

Community Early Childhood System of Care (ECSOC) Self-Assessment



Table of Contents

Facilitator's Guide	2
Self-Assessment	6
Parent Survey.....	1
Reporting Templates	21
Community Early Childhood System of Care Meeting Agenda	26
HEALTH	27
FAMILY RESOURCES.....	29
EARLY CHILDHOOD MENTAL HEALTH	32
SCHOOLS	34
QUALITY CHILD CARE.....	35
Preliminary Community Debrief	37
Common Themes	37
Result Nuggets and Big Ideas	38

Community Early Childhood System of Care (ECSOC)

Facilitator's Guide

Nebraska Early Childhood System of Care Facilitator's Guide

Thank you for agreeing to facilitate the community assessment of the capacity of the Early Childhood System of Care in your community. The following provides you with information to support your facilitation of the process.

Purpose:

Local - Guide local communities in a systematic process of community mapping and planning by identifying their strengths and the gaps in early childhood services and supports for social emotional development and child mental health.

Statewide – Guide the establishment of statewide projects/priorities by aggregating the findings and recommendations from the local community based assessments.

Healthy social-emotional development is the emerging capacity of young children to experience, manage and express emotions; form close, secure relationships and actively explore the environment and learn. All of which occurs in the context of a caregiving environment that includes family, community, and culture.

Who needs to be invited to the table in the community? It is important to have a broad representation from your community. Here are some recommended members:

- Mental Health service providers
- Family members
- Early childhood providers , (Head Start, Early Childhood Regional Planning Team members)
- Vocational providers
- Recreational providers
- College and University Faculty
- Social service workers
- School Administrators
- Community health care providers
- Public Health providers
- Substance Abuse providers
- Juvenile justice providers
- Child welfare providers

Topical areas for Self-Assessment: Prevention and Intervention Services and Supports will be rated using the following rubric in order to capture strengths and gaps related to childhood mental health and healthy social emotional development. (You will notice that each item has been coded to assist with data compilation and planning—P=prevention and I=intervention)

“We are all looking forward to getting our action plans underway and have gained insight and direction from this process.”

-Cristen Witte, Valentine School Psychologist

Steps of the Self-Assessment:

Identify community stakeholders and invite them to a meeting where a facilitator will lead them through the scoring of the self-assessment; distribute and collect parent surveys.

Summarize the survey data.

Reconvene the stakeholder group to review the data summary and begin to identify priorities.

Complete priorities and plan.

Quality Child Care Definition

On the third page of the assessment you will be asked to assess several variables related to high quality child care. The following indicators of quality child care are being provided to assist in your assessment and discussion.

- Well-educated, well-trained, experienced attentive, responsive and engaged caregivers
 - Caregivers show affection, make eye contact, and speak directly to children with an encouraging tone
 - Children are soothed and supported when frustrated or challenged, helping them identify their feelings
 - Caregivers and families exchange information about the child's development and learning progress
- A safe, healthy and child-friendly environment
 - Sufficient and age-appropriate materials and toys are accessible, organized, and inviting
 - Safe, outdoor play spaces invite exploration and nurture curiosity
 - TV and video are not used to occupy children
 - Strict health and sanitation policies, including: an emergency plan, including staff trained in pediatric first aid and CPR; a handbook or written policies for parents, and healthy meals and snacks
- Stimulating Activities and Appropriately Structured Routines
 - Caregivers thoughtfully organize age-appropriate experiences throughout the day that incorporate language, math, science, art, music, movement, and dramatic play
 - Imagination and creativity are nurtured
 - Children learn to positively interact through positive guidance and discipline practices
 - Opportunities for children to interact in small groups and to play independently
 - A balance of active and quiet activities
- Low child-adult ratios and small group sizes :
 - Infants: no more than 8 with at least 2 teaching staff always present
 - Toddlers: no more than 12 with at least 2 teaching staff always present
 - Preschoolers: no more than 20 with at least 2 teaching staff always present
- Comprehensive supports for children and families such as health and nutrition, parent education and referral services
- A state child care license

"It required small groups of people to engage in discussion around the questions...we learned what other perspectives exist and what people do or do not know in the area of Early Childhood."

-Heather Gill, Ogallala
Early Development Network Supervisor

Sources include National Association for the Education of Young Children, First Five Nebraska, National Institute for Early Education Research, Nebraska Department of Education, and Nebraska Department of Health and Human Services.

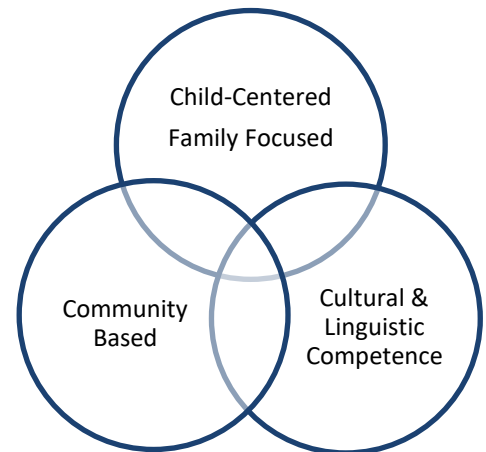
Background Information on Early Childhood Systems of Care

Definition:

The Nebraska Early Childhood System of Care for mental health is a coordinated network of community-based services and supports that is organized to meet the social and emotional needs of young children and their families. Families and early childhood professionals within public and private organizations at the community level work in partnership so services and supports are readily accessible, effective, strength based and address the cultural and linguistic needs of young children and their families. The Nebraska Early Childhood System of Care aims to ensure that a comprehensive array of services and supports are present in all communities in the state so the social and emotional needs of young children are met at home and by other caregivers during these critical formative years.

Guiding Principles

- **Assessment** – Standardized process for identifying community as well as child/family behavioral health needs
- **Access**- families and children have available and appropriate level of services
- **A Balanced Array of Services** – a broad range of services are available based on Evidenced Based Practices (EBP) (promotion/prevention/intervention)
- **Effective care coordination, management and evaluation** – seamless coordination with priorities for continuous quality improvement and increasing accountability.
- **Data driven decision making** – standard information is gathered and used to inform decision making.
- **Coordinated funding structure** – harmonized funding structures integrate processes (e.g., eligibility, service delivery requirements, data collection, etc.)



