source: 2023-24 National Survey of Children's Health.

AMONG CHILDREN WITH 2 OR MORE ACE, THE FOLLOWING WERE DISPLAYED (2024)

CHALLENGING FACTORS WERE DISPLAYED



SUPPORTIVE FACTORS WERE DISPLAYED



Source: 2023-24 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.



Section Contents

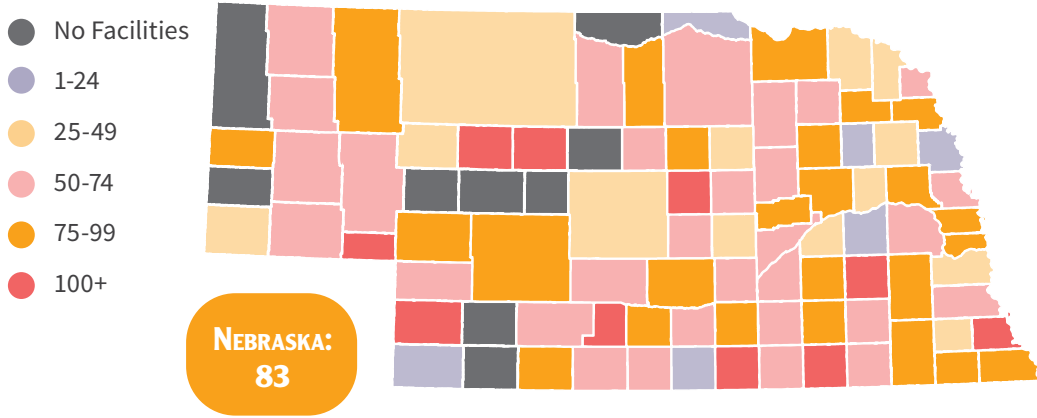
- 42** Child care
- 43** Step Up to Quality
- 44** Early childhood education
- 45** K-12 student characteristics
- 46** Free-reduced meals
- 47** English language arts proficiency
- 48** Math proficiency
- 49** Science proficiency
- 50** Absences & career readiness
- 51** Graduation & educational savings



CHILD CARE

CAPACITY OF LICENSED CHILD CARE FACILITY PER 100 CHILDREN UNDER 6 WITH ALL AVAILABLE PARENTS WORKING BY COUNTY (2024) ¹

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



2,459
total licensed child care facilities in 2024. ¹

108,771
children under 6 needed child care in 2024. ²

10.1%
(14,455)

of Nebraska parents of children 0-5 quit, did not take, or greatly changed their job because of child care problems in 2024.

Source: 2023-24 National Survey of Child's Health.

CHILD CARE SUBSIDY (2024) ¹

21,256
children received child care subsidy.

539
children were in the care of license-exempt providers.

AVERAGE NUMBER OF CHILDREN WHO RECEIVED A SUBSIDY EACH MONTH (2024) ¹

Living below 100% FPL	15,429
Between 100% and 129% FPL	11,441
Between 130% and 185% FPL	1,389

Below school-age	12,325
School-age	7,148
All	18,391

ANNUAL CHILD CARE COSTS (2024)

CENTER-BASED CARE	Infant	\$13,042
	4-year-old	\$11,099

HOME-BASED CARE	Infant	\$8,791
	4-year-old	\$8,391

Source: Buffett Early Childhood Institute analysis of Nebraska Child Care Market Rate Survey Report 2024.

FUNDS SPENT ON THE CHILD CARE SUBSIDY PROGRAM (2024) ¹

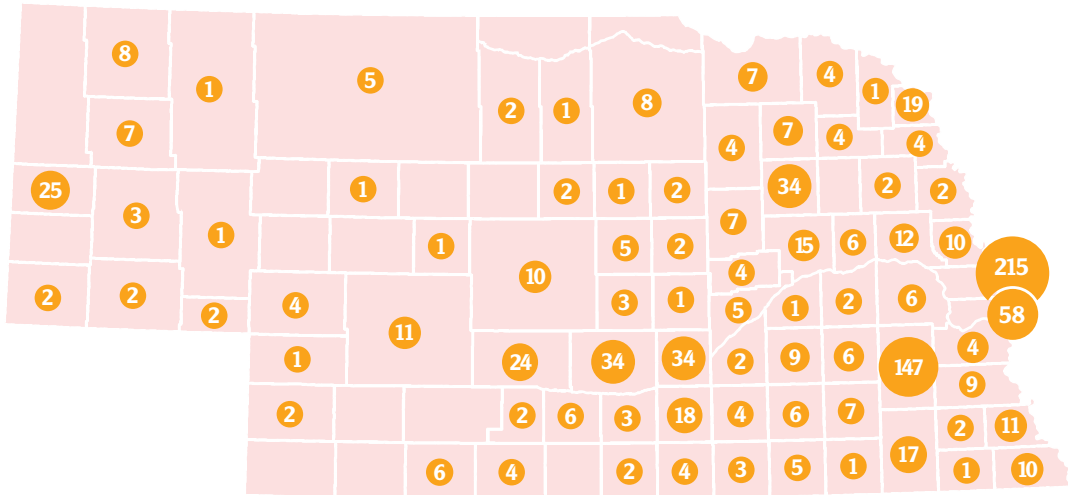
State	\$53,420,314
Federal	\$118,387,155

1. Department of Health and Human Services.

2. U.S. Census 2024 American Community Survey 5-Year Estimate, Table B23008.



NEBRASKA STEP UP TO QUALITY PROGRAMS BY COUNTY (2024)



Source: Nebraska Office of Early Childhood Education.

Nebraska Step Up to Quality is an Early Childhood Quality Rating and Improvement System (QRIS) passed by the Nebraska Legislature in 2013. The primary goal of Nebraska Step Up to Quality is to improve early care and education quality and increase positive outcomes for young children. This is done through informing parents about quality early care and education programs in understandable and measurable ways. In addition, it improves teacher and director effectiveness through training and professional development, formal education, and coaching. It also emphasizes strengthening the understanding and use of standards, assessment processes, and using data to improve quality.

932

Step Up to Quality Programs as of 2024.

378

Providers - **Step 1**

331

Providers - **Step 2**

223

Providers - **Steps 3-5**

Source: Nebraska Office of Early Childhood Education.

Step 1: The program has completed the application to participate in Step Up to Quality, staff members have submitted a professional record, and the program director has completed orientation.

Step 2: The program director completed several trainings related to safety, child health and early learning and management as well as several self assessments related to child development knowledge.

Steps 3-5: Once programs achieve Step 2, they are eligible for coaching services. Early childhood coaches help guide programs as they set goals to make program improvements. During the rating process, programs earn points in the following standard areas: curriculum, learning environments & interactions, child outcomes, professional development and training, family engagement & partnerships, and program administration. Steps 3-5 ratings are determined by the number of points achieved.



EARLY CHILDHOOD EDUCATION

19,316

children were enrolled in public school-based preschool in 2023-24. ¹

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

2,341

infants and toddlers had an Individualized Family Service Plan through EDN in 2023-24.

Source: U.S. Department of Education, Nebraska Performance Plan/Annual Performance Report, FFY 2023.

CHILDREN (BIRTH-AGE 3) (2022-23) ¹

of children

With developmental delay	2,320
With speech language impairment	79
With hearing impairment	53
With autism	77
With some other disability	98

17

Head Start Programs in 2024

19

Early Head Start Programs in 2024

5,452

children served in Early Head Start/Head Start Programs

9.1%

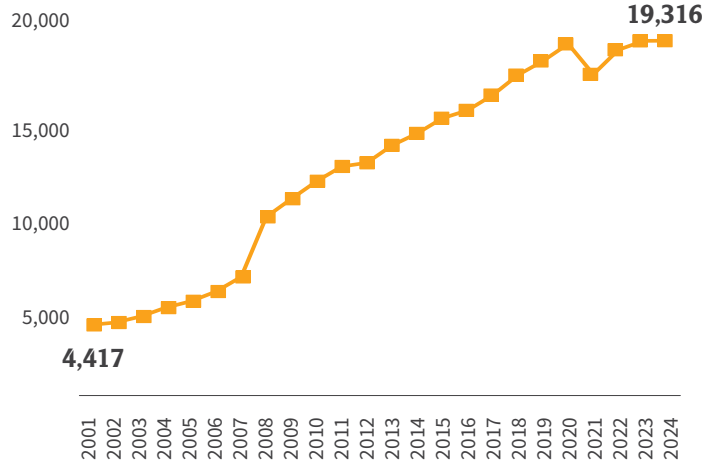
of families with children served in Early Head Start/Head Start programs experienced homelessness

144

pregnant women served in Early Head Start program

Source: 2024 Office of Head Start Program Information Reports.

PUBLIC PRESCHOOL ENROLLMENT (2001-24) ¹



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

51

Sixpence Programs as of 2023-24

1,082

families served by Sixpence Programs

107

pregnant moms served by Sixpence Programs

1,254

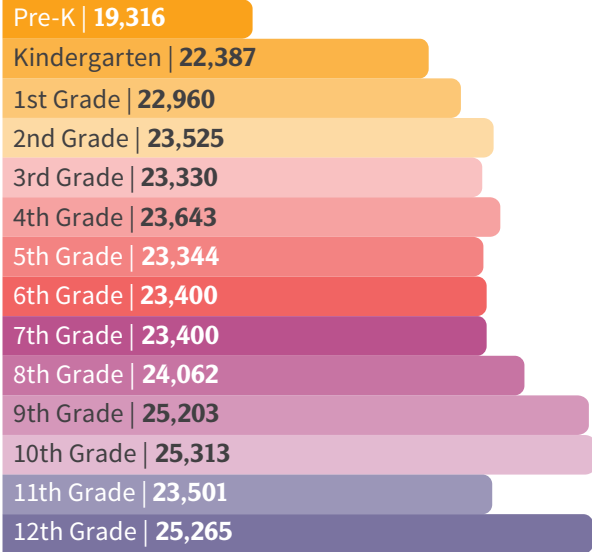
children served by Sixpence Programs

Source: Sixpence Early Learning Fund 2023-24 Annual Report.

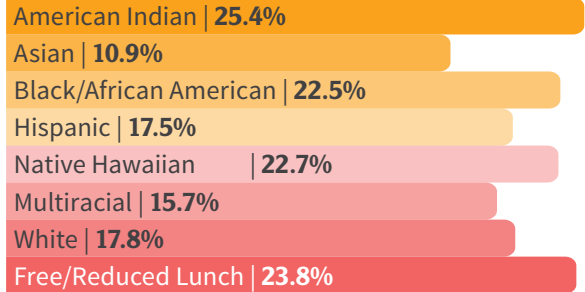
K-12 STUDENT CHARACTERISTICS



SCHOOL MEMBERSHIP BY GRADE (2023-24)



SPECIAL EDUCATION CLASSIFICATION (2023-24)



328,649

children were enrolled in public school in 2023-24.

4.1%

of Nebraska school students were **highly mobile**, meaning they enrolled in two or more public schools during the 2023-24 school year. Higher school mobility is correlated with lower achievement.

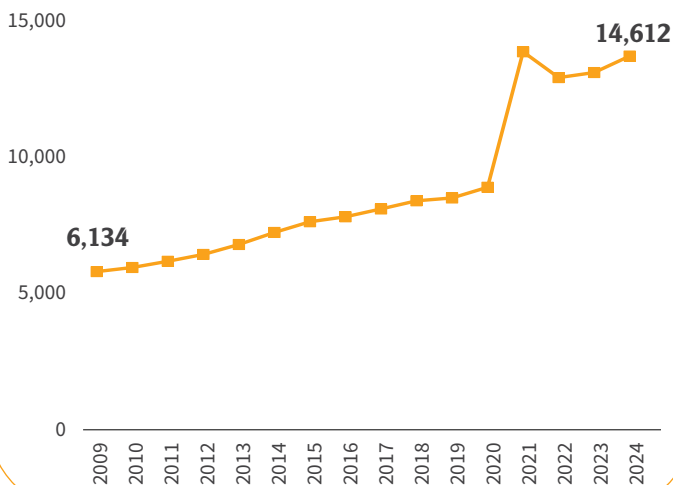
16.8%

of students were classified as **Special Education**. (2023-24)

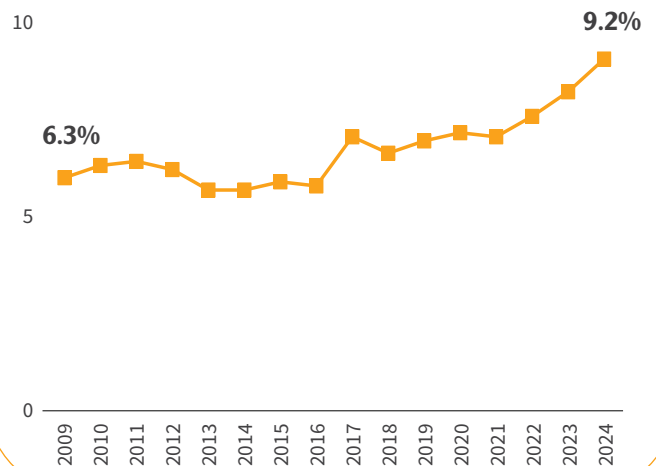
12.8%

of students were classified as **High Ability Learners**. (2023-24)

NUMBER OF HOME SCHOOL STUDENTS (EXEMPT SCHOOL PARTICIPANTS)



PERCENT OF STUDENTS WHO WERE ENGLISH LANGUAGE LEARNERS





FREE-REDUCED MEALS

MEAL PROGRAM PARTICIPATION (2023-24)

BREAKFAST	District	278
	School/Sites	813
<hr/>		
LUNCH	Districts	372
	School/Sites	945

COMMUNITY ELIGIBILITY (2023-24)

