

Sixpence Early Learning Fund

2021 - 2022 Evaluation Report | September 2022



Collaborate. Evaluate. Improve.

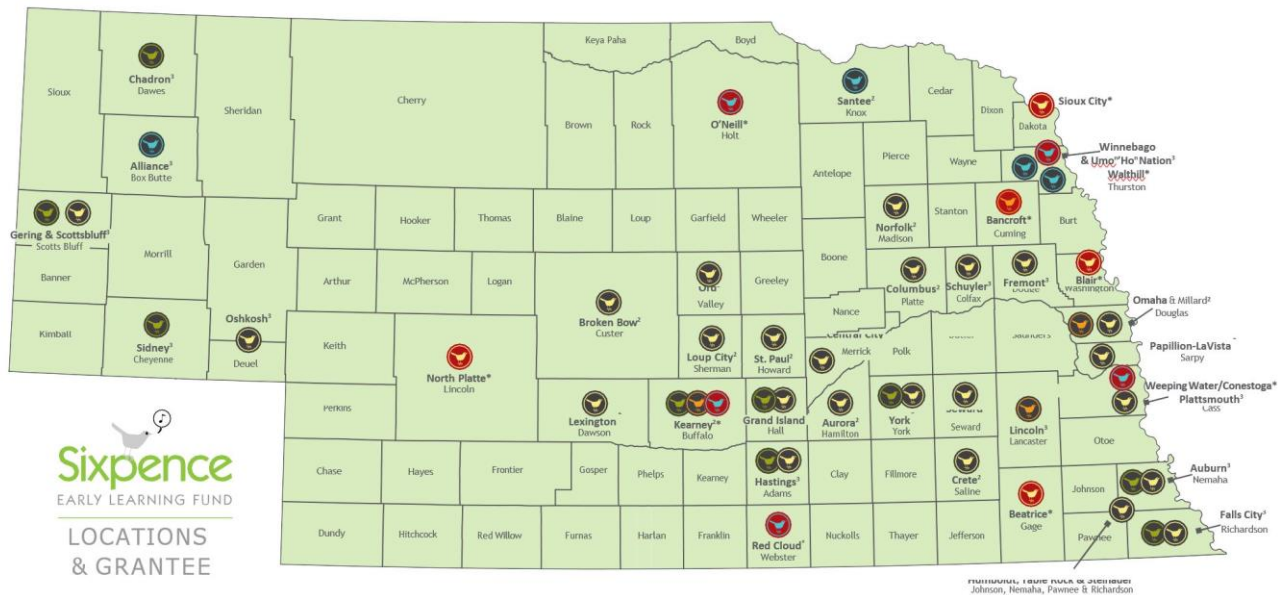
Interdisciplinary Center for Program Evaluation

SIXPENCE EARLY LEARNING FUND

2021-2022 Annual Report

In 2006, the Nebraska Legislature passed LB1256 establishing the Nebraska Early Childhood Education Endowment Grant Fund to serve vulnerable young children, prenatally to age three. This public-private partnership, known as Sixpence, funds grants to school districts across Nebraska to provide services for infants, toddlers, and their families who experience stressors such as low income that can put them at risk. Sixpence Programs support families and children to foster their healthy growth and development during their earliest years. Sixpence builds community-level partnerships that focus on meeting the developmental needs of very young children and supporting parents as their child's first and most important teacher, helping to ensure their child's success in school and later in life.

For ten years, the Sixpence model consisted of family engagement home-based services, center-based infant/toddler care, or a combination of the two. Local school districts staff and administer the programs, in partnership with other local entities. In 2015, the Nebraska Legislature passed LB547 which provided funding for partnerships between school districts and local child care providers, to enhance the quality of child care in the community. This new Sixpence program, known as Child Care Partnerships (CCP), was implemented in the fall of 2016. This year's report includes descriptions and outcomes for all models of Sixpence programs.




EARLY LEARNING FUND
LOCATIONS
& GRANTEE

Table of Contents

- SIXPENCE PROGRAMS..... 3
 - Child and Family Demographics 3
 - Evaluation Findings.....6
 - Program Quality Outcomes.....6
 - Child Outcomes.....11
 - Health Outcomes.....20
 - Family Outcomes.....22
- SIXPENCE CHILD CARE PARTNERSHIP PROGRAMS (CCP) 26
 - Child and Provider Demographics..... 26
 - Evaluation Findings 28
- CONCLUSIONS AND IMPLICATIONS.....37
- REFERENCES.....38
- ASSESSMENTS.....39
- APPENDIX.....40

“

The support that comes from this program is absolutely amazing. If I ever need support or help with anything, I know I can lean on this program for the guidance and help that I need.

A Sixpence parent

”



SIXPENCE PROGRAMS



What is Sixpence?

In the 2021-2022 program year, the Sixpence Early Learning Fund expanded from 31 to 42 school district grantees across the 40 Nebraska counties. This was Sixpence's 14th year of serving young children and their families in Nebraska.

Sixpence grantees implemented one of the following models:

- Center-based care (9)
- Family engagement home-based services (28)
- Combination of family engagement home-based services **and** center-based care (5)

The majority of the children (67%) participated in family engagement home-based services. These included year-round weekly individualized sessions in the family's home and in community locations, as well as group socializations, where families gathered to play, learn, and build community. About a third of the children (33%) participated in the center-based programs, most of which provided full-day, year-round services. All of the center-based programs used strategies to engage parents in their child's education program and conducted home-visits twice a year with the family.

Child and Family Demographics

Who were the children and families served?

In 2021-2022, Sixpence served 1,132 children and 979 families across 42 grantees. In addition, 78 mothers were served prenatally whose babies were born prior to June 30, 2021.

Sixpence children are served in urban (Lincoln and Omaha), mid-sized (e.g., Grand Island and Kearney) and rural (e.g., Falls City and Ord) communities across Nebraska.

Nearly half of Sixpence families live in rural communities. n=1,132



Sixpence Programs serve families with infants and toddlers (prenatally to age three) who experience stressors and challenges that may have a long-term adverse impact on their academic performance in school. The families and children served must meet at least one of the following qualifications to participate:

- ▶ Low income, as defined by federal guidelines for free or reduced lunch
- ▶ Child born prematurely, with typical or low birth weight
- ▶ English is not the primary language spoken in the home (ELL, English Language Learner)
- ▶ Parents who are younger than 20
- ▶ Parents who have not completed high school

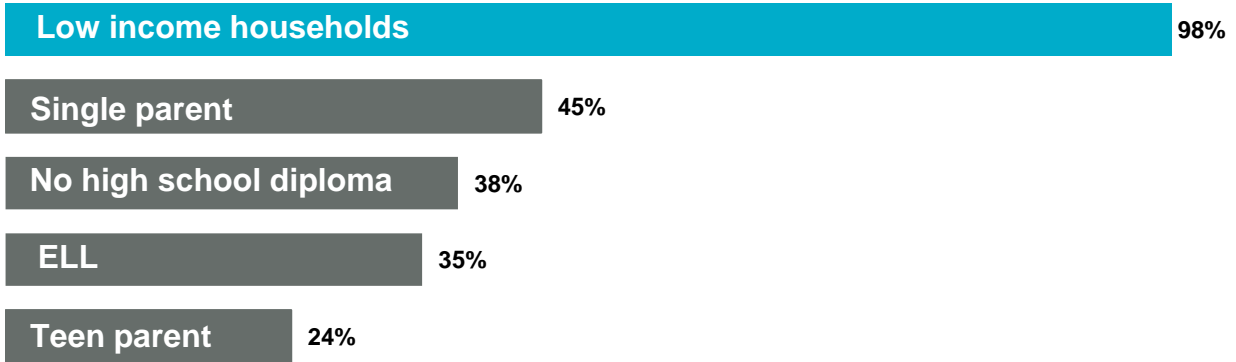
Seven additional stressors were tracked: single parent family, incarcerated parent, parent absence due to death or military deployment, child is in foster care, child has witnessed violence in home or community,



parental mental health issues and parental substance abuse. The following graph shows the most common challenges Sixpence families experience.

Nearly all Sixpence children live in low income households. n=1,132

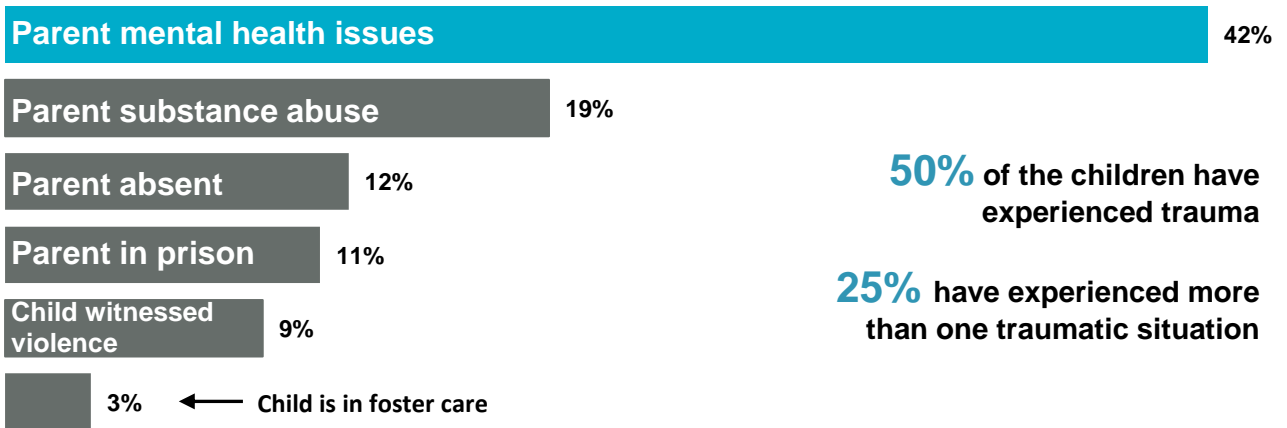
Almost half the children are in single parent families.