Based on the Nebraska Health and Human Service System: LB 542: Creating Change and Providing Hope for Nebraska's Children, Adolescents and Their Families (2007)

Core Values

- **Child and family focused** – partnership with families in which families have a voice in the service delivery process and provide their feedback.
- **Community-Based** - services as appropriate are provided in the family's community.
- **Culturally competent** with respect to racial, ethnic and linguistic differences.

"We expected to learn about gaps and shortfalls in the system – and we did. But we also learned about resources we did not know about, and we gained new members and partners for the Coalition. All of us were amazed at the degree of consensus among our members and respondents as to gaps, priorities, and urgency. We were able to readily identify several issues to incorporate into our Action Plan for the year. We have a focus!"

-Barb Jessing, Omaha
Chairperson of the Coalition for Children's Mental Health

Community Early Childhood System of Care (ECSOC)

Self-Assessment

Community Early Childhood System of Care (ECSOC) Self-Assessment

Community Name:

Area Covered (counties/city):

Name:

Email:

Contact Phone #:

You are invited to complete this assessment as part of a community self-assessment process. You are being asked to complete this assessment as you are a community stakeholder who is aware of your community's early childhood mental health services and supports.

Purpose:

Local - Guide local communities in a systematic process of community mapping and planning by identifying their strengths and the gaps in early childhood services and supports for social emotional development and child mental health.

Statewide – Guide the establishment of statewide projects/priorities by aggregating the findings and recommendations from the local community based assessments.

Topical areas for Self-Assessment: Prevention and Intervention Services and Supports will be rated using the following rubric in order to capture strengths and gaps related to childhood mental health and healthy social emotional development. (You will notice that each item has been coded to assist with data compilation and planning—P=prevention and I=intervention)

Directions: The stakeholders should review each of the components which represent one aspect of a comprehensive early childhood system of care. As you think about each service/resource in your community think about the following:

- Determine if the resource/service is available in your community (e.g., is it equally available across economic levels, populations of children, and geographically available?).
- Rate the degree that working to improve the availability of this component in your community is important to your work group. This rating will help you to prioritize your work plan that will be an outcome of your group's assessment and planning process.

Parent Survey: Due to work schedules and other commitments it can be challenging to gather input from parents in your community. To address this challenge, this revised edition of the ECSOC now includes a parent survey. The parent survey matches up item to item with the self-assessment and scores from the parent survey can be compiled with the stakeholder group results to form a very comprehensive summary of the services available in a community.

Summarizing the community assessment findings: It is important that after your subgroup identifies the community priorities that they begin to develop a plan to guide the work. The ECSOC Community Self-Assessment Report of Findings provides a framework for the community to summarize their findings and to begin to identify the recommended actions to begin to address the priorities.

Community Early Childhood System of Care Self-Assessment

Community: _____

Date: _____

	Health							
	Degree Available				Priority Rating			Description of Services
	1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>
Preconception health & wellness counseling (e.g., stress & impact on the fetus, nutrition education, screening for substance use, smoking cessation) P								
Regular health care is accessible (pre and postnatal) P, I								
Education about benefits of breast feeding provided during prenatal care and postpartum P								
Breastfeeding support is available P								
Depression screening part of routine prenatal and postpartum health care P, I								
Substance Abuse screening part of routine prenatal and ongoing health care P, I								
Routine child developmental screenings include social/emotional health and development and mental health. P, I								
Infancy								
Preschool								
Primary Years								

Family Resources								
	Degree Available				Priority Rating			Description of Services
	1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>
Parents are educated on the importance of early development including social-emotional development (e.g., attachment and bonding) P, I								
Prenatal								
Infancy								
Preschool								
Primary Years								
Parents are educated on characteristics of high quality child care P								
Prenatal								
Infancy								
Preschool								
Primary Years								
Adequate number of high quality child care settings are available in the community (refer to definition of high quality provided in Facilitator's Guide) P								
Infancy								
Preschool								
Primary Years								
Resources are available to assist in coping with traumatic experiences I								
Infancy								
Preschool								
Primary Years								

Family Resources								
	Degree Available				Priority Rating			Description of Services
	1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>
Community resources and support available for respite care/services P, I (e.g., Case management to help with identification/activation of informal support system or formal resources can be readily accessed).								
Infancy								
Preschool								
Primary Years								
Resources exist to assist parents with financial problems that impact meeting basic needs P, I								
Prenatal								
Infancy								
Preschool								
Primary Years								
Outreach is available for families experiencing domestic violence (e.g., DV victims, offenders, and children witnessing DV) I								
Intervention is available for families experiencing domestic violence (e.g., DV victims, offenders, and children witnessing) I								
Treatment available for parental mental health disorders (for all ages of children) I								
Treatment available for parental substance disorders (for all ages of children) I								

Early Childhood Mental Health							
Degree Available				Priority Rating			Description of Services
1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>
Early childhood social emotional development (mental health) assessment resources readily available and known to referral sources I							
Infancy							
Preschool							
Primary Years							
Individual parent-child therapy services are available I							
Infancy							
Preschool							
Primary Years							
Mental health consultation available in child care and school settings I							
Infancy							
Preschool							
Primary Years							
Group education & parent networking opportunities available for parents of young children to support children with social-emotional problems P, I							
Infancy							
Preschool							
Primary Years							

Schools							
Degree Available				Priority Rating			Description of Services
1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>
Schools have strategies to build parental engagement with their child's school P, I							
Preschool							
Primary Years							
School and community staff are well-versed in identifying social-emotional red flags and referring for assessment I							
Infancy							
Preschool							
Primary Years							

Quality Child Care							
Degree Available				Priority Rating			Description of Services
1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>
Child care that is offered in your community is affordable and accessible to all children							
Infancy							
Preschool							
Primary Years							
Reliable child care/preschool that does not cause parents to be tardy, miss work, or be distracted at work, is available in your community							
Infancy							
Preschool							
Primary Years							
Future growth and development of your community is dependent on the availability of high quality child care							
Infancy							
Preschool							
Primary Years							
Child care/preschool that is offered in your community is high quality							
Infancy							
Preschool							
Primary Years							

Top Three Priority Areas for Action		
Priority Area:	Action Plan	Timeline
1.		
2.		
3.		