SITES	Served	242
<hr/>		
CHILDREN	Served	70,802

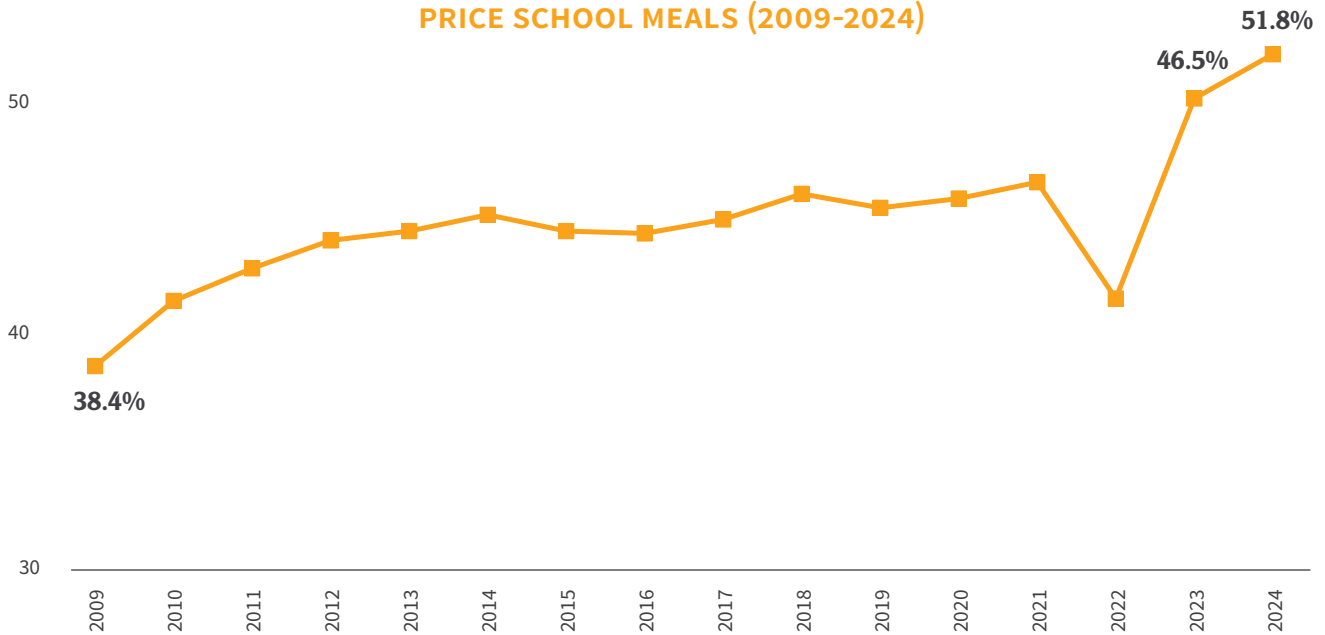
89

summer food participation sites (2023-24)

10,223

average daily meals served (2023-24)

PERCENT OF CHILDREN ELIGIBLE FOR FREE AND REDUCED PRICE SCHOOL MEALS (2009-2024)



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.

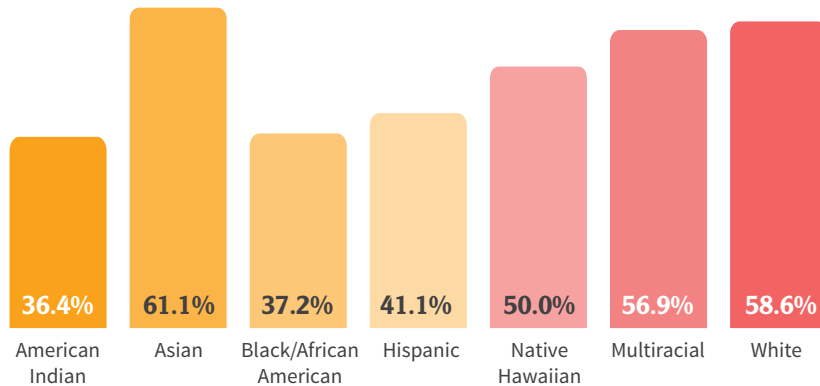
3RD GRADE (2023-24) ¹

58.9%

of children overall proficient in English Language Arts

44.9%

of low-income children overall proficient in English Language Arts



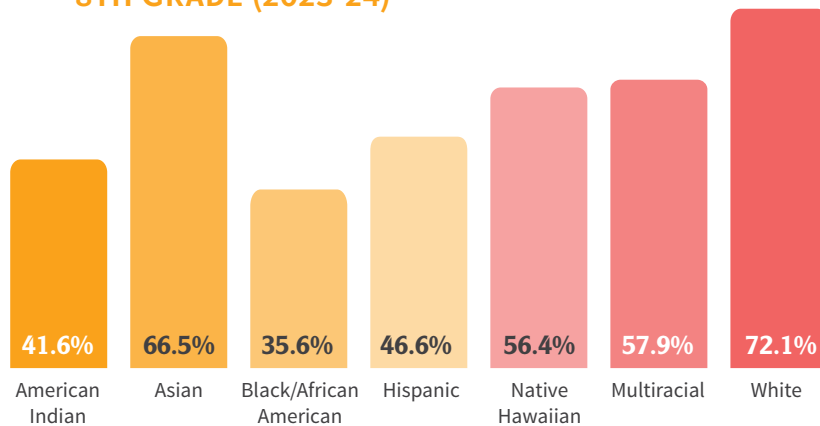
8TH GRADE (2023-24) ¹

62.8%

of children overall proficient in English Language Arts

48.6%

of low-income children overall proficient in English Language Arts



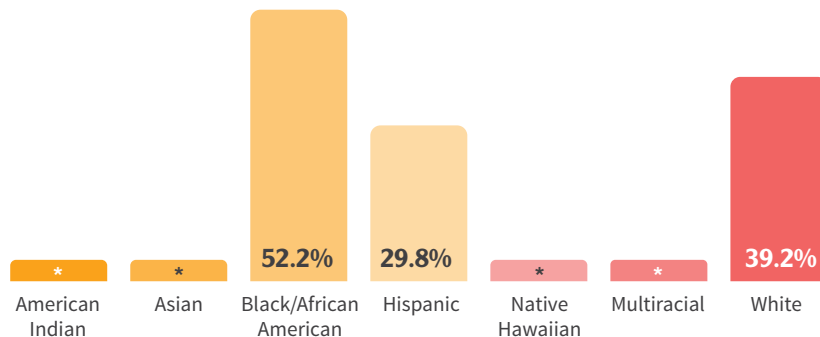
11TH GRADE (2023-24) ¹

38.4%

of children overall proficient in English Language Arts

43.4%

of low-income children overall proficient in English Language Arts



*Data Suppressed
1. Nebraska Department of Education.



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.

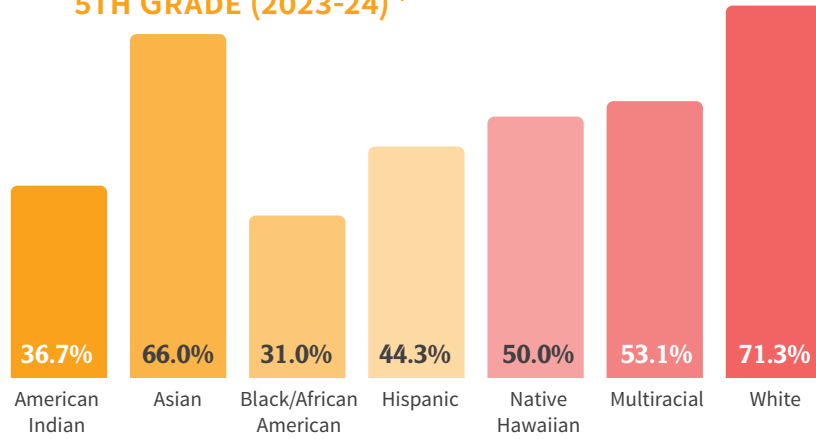
5TH GRADE (2023-24) ¹

61.1%

of children overall proficient in math

45.7%

of low-income children overall proficient in math



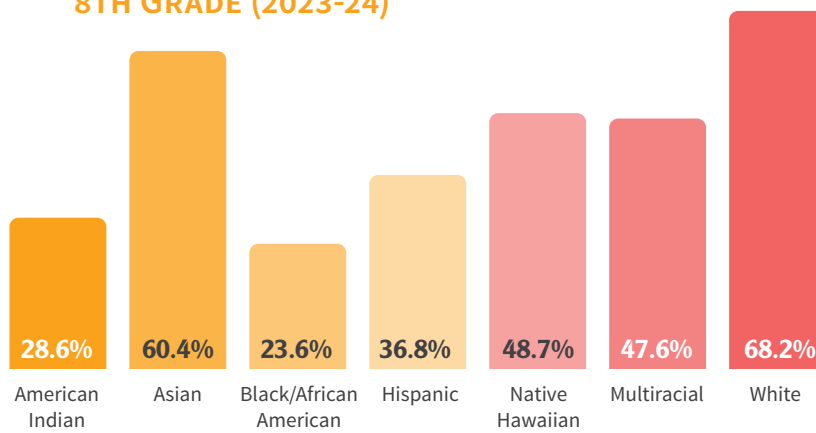
8TH GRADE (2023-24) ¹

56.6%

of children overall proficient in math

39.3%

of low-income children overall proficient in math



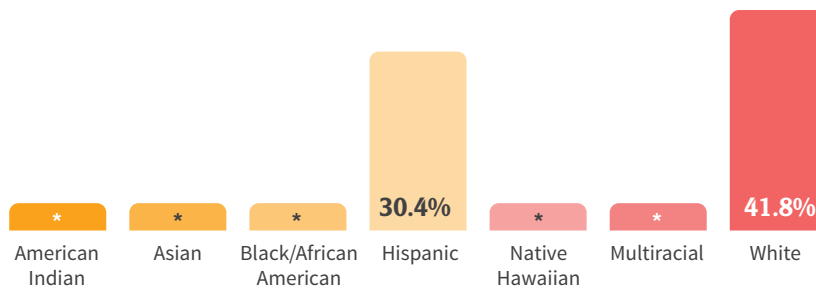
11TH GRADE (2023-24) ¹

38.4%

of children overall proficient in math

41.9%

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.

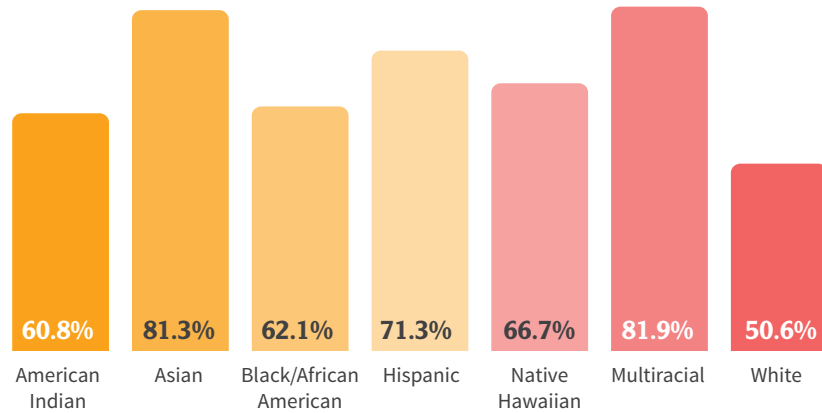
5TH GRADE (2023-24) ¹

82.6%

of children overall proficient in science

73.9%

of low-income children overall proficient in science



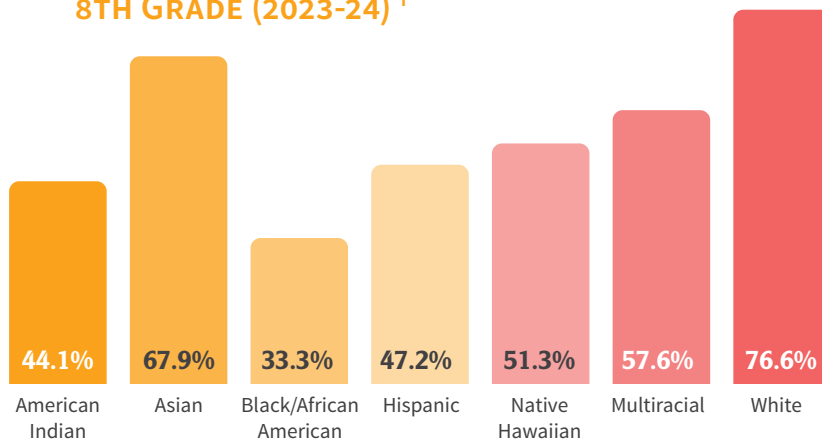
8TH GRADE (2023-24) ¹

65.6%

of children overall proficient in science

51.2%

of low-income children overall proficient in science



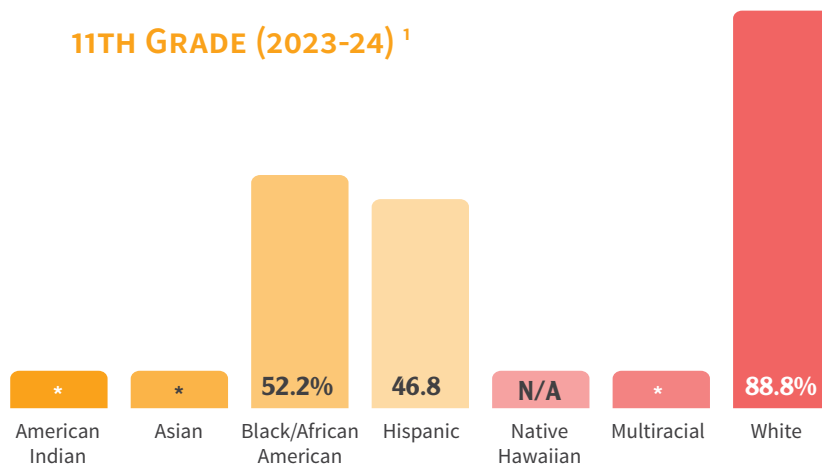
11TH GRADE (2023-24) ¹

49.4%

of children overall proficient in science

49.6%

of low-income children overall proficient in science



*Data Suppressed
1. Nebraska Department of Education.



ABSENCES & CAREER READINESS

AMOUNT OF STUDENTS EXPELLED AND SUSPENDED (2023-24) ¹

Note: Includes public and nonpublic schools.

	# of students	% of students
Expelled	763	<1%
Suspended	23,068	6.5%

STUDENTS ABSENT (2023-24) ¹

Note: Includes public and nonpublic schools.