Of the five qualifying factors to participate in Sixpence, premature birth or low birth weight was the least common, with 14% of the children meeting this criterion. The majority (64%) of the children served in Sixpence had three or more stressors.

Additional stressors relating to child trauma were collected in the spring from 849 families.

The most common trauma for Sixpence children was having a parent with mental health issues. n=849 families



It is encouraging to note that 79% of parents with mental health issues and 59% with substance abuse issues have received treatment services.

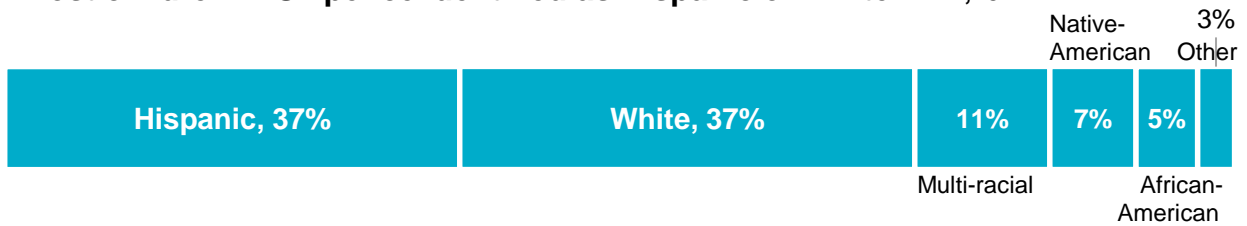
Of note, 156 Sixpence parents have been a ward of the state and 12 parents still have this status.



Child Demographics

Sixpence served more males (54%) than females (46%). A total of 14% of the children received special education services through Nebraska’s Early Development Network. The majority of the children (71%) were under the age of one at the time of entry into Sixpence. The average age of entry is eight months of age.

Most children in Sixpence identified as Hispanic or White. n=1,132



What was the retention rate of families in the program?

The Sixpence retention rate was **86%**

Sixpence has a strong record of retaining families in the program. In 2021-2021, 86% of the children stayed in the program through June 30, 2022, or until they aged out of the program. Of the 158 children who left the program prematurely, the majority (65%) withdrew in their first year of service. This indicates that if families stay for one complete year of services, they are more likely to stay in Sixpence until their child ages out.

The most common reasons families exited Sixpence early were the family moved (34%) or poor attendance (15%), or parent work schedule (13%) made participation difficult.



“

I love the infinite support I receive for my child. I love how this program has taught me how to identify how well my child is developing and how it helps me further my child's development.

A Sixpence parent

”

Evaluation Findings

A comprehensive evaluation process was conducted to monitor the implementation of the Sixpence programs and assess progress towards identified program outcomes. Information was collected and reported uniformly across programs. Data were shared with programs throughout the year to support program improvement.

The findings are reported in four areas: Program Quality Outcomes, Child Outcomes, Health Outcomes and Family Outcomes. For each outcome, we report the percentage meeting the Sixpence program goal. We also report the percentage of scores that fell in the below-average, average, and above-average ranges. When data have been collected at two points in time, we report change over time. We also analyze the data in order to determine the relationship of family risk factors, family home language, and child gender on child and family outcomes.

Analyses

For Sixpence outcome analyses, we utilized a two-way repeated measures analysis of variance (ANOVA) to see if children’s language, social-emotional skills, and parent-child interactions showed significant improvement over time and if family risk factors, family home language or child gender influenced these outcomes. A summary of the significant findings of the two-way ANOVA analyses are presented in the main body of the report. For technical details about these analyses, please consult the appendix.



“

We cannot say enough positives about this program and feel very lucky to be included in it!

A parent reflects on Sixpence

”

Program Quality Outcomes

What was the quality of center-based services?

The Sixpence evaluation uses the Infant/Toddler Environmental Rating Scale – Third Edition (ITERS-3) and the Classroom Assessment Scoring System (CLASS) to assess classroom quality. The ITERS-3 is an in-person observation that assesses classroom quality with a focus on classroom structure, activities, and play materials and is used with new teachers. The CLASS, which can be conducted in-person or through a videotape of the classroom activities, focuses exclusively on classroom interactions that build positive relationships, promote language development, and support learning.

Generally, new teachers were assessed using the ITERS-3. A random sampling of half of the veteran Sixpence teachers (or a minimum of two classrooms for smaller programs) were assessed using the CLASS. Some veteran teachers’ ITERS scores were used due to students being too old for the Toddler CLASS when



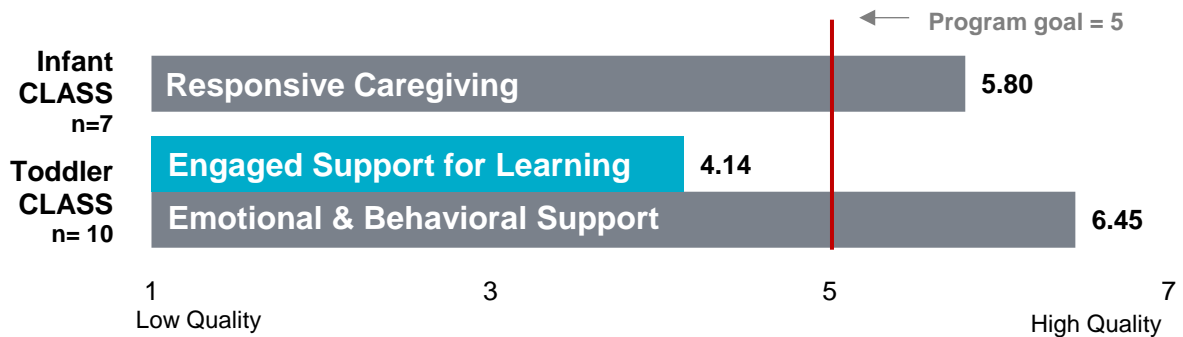
they were completed. Some new teachers' CLASS scores were used due to inconsistencies in student attendance when ITERS observations were attempted.

Classroom Assessment Scoring System (CLASS) Results

CLASS ratings were completed during a typical morning of classroom activities across staff members. Four cycles of 15-20 minute increments were rated by reliable evaluators. Both the Infant and Toddler CLASS assess teacher-child relationships based on social-emotional supports. The Toddler CLASS has an additional domain, Engaged Support for Learning, which measures how teachers engage children in discovery, promote critical thinking, and provide rich language experiences. Scoring is based on a 7-point scale with seven indicating highest quality. The quality program benchmark is a score of five or higher. The CLASS results for 17 classrooms are presented below.

Sixpence center-based teachers consistently created emotionally supportive and caring environments in their classrooms.

Engaged Support for Learning outcomes were not as strong.



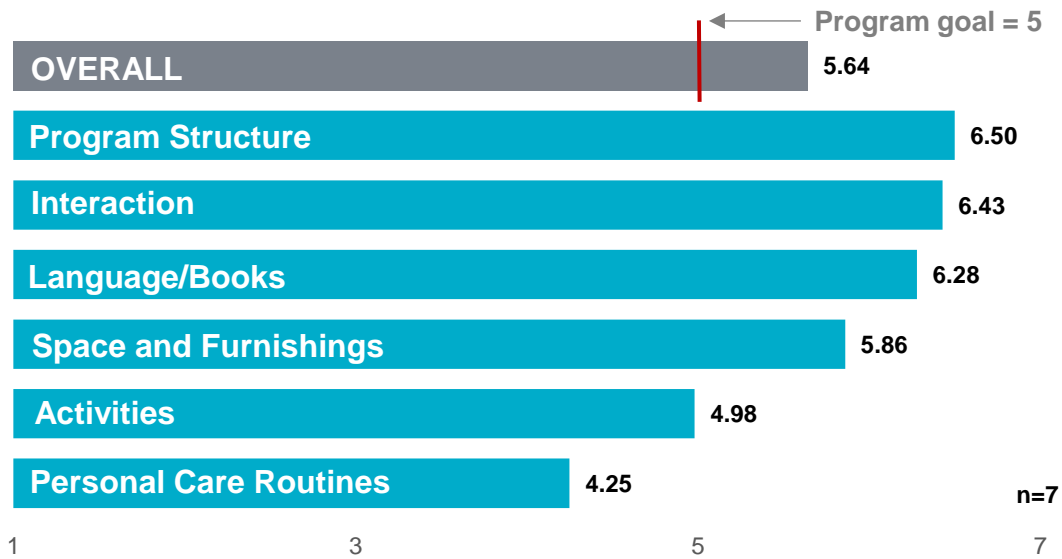
Sixpence classrooms demonstrated high quality in teacher-child relationships, as measured in the Responsive Caregiving and Emotional & Behavioral Support Domains. The teachers were consistently warm, responsive, flexible, and supportive towards children with 100% of the infant and toddler classrooms meeting the program quality benchmark. High quality in this domain indicates Sixpence classrooms created an environment of mutual respect between teachers and children and in peer-to-peer interactions. Overall, Engaged Support for Learning was in the moderate range, with one classroom meeting the program benchmark of a 5 in this area.