Community Early Childhood System of Care (ECSOC)

Parent Survey

Community Early Childhood System of Care Self-Assessment

Parent Survey Modules

Parents and/or Guardians,

We appreciate you taking the time to fill out this short parent survey. Your responses will help us work to increase the services and supports that are available to you and your young children (ages 0-8). Your responses are completely confidential and completion of this survey is not required. All your survey responses are combined with the responses of other parents in your community and considered as a group to better understand what is going well and what needs to be improved for parents and young children. Thank you for taking the time to provide your thoughts and experiences!

FAMILY INFORMATION								
FI1. How many children ages 0-8 do you have?	Currently pregnant	1	2	3	4	5	6	7 or more
FI2. What are the ages of your children? (Circle all that apply)					Infant (0-17 months)			
					Toddler (18 months-2 years)			
					Preschool (3-4 years)			
					School Age (5-8 years)			
FI3. What is your zip code? _____								

HEALTH				
1= Not Important 2= Sort of Important 3= Very Important				
H1. Was pregnancy health care available to you or your partner?	Yes	No	Don't Know	N/A
How important is pregnancy health care to you?	1	2	3	
H2. While pregnant did anyone talk to you about the importance of stress management, nutrition, use of drugs, tobacco and alcohol and how it could impact your baby?	Yes	No	Don't Know	N/A
How important is it that someone talk to you during pregnancy about stress management, nutrition, use of drugs, tobacco and alcohol and how it could impact your baby?	1	2	3	
H3. During pregnancy were you ever asked about using drugs?	Yes	No	Don't Know	N/A
How important is it to you for pregnant mothers to be screened for drug use or asked about using drug?	1	2	3	
H4. Did you or your partner receive information about the benefits of breastfeeding?	Yes	No	Don't Know	N/A
How important is it to you to receive information about the benefits of breastfeeding?	1	2	3	
H5. Was breastfeeding support made available to you or your partner?	Yes	No	Don't Know	N/A
How important is it to you to have breastfeeding support made available to you?	1	2	3	
H6. After you had your baby did anyone ask you if you were experiencing any signs of postpartum depression?	Yes	No	Don't Know	N/A
How important is it to you to have someone ask you about signs of postpartum depression?	1	2	3	
H7. During Well-Child checks was your child screened for developmental milestones (e.g. turning head to locate sound for 2 month old baby, etc.)?	Yes	No	Don't Know	N/A
How important is it to you that your child is screened for developmental milestones at his/her Well- Child checks?	1	2	3	
H8. Was your child screened for social-emotional, behavioral, or mental health (e.g.. making friends, smiling, uncontrollable tantrums, having conversations, trying new things, aggression, etc.)?	Yes	No	Don't Know	N/A
How important is it to you for your child to be screened for social-emotional, behavioral, or mental health?	1	2	3	

FAMILY RESOURCES				
1= Not Important 2= Sort of Important 3= Very Important				
FR1. Have you received information about your child's social-emotional development (e.g. attachment, bonding, making friends, problem solving, eye contact, smiling, etc.) during the following timeframes?				
Prenatal (prior to birth)	Yes	No	Don't Know	
Infancy (0-17 months)	Yes	No	Don't Know	
Toddlers (18 months- age 2)	Yes	No	Don't Know	
Preschool (ages 3-4)	Yes	No	Don't Know	
Primary (ages 5-8)	Yes	No	Don't Know	
How important is it to you to receive information about your child's social-emotional development?	1	2	3	
FR2. Did anyone share with you information about what a high quality child care program looks like and why it is important?				
	Yes	No	Don't Know	
How important is it to you for someone to share information about what a high quality child care program looks like and why it is important?	1	2	3	
FR3. Do you believe there are enough child care options in your community?				
	Yes	No	Don't Know	
How important is it to you to have enough child care options in your community?	1	2	3	
FR4. Are services for the following needs available in your community?				
Respite care	Yes	No	Don't Know	
Financial concerns	Yes	No	Don't Know	
Domestic violence	Yes	No	Don't Know	
Parental mental health concerns	Yes	No	Don't Know	
Parental substance abuse concerns	Yes	No	Don't Know	
Assessments of a child's behavior or mental health	Yes	No	Don't Know	
Individual parent-child therapy	Yes	No	Don't Know	

Mental health or behavioral consultation for problems in school and/or child care	Yes	No	Don't Know
Group parenting classes for parents of children with challenging behaviors	Yes	No	Don't Know
How important is it to you to have services for the following needs available in your community?			
Respite Care	1	2	3
Financial concerns	1	2	3
Domestic violence	1	2	3
Parental mental health concerns	1	2	3
Parental substance abuse concerns	1	2	3
Assessments of a child's behavior or mental health	1	2	3
Individual parent-child therapy	1	2	3
Mental health or behavioral consultation for problems in school and/or child care	1	2	3
Group parenting classes for parents of children with challenging behaviors	1	2	3

SCHOOL 1= Not Important 2= Sort of Important 3= Very Important			
S1. Do you have opportunities to participate in your child's school (e.g. events/activities, field trips, parent-teacher conferences, preparing materials, volunteering, etc.)?	Yes	No	Don't Know
How important is it to you to be involved in your child's school?	1	2	3
S2. Do you believe your child's school or child care program does a good job of meeting your child's behavioral and social-emotional needs?	Yes	No	Don't Know
How important is it to you that your child's school or child care program does a good job of meeting your child's behavioral and social-emotional needs?	1	2	3