	# of students	% of students
10-19 Days	90,278	26.3%
20-29 Days	24,581	7.2%
30+ Days	22,343	6.5%

1,901

students in public and nonpublic schools dropped out in 2023-24 ¹

CAREER READINESS (2024)

63.5%

of 2023-24 public high school student graduates enrolled in college by April 2025. ²

44.6%

of students who enrolled in a 2-year public college in Fall 2017 completed in 6 years. ²

69.6%

of students who enrolled in a 4-year public college in Fall 2017 completed within six years. ²

2,420

students were enrolled in a career academy. ¹

23,773

students who were enrolled in dual credit courses. ¹

4% (5,000)

teens 16-19 were not in school and not working. ³

22,163

students who took the ACT. ¹

18.7

was the average ACT composite score. ¹

48% (93,000)

of young people age 18-24 enrolled or have completed college in 2023. ³

9% (16,000)

of people 18 to 24 years old were not attending school, not working, and had no degree beyond high school. ³

1. Nebraska Department of Education.

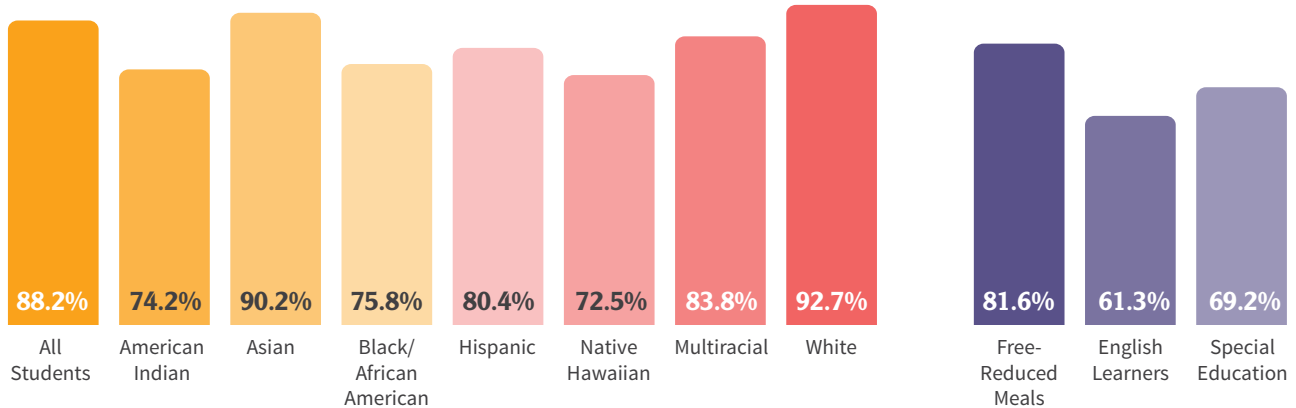
2. National Student Clearinghouse Research Center.

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

GRADUATION & EDUCATIONAL SAVINGS



4-YEAR COHORT GRADUATION RATE (2023-24)



Source: Nebraska Department of Education.

21,444

students completed high school in four years in 2023-24.

89.6%

2023 extended 5-year graduation rate*

262

16-21 year olds took the GED in 2023-24.

85%

of 16-21 year olds successfully completed the GED in 2023-24.

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, 2024)

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.

21.5%

of children (under 18) have an Educational Savings Account

103,408

NEST Education Savings Accounts

\$26,104

is the average value of NEST accounts

92,739

NEST accounts funded through the Meadowlark Act

Source: Nebraska State Treasurer's Office; Nebraska Educational Savings Plan Trust Annual Audit 2024.

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.



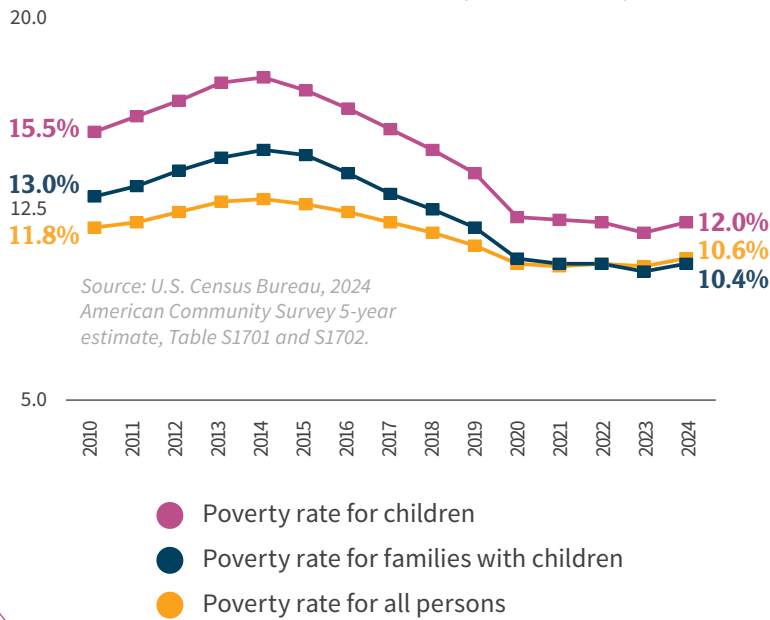
Section Contents

- 54** Poverty
- 55** Making ends meet
- 56** Housing & homelessness
- 57** Hunger
- 58** SNAP & WIC
- 59** Custody
- 60** Employment, income, & assets
- 61** Transportation & taxes



POVERTY

NEBRASKA POVERTY (2010-2024)



FAMILY STRUCTURE AND POVERTY (2024)¹

33.9%

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

13.0%

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.

19.8%

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

57,180

children were living in poverty in 2024.²

26,500

children were living in extreme poverty (<50% of the Federal Poverty Line) in 2024.³

NEBRASKA POVERTY RATES BY RACE AND ETHNICITY (2024)

	Child poverty rate (17 and under)	Overall poverty rate
American Indian	28.4%	21.9%
Asian/Pacific Islander	12.6%	11.1%
Black/African American	36.0%	26.6%
Hispanic	19.9%	16.4%
Multiracial/Other	17.7%	15.4%
White, Not Hispanic	7.0%	8.4%

Source: U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B17001B-I.

2024 FEDERAL POVERTY LEVEL (FPL) GUIDELINES⁴

	Federal Poverty Line	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%	400%
1	\$15,060	\$19,578	\$20,783	\$24,849	\$27,861	\$32,078	\$60,240
2	\$20,440	\$26,572	\$28,207	\$33,726	\$37,814	\$43,537	\$81,760
3	\$25,820	\$33,566	\$35,632	\$42,603	\$47,767	\$54,997	\$103,280
4	\$31,200	\$40,560	\$43,056	\$51,480	\$57,720	\$66,456	\$124,800
5	\$36,580	\$47,554	\$50,480	\$60,357	\$67,673	\$77,915	\$146,320
6	\$41,960	\$54,548	\$57,905	\$69,234	\$77,626	\$89,375	\$167,840
7	\$47,340	\$61,542	\$65,329	\$78,111	\$87,579	\$100,834	\$189,360
8	\$52,720	\$68,536	\$72,754	\$86,988	\$937,532	\$112,294	\$210,880

1. U.S. Census, 2024 American Community Survey 5-year estimate, Table B17006, Table S1001.

2. U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B17001.

3. U.S. Census, 2024 American Community Survey 5-year estimate, Table B17024.

4. HH Poverty Guidelines for 2024; 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.

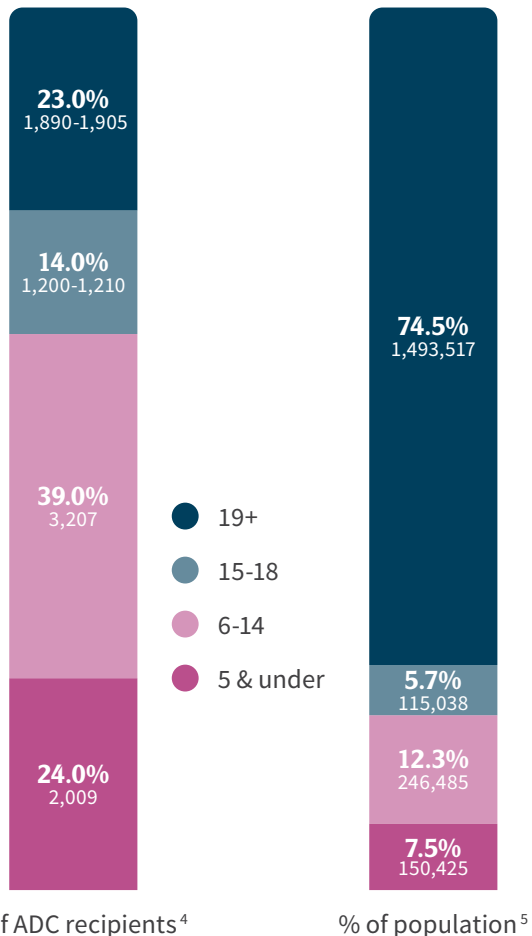


MAKING ENDS MEET

Nebraskans pride themselves on being hard-working people. In 2024, **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.

ADC RECIPIENTS BY AGE (2024)



INCOME PER ADULT FOR FAMILY OF 2 ADULTS AND 2 CHILDREN (2024)

MINIMUM WAGE²

Annual | **\$49,920**

Monthly | **\$4,160**

Hourly | **\$12.00**

100% FEDERAL POVERTY LINE³

Annual | **\$31,200**

Monthly | **\$2,600**

Hourly | **\$7.50**

200% FEDERAL POVERTY LINE³

Annual | **\$62,400**

Monthly | **\$5,200**

Hourly | **\$15.00**

AID TO DEPENDENT CHILDREN (ADC) (2024)⁴

6,271 Average monthly number of **children receiving ADC**

3,047 Average monthly number of **families receiving ADC**

\$546 Average monthly ADC **payment per family**

\$19,966,262

Total ADC payments
(Includes both state and federal funds)

1. U.S. Census, 2024 American Community Survey 5-year estimate, Table B23008.

2. U.S. Department of Labor.

3. HH Poverty Guidelines for 2024.

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

5. U.S. Census Bureau, Annual Estimates of the Resident Population by single year of age and sex: April 1, 2020 to July 1, 2024.



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 2024, HUD/NHAP SERVED:

5,063 homeless individuals

1,084 homeless children ages 18 and under

457 homeless families with children

119 unaccompanied homeless children

5,182 individuals at risk of homelessness

2,430 children at risk of homelessness

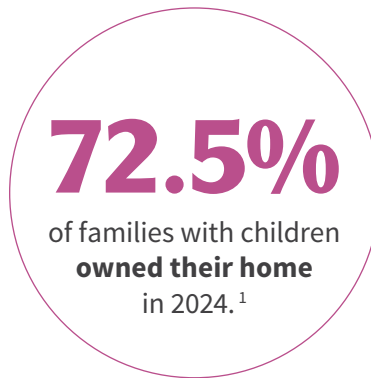
1,004 families with children at risk of homelessness

119 unaccompanied children at risk of homelessness

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

HOMEOWNERSHIP

Homeownership provides a sense of stability for children and communities.



25.3%

of Households were **moderately-burdened** (30-50% income on rent) by housing costs in 2024.²

21.2%

of Households were **severely-burdened** (>50% income on rent) by housing costs in 2024.²

50,000 (10%) children lived in **crowded housing** with more than one person/room in 2023.

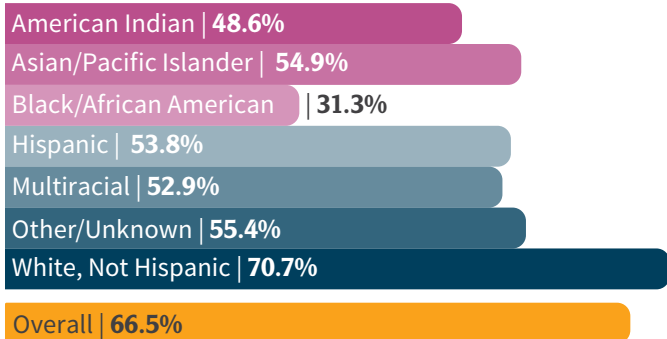
19,000 (4%) children lived in areas of **concentrated poverty** in 2023.

103,000 (22%) children lived in households with a **high housing burden cost** in 2023.

76,000 (53%) children in **low-income households** had a **high housing cost burden** in 2023.

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

HOMEOWNERSHIP RATE (2024)



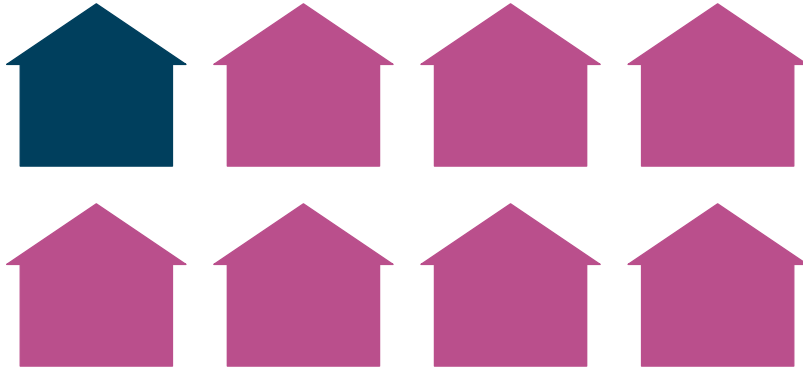
Source: U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B25003B-1.

1. U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B25115.

2. U.S. Census Bureau, 2024 American Community Survey 1-year Estimates, Table B25070, B25071.

3. U.S. Department of Housing and Urban Development.

4. Nebraska Office of Public Housing, HUD.

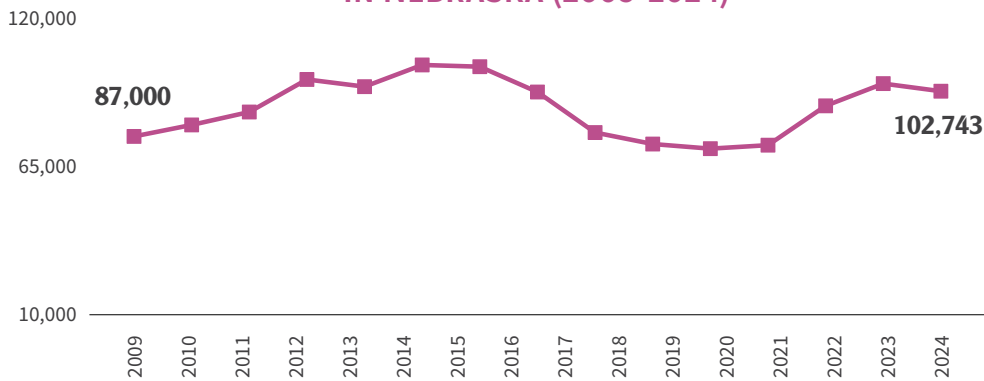


1 IN 8

households did not know where their next meal was coming from in 2024.