Infant/Toddler Ratings Scales-revised (ITERS-3) Results

The ITERS-3 assessment is based on a three-hour, in-person observation, and is scored on a 7-point scale with 7 indicating highest quality. The following graph shows ITERS-3 subscale and overall averages for seven classrooms. The program goal is a score of 5 overall.



Sixpence classrooms have high quality practices overall, with strengths in program structure, interacting with children, supporting language development, and classroom space and furnishings.



On average, Sixpence classrooms rated in the high-quality range on the ITERS-3 and consistently demonstrated high-quality practices in almost every subscale, except for Activities and Personal Care Routines. Average overall ratings exceeded the program benchmark, and all classrooms met the program benchmark for the overall score. All seven classrooms also met or exceeded a score of 5 in the areas of Language, Program Structure, and Interaction. Most (86%) of the classrooms scored 5 or above in Space and Furnishings. Ratings in these areas indicate teachers engaged children in interactions to foster understanding and language development, interacted with children in a responsive manner, followed a daily schedule, allowed a balance of both free play and group activities, had provisions for children with disabilities during classroom activities, encouraged peer-to-peer interactions, and provided adequate space and furnishings for daily routines and activities. Forty-two percent of the classrooms scored a 5 or above in Activities, which measures access to a variety of learning materials and interactions while using those materials. The results in Personal Care Routines exceeded the national average.

100% of classrooms met the quality benchmark in the Overall score.



What was the quality of family engagement services?

The *Home Visit Rating Scales-Adaptive and Extended* (HOVRS-A+ v.2.1 & 3.0) assesses the quality of family engagement specialist practices and levels of family engagement during home visits based on a 30-minute video recording. HOVRS-A+ v.2.1 is scored on a 7-point scale, with 7 indicating high quality home visitation practices.

The results are reported in two domains. The first domain, Home Visit Practices, measures the family engagement specialist’s responsiveness to the family’s strengths and culture, how the specialist builds relationships with the family, the effectiveness of the specialist at facilitating and promoting positive caregiver-child interactions, and non-intrusive approaches utilized by the specialist that support effective collaboration.

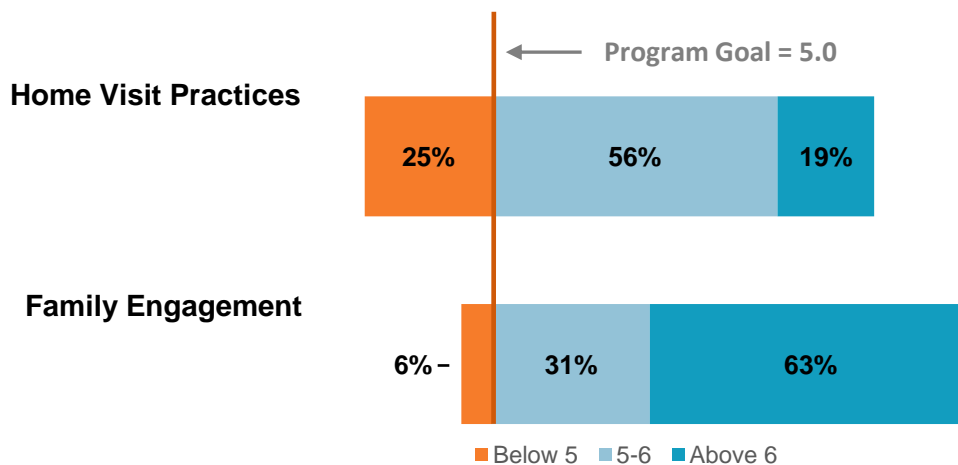
The second domain, Family Engagement, examines the nature of the caregiver-child relationships and interactions, as observed during the home visit, and the level of caregiver and child engagement within the activities of the home visit.

This year, a new version of the HOVRS, version 3.0, was launched and utilized during this reporting period. HOVRS-A+ 3.0 utilizes the same 7-point rating scale, overall scales, and subscales as the previously used HOVRS- A+ v 2.1. The new version included changes to improve readability, usability, and clarity, and broaden the focus from parents to caregivers; however, no changes were made that influenced the overall scoring procedures. During 2021-2022, HOVRS- A+ v 2.1 or 3.0 data were available for 48 family engagement specialists. Some of the veteran specialists (n= 29) were exempt from submission due to reaching the highest quality benchmark (overall score of a 5.5 on the Home Visit Practices scale of the HOVRS and a score of at least a 5.0 on all subscales of the Home Visit Practices scale). The HOVRS data for the exempt specialists’ most recent submission were included for this analysis.

The following graph shows home visit quality results in three scoring ranges: below five, between five and six, and above six. Scores of five and above met the program goal.

Most of the Family Engagement Specialists met the program goal for quality home visit practices. n=48

Almost all families were highly engaged during home visits.



Many (75%) of the family engagement specialists met the program goal (a score of 5.0 or higher) in Home Visit Practices, signifying implementation of high-quality home visitation practices during their sessions. Family engagement during home visits was high; almost all families (94%) were highly engaged (a score of 5.0 or higher) during the home visit.

As shown in the following chart, the average scores for the Home Visit Practices and Family Engagement domains exceeded the program goal of 5.0 in 2021-2022. The average Home Visit Practices score was 5.44 and the average Family Engagement score was 6.24.

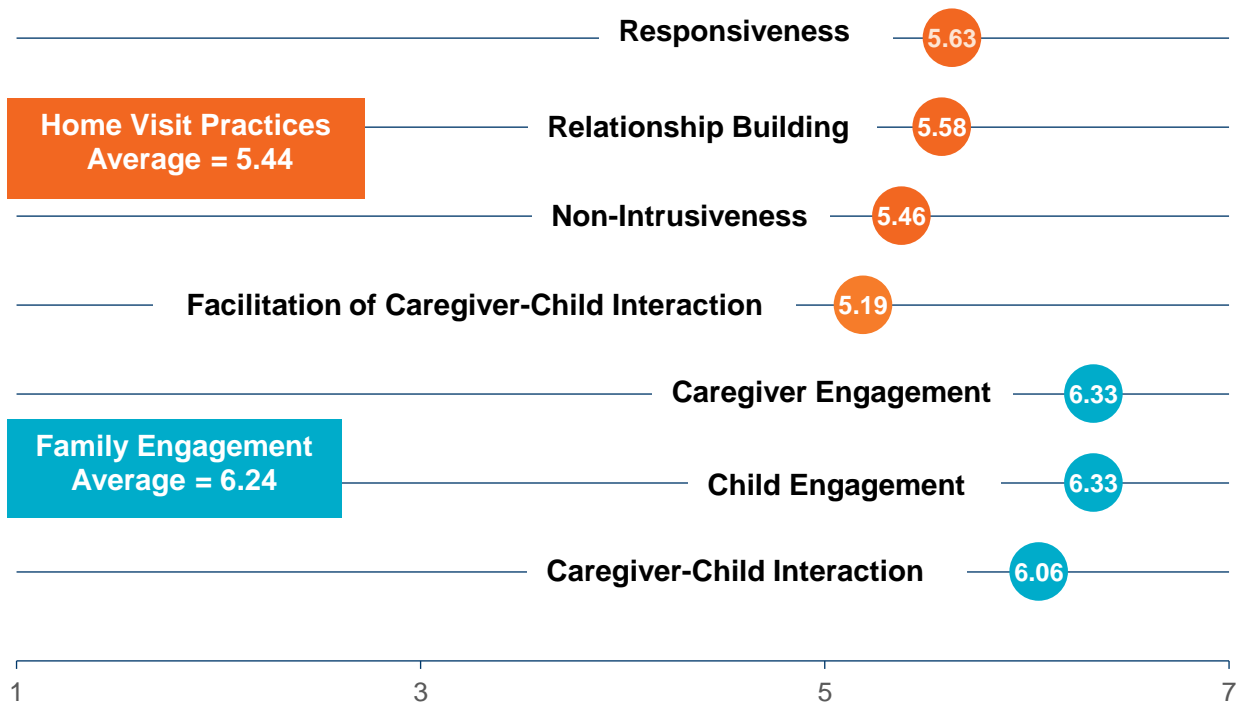
In the Home Visit Practices domain, the average ratings on all subscales met the Sixpence quality benchmark. Family engagement specialists showed the greatest strength in their Responsiveness to Family Strengths and Cultures. A high rating on this scale indicates the family engagement specialist plans with caregiver input and identifies and adapts to the family’s strengths, values, interests, and goals for supporting child development.

In the Family Engagement domain, the average ratings on all subscales were above the Sixpence quality benchmark indicating that caregivers and children were highly engaged during Sixpence home visits. The greatest strengths were in the areas of Caregiver Engagement and Child Engagement. A high rating on the Caregiver Engagement scale indicates the caregiver is interested, participates, and initiates interactions, discussions, or activities during the home visit. High quality ratings on the Child Engagement indicates the child is interested, participates, and initiates interactions through the home visit.

Family engagement specialists were highly responsive to families.

Caregivers were highly engaged and demonstrated high quality interactions with the children during Sixpence home visits.

n=48



Child Outcomes

What were the children’s language outcomes?