QUALITY CHILD CARE 1= Not Important 2= Sort of Important 3= Very Important			
QC1. Do you believe the child care that is offered in your community is affordable and accessible to all children?	Yes	No	Don't Know
How important is it to you that child care is affordable and accessible to all children?	1	2	3
QC2. Do you believe that reliable child care/preschool that does not cause parents to be tardy, miss work, or be distracted at work, is available in your community?	Yes	No	Don't Know
How important is reliable child care/preschool, that does not cause a work disruption, to the community?	1	2	3
QC3. Do you believe the future growth and development of your community is dependent on the availability of high quality child care?	Yes	No	Don't Know
How important is the availability of high quality child care to the future growth and development of your community?	1	2	3
QC4. Do you believe the child care/preschool that is offered in your community is high quality?	Yes	No	Don't Know
How important is high quality child care/preschool in your community?	1	2	3

CHILD CARE NEEDS				
1= Not Important 2= Sort of Important 3= Very Important				
CN1. Do you currently use a child care provider?		Yes	No	
IF YES...				
CN1a. Is your child care provider:	In a Center	In a Home	Unlicensed friend or family	
CN1b. Is your child care provider licensed?	Yes	No	Don't know	
CN1c. In which community is your child care provider?				
(comm 1)	(comm 2)	(comm 3)	(comm 4)	
(comm 5)	(comm 6)	(comm 7)	(comm 8)	
CN1d. Was it difficult to find child care locally?		Yes	No	
CN1e. If you answered YES on the previous question, please indicate why finding child care was difficult. (Select all that apply)				
Cost	Availability	Quality	Transportation	
Location	Hours of Operation	Didn't know who to ask	Other	
IF NO...				
CN1f. Please indicate the reason(s) you are not currently using child care: (Select all that apply)				
Not affordable	Unable to find / I don't know who to ask	Rely on relatives and /or friends	Not employed	
Transportation	Work different shifts than partner	Not comfortable with the quality of available care	I am a child care provider	
CN2. Are your child care needs being met?		Yes	No	
IF NO...				
CN2a. What are your child care needs per week?	Full-time (32+ hours)	Part-time (less than 32 hours)	Overlapping Schedules (several hours a day)	Drop-in Care
CN2b. What time(s) of day do you need child care?	After school	Evenings	Weekends	Overnight

CN2c. What portion of the year do you need child care?	Only during the school year	Summer only	All year
CN3. In the last 12 months, has a lack of child care caused you to miss work, be late or caused a distraction at work?	Yes	No	Don't know
CN4. Has child care availability ever affected your ability to accept a position or maintain employment?	Yes	No	Don't know
CN5. What are you looking for in a child care provider or program? (Select all that apply)			
Affordable	Staff/provider that cares about my child/ren	Structured schedule with education built-in	Limited screen time
They are licensed	Reliability, Cleanliness, and/or Safety	Open in the evening, on the weekends, and/or for drop-ins	Other

BUSINESS OWNER/EMPLOYER				
1= Not Important 2= Sort of Important 3= Very Important				
B1. Are you a business owner or employer? (This includes owners of center-based child care and family child care homes)		Yes	No (skip this section)	
B2. In the last 12 months, has a lack of child care caused your employees, to be late, miss work or cause a distraction at work?		Yes	No	Don't Know
B3. Has child care availability ever affected your ability to attain or retain employees?		Yes	No	Don't Know
B4. Has child care availability ever affected your ability to hire your candidate of choice?		Yes	No	Don't Know
B5. Does your organization have an interest in hosting child care at your location in the next 3 years?		Yes	No	Don't Know/NA
B6. Is child care for your employees part of the business plan or one of the business priorities?		Yes	No	Don't Know/NA
B7. Is your business child care?		Yes	No (skip this to Demographics)	
B8. Are you currently providing child care in your home?		Yes	No	
B9. Are you currently licensed by the state of Nebraska to provide child care?		Yes	No	
IF YES... B9a. What license do you hold?		Family Child Care Home I	Family Child Care Home II	Child Care Center
				Preschool / School Age Only
B9b. If you are NOT rated in Step Up to Quality, please indicate the reason. (Select all that apply)				
Time	I don't know what Step Up to Quality is		Not enough incentive to participate	
Cost	Training Requirements	It's too confusing		Other
IF NO... B9c. If you are NOT licensed, what are the primary reasons for not becoming licensed? (Select all that apply)				
Time	Training Requirements	Money / Too Expensive		Language barrier
Not Interested	Don't want the rules / oversight		Other	

B9d. What would be the most helpful to become licensed? (check all that apply)				
Mentor to help with the process		Free training	Money for materials	
Translation of materials into another language		Information about the benefits of being licensed	Other	
B10. Are you planning to retire or exit the field in the near future?				
Within the next 2 years	3-5 years	6-8 years	7-10 years	No plans to exit in next 10 years
IF YES...				
B10a. If you are planning to exit the field in the next 10 years, what is the reason?				
Retirement	Children going to school	Exiting to a different field	No longer working	
Going to school	Not making profit / livable wage	Low enrollment	Other	
B11. Would you be interested in learning more about child care business practices?			Yes	No

OPTIONAL DEMOGRAPHICS				
OD1. Are you currently employed?	No	Part-time	Full-time	More than 40 hours/week
OD2. In which community do you live?				
(comm 1)	(comm 2)	(comm 3)	(comm 4)	
(comm 5)	(comm 6)	(comm 7)	(comm 8)	
OD3. In which community are you employed?				
(comm 1)	(comm 2)	(comm 3)	(comm 4)	
(comm 5)	(comm 6)	(comm 7)	(comm 8)	
OD4. Select your combined family income for your household				
No income	\$0-\$19,999	\$20,000 - \$39,999	\$40,000 - \$59,999	
\$60,000 - \$79,999	\$80,000 - \$99,999		\$100,000 and over	
OD5. What is your highest level of education completed?				
Did not graduate high school	GED/High school diploma	Some College (no degree)	Technical School/ Certification	
Associates Degree (2 year)	Bachelor's Degree (4 year)	Master's Degree	Doctoral Degree	
OD6. Select all that apply for you				
White or Caucasian	Black or African American	Hispanic or Latino	Asian or Asian American	
Native Hawaiian or Pacific Islander	American Indian or Alaska Native	Other/ Unknown	Prefer not to say	