Source: U.S. Department of Agriculture, Household Food Security in the United States in 2024.

NUMBER OF FOOD-INSECURE HOUSEHOLDS IN NEBRASKA (2009-2024)



Source: U.S. Department of Agriculture, Household Food Security in the United States in 2024.

Approximately **102,743** households in Nebraska were food-insecure in 2024. 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.

19.2%

of children **experienced food insecurity** in 2023.

60%

increase in the number of food-insecure children since 2021.

60%

of food-insecure children were **income-eligible for Federal Nutrition Assistance** in 2023.

Source: Feeding America, Map the Meal Gap, Child Food Insecurity in Nebraska, 2023.



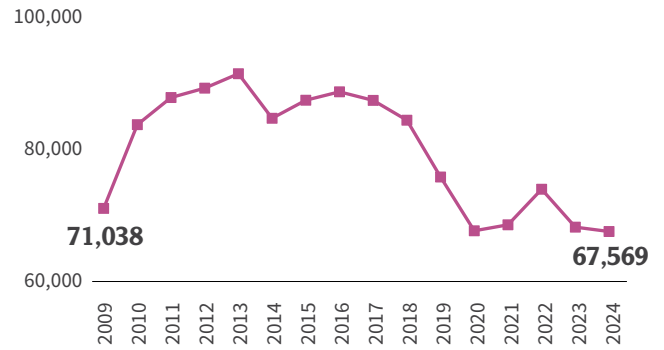
SNAP & WIC

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.

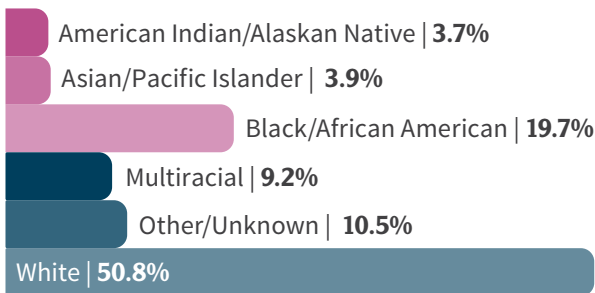
Source: *Characteristics of the Supplemental Nutrition Assistance Program Households.*

AVERAGE NUMBER OF CHILDREN ENROLLED IN SNAP (2009-2024)



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

PERCENT OF SNAP CHILD PARTICIPANTS (2024)



Source: *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 2024)

All	36,093
Women	7,727
Infants	7,834
Children	20,532

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

95

clinics provided WIC in SFY 2024

75

counties served WIC in SFY 2024

\$74.73

Average **monthly cost** per WIC participant in SFY 2024

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



MARRIAGE AND DIVORCE (2024)

11,182

married couples

4,893

divorced couples

4,374

children experienced their parents divorcing.

1,470

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

241

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

2,609

children in divorce cases were put under **both parents custody.**

54

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.

11,000 children were living in **kinship care** in 2023.¹
(2%)

7,846 **grandparent householders** were responsible for their own grandchildren under 18 years in 2024.²
(3.3%)

CHILD SUPPORT (SFY 2024)

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).

90,378

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

72.3%

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

86,644

non-ADC child support cases*

3,734

ADC child support cases*

\$202,600,934

of child support was **disbursed** through CSE.

15,042

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

1,338

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

921

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

3,579

child support cases where **non-custodial parent is incarcerated.**

\$118.66

monthly child support payment per child

* A custodial parent receiving ADC can now receive up to \$100 a month in child support payments for one child and \$200 a month for two or more children. The state keeps the rest of the child support payment 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 2024.¹

74.1%

of **children under 6** with all available parents in the workforce in 2024.¹

NEBRASKA UNEMPLOYMENT AND UNDEREMPLOYMENT RATE (2009-2024)



Source: U.S. Bureau of Labor Statistics, Alternative Measures of Labor Underutilization for States, Annual Averages, U-3, U-6.

MEDIAN INCOME FOR FAMILIES WITH CHILDREN (2024)

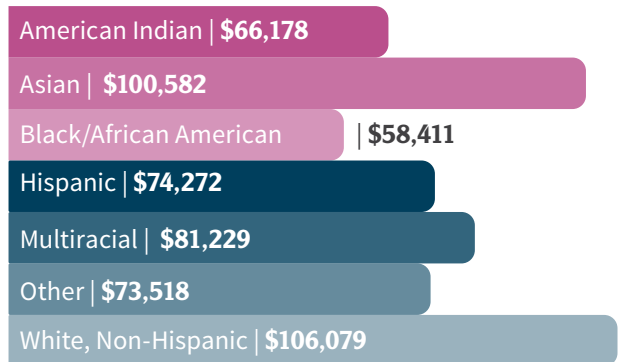
All families	\$99,751
Married couple	\$125,317
Male householder (no spouse)	\$60,923
Female householder (no spouse)	\$41,526

Source: U.S. Census Bureau, 2024 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 (2024)



Source: U.S. Census Bureau, 2024 American Community Survey 5-year Estimates, Table B19113B-1.

4,000

workers earned federal minimum wage or below in 2024.²



FEDERAL TAX CREDITS (2023)

109,397

tax returns claimed

\$284,710,282

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

228,625

families claimed

\$591,699,514

in federal **Child Tax Credits**.

46,486

families claimed

\$28,115,664

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

85,669

families claimed

\$173,932,633

in **additional Child Tax Credit**.

Source: Nebraska Department of Revenue.

STATE TAX CREDITS (2024)

114,222

tax returns claimed

\$30,712,635

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

46,862

families claimed

\$8,192,558

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

Source: Nebraska Department of Revenue.

100,519

workers that **worked from home** in 2024.

42,676
(4.6%)

workers **used transportation other than** a personal automobile or carpool to get to work in 2024.

23,567
(2.3%)

households had **no vehicle** available in 2024.

Source: U.S. Census Bureau, 2023 American Community Survey 1-year Estimates, Table C08141.

Child Welfare

A large, stylized graphic of a child's face in shades of green, positioned on the right side of the page. The face is composed of various geometric shapes like circles and arcs, representing features like the eyes, nose, and mouth. The background is a dark green with a large white circle on the left side.

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.

A large, stylized graphic in shades of green occupies the left side of the page. It depicts a child's face in profile, looking towards the right. The face is composed of various geometric shapes: a large circle for the head, a smaller circle for the eye, a heart shape for the mouth, and a paw print shape for the chin. The background is a solid dark green, and the graphic elements are in lighter shades of green.

Section Contents

- 64 Child maltreatment
- 66 Entries & Involvement
- 67 Alternative response & tribal youth
- 68 Race & ethnicity in child welfare
- 69 Placements and staff cases
- 70 Out-of-home placements
- 71 Placement stability
- 72 Permanency
- 73 Aging out



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 (2024)

43,084

child abuse & neglect reports

15,108

calls were assessed by DHHS and/or law enforcement.

1,592

reports were **substantiated.**

8,078

reports were **unfounded.**

3,699

reports were **referred** to Alternative Response.

Source: Nebraska Department of Health and Human Services.

SAFETY ASSESSMENTS (2024)

13,421

safety assessments conducted on children

928

children were **determined unsafe.**

777

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

122

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

402

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.

CHILD MALTREATMENT



TYPES OF SUBSTANTIATED MALTREATMENT (2024)¹

Physical abuse | 1,856

Emotional abuse | 86

Sexual abuse | 411

Physical neglect | 3,374

Emotional neglect | 86

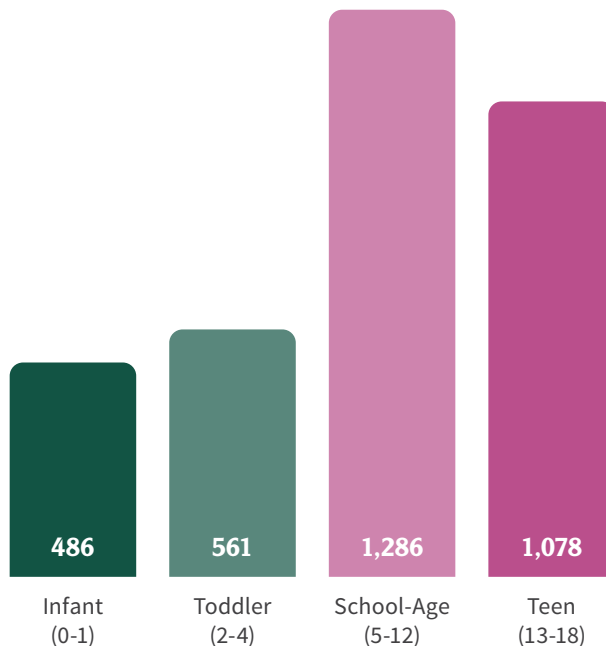
Sex Trafficking | 28

Medical Neglect | 0

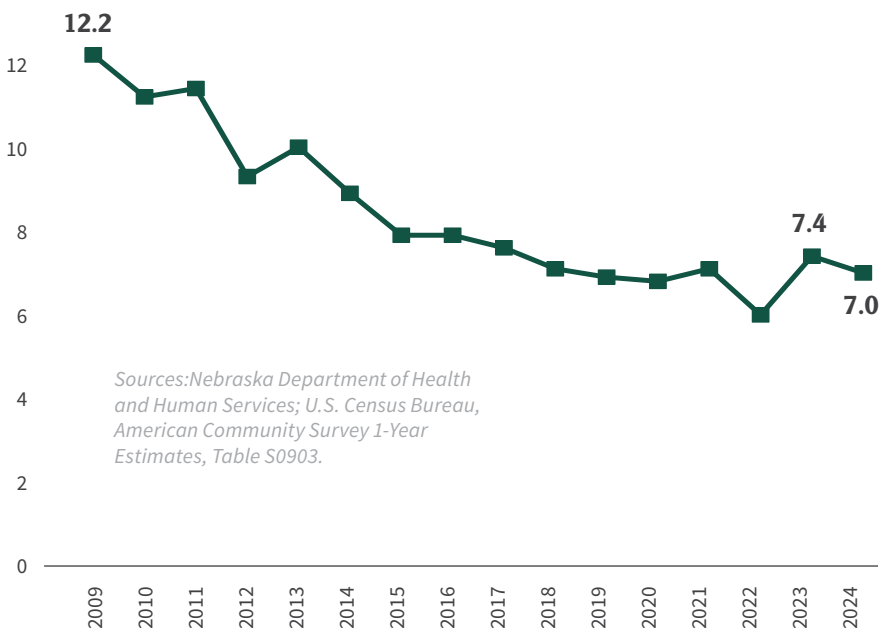
Some children experienced more than one type of maltreatment. The numbers here will be higher than the total number of children who experienced maltreatment.

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 (2024)¹



NUMBER OF CHILD MALTREATMENT VICTIMS PER 1,000 CHILDREN (2009-2024)



Sources: Nebraska Department of Health and Human Services; U.S. Census Bureau, American Community Survey 1-Year Estimates, Table S0903.

3,411

children experienced maltreatment in 2024.¹

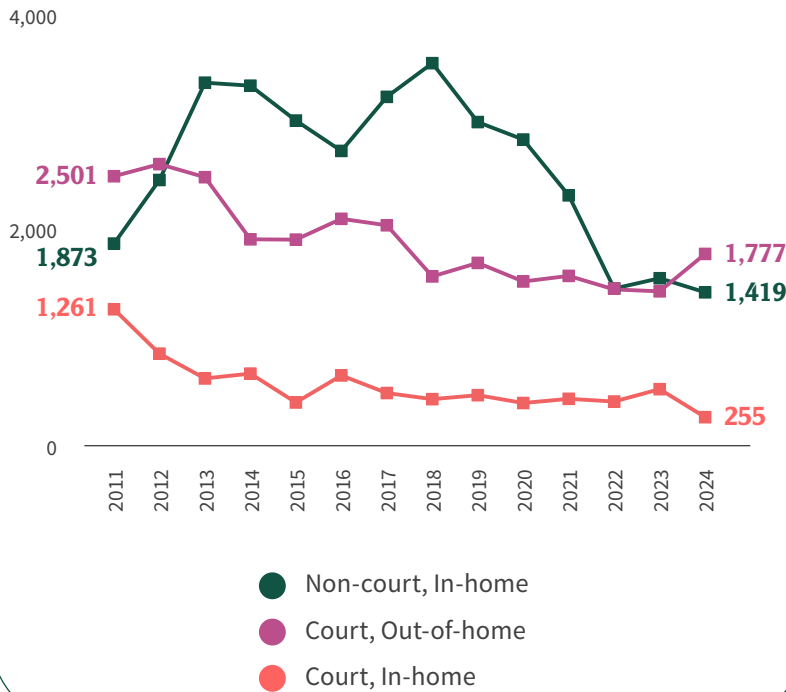
Do you know a child who is being maltreated?

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



ENTRIES & INVOLVEMENT

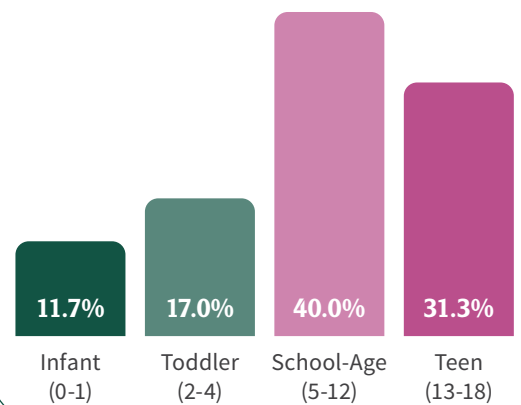
HOW DO CHILDREN ENTER OUR CHILD WELFARE SYSTEM? (2011-2024)



1,181

children entering care in 2024 had **previous involvement** in the child welfare system.