Three standardized assessments were administered to monitor the children’s language outcomes. For children ages 16 months and older whose primary language is English, classroom providers and home visitors, with parent input, completed the Developmental Assessment of Young Children, 2nd edition, (DAYC-2), a measure of Receptive and Expressive language. Children ages 16 to 30 months whose primary home language is Spanish were given the MacArthur-Bates Communicative Development Inventories (CDI), a parent report assessment measuring language production. The Peabody Picture Vocabulary Test–IV (PPVT-IV), a direct child assessment measuring vocabulary, was administered by a certified speech pathologist to children at age three whose primary language was English and for all children in center-based services, regardless of home language. Note that program staff and parents had the option to request the English language assessments for children whose primary home language is not English if they felt the children were regularly hearing and/or speaking English.

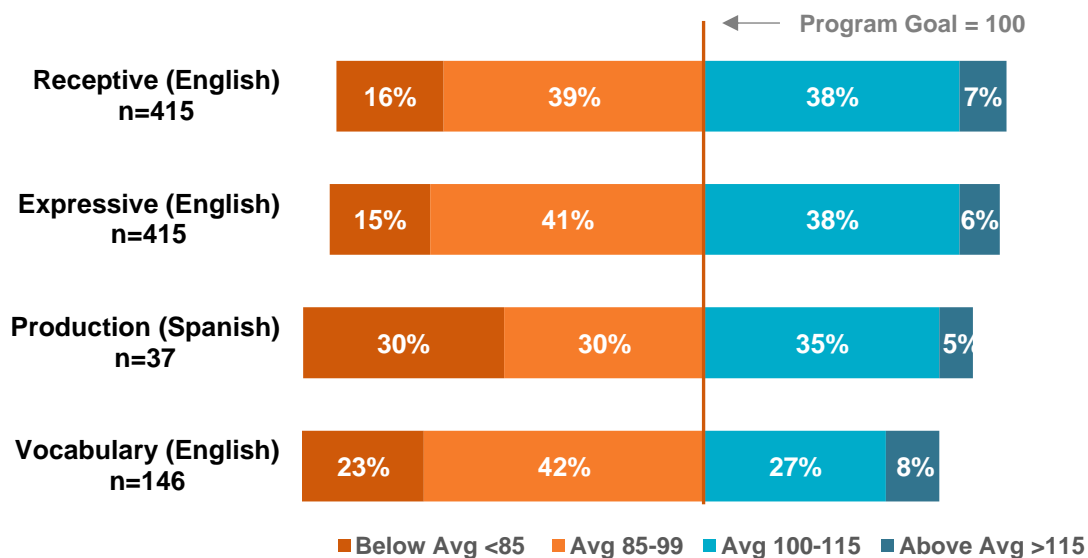
The results are reported in two ways. The first section shows language outcomes in the spring, reporting the percentage of children who met the program goal. The second section shows how average scores changed from time 1 to time 2 for children who had the assessment at two points in time.

Language results after a minimum of six months in Sixpence

The following chart presents the language outcomes for the children in four quartiles. The percentage indicated on the color bar indicates the percentage of children who scored in that range. Blue shades indicate the percentage of children meeting the goal. Orange shades indicate the percentage of children who did not meet the goal. The Sixpence program goal is a standard score of 100, which is the mid-point of the average range. This is a high goal and matches what is expected of typically developing children who may not experience the challenges Sixpence children and families experience.

Just under half of the children met the program goal for English Receptive (45%) and Expressive Language (44%).

Just over a third (35%) met the program goal for Vocabulary.



The strongest outcomes were in English Receptive and Expressive language, with 45% and 44% of the children meeting the program goal of scoring at or above the national average. Their outcomes are slightly below what is predicted on any norm-referenced assessments based on a standard score and conforming to bell shape curve distribution. (The assessments are normed with 70% of the children scoring in the average range and 15% of the children scoring in the below-average and above-average ranges.) Overall, 77% scored in the average range for Receptive Language and 79% for Expressive Language.

Across all language assessments, smaller percentages of children scored in the above average range than is found in a nationally normed sample. Strongest results were in vocabulary with eight percent of the children demonstrating above average skills. This is below national norms of 15%.

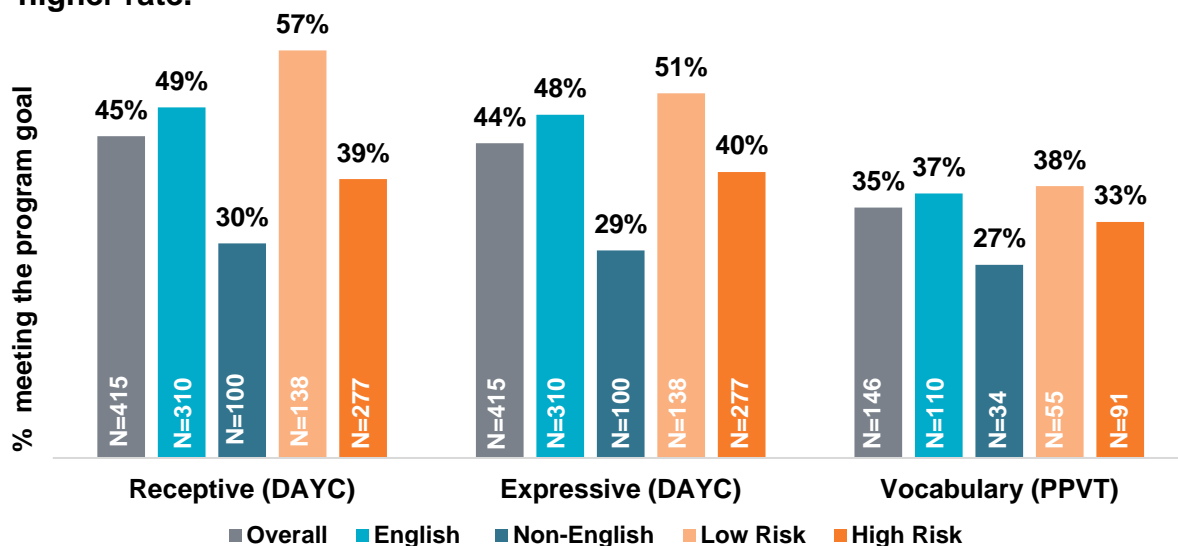
On the Spanish language assessment, over a third (40%) of the children met the program goal for Production, however 30% of the children scored in the below-average range. Child outcomes on this assessment do not match the distribution expected of a norm-referenced tool.

This year, well over a third (40%) of the children met the program goal on the vocabulary assessment, which is administered at age three. Twenty-three percent scored in the below-average range. The children's vocabulary results did not match expected distributions of a norm-referenced assessment.

An additional analysis was done to compare the English language outcomes based on home language and risk factors. It is important to note that some children whose home language is not English were assessed with the English language assessments. Although program staff have the option to substitute the Spanish language assessment for the English assessment for children ages 16 to 30 months, they may decline to do so because the family also uses English and/or the child communicates well in English. For vocabulary, 23% of the children assessed have a primary home language that is not English. For Receptive and Expressive language, the rate is 24%. Low risk is defined as having up to one or two risk factors. High risk is defined as three or more. For the vocabulary assessment, 62% of the children assessed were high risk. For the Receptive and Expressive assessments, 67% of the children were high risk.

The following chart compares the percentage of children meeting the program goal based on primary home language and risk factors.

Across all three English language measures, children with fewer risk factors or whose home language is English, met the program goal at a higher rate.



Results show that the greatest gaps in language skills are between children whose home language is English and those whose home language is not English. In both Receptive and Expressive language, the spread between the two groups in children who meet the program goal is 19 percentage points. Nearly half of the children whose home language is English met the program goal and less than a third whose home language is not English performed at that level. The second greatest gap was seen in Receptive language between children with fewer risk factors and those with more. The majority (57%) with fewer risk factors met the program goal, while only 39% of children with more risk factors met the goal. The gaps were much smaller across groups in vocabulary.

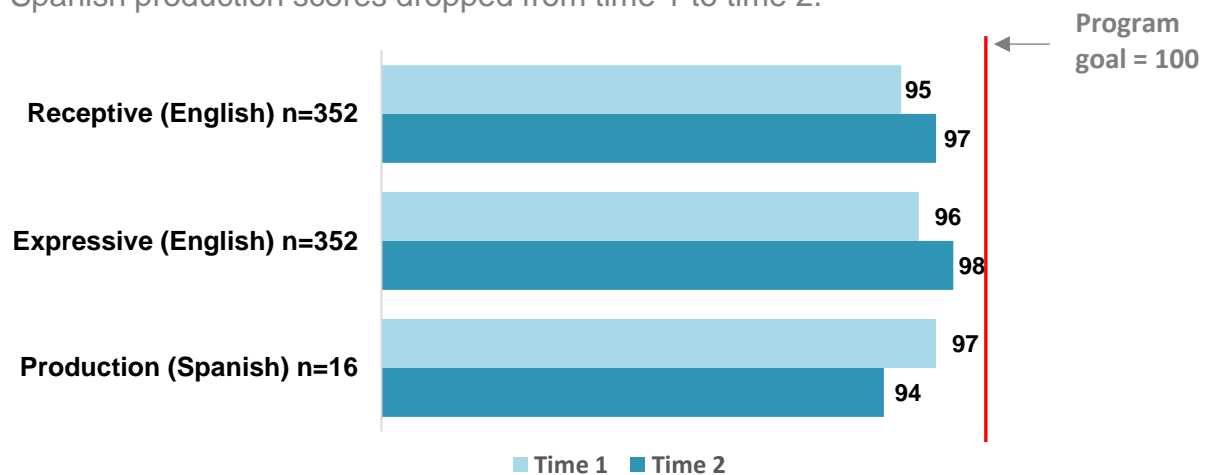
A two-way ANOVA analysis was done to determine if family risk factors, family home language or child gender influenced language outcomes. Results show that **children whose families experience three or more risk factors and children whose home language is not English scored significantly lower** on both language assessments. **Boys also scored significantly lower than girls.** For more detail about the ANOVA analyses, please consult the Appendix.