Community Early Childhood System of Care Self-Assessment

Autoevaluación del Sistema Comunitario de Edad Temprana

Parent Survey Modules

Módulos de encuestas para padres

Padres y/o tutores,

Apreciamos que se haya tomado el tiempo para completar esta breve encuesta para padres. Sus respuestas nos ayudarán a incrementar los servicios y apoyos disponibles para usted y sus hijos pequeños (de 0 a 8 años). Sus respuestas son completamente confidenciales y usted no está obligado a completar esta encuesta. Todas sus respuestas de la encuesta son combinadas con las respuestas de otros padres en su comunidad y se consideran como un grupo para mejor comprender qué va bien y qué se debe mejorar para los padres y los hijos. ¡Gracias por tomarse el tiempo en brindarnos sus opiniones y experiencias!

INTRODUCCIÓN		
I1. ¿Está usted o su pareja embarazada o tiene hijos de 0 a 8 años?	Sí	No (pase a la sección de propietario de empresa/empleador)

INFORMACIÓN FAMILIAR								
FI1. ¿Cuántos hijos de 0 a 8 años tiene?	Actualmente embarazada	1	2	3	4	5	6	7 o más
FI2. ¿Cuál es su código postal? _____								
FI3. ¿Cuáles son las edades de sus hijos? (Encierre en un círculo todas las que apliquen)					Infante (de 0 a 17 meses)			
					Niño pequeño (Toddler) (de 18 meses a 2 años)			
					Preescolar (de 3 a 4 años)			
					Edad escolar (de 5 a 8 años)			

SALUD				
1= No es importante 2= Algo importante 3= Muy importante				
H1. ¿Tenía usted o su pareja cuidado médico del embarazo?	Sí	No	No se	N/A
¿Qué tan importante es para usted el cuidado médico del embarazo?	1	2	3	
H2. Durante el embarazo, ¿Alguien le habló sobre la importancia del manejo del estrés, la nutrición, el uso de drogas, tabaco y alcohol, y cómo podría afectar a su bebé?	Sí	No	No se	N/A
¿Qué tan importante es que alguien le hable durante el embarazo sobre el manejo del estrés, la nutrición, el uso de drogas, tabaco y alcohol, y cómo podría afectar a su bebé?	1	2	3	
H3. Durante el embarazo, ¿Alguna vez le preguntaron sobre el uso de drogas?	Sí	No	No se	N/A
¿Qué tan importante es para usted que las madres embarazadas sean examinadas por el uso de drogas o que se les pregunte sobre el uso de drogas?	1	2	3	
H4. ¿Recibió usted o su pareja información sobre los beneficios de la lactancia materna?	Sí	No	No se	N/A
¿Qué tan importante es para usted recibir información sobre los beneficios de la lactancia materna?	1	2	3	
H5. ¿Se le brindó apoyo para la lactancia materna a usted o a su pareja?	Sí	No	No se	N/A
¿Qué tan importante es para usted tener apoyo disponible sobre la lactancia materna?	1	2	3	
H6. Después de tener a su bebé, ¿Alguien le preguntó si sentía algún signo de depresión posparto?	Sí	No	No se	N/A
¿Qué tan importante es para usted que alguien le pregunte sobre los signos de depresión posparto?	1	2	3	
H7. Durante los chequeos de bienestar de salud (Well-Child), ¿Se examinó a su hijo (a) para determinar los indicadores del desarrollo (por ejemplo, girar la cabeza para localizar el sonido para un bebé de 2 meses, etc.)?	Sí	No	No se	N/A
¿Qué tan importante es para usted que su hijo (a) sea evaluado en busca de indicadores del desarrollo en sus chequeos de bienestar de salud (Well-Child)?	1	2	3	
H8. ¿Su hijo (a) fue examinado en busca de salud social-emocional, conductual o mental (por ejemplo, hacer amigos, sonreír, berrinches incontrolables, conversar, probar cosas nuevas, agresión, etc.)?	Sí	No	No se	N/A
¿Qué tan importante es para usted que su hijo (a) sea evaluado por su salud social-emocional, conductual o mental?	1	2	3	

RECURSOS FAMILIARES			
1= No es importante 2= Algo importante 3= Muy importante			
FR1. ¿Ha recibido información sobre el desarrollo socioemocional de su hijo (a) (por ejemplo, apego, unión, amistad, resolución de problemas, contacto visual, sonrisa, etc.) durante los siguientes plazos?			
Prenatal (antes del nacimiento)	Sí	No	No se
Infancia (de 0 a 17 meses)	Sí	No	No se
Niño pequeño (Toddler) (de 18 meses a 2 años)	Sí	No	No se
Preescolar (de 3 a 4 años)	Sí	No	No se
Edad escolar (de 5 a 8 años)	Sí	No	No se
¿Qué tan importante es para usted recibir información sobre el desarrollo socioemocional de su hijo (a)?	1	2	3
FR2. ¿Alguien compartió con usted información sobre cómo es un programa de cuidado infantil de alta calidad y por qué es importante?			
¿Qué tan importante es para usted que alguien comparta información sobre cómo se ve un programa de cuidado infantil de alta calidad y por qué es importante?	1	2	3
FR3. ¿Cree que hay suficientes opciones de cuidado infantil en su comunidad?			
¿Qué tan importante es para usted tener suficientes opciones de cuidado infantil en su comunidad?	1	2	3
FR4. ¿Hay servicios disponibles para las siguientes necesidades en su comunidad?			
Cuidado de relevo (Respite Care)	Sí	No	No se
Preocupaciones financieras	Sí	No	No se
Violencia doméstica	Sí	No	No se
Preocupaciones de salud mental de los padres	Sí	No	No se
Preocupaciones sobre el abuso de sustancias de los padres	Sí	No	No se
Evaluaciones del comportamiento o salud mental de un niño	Sí	No	No se
Terapia individual de padre e hijo	Sí	No	No se