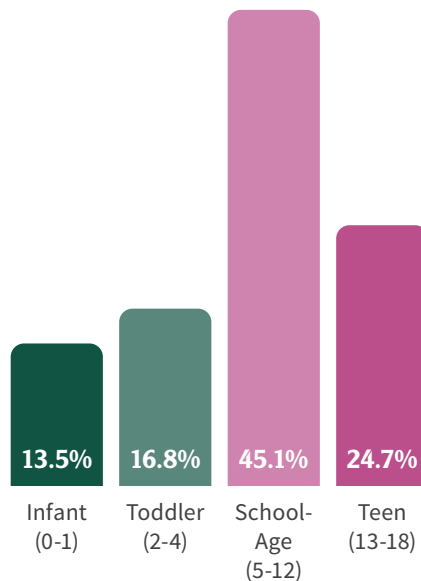
CHILDREN WHO HAVE ANY INVOLVEMENT IN THE CHILD WELFARE SYSTEM BY AGE (2024)



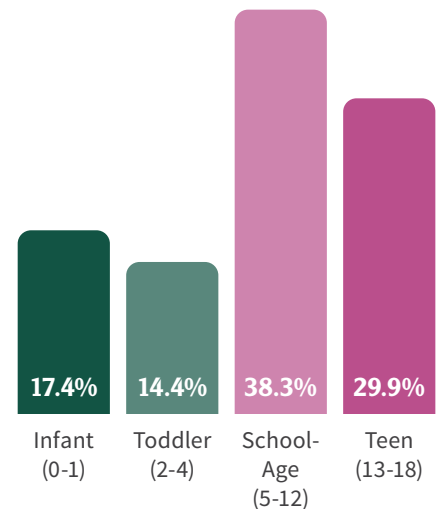
7,909

children were involved in the child welfare system in 2024.

NON-COURT ENTRIES BY AGE (2024)



COURT ENTRIES BY AGE (2024)



3,960

families were involved in the child welfare system in 2024.

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 (2024)

Involved	525
Entered	91
Placed in out-of-home care	512
Exited	140

ALTERNATIVE RESPONSE (2024)

3,057

families were served by Alternative Response.

2,439

families were successfully discharged by Alternative Response.

49 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.

719

families changed track from Alternative Response to Traditional Response.

25 DAYS

on average of involvement before changing track.

TRIBAL CHILDREN RECEIVING OUT-OF-HOME SERVICES BY PLACEMENT TYPE (2024)

Adoptive home	*
Developmental disability facility	28
Detention	12
Emergency shelter	18
Group home	27
Hospital/Medical facility	27
Independent living	*
Kinship foster home	83
Missing youth	36
Non-relative foster home	194
Psychiatric residential treatment facility	*
Relative foster home	450
Therapeutic group home	7
Youth rehabilitation and treatment center	*
Duplicated total	894

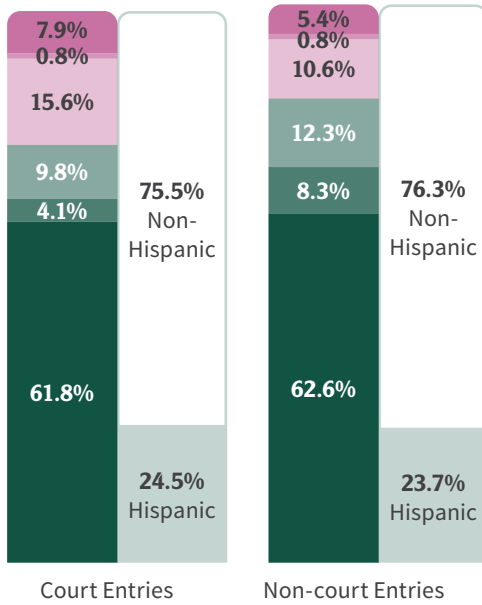
*Counts 5 or less are suppressed by Nebraska Department of Health and Human Services due to privacy concerns.



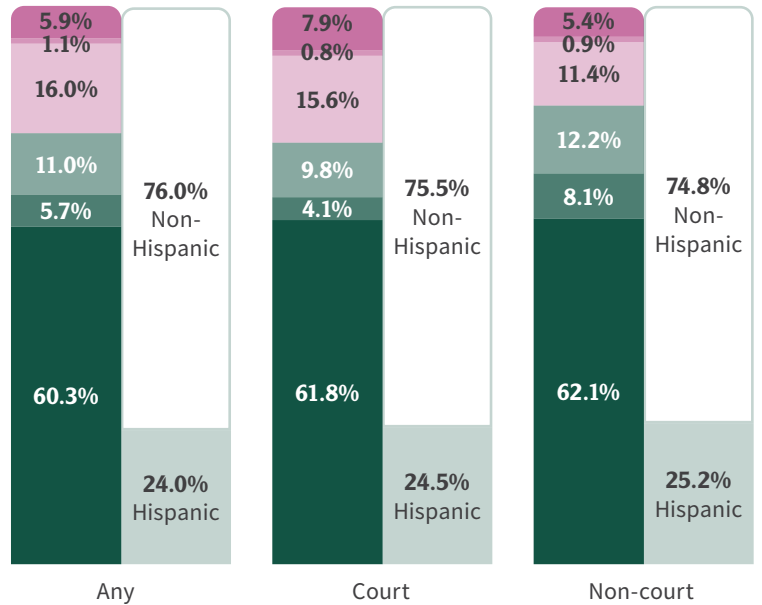
RACE & ETHNICITY IN CHILD WELFARE

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

ENTRIES TO THE CHILD WELFARE SYSTEM (2024)¹



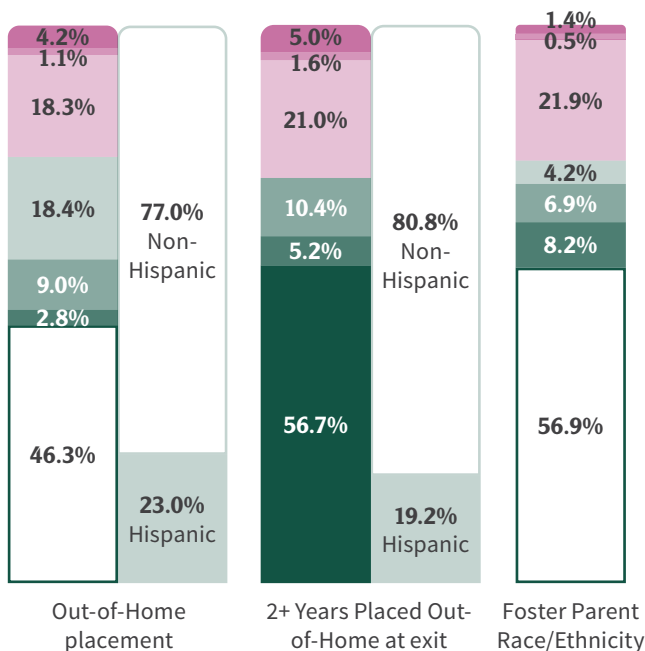
CHILD WELFARE SYSTEM INVOLVEMENT (2024)¹



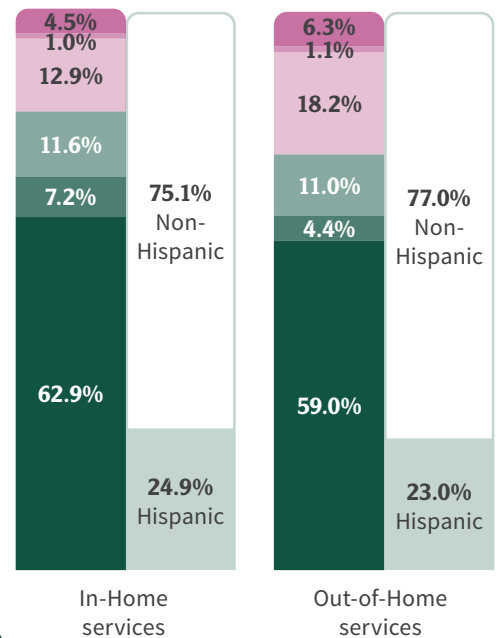
TOTAL CHILD POPULATION (2024)²



OUT-OF-HOME CARE (2024)¹



IN-HOME AND OUT-OF-HOME SERVICES (2024)¹



1. Nebraska Department of Health and Human Services.
2. U.S. Census Bureau, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for Nebraska: April 1, 2020 to July 1, 2024.

PLACEMENTS & STAFF CASES



REMOVAL REASONS OF CHILDREN IN OUT-OF-HOME CARE (2024)

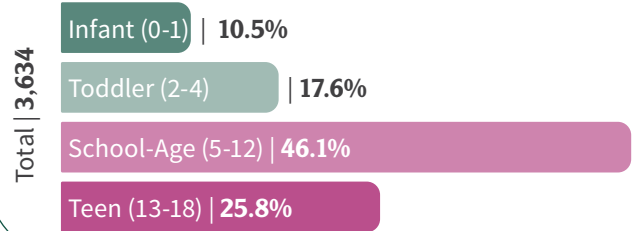
Neglect (Alleged/Reported)	3,250
Drug Abuse (Parent/Caretaker)	1,291
Physical Abuse (Alleged/Reported)	808
Domestic Violence	633
Inadequate Housing	517
Alcohol Abuse (Parent/Caretaker)	476
Incarceration of Parent(s)/Caretaker(s)	416
Child's Behavior Problems	291
Abandonment	283
Sexual Abuse (Alleged/Reported)	279
Homelessness	159
Education Neglect	125
Medical Neglect	113
Parent's/Caretaker's Inability to Cope Due to Illness/Other	93
Prenatal Drug Exposure	87
Psychological and Emotional Abuse	61
Death of Parent(s)/Caretaker(s)	54
Parent's/Caretaker's Significant Impairment Physical/Emotional	45
Mentally Ill and Dangerous (Child)	36
Inadequate Access to Mental Health Services	30
Whereabouts Unknown	25
Parent's/Caretaker's Significant Impairment Cognitive	24
Alcohol Abuse (Child)	17
Runaway	15
Drug Abuse (child)	15
Inadequate Access to Medical Health Services	15
Court Determined that Reasonable Efforts are not Required.	15
Diagnosed Child's Disability	13
Prenatal Alcohol Exposure	11
Failure to Return	9
Voluntary Relinquishment for Adoption	8
Child/Young Adult Requests Placement	8
Human Trafficking	7
Parental Immigration Detainment or Deportation	3
Safe Haven	2
Conflict Related to Child's Sexual Orientation or Gender ID	2
Sex Trafficking	1

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

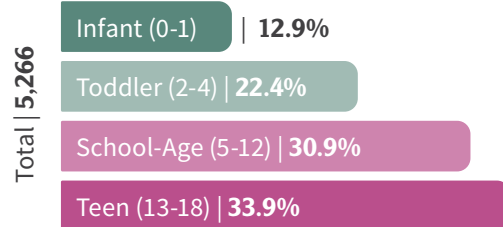
5,499

children received out-of-home services in 2024 and had a 3(A) petition.

CHILDREN RECEIVING IN-HOME SERVICES BY AGE (2024)



CHILDREN RECEIVING OUT-OF-HOME SERVICES BY AGE (2024)



TOTAL STAFF CASELOADS IN COMPLIANCE (7/1/2024)

Service Area	Total Staff	Staff with caseloads in compliance	Percent caseloads in compliance
Central	55	52	94.5%
Eastern	169	114	67.5%
Northern	71	61	85.9%
Southeast	98	91	92.9%
Western	60	55	91.7%
State	451	373	82.7%

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.

Source: Nebraska Department of Health and Human Services.



OUT-OF-HOME PLACEMENTS

FOSTER HOME PLACEMENT BEDS (12/31/2024)

	# of beds available	# of homes available
Foster homes	4,788	2,330
Approved foster homes	1,312	811
Licensed foster homes	3,476	1,519

49.2% (1,559) of children in foster care were placed with relatives or kin.

33.0% of foster home beds were in kin or relative homes.

2,033

kids in out-of-home care also had a sibling in out-of-home care. (12/31/2024)

62.9% of children were placed in out-of-home care with **all siblings**.

80.0% 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? (12/31/2024)

	#	%
Adoptive home	81	2.6%
Relative home	1,091	34.4%
Kinship care	468	14.8%
Non-relative foster home	1,045	33.0%
Group home	33	1.0%
Developmental disability facility	177	5.6%
Detention facility	31	1.0%
Emergency shelter center	24	0.8%
Psychiatric residential treatment facility	31	1.0%
Independent living	58	1.8%
Hospital	11	0.3%
Missing youth	27	0.9%
Therapeutic group home	2	0.1%
Youth rehabilitation and treatment center	91	2.9%

PLACEMENT STABILITY



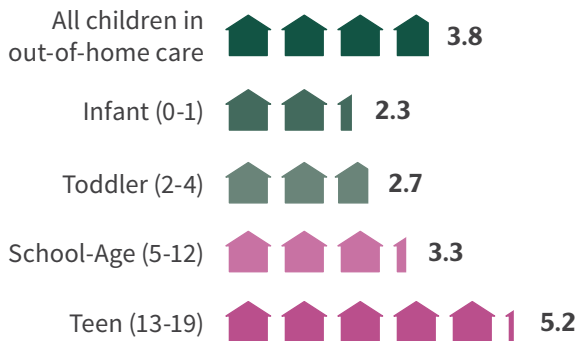
MULTIPLE PLACEMENTS

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

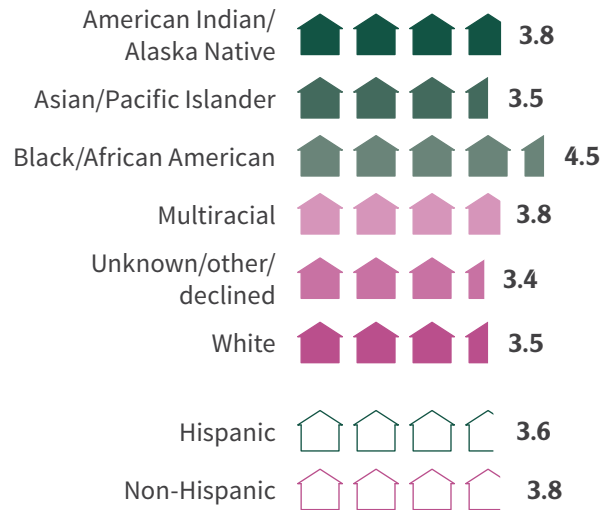
stabilized homes are more likely to receive therapy, are less delinquent and oppositional/aggressive, and are more likely to be placed with competent and caring foster parents.