Change in language skills over time

An analysis was done to measure children’s language development over time on the DAYC-2 English language assessment and on the Spanish MacArthur. Time 1 scores were collected in either the spring or fall of 2021, depending on when the child was old enough to have the assessment. All time 2 scores were collected in the spring of 2022. Since the PPVT-IV is only completed at age three, there is no data to track change over time; however, the overall average was 95, which is 5 points below the program goal of 100, the midpoint of average. The following chart shows the average scores at time 1 and time 2 for the other assessments.

Average English language scores nearly met the program goal and increased slightly over time.

Spanish production scores dropped from time 1 to time 2.



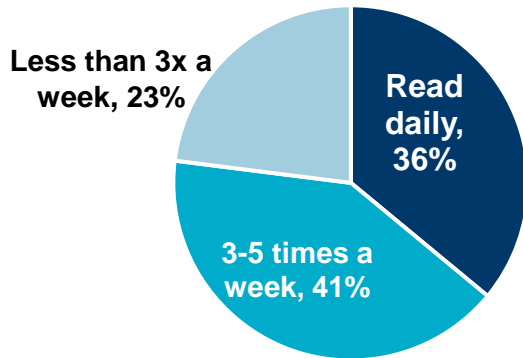
Average scores showed moderate increases over time for English Receptive and Expressive skills and fell just below the program goal. Average Spanish language production scores decreased slightly from time 1 to time 2. The sample size was small with only 16 children assessed.

A two-way ANOVA analysis found that children’s English language **Receptive and Expressive scores increased significantly** from time 1 to time 2. In addition, **girls had greater gains than boys** on both

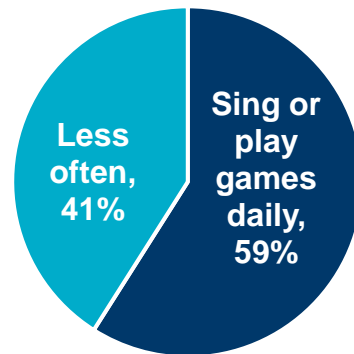
language measures. **Children whose home language was not English and children from families with greater risk factors experienced fewer gains** in language scores over time. For more detail about the ANOVA analyses, please consult the appendix. Please note, the Spanish language production sample size was too small for this analysis.

Home Literacy Practices

About a third of the families read books with their children every day.
n=619



Most families sing or play games with their children every day. n=619



88% of families have more than **10 children’s books** in their home
76% of the families have 50% or more of their books in their **home language**
4% of families report they have **no books in their home language**

“

It is very encouraging and allows me to do more one-on-one things with my children. Sixpence allows my child to be loved and cared for by people in our community in a safe environment.

A Sixpence parent

”



What were the children’s social-emotional outcomes?

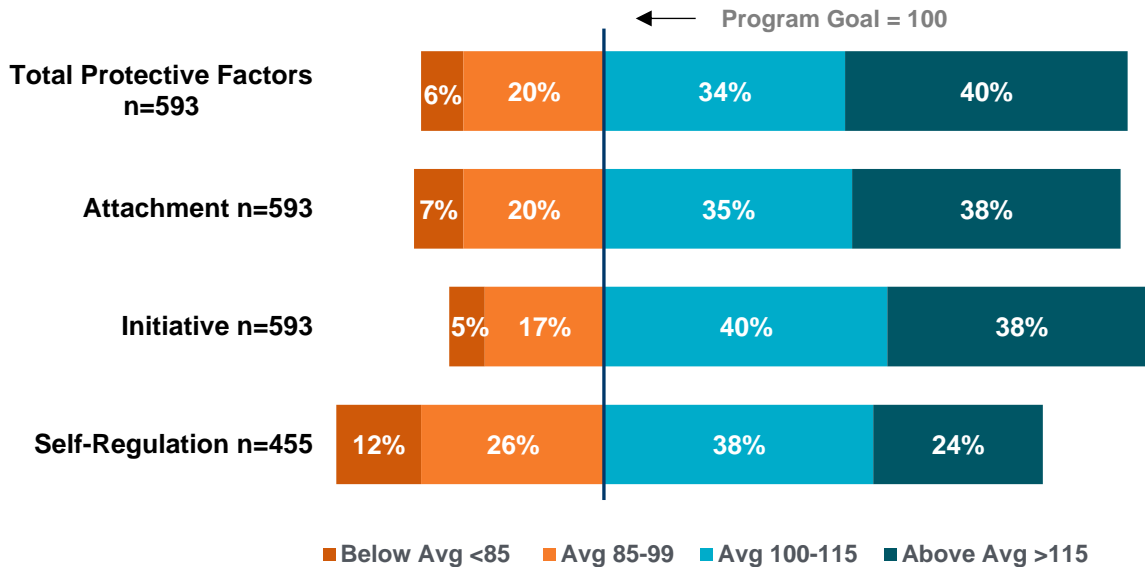
Parents or classroom teachers completed the Devereux Early Childhood Assessment (DECA), a standardized social-emotional assessment that measures children’s Total Protective Factors overall and in three subscales: Initiative, Attachment, and Self-Regulation. Note that fewer children have a score for Self-Regulation because it is for ages 18 months and older. There is one additional subscale, the Absence of Behavior Concerns, which is only for children age three and older.

Social-emotional outcomes after a minimum of six months in Sixpence

The chart below presents the social-emotional outcomes for the children in four quartiles. The percentage indicated on the color bar indicates the percentage of children who scored in that range. Blue shades indicate the percentage of children meeting the goal. Orange shades indicate the percentage of children who did not meet the goal. The Sixpence program goal is a standard score of 100, which is the mid-point of the average range.

Most of the children met the program goal for social-emotional competencies across all areas by spring.

Children showed the greatest strength in Initiative with 78% meeting the goal.



By spring, large percentages of children met the program goal for social-emotional skills. Children showed the greatest strength in the Initiative subscale with 78% meeting the program goal. Children showed less strength in the Self-Regulation subscale but still the majority (62%) met the goal in this area. Across all areas, Sixpence children outperform national norms, with a quarter or more scoring above average. In Total Protective Factors, which is a composite across all areas, 40% of the children scored above average.

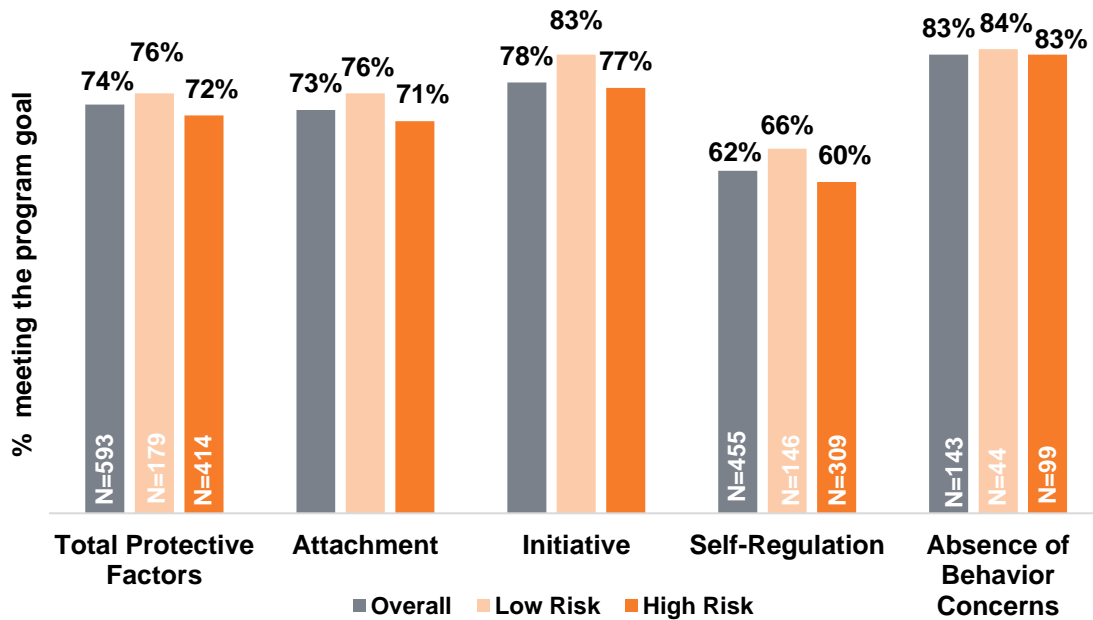
By spring, **74%** of the children met the program goal for Total Protective Factors

When children turn three, the DECA measures Behavior Concerns. A total of 143 were assessed in this area and most (83%) did not have behavior concerns.

The following chart compares the percentage of children meeting the program goal based on risk factors. Note the “n” for TPF is the same for Attachment and Initiative in both charts below.

High percentages of children met the program goal, regardless of the number of risk factors they had.