Consulta de salud mental o de comportamiento para problemas en la escuela y/o guardería	Sí	No	No se
Clases grupales de crianza para padres de niños con comportamientos desafiantes	Sí	No	No se
¿Qué tan importante es para usted tener servicios disponibles para las siguientes necesidades en su comunidad?			
Cuidado de relevo (Respite Care)	1	2	3
Preocupaciones financieras	1	2	3
Violencia doméstica	1	2	3
Preocupaciones de salud mental de los padres	1	2	3
Preocupaciones sobre el abuso de sustancias de los padres	1	2	3
Evaluaciones del comportamiento o salud mental de un niño	1	2	3
Terapia individual de padre e hijo	1	2	3
Consulta de salud mental o de comportamiento para problemas de la escuela y/o guardería	1	2	3
Clases grupales de crianza para padres de niños con comportamientos desafiantes.	1	2	3

ESCUELA			
1= No es importante 2= Algo importante 3= Muy importante			
S1. ¿Tiene oportunidades de participar en la escuela de su hijo(a) (por ejemplo, eventos/actividades, excursiones, conferencias de padres y maestros, preparación de materiales, voluntariado, etc.)?	Sí	No	No se
¿Qué tan importante es para usted estar involucrado en la escuela de su hijo(a)?	1	2	3
S2. ¿Cree que la escuela o el programa de cuidado infantil de su hijo(a) hacen un buen trabajo en satisfacer las necesidades socioemocionales y de conducta de su hijo (a)?	Sí	No	No se
¿Qué tan importante es para usted que la escuela o el programa de cuidado infantil de su hijo (a) haga un buen trabajo en satisfacer las necesidades socioemocionales y de conducta de su hijo (a)?	1	2	3

CUIDADO INFANTIL DE CALIDAD			
1= No es importante 2= Algo importante 3= Muy importante			
QC1. ¿Cree que el cuidado infantil que se ofrece en su comunidad es económico y accesible para todos los niños?	Sí	No	No se
¿Qué tan importante es para usted que el cuidado infantil sea económico y accesible para todos los niños?	1	2	3
QC2. ¿Cree que en su comunidad hay cuidado infantil/preescolar disponible y que es confiable que no causa que los padres lleguen tarde, falten al trabajo, o se distraigan en el trabajo? ¿Está disponible en su comunidad?	Sí	No	No se
¿Qué importancia tiene el cuidado infantil/preescolar confiable que no cause interrupciones en el trabajo para la comunidad?	1	2	3
QC3. ¿Cree que el futuro crecimiento y desarrollo de su comunidad depende del acceso a cuidado infantil de alta calidad?	Sí	No	No se
¿Qué tan importante es la disponibilidad de cuidado infantil de alta calidad para el futuro crecimiento y desarrollo de su comunidad?	1	2	3
QC4. ¿Cree que el cuidado infantil/preescolar que se ofrece en su comunidad es de alta calidad?	Sí	No	No se
¿Qué tan importante es el cuidado infantil/preescolar de alta calidad en su comunidad?	1	2	3

NECESIDADES DE CUIDADO INFANTIL			
1= No es importante 2= Algo importante 3= Muy importante			
CN1. ¿Actualmente utiliza un proveedor de cuidado infantil?	Sí	No	
Sí...			
CN1a. Es su proveedor de cuidado infantil:	En un centro	En una casa	Familia o amigo sin licencia
CN1b. ¿Tiene licencia su proveedor de cuidado infantil?	Sí	No	No se
CN1c. ¿En qué comunidad se encuentra su proveedor de cuidado infantil?			
(comm 1)	(comm 2)	(comm 3)	(comm 4)

(comm 5)		(comm 6)	(comm 7)		(comm 8)
CN1d. ¿Fue difícil encontrar cuidado infantil a nivel local?			Sí	No	
CN1e. Si respondió SÍ a la pregunta anterior, por favor indique por qué le fue difícil encontrar cuidado infantil (Seleccione todas las que correspondan)					
Costo	Disponibilidad		Calidad	Transporte	
Ubicación	Horas de operación		No sabía a quién preguntar	Otra	
Si contestó NO...					
CN1f. Por favor indique la razón por la cual no está usando un cuidado infantil:					
No fue económico	No pude encontrar/ No sé a quién preguntar		Confío en familiares y/o amigos	Desempleado	
Transporte	Trabajo diferente turno que mi pareja		No me siento cómodo con la calidad de cuidado infantil disponible	Soy un proveedor de cuidado infantil	
CN2. En los últimos 12 meses, ¿La falta de cuidado infantil le ha causado faltar al trabajo, llegar tarde o le ha causado distracción en el trabajo?			Sí	No	No se
CN3. ¿Alguna vez le ha afectado la disponibilidad de cuidado infantil en su capacidad de aceptar o mantener algún trabajo?			Sí	No	No se
CN4. ¿Qué es lo que busca en un proveedor o programa de cuidado infantil? (Seleccione todas las que correspondan)					
Económico	Personal/proveedor que le importe mi(s) hijo(s)		Horario estructurado con educación integrada	Tiempo limitado de pantalla	
Tenga licencia	Fiabilidad, limpio y/o seguro		Abierto en las tardes, fines de semana y/o sin citas	Otro	
CN5. ¿Se satisfacen sus necesidades de cuidado infantil?			Sí	No	
Si contestó NO...		Tiempo completo (más de 32 horas)	Medio tiempo (menos de 32 horas)	Horarios diferentes (varias horas al día)	Cuidado sin cita
CN5a. ¿Cuáles son sus necesidades de cuidado infantil por semana?					
CN5b. ¿A qué hora o día necesita cuidado infantil?		Después de la escuela	Tardes	Fin de semana	Durante la noche
CN5c. ¿Durante qué parte del año necesita de cuidado infantil?		Durante el año escolar	Todo el año	Solo en el verano	