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

AVERAGE NUMBER OF OUT-OF-HOME PLACEMENTS BY AGE (2024)



AVERAGE NUMBER OF OUT-OF-HOME PLACEMENTS BY RACE/ETHNICITY (2024)



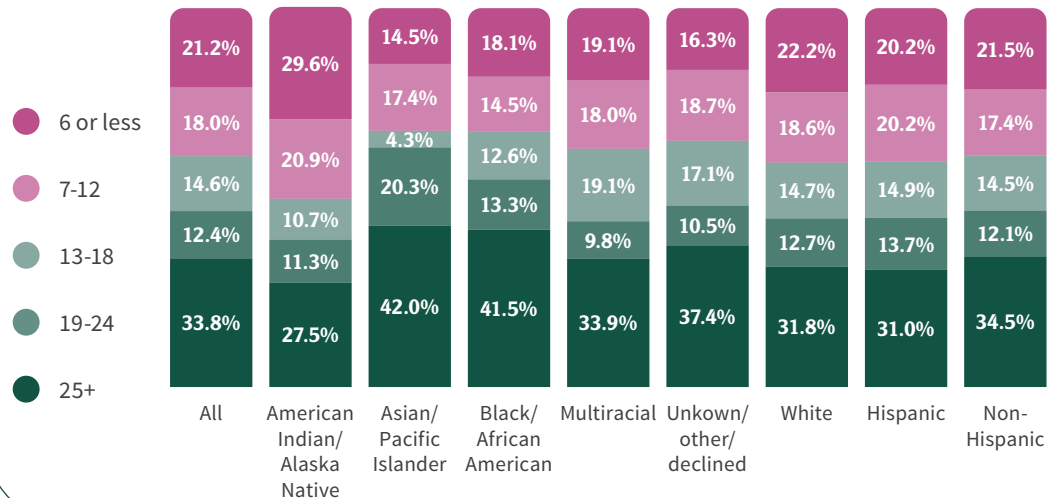
1,597

children **exited** out-of-home care in 2024.

25.8 MONTHS

is the mean length of time **away from home** for children in out-of-home placement in 2024.

LENGTH OF TIME IN OUT-OF-HOME CARE (MONTHS)(2024)



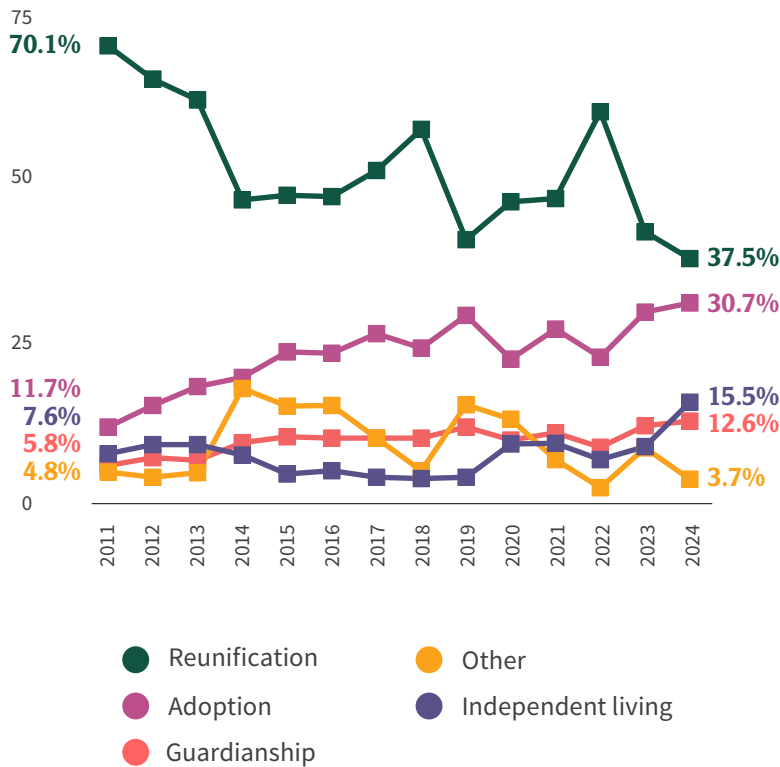


PERMANENCY

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 (2011-2024)



1,326

non-court-involved children exited the system in 2024.

2,196

court-involved children exited the system in 2024.

201

children exited into guardianships in 2024.

194

children exited into guardianships which were subsidized in 2024.

490
CHILDREN
were adopted in 2024.

477
ADOPTIONS
were subsidized in 2024.

24.7
MONTHS
is the mean length of time from termination of parental rights until adoption in 2024.



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 (2024)

Total	178
Who were DHHS wards	169
Who were OJS wards (youth placed at YRTC)	*
Who were in (both)	*

REASONS FOR PARTICIPATION IN THE BRIDGE TO INDEPENDENCE PROGRAM (2024)

Enrolled in secondary school	204
Enrolled in post-secondary or vocational education	127
Participating in a program designed to promote or remove barriers to employment	158
Employed 80+ hours per month	264
Incapacitated due to physical or mental health conditions from employment	24

84

Young adults in the Bridge to Independence Program were **parenting or pregnant** in 2024.

BRIDGE TO INDEPENDENCE PROGRAM (2024)

389
young adults participated in the program.

201
young adults entered the program.

160
young adults left the program.

5
young adults **chose to leave** the voluntary services program.

33
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**.

89
young adults **successfully completed** the B2i Program.

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.



Section Contents

- 76** Arrests
- 77** Disproportionate minority contact
- 78** Pre-trial diversion
- 79** Juvenile court cases
- 80** Access to counsel
- 81** Probation
- 82** Youth in out-of-home care
- 83** Detention
- 84** YRTC & room confinement
- 85** Youth treated as adults



ARRESTS

YOUTH ARRESTS (2024)¹

Type	Male	Female	Total	% of Total
Curfew	37	17	54	0.8%
Alcohol	289	220	509	7.1%
Drug-related	410	192	602	8.4%
Violent	195	55	250	3.5%
Person	1,107	770	1,877	26.2%
Property	1,470	680	2,150	30.1%
Public order	232	161	393	5.5%
Weapon	115	5	120	1.7%
Other	748	344	1,092	15.3%
DUI	76	31	70	1.0%
Total	4,679	2,475	7,154	

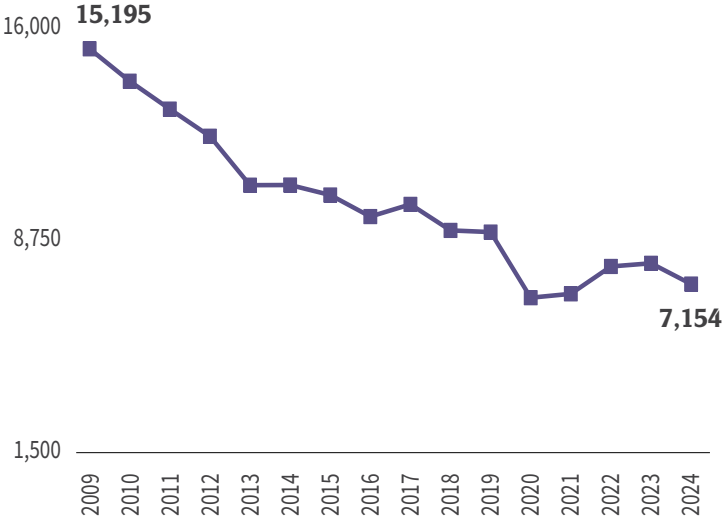
7,154
youths were **arrested**
in 2024.²

30.1%
property crimes
were the most
common.¹

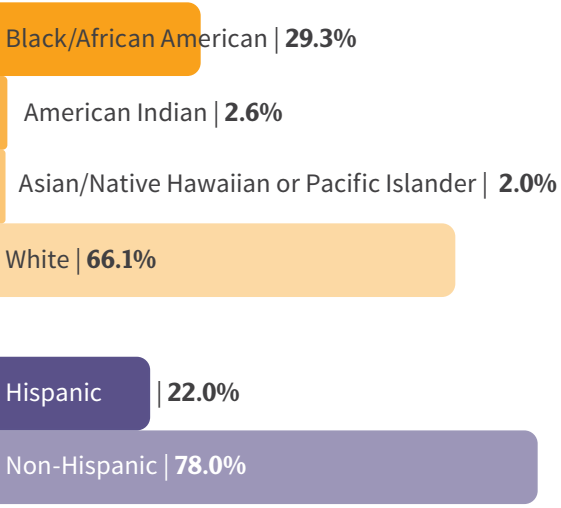
STATUS OFFENSES

“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 (2009-2024)²



YOUTH ARRESTS BY RACE/ETHNICITY (2024)³



1. Arrests by Arrest Offense and Arrestee Age, Nebraska Crime Statistics.
 2. Arrests by Arrest Offense and Arrestee Age, Nebraska Crime Statistics; Douglas County Juvenile Justice Initiative.
 3. Arrests by Jurisdiction, Race, and Age, Nebraska Crime Statistics; Douglas County Juvenile Justice Initiative

DISPROPORTIONATE MINORITY CONTACT

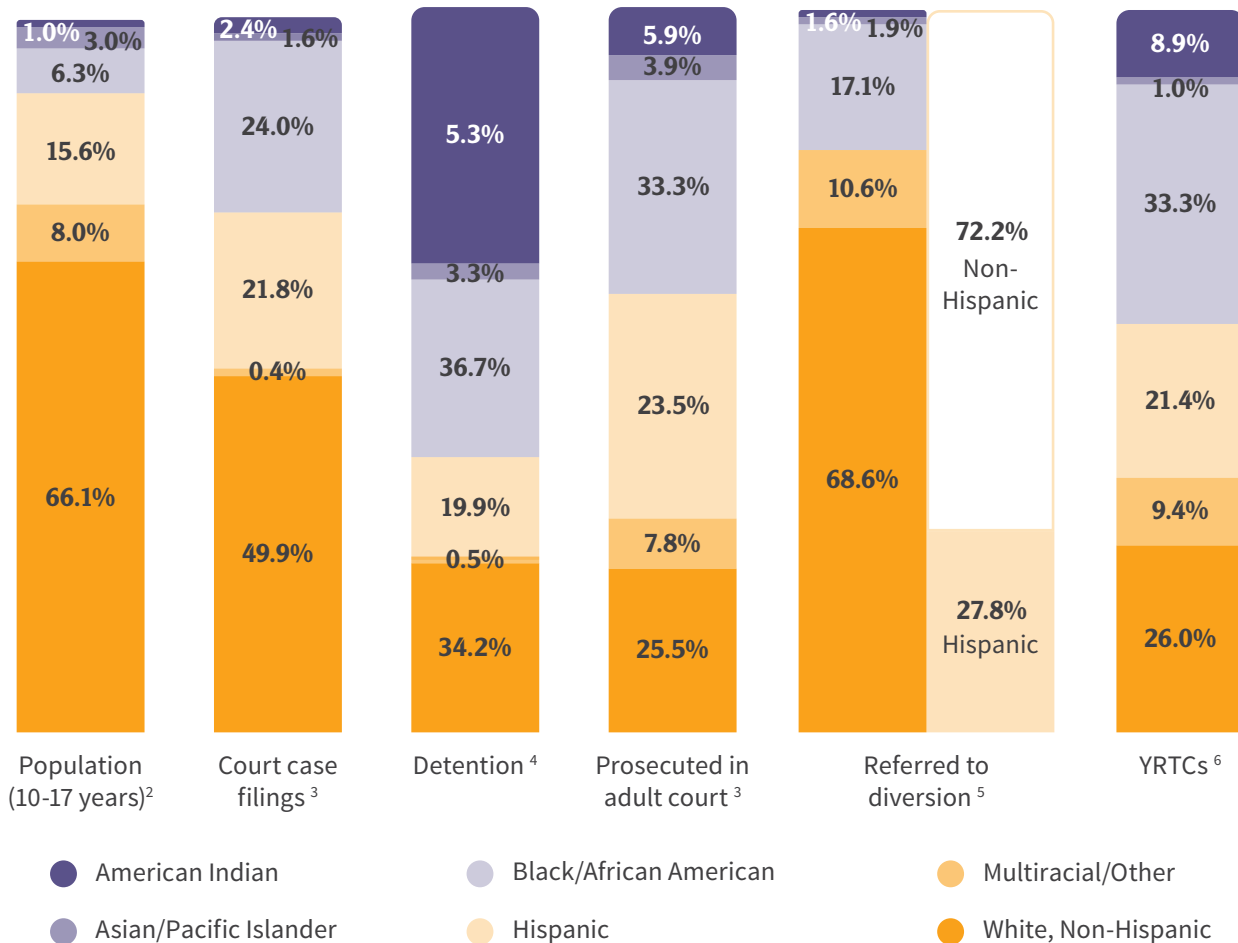


DISPROPORTIONATE MINORITY CONTACT (DMC)

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 (2024)



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, 2022.
 3. Nebraska Juvenile Justice System, Statistical Annual Report 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.

3,572

youths were **referred** to the diversion program in 2024.

2,367

youths **successfully completed** diversion in 2024.

88

counties participated in the diversion program in 2024.

0

tribes participated in the diversion program in 2024.

343

of those referred **did not participate** in 2024.

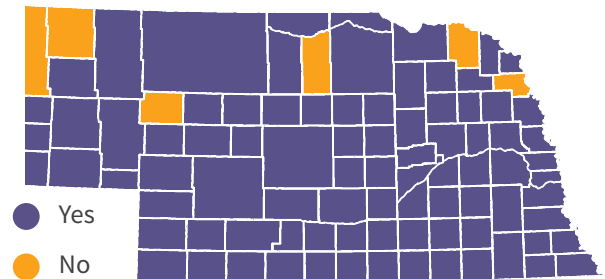
504

youths **did not complete** diversion successfully and were discharged for failing to comply or for a new law violation in 2024.