Children with fewer risk factors met the goal at slightly higher rates.



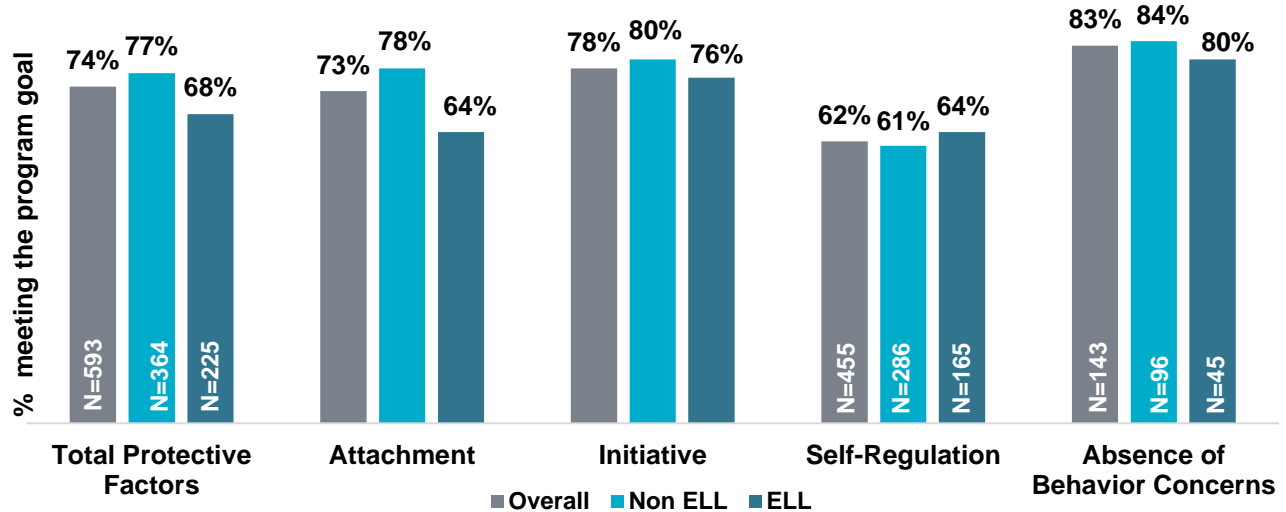
Slightly higher percentages of children with fewer risk factors met the program goal but overall, the differences were small. Most importantly, high percentages of children, regardless of the number of risk factors they had, met the program goal. Strongest outcomes were in Initiative. While over 75% of the children met the program goal, children with fewer risk factors met the goal at a rate six percentage points above children with more risk factors. The gap was similar in Self-Regulation. Less than 20% of the children in either group had behaviors in the concern range.



The following chart compares the percentage of children meeting the program goal based on home language.

Children whose home language was English met the program goal at a higher rate in three of the five areas.

The greatest difference was seen in Attachment.



Results varied based on home language. In Total Protective Factors, Attachment, and Initiative, children whose home language was English had slightly higher rates of meeting the program goal. In the areas of Self-Regulation and the Absence of Behavior Concerns, children whose home language was not English had slightly higher rates of meeting the program goal.

A two-way ANOVA analysis was done to determine if family risk factors, family home language or child gender influenced children’s social-emotional outcomes. Results varied across the tool subscales.

- Children whose home language was English scored significantly higher than ELL children in Attachment.
- Children whose home language was not English scored significantly higher in Self-Regulation.
- Girls scores significantly higher than boys in Attachment, Initiative, and Total Protective Factors.

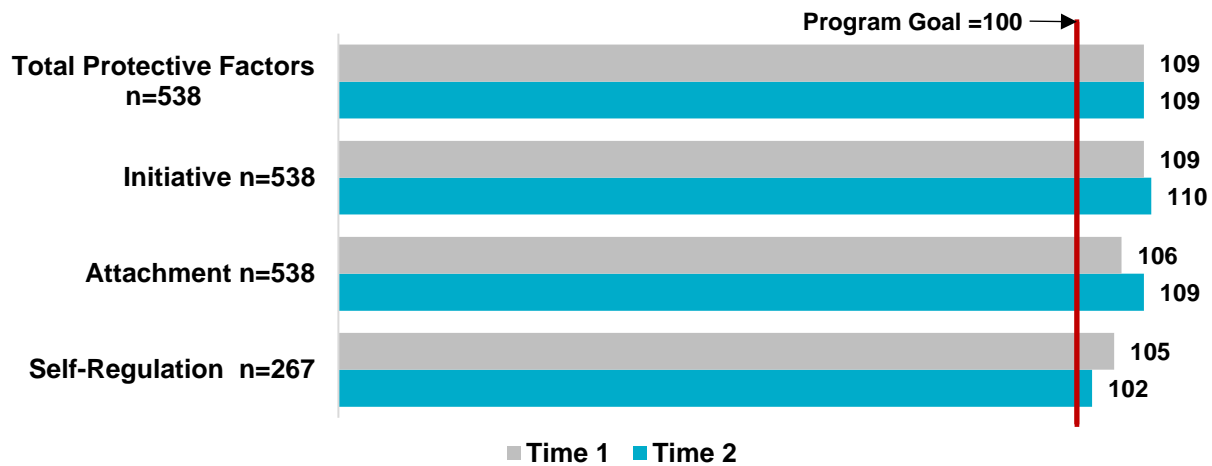
For more detail about the ANOVA analyses, please consult the Appendix.

Change in social-emotional skills over time

An analysis was done to measure children’s social-emotional development over time. A total of 538 children had the assessments at two points in time with a minimum interval of six months. The following chart shows the change over time across the five areas of the DECA.



Over time, children remained on target for social-emotional competencies.
Attachment showed slight increases and Self-Regulation showed slight decreases.



On average, Sixpence children scored above the national mean for social-emotional competencies at time 1 and time 2. Average scores remained most stable over time in Total Protective Factors and Initiative.

A two-way ANOVA analysis found the following significant changes from time 1 to time 2:

- **Children**, regardless of language, family risk, or gender, **made significant gains in Attachment**, over time.
- **Children whose home language was English** experienced greater gains in Attachment than children whose home language was not English.
- **Girls** experienced greater gains in Attachment and Total Protective Factors than boys.

For more detail about the ANOVA analyses, please consult the appendix.

“

I like how I get shown all the different ways I can work with my children.

A Sixpence parent

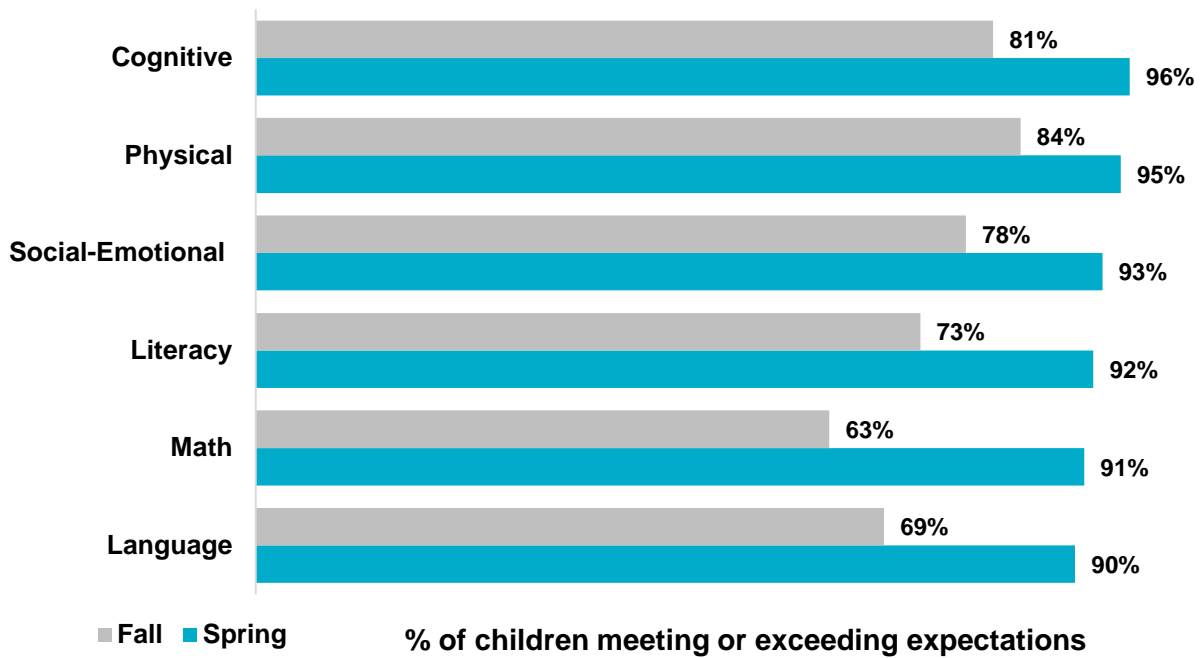
”



What were the children’s developmental outcomes?

Teaching Strategies (TS) GOLD, an authentic developmental assessment, was adopted by the Nebraska Department of Education to assess all children receiving services in school district funded programs. The child outcome areas include cognitive, language, physical, social-emotional, literacy, and math. TS GOLD established widely held expectations for each age group. These expectations include the skills that children at a given age group would obtain based on evidence in the field. Assessments were completed on an ongoing basis. For this report, fall and spring checkpoint data were analyzed to monitor children’s progress towards achieving widely held expectations. A total of 546 children had GOLD assessment data during the 2021-2022 school year. For purposes of this analysis, only children who remained on the same age band across both times, fall and spring, were compared. This sample included 305 children.