PROPIETARIO DE EMPRESA/EMPLEADOR				
1= No es importante 2= Algo importante 3= Muy Importante				
B1. ¿Es un empresario o empleador? (Esto incluye dueños de centros de cuidado infantil y de cuidado infantil en los hogares)	Sí	No (pase a la sección demográfica)		
B2. ¿En los últimos 12 meses, la falta de cuidado infantil le ha causado a sus empleados que lleguen tarde, falten al trabajo o estén distraídos en el trabajo?	Sí	No	No se	
B3. ¿Alguna vez le ha afectado la disponibilidad de cuidado infantil en su capacidad de aceptar un empleo o de mantener empleados?	Sí	No	No se	
B4. ¿Alguna vez le ha afectado la disponibilidad de cuidado infantil en su capacidad de contratar su candidato de preferencia?	Sí	No	No se	
B5. ¿Tiene interés su organización en tener cuidado infantil en su ubicación en los próximos 3 años?	Sí	No	No se/NA	
B6. ¿Es el cuidado infantil para sus empleados parte de su plan de negocio o una prioridad de su negocio?	Sí	No	No se/NA	
B7. ¿Es su negocio de cuidado infantil?	Sí	No (pase a la sección demográfica)		
B8. ¿Actualmente, está proveyendo cuidado infantil en su hogar?	Sí	No		
B9. ¿Actualmente, tiene licencia del estado de Nebraska para proveer cuidado infantil?	Sí	No		
Si contestó "Sí" ...	Cuidado infantil familiar en el hogar I	Cuidado infantil familiar en el hogar II	Centro de cuidado infantil	Solo Preescolar/ edad escolar
B9a. ¿Qué licencia tiene?				
B9b. Si NO ha sido evaluado por el programa Step Up to Quality, por favor indique la razón. (Seleccione todas la que correspondan)				
Tiempo	No sé qué es Step Up to Quality		No hay suficiente incentivo para participar	
Costo	Requisitos de entrenamiento	Es muy confuso	Otro	
Si contestó "No" ...				
B9c. Si NO tiene licencia, ¿Cuáles son las razones principales para no obtener una licencia? (Seleccione todas la que correspondan)				
Tiempo	Requisitos de Entrenamiento	Dinero / Muy Caro	Barrera de Lenguaje	

No estoy interesado		No quiero las reglas / vigilancia		Otro
B9d. ¿Que sería lo más útil para obtener una licencia? (Seleccione todas la que correspondan)				
Mentor para ayudar con el proceso		Entrenamiento gratis		Dinero para los materiales
Traducción de materiales en otro idioma		Información sobre los beneficios de tener una licencia		Otro
B10. ¿Piensa jubilarse o salirse del área de trabajo en un futuro cercano?				
Dentro de los próximos 2 años	3-5 años	6-8 años	7-10 años	No tengo planes de salirme dentro de los próximos 10 años
Si contestó "Sí" ...				
B10a. Si piensa salirse del área de trabajo dentro de los próximos 10 años, ¿Cuál es la razón?				
Jubilación	Niños estarán en la escuela	Entrando a otra rama de trabajo		Ya no pienso seguir trabajando
Iré a la escuela	No hay suficientes ganancias / suficiente salario	Matriculación baja		Otro
B11. ¿Estaría interesado en aprender más sobre prácticas de negocios sobre cuidado infantil?			Sí	No

INFORMACIÓN DEMOGRÁFICA OPCIONAL				
OD1. ¿Actualmente, está empleado?	No	Medio tiempo	Tiempo completo	Más de 40 horas/semana
OD2. ¿En cuál comunidad vive?				
(comm 1)	(comm 2)		(comm 3)	(comm 4)
(comm 5)	(comm 6)		(comm 7)	(comm 8)
OD3. ¿En cuál comunidad está empleado?				
(comm 1)	(comm 2)		(comm 3)	(comm 4)
(comm 5)	(comm 6)		(comm 7)	(comm 8)
OD4. Seleccione su ingreso familiar de su hogar combinado				
No hay ingresos	\$0-\$19,999	\$20,000 - \$39,999	\$40,000 - \$59,999	
\$60,000 - \$79,999	\$80,000 - \$99,999	\$100,000 y más		

OD5. ¿Cuál es el nivel más alto de educación que ha completado?			
No me gradué de la preparatoria	GED/Diploma de la preparatoria	Algo de universidad (sin título)	Escuela técnica/ Certificación
Grado asociado (2 años)	Bachillerato/Licenciatura (4 años)	Maestría	Doctorado
OD6. Seleccione todas la que correspondan a usted			
Blanco o Caucásico	Negro o Afroamericano	Hispano o Latino	Asiático o Asiático Americano
Nativo de Hawái u Isla del Pacífico	Indio Americano o Nativo de Alaska	Otro/ Desconocido	Prefiero no decir

Community Early Childhood System of Care (ECSOC)

Reporting Templates

**Early Childhood System of Care (ECSOC)
Community Self-Assessment
Report of Findings**

Community Name:

Area Covered (counties/city):

Primary Facilitator

Name:

Email:

Contact Phone #:

Method was: **Survey only** ☐ **Survey plus focus group/s** ☐

Total number of participants:

Participation included:

- | | |
|---|--|
| <input type="checkbox"/> Family members | <input type="checkbox"/> School Administrators |
| <input type="checkbox"/> Early childhood care providers | <input type="checkbox"/> Elementary school teachers |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Community health care providers |
| <input type="checkbox"/> Early Childhood Regional Planning Team members | <input type="checkbox"/> Mental health service providers |
| <input type="checkbox"/> Public Health providers | <input type="checkbox"/> Substance Abuse providers |
| <input type="checkbox"/> Recreational providers | <input type="checkbox"/> Juvenile justice providers |
| <input type="checkbox"/> Social service workers | <input type="checkbox"/> College and University Faculty |
| <input type="checkbox"/> Child welfare providers | <input type="checkbox"/> Vocational providers |
| | Other |

Findings:

Health: Total score for degree available: (out of 27 possible)

Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

Family Resources: Total score for degree available: (out of 75 possible)

Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

Early Childhood Mental Health Services:

Total score for degree available: (out of 36 possible)

Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

School: Total score for degree available: (out of 15 possible)

Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

Community Early Childhood System of Care (ECSOC) Self-Assessment Summary

COUNTY NAME
DATE(S)

Table of Contents

Community Early Childhood System of Care Meeting Agenda 26

Assessment Results

HEALTH 27

FAMILY RESOURCES 29

EARLY CHILDHOOD MENTAL HEALTH 32

SCHOOLS 34

Preliminary Community Debrief 37

Common Themes 37

Result Nuggets and Big Ideas 38

Reporting template developed by Rooted in Relationships at Nebraska Children & Families Foundation

Community Early Childhood System of Care Meeting Agenda

Session 1: DATE

Community Early Childhood System of Care Meeting Agenda

Session 2: DATE

	HEALTH												
	Degree Available Community Rating				Degree Available Parent Rating ¹			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Preconception health & wellness counseling (e.g., stress & impact on the fetus, nutrition education, screening for substance use, smoking cessation support) P													
Community Comments:													
Regular health care is accessible (pre and postnatal) P, I													
Community Comments:													
Education about benefits of breast feeding provided during prenatal care and postpartum P													
Community Comments:													
Breastfeeding support is available P													
Community Comments:													

¹ Number of parent responses for each choice is shown. The total number of parent surveys was XXXX however not every parent answered every question.

HEALTH

	Degree Available Community Rating				Degree Available Parent Rating ¹			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Depression screening part of routine prenatal and postpartum health care P, I													
Community Comments:													
Substance Abuse screening part of routine prenatal and ongoing health care P, I													
Community Comments:													
Routine child developmental screenings include social/emotional health and development and mental health. P, I													
Infancy													
Preschool													
Primary Years													
Community Comments:													

FAMILY RESOURCES

Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High

Parents are educated on the importance of early development including social-emotional development P,I
(e.g., attachment and bonding)

Prenatal												
Infancy												
Preschool												
Primary Years												
<i>Community Comments:</i>												

Parents are educated on characteristics of high quality child care P

Prenatal												
Infancy												
Preschool												
Primary Years												
<i>Community Comments:</i>												

Adequate number of high quality child care settings are available P
(refer to definition of high quality provided in Facilitator's Guide)

Infancy												
Preschool												

	FAMILY RESOURCES												
	Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Primary Years													
Community Comments:													
Resources are available to assist in coping with traumatic experiences I													
Infancy					N/A						N/A		
Preschool													
Primary Years													
Community Comments:													
Community resources and support available for respite care/services P, I (e.g., Case management to help with identification/activation of informal support system or formal resources can be readily accessed).													
Infancy													
Preschool													
Primary Years													
Community Comments:													
Resources exist to assist parents with financial problems that impact meeting basic needs P,I													
Prenatal													
Infancy													
Preschool													

	FAMILY RESOURCES												
	Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Primary Years													
Community Comments:													
Outreach is available for families experiencing domestic violence I (e.g., DV victims, offenders, and children witnessing DV)					N/A						N/A		
Community Comments:													
Intervention is available for families experiencing domestic violence I (e.g., DV victims, offenders, and children witnessing DV)													
Community Comments:													
Treatment available for parental mental health disorders (for all ages of children) I													
Community Comments:													
Treatment available for parental substance disorders (for all ages of children) I													
Community Comments:													

EARLY CHILDHOOD MENTAL HEALTH												
Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Early childhood social emotional development (mental health) assessment resources readily available and known to referral sources I												
Infancy												
Preschool												
Primary Years												
Community Comments:												
Individual parent-child therapy services are available I												
Infancy												
Preschool												
Primary Years												
Community Comments:												
Mental health consultation available in child care and school settings I												
Infancy												
Preschool												
Primary Years												
Community Comments:												
Group education & parent networking opportunities available for parents of young children to support children with social-emotional problems P, I												

EARLY CHILDHOOD MENTAL HEALTH													
	Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Infancy													
Preschool													
Primary Years													
Community Comments:													

SCHOOLS

Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High

Schools have strategies to build parental engagement with their child's school P, I

Preschool												
Primary Years												

Community Comments:

School and community staff are well-versed in identifying social-emotional red flags and referring for assessment I

Infancy												
Preschool												
Primary Years												

Community Comments:

QUALITY CHILD CARE

Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High

Child care that is offered in your community is affordable and accessible to all children

Infancy												
Preschool												
Primary Years												
Community Comments:												

Reliable child care/preschool that does not cause parents to be tardy, miss work, or be distracted at work, is available in your community

Infancy												
Preschool												
Primary Years												
Community Comments:												

Future growth and development of your community is dependent on the availability of high quality child care

Infancy												
Preschool												
Primary Years												
Community Comments:												

QUALITY CHILD CARE

Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High

Child care/preschool that is offered in your community is high quality

Infancy													
Preschool													
Primary Years													
Community Comments:													

Preliminary Community Debrief

	Health	Family Resources	Early Childhood Mental Health (ECMH) Services	Schools
Greatest Strengths & Assets				
Most Critical Gaps				
More Information Needed				
Observations & Insights				
Assessment Team Members				

Common Themes

Result Nuggets and Big Ideas

	Health	Family Resources	Early Childhood Mental Health	Schools
Surprises in the data				
Changes to make based on parent responses				
Missing Information				

Big Ideas

An electronic version of this survey can be found here:

<http://dhhs.ne.gov/homevisiting>
<http://rootedinrelationships.org/resources/>

This document was developed by the TFKF Mental Health Work Group. Together for Kids and Families (TFKF) was Nebraska's Early Childhood Comprehensive Systems project located organizationally within the Department of Health and Human Services, Division of Public Health, Lifespan Health Services. TFKF brought together early childhood stakeholders to comprehensively plan and implement strategies designed to holistically address issues that affected young children and their families in order to promote positive outcomes.

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