MOST COMMON LAW VIOLATIONS REFERRED TO DIVERSION (2024)

	# of children
Assault	614
Alcohol offenses	541
Shoplifting	487
Truancy	440
Traffic offenses	332
Drug offenses	453
Criminal mischief	239
Disorderly conduct	208
Trespassing	198
Tobacco use by minor	151
Disturbing the peace	131
Other theft offenses	115
Obstructing Police	100

COUNTIES OFFERING A JUVENILE DIVERSION PROGRAM (2024)



YOUTH PARTICIPATING IN A JUVENILE DIVERSION PROGRAM (2024)

	Referred	Successful	Unsuccessful	Success Rate
Male	1,770	851	162	84.0%
Female	1,189	1,223	251	83.0%
10 & Under	10	7	2	71.0%
11-12	302	240	43	82.0%
13-14	912	725	141	80.5%
15-16	1,486	1,189	226	81.0%
17-18	862	710	93	51.3%

COMMUNITY-BASED JUVENILE SERVICES AID PROGRAM (2024)

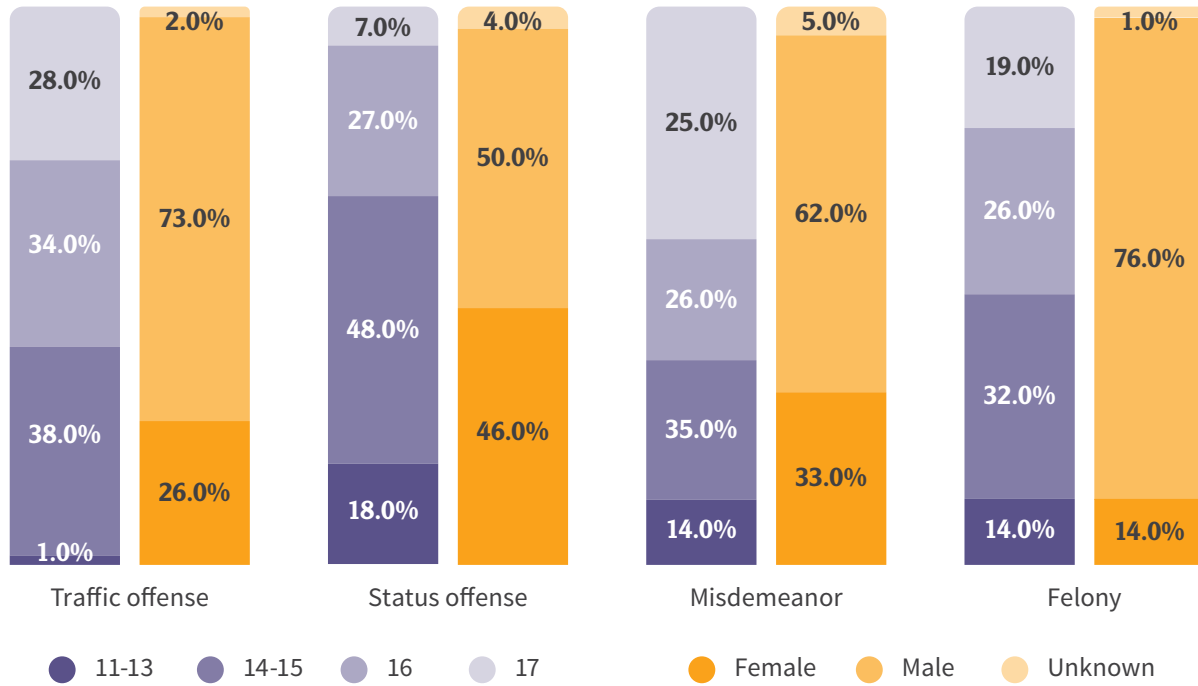
144 programs **82** counties **0** tribes
 were funded through the Community-Based Juvenile Services Aid Program.

9 prevention/promotion event programs **128** direct intervention programs **4** direct service programs **12** system improvement programs

JUVENILE COURT CASES



PERCENT OF NEW COURT FILINGS BY AGE AND GENDER (2024)



NUMBER OF NEW JUVENILE COURT FILINGS BY RACE/ETHNICITY (2024)

	Traffic Offense		Status Offense		Misdemeanor		Felony	
American Indian	0	0%	16	2.3%	40	1.5%	11	1.8%
Asian/Pacific Islander	0	0%	8	1.1%	25	1.0%	12	2.0%
Black/African American	3	2.4%	56	8.0%	454	17.5%	165	27.0%
Hispanic	34	27.2%	131	18.8%	374	14.5%	77	12.6%
White	65	52.0%	254	36.4%	921	35.6%	172	28.2%
Other	0	0%	2	0.3%	7	0.3%	1	0.2%
Unknown	23	18.4%	231	33.1%	766	29.6%	172	28.2%
Total adjudicated as "admit"*	125	76.0%	698	50.0%	2,587	56.3%	610	55.2%

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



ACCESS TO COUNSEL

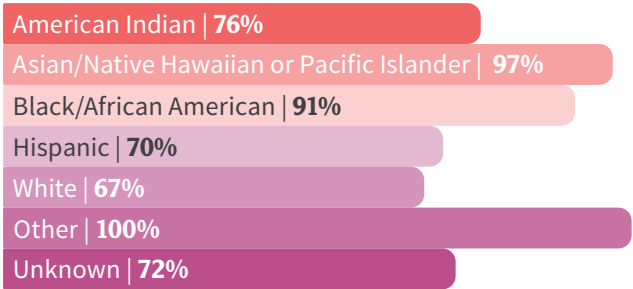
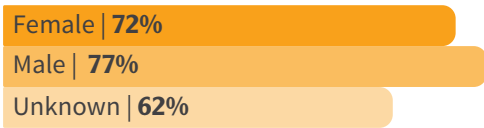
JUVENILE ACCESS TO COUNSEL

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.

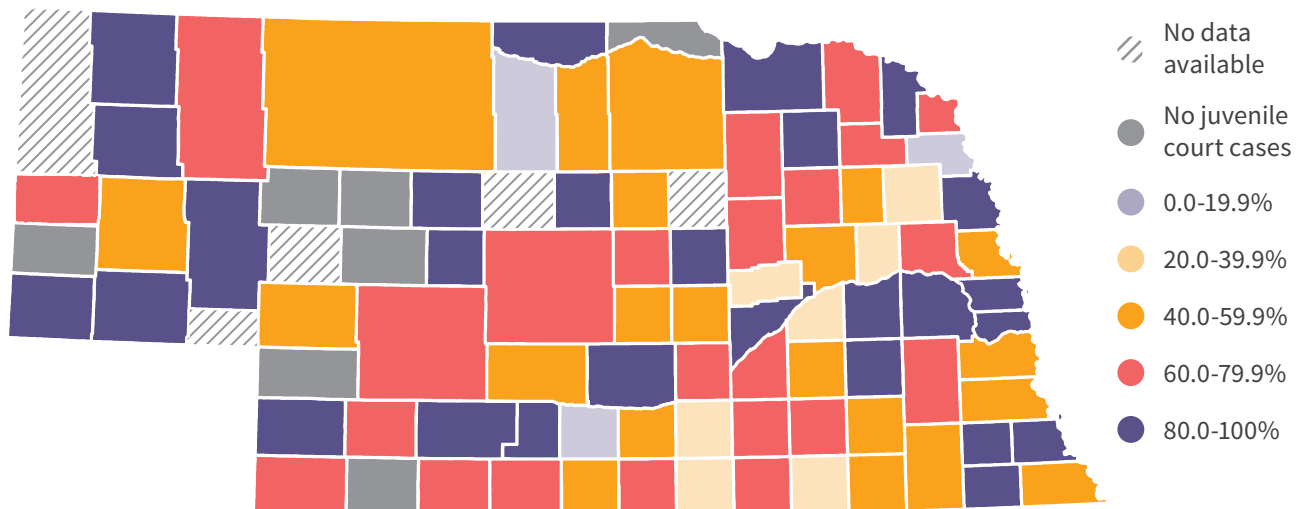
46.5%
of children in **adult criminal court** had an attorney in 2024.

74.5%
of children in **juvenile court** had an attorney in 2024.

YOUTH IN JUVENILE COURT WITH ACCESS TO COUNSEL BY AGE, GENDER, AND RACE/ETHNICITY (2024)

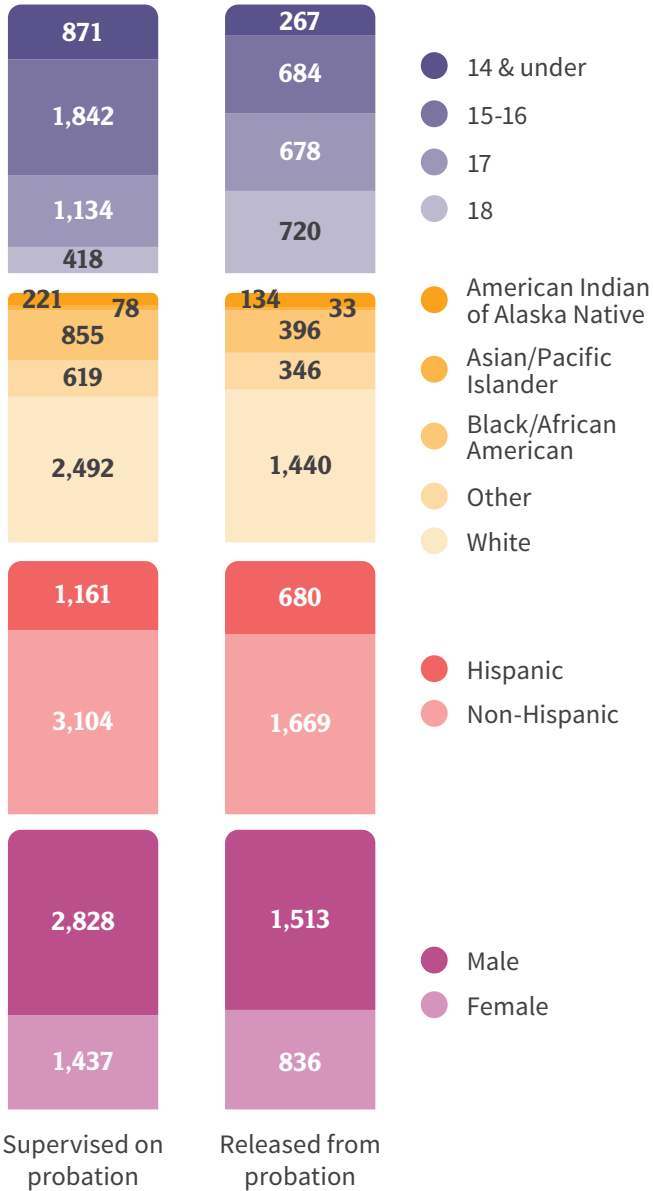


PERCENT OF YOUTH IN JUVENILE COURT WHO HAD ACCESS TO COUNSEL BY COUNTY (2024)





YOUTH SUPERVISED ON PROBATION BY AGE, GENDER, AND RACE/ETHNICITY (2024)



4,265

youth were supervised on probation in 2024.

762

had felony offenses

2,725

had misdemeanor, infraction, traffic or city ordinance offenses

778

had status offenses

2,349

were discharged

AVERAGE CASELOAD OF JUVENILE PROBATION OFFICER (2024)

	Urban	Rural
High-risk/high-need intervention	15	16
Low-risk/low-need intervention	24	23

COST OF SERVICES FUNDED BY PROBATION (2024)

	Monthly average per Youth
Total	\$1,416
In-home services	\$336
Out-of-home services	\$2,604

MEAN LENGTH OF TIME ON PROBATION (2024)

10.9

MONTHS

Total

10.1

MONTHS

for status offenses

14.5

MONTHS

for felonies

10.0

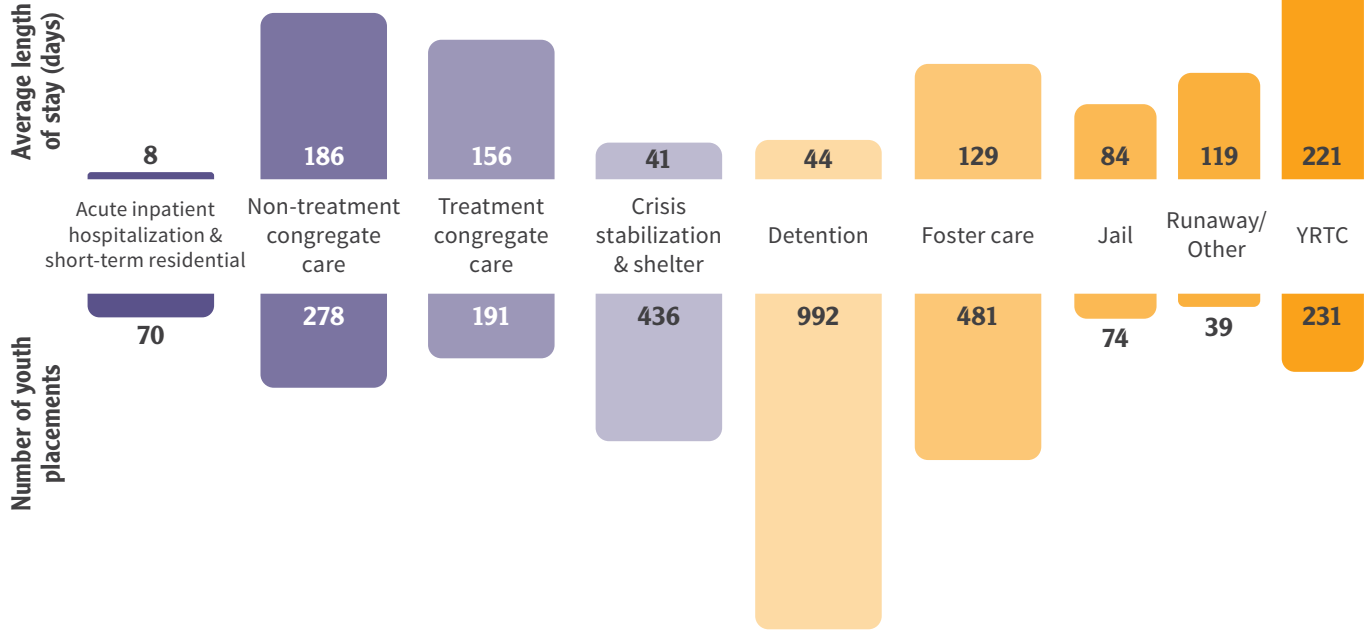
MONTHS

for misdemeanors/infractions



YOUTH IN OUT-OF-HOME CARE

OUT-OF-HOME CARE OF PROBATION YOUTH BY PLACEMENT TYPE AND AVERAGE LENGTH OF STAY (2024)



1,517

youth were supervised on probation who were placed in out-of-home care in 2024.