By spring, high percentages of children were meeting or exceeding widely held expectations across all developmental areas. n=305



Results found that more children scored within the widely held expectations (the typical or above range) by the spring in all areas of development. Ninety percent or more of children met widely held expectations across every area. Children made the greatest gains in math. In the fall, 63% scored in the typical and above range. By spring, 91% scored in this range.

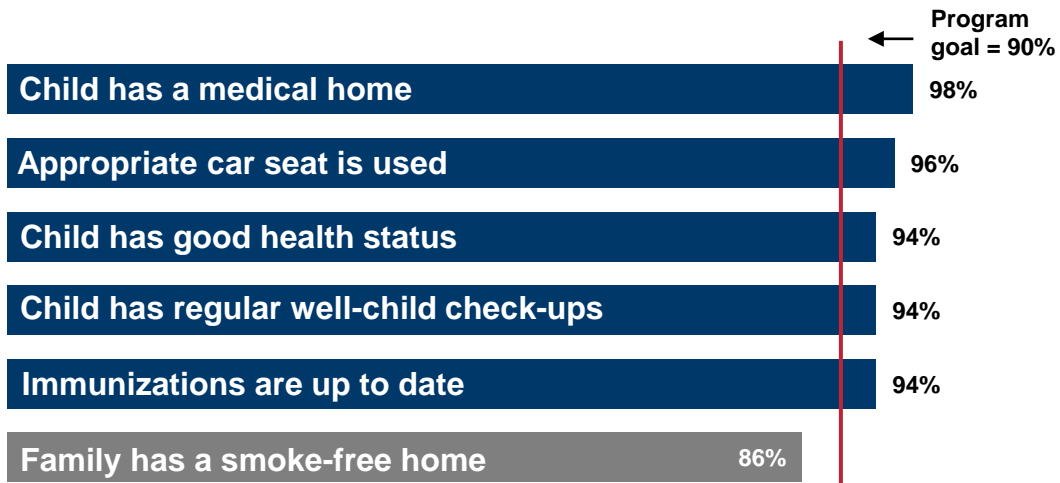
Health Outcomes

What were the children's health outcomes?

In the spring, health and risk factor updates were collected for 849 families. The program goal is for 90% of Sixpence children to meet the health indicators.

Nearly all of the children met every Sixpence health indicator. n=849

Families came close to meeting the goal for smoke-free environment.



Results indicate that in all but one category, Sixpence families consistently made healthy choices for their children. Nearly every (98%) family had a consistent medical provider who they saw for regular check-ups and immunizations, as opposed to using the emergency room for routine health needs. Most (94%) Sixpence children are up to date with their immunizations. This is much higher than the Nebraska rate of 81.1% (America's Health Rankings, 2021). The only area that fell short of the goal was child exposure to cigarette smoke. Eighty-six percent of Sixpence homes are smoke-free, but 16% (122 family homes) are not. While most of the children were in good health, six percent had a chronic medical condition such as asthma.

Access to health insurance

A survey of Sixpence families' access to health insurance found that:

98% of families report having health insurance

79% utilize Medicaid

10% have private insurance

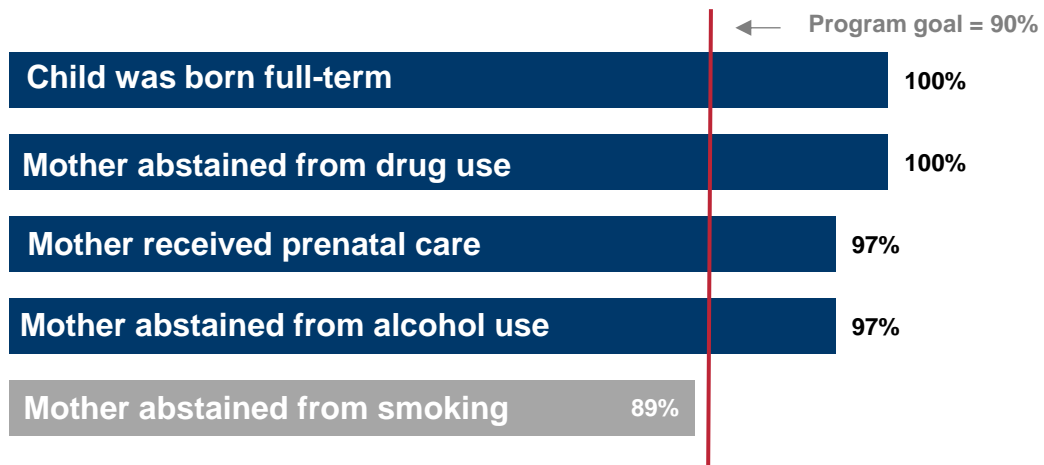
6% use a combination of public and private insurance



What were the health outcomes for pregnant mothers and newborn babies?

Over the program year, 78 babies were born to mothers participating in Sixpence. A total of 35 mothers completed the prenatal health survey. Survey results should be treated with caution since less than half (45%) of the mothers completed it. The program goal is to have 90% of mothers meet the prenatal care benchmarks.

All of the Sixpence babies served prenatally were born full-term. n=35
Smoking abstinence rates fell just short of the program goal.



Results indicate that Sixpence mothers engaged in a number of positive practices to ensure the arrival of a healthy baby. Nearly all (97%) Sixpence mothers received consistent prenatal care. Nearly all (97%) abstained from alcohol use and 100% report abstaining from drug use while pregnant. Fewer percentages (89%) of the mothers abstained from smoking while pregnant, which fell just below the goal. All the babies were born full-term.

Most (86%) new mothers initiated breastfeeding. This is slightly higher than the rate for Nebraska mothers, which is 82% (Center for Disease Control and Prevention, 2018). A total of four mothers reported that they continued to breastfeed until their baby was at least six months old.

86% of the mothers initiated breastfeeding.
Four mothers nursed for at least six months.



Family Outcomes

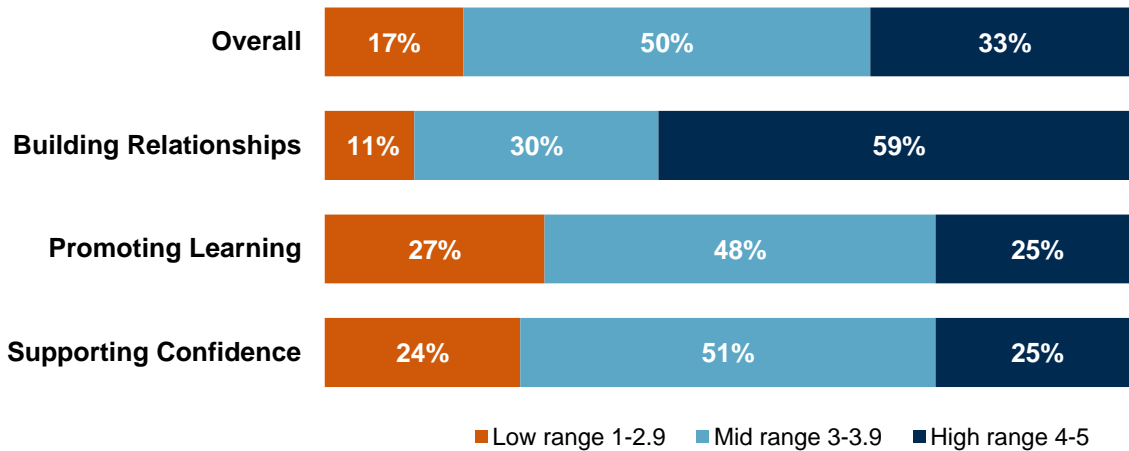
What were the outcomes for parent-child interactions?

The Keys to Interactive Parenting Scale (KIPS) measures parenting behaviors Overall and across three areas: Building Relationships, Promoting Learning, and Supporting Confidence, based on a videotape of a parent playing with his or her child. Scores are based on a 5-point scale with 5 indicating high quality.

Parent-child interactions after a minimum of six months in Sixpence

The following chart presents the parent-child interaction results in the spring for 283 families. High range scores are 4-5, mid range scores are 3-3.9, and low range scores are 1-2.9.