3.0 MONTHS

was the mean length of time in out-of-home care in 2024.

YOUTH ON PROBATION IN OUT-OF-HOME CARE (2024)

	#	%
American Indian	105	7%
Asian/Pacific Islander	45	3%
Black/African American	460	30%
Other	189	12%
White	718	47%
Hispanic	349	23%
Non-Hispanic	1,168	77%
Male	1,069	70%
Female	448	30%
Status offenses*	96	6%
Felonies*	762	50%
Misdemeanors/infractions/city ordinance offenses*	659	43%
Total	1,517	

*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.

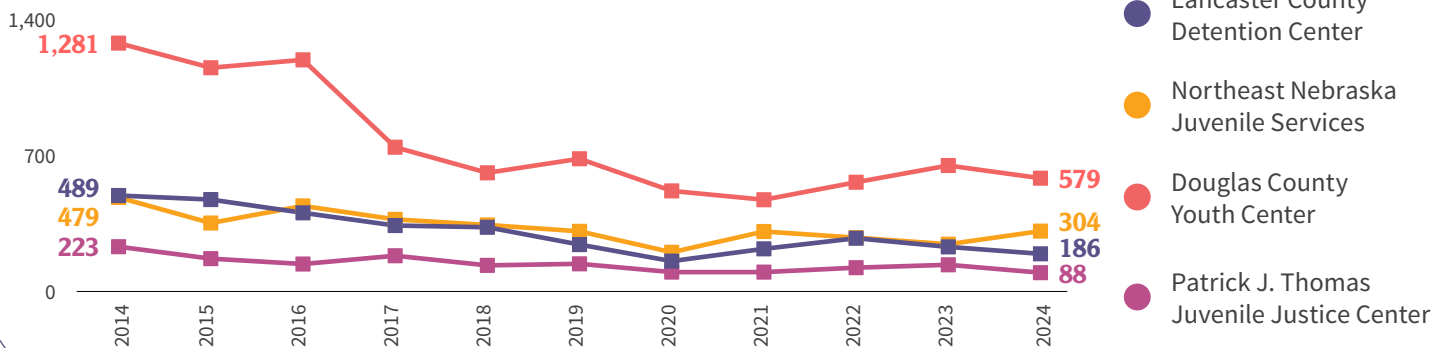
Source: Nebraska Administrative Office of the Courts & Probation.



NUMBER OF YOUTH HELD IN JUVENILE DETENTION FACILITIES (2024)

	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%	11	1.9%	0	0%
13-14	33	17.7%	60	19.7%	109	18.8%	26	29.5%
15-16	104	55.9%	154	50.7%	276	47.7%	47	53.4%
17+	49	26.3%	90	29.6%	183	31.6%	15	17.0%
Race/Ethnicity								
American Indian/ Alaska Native	9	4.9%	34	11.2%	13	2.2%	5	5.7%
Asian/Pacific Islander	2	1.1%	1	0.3%	33	5.7%	2	2.3%
Black/African American	80	43.7%	23	7.6%	305	52.7%	16	18.2%
Hispanic	30	16.4%	86	28.3%	94	16.2%	20	22.7%
Other	2	1.1%	0	0%	2	0.3%	2	2.3%
White, non-Hispanic	60	32.8%	160	52.6%	132	22.8%	43	48.9%
Gender								
Male	133	71.5%	218	71.7%	456	78.8%	67	76.1%
Female	53	28.5%	86	28.3%	123	21.2%	21	23.9%
Times Detained								
1	137	73.7%	251	82.6%	445	76.9%	70	79.5%
2	34	18.3%	33	10.9%	106	18.3%	13	14.8%
3+	15	8.1%	20	6.6%	28	4.8%	5	5.7%
Total count	186		304		579		88	
Secure Admissions	186		184		579		0	
Staff Secure Admissions	0		120		0		88	
Average Days Detained	42.8 Days		25.0 Days		43.1 Days		24.0 Days	

JUVENILE DETENTION ADMISSIONS (2014-2024)



Source: Individual detention centers.



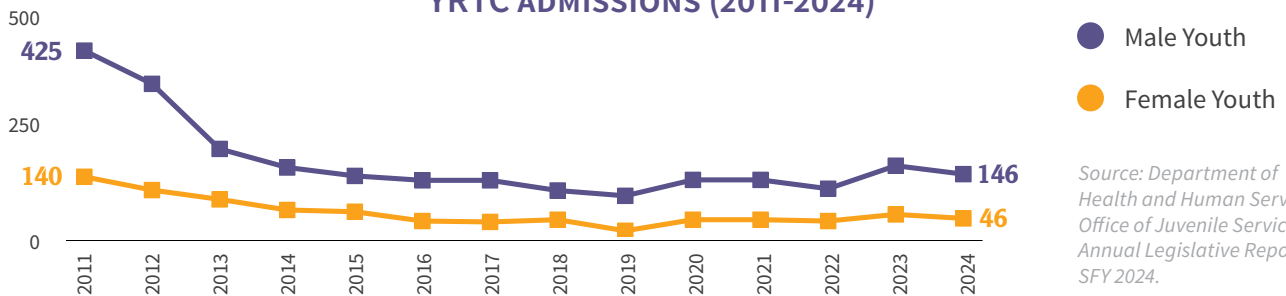
YRTC & ROOM CONFINEMENT

YOUTH REHABILITATION AND TREATMENT CENTERS (YRTCS) (SFY 2024)

	Hastings	Lincoln	Kearney
Number admitted for treatment	31 youth	8 admissions, 19 transfers	79 youth
Average daily population	13 youth	12 youth	62 youth
Average length of stay	6.4 months	5.2 months	8.5 months
Average age at admission	17 years	16 years	17 years
Average per diem cost per youth	\$1,476	\$2,079	\$789
% return to facility in 12 months	23.0%	14.0%	17.0%

Source: Office of Juvenile Services, Annual Legislative Report SFY 2024.

YRTC ADMISSIONS (2011-2024)



Source: Department of Health and Human Services; Office of Juvenile Services, Annual Legislative Report SFY 2024.

ROOM CONFINEMENT (SFY 2024)

	Total incidents	Total youth involved	Median duration of room confinement incidents (hours)	Percent of incidents ending in 4 hours or less	Percent of incidents lasting between 4 and 8 hours	Percent of incidents lasting more than 8 hours	Most common reason for room confinement
Nebraska Corrections Youth Facility	85	17	48.4	34.0%	8.0%	58.0%	Modified Operations (35%)
YRTC - Kearney	3,050	153	9.8	72.0%	9.0%	19.0%	Refuse to comply (71%)
YRTC - Lincoln	352	55	19.5	38.0%	6.0%	56.0%	Danger to other youth (56%)
YRTC - Hastings	108	36	13.5	48.0%	9.0%	28.0%	Danger to other youth (43%)
Douglas County Youth Center	466	75	145.7	10.0%	1.0%	3.0%	Fighting (47%)
Lancaster County Youth Services Center	1,760	83	5.0	61.0%	28.0%	11.0%	Danger to other youth (47%)
Northeast Nebraska Juvenile Services	27	20	10.4	78.0%	11.0%	11.0%	Danger to other youth (82%)
Patrick J. Thomas Juvenile Justice Center	39	21	2.8	74.0%	26.0%	0%	Danger to other youth (83%)

Source: Juvenile Room Confinement in Nebraska, 2023-24 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



286

youth were prosecuted in adult courts in 2024. ¹

This is down from

2,019

in 2014. ¹

YOUTH PROSECUTED IN ADULT CRIMINAL COURTS BY CASE TYPE (2024) ¹

Total Youth	286
Traffic	22.7%
Misdemeanor	42.7%
Felony	34.6%

A motion to transfer from juvenile court to adult court in 2024 was:

Requested in

70 CASES ¹

Granted in

8 CASES ¹

A motion to transfer from adult court to juvenile court in 2024 was:

Requested in

95 CASES ¹

Granted in

72 CASES ¹

YOUTH CASES TRIED IN ADULT COURT (2024) ¹

	Youth cases prosecuted in adult court		Youth sentenced to probation		Youth sentenced to jail		Youth sentenced to prison	
Age								
11-13	0	0%	0	0%	0	0%	0	0%
14-15	32	10.7%	17	8.5%	4	8.3%	11	21.6%
16	86	28.7%	69	34.3%	4	8.3%	13	25.5%
17	182	60.7%	115	57.2%	40	83.3%	27	52.9%
Race/Ethnicity								
American Indian	8	2.7%	3	1.4%	2	4.2%	3	5.9%
Asian/Pacific Islander	9	3.0%	7	3.3%	0	0%	2	3.9%
Black/African American	70	23.3%	42	19.5%	11	22.9%	17	33.3%
Hispanic	74	24.7%	52	24.2%	10	20.8%	12	23.5%
Other/Unknown	34	11.3%	36	16.7%	8	16.7%	4	7.8%
White, Non-Hispanic	105	35.0%	75	34.9%	17	35.4%	13	25.5%
Gender								
Male	233	77.7%	144	71.6%	40	83.3%	49	96.1%
Female	50	16.7%	45	22.4%	4	8.3%	1	2.0%
Unknown	17	5.7%	12	6.0%	4	8.3%	1	2.0%
Total	300		201		48		51	

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 (2023) ²

76 Male | 0 Female

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

71 youth were sentenced to a Nebraska prison.

YOUTH INCARCERATED IN CORRECTIONAL FACILITIES BY RACE/ETHNICITY (2023) ²

American Indian	7
Asian	0
Black/African American	33
Other/Unknown	0
White, Non-Hispanic	10

1. Nebraska Judicial Branch, Juvenile Justice System Statistical Annual Report 2024.
2. Nebraska Department of Correctional Facilities.



TECHNICAL TEAM OF ADVISORS

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

necessarily represent the views of any members of the Technical Team.

Mark Benne, Administrator, Northeast Nebraska Juvenile Services

Rachel Biar, Assistant State Treasurer, Nebraska State Treasurer's Office

Drew Bigham, Director Systems and Research, Nebraska Commission on Law Enforcement and Criminal Justice

Johnathan Bolen, Research Analyst, Nebraska Department of Correctional Services

Abby Carbaugh, PhD, Data Administrator, Douglas County Juvenile Justice Initiative

Andrea Curtis, Program Coordinator, Nebraska Department of Health and Human Services

Alex Daro, PhD, Research Specialist, Buffett Early Childhood Institute

Amy Davis, Fiscal Budget Analyst, Nebraska Department of Health and Human Services

Ann Davis, PhD, Director, Perinatal Data Center

Hazel Delgado, Director of Research and Data, Administrative Office of the Courts & Probation

David DeVries, MS, Director of Health Data, Nebraska Hospital Association

Abhinay Dornala, Senior Database SQL developer, Nebraska Department of Education

Carol Gilbert, PhD, MS, Senior Health Data Analyst, CityMatCH

Denise Gipson, Director, Office of Public Housing

Lisa Haire, Office Coordinator, Patrick J. Thomas Juvenile Justice Center

Amy Hoffman, JD, Director of Juvenile Diversion and Community-based Aid, Nebraska Commission on Law Enforcement and Criminal Justice

Melissa Hood, Administrator, Lancaster Youth Services

Amber Johnson, PhD, Statistical Analyst III, Nebraska Department of Health and Human Services, Division of Behavioral Health

Alison Keyser-Metobo, IT Business Analyst, Nebraska Department of Health and Human Services, Division of Public Health Epidemiology and Informatics

Lori Koenig, Epidemiology Surveillance Coordinator, Nebraska Department of Health and Human Services, Division of Children & Family Services

Mark Labouchardiere, Administrator, Nebraska Department of Health and Human Services, Division of Children & Family Services

Dennis Leschinsky, Epidemiologist, Nebraska Department of Health and Human Services, Infectious Disease Prevention and Control Unit



Joan Luebbers, *Head Start State Collaboration Director, Nebraska Department of Education*

Jake Malone, *IT Business Analyst, Nebraska Department of Health and Human Services, Division of Children & Family Service*

Kayte Partch, *MS, Director of Child Nutrition Programs, Nebraska Department of Education*

Prav Pavuluri, *Budget Analyst, Nebraska Department of Health and Human Services*

Max Reiner, *Director of Data Collections, Office of Data, Research, & Evaluation, Nebraska Department of Education*

Jessica Seberger, *PRAMS Program Manager, Nebraska Department of Health and Human Services, Division of Public Health*

Derry Stover, *MPH, Epidemiology Surveillance Coordinator, Nebraska Department of Health and Human Services, Office of Epidemiology*

Hoaphu Tran, *PhD, Revenue Economist Manager, Nebraska Department of Revenue, Policy Division*

Peggy Trouba, *MPH, RD, WIC Program Manager, Nebraska Department of Health and Human Services, Division of Public Health*

Dr. Betty Jean Usher-Tate, *Data & QI Administrator, Nebraska Department of Health and Human Services, Division of Behavioral Health*

Dan Wells, *Intake Coordinator, Northeast Nebraska Juvenile Services*

Cindy Wiesen, *Child Support Administrator II, Nebraska Department of Health and Human Services, Division of Children & Family Services*



319 SOUTH 17TH STREET, SUITE #212
OMAHA, NE 68102

402-597-3100

VOICESFORCHILDREN.COM

THE KIDS COUNT IN NEBRASKA 2025
REPORT IS GENEROUSLY FUNDED BY:

THE ANNIE E. CASEY
FOUNDATION



KATIE WEITZ, PHD
AND TIM WILSON