The majority of families (59%) demonstrated strong skills in building relationships with their children through play. n=309



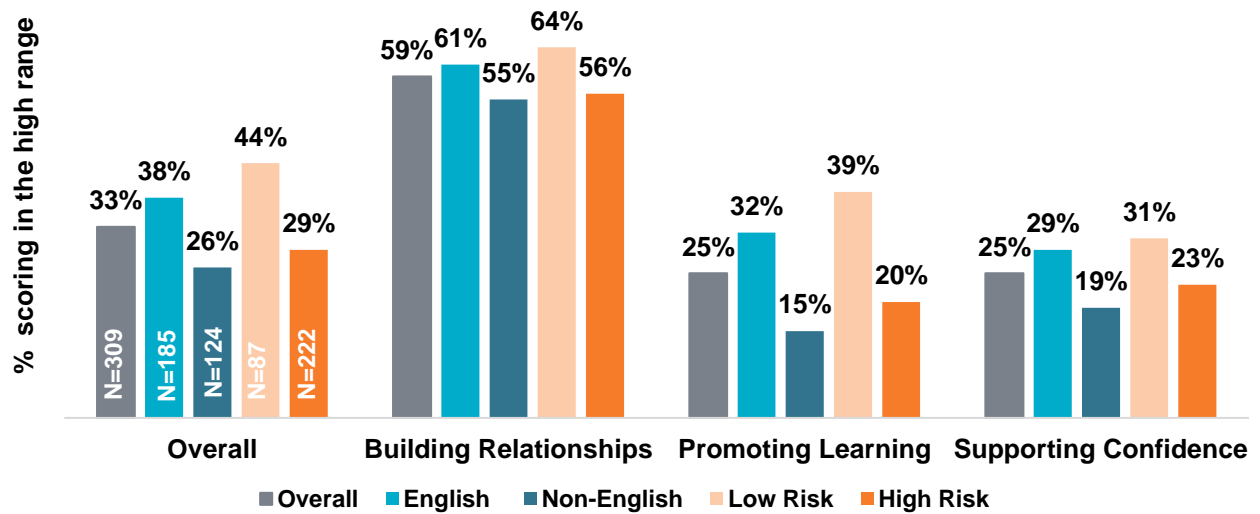
Sixpence families demonstrated the strongest skills in Building Relationships with their children, with the majority (59%) scoring in the high range. Building Relationships assesses parent responsiveness to child cues, modeling of emotions, following the child's lead, and the warmth, affect, and physical affection parents demonstrate when interacting with their children.

A quarter of the families scored in the high range in Promoting Learning and in Supporting Confidence. Promoting Learning includes how parents talk with their children to build vocabulary and promote engagement, how parents extend children's learning by offering slight challenges during play, and the consistency of setting limits when needed. Supporting Confidence assesses how parents give directions that encourage child choice, provide supportive feedback, and promote problem solving and curiosity. Of note is that about a quarter of the families scored in the low range in both areas. Program staff may want to provide additional support to families to strengthen their skills in these areas.

The following chart compares the percentage of parents scoring in the high range based on primary home language and risk factors for KIPS Overall, Building Relationships, Promoting Learning and Supporting Confidence.

Across all areas, more families with low risk scored in the high range than families with high risk.

Differences were also apparent based on family home language.



A two-way ANOVA analysis was done to determine if family risk factors, family home language, or child gender influenced parent-child interaction scores. Results show that **families whose home language was English scored significantly higher in Supporting Confidence.**

Significant differences were found for family risk factors and family home language in several other areas of the tool, the differences were minimal and not practically meaningful. For more detail about the ANOVA analyses, please consult the Appendix.

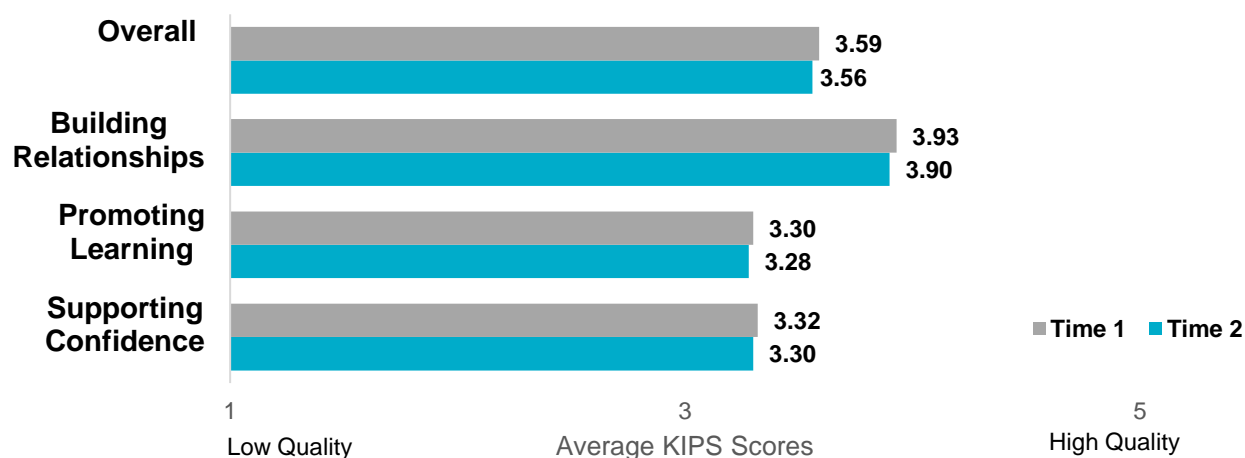
Change in parent-child interactions over time

An analysis was done to measure parent-child interactions over time. A total of 269 families had the assessments at two points in time with a minimum interval of six months. The following chart shows the change over time across the three subscales and Overall.



Average Building Relationships scores approached the high quality range. n=269

Parent-child interactions remained consistent over time across all scales.



Sixpence families demonstrated strong skills in building relationships with their children. Average scores approached the high range in this area. Across all scales of the tool, average scores remained fairly stable over time.

A two-way ANOVA analysis found the following significant changes from time 1 to time 2:

- **In Supporting Confidence, families with lower risk factors experienced a significant decrease in scores** across time.
- **In Building Relationships, child gender was a factor in score change over time** with girls showing a significant decrease in scores.

Several other areas showed significant change over time, but the changes were minimal and not practically meaningful. For more detail about the ANOVA analyses, please consult the appendix.

How did Sixpence impact parents' educational outcomes?

Sixpence tracks the educational outcomes for parents who enter the program without a high school diploma. Based on information collected about families when they enroll in Sixpence, 423 Sixpence mothers did not have a high school diploma. By June, of the 249 mothers who reported on their educational status, 46% had earned their diploma or GED and 20% were still enrolled in high school or working towards a GED. About a third (34%) were no longer pursuing any education. At their enrollment in Sixpence, 287 fathers did not have a high school diploma. By June, of the 176 fathers who reported on their educational status, 33% had attained their diploma or GED, 11% were still working toward a diploma, and 56% were no longer pursuing any education.

Results indicate that the **majority (66%) of mothers** obtained their high school diploma or were still on track to meet this goal. **Fewer (44%) fathers** had similar success.

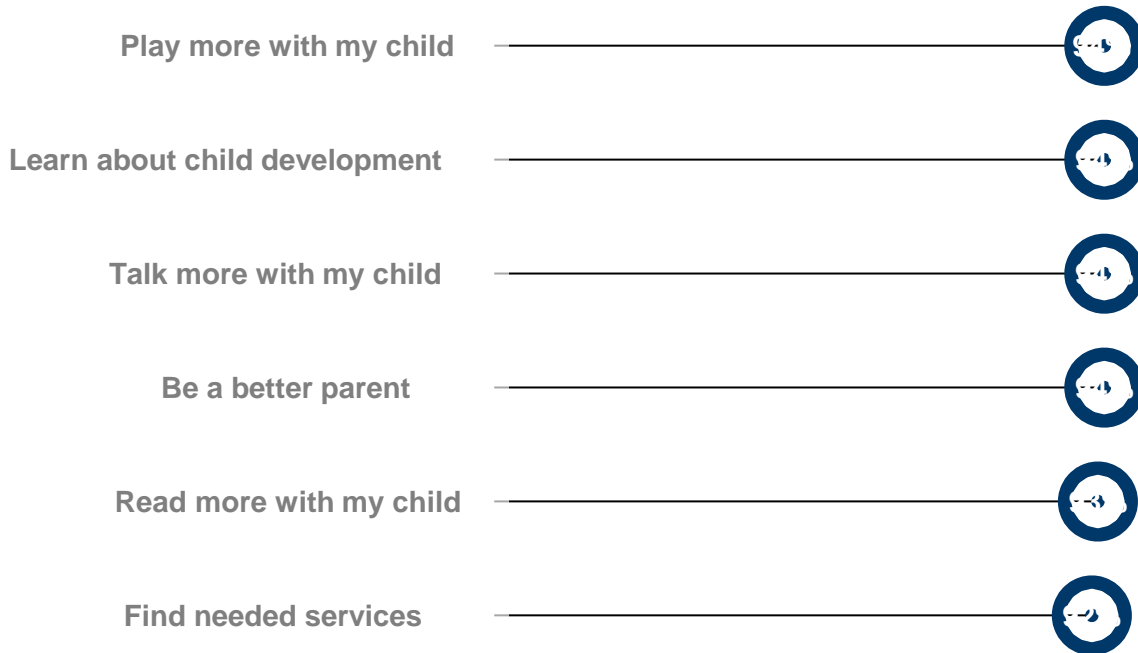


What did parents think about Sixpence?

In the spring, 308 parents completed a satisfaction survey. Based on a 4-point Likert scale, parents rated how much they agreed or disagreed with ten statements about their experience in Sixpence. They also responded to two open-ended questions about the program's strengths and suggestions to improve it.

Approximately 30% of Sixpence parents completed the survey anonymously online.

My Sixpence provider helped me.....



% who agree, n=308

95% of parents have a strong positive relationship with their Sixpence provider and are very satisfied with Sixpence.

A theme analysis was done for the two open-ended response questions. Parents listed a variety of things that they like best about participating in Sixpence. The top four responses were:

- The **relationship they have with their home visitor or their child's teacher**. Sixpence families highlighted the support and care they feel from their provider. The positive relationships have been key to parent satisfaction with Sixpence.
- The **learning activities provided for their children and their family**. Parents appreciate the high-quality opportunities to support their child's learning and development.
- The **help and support the program provides**. They noted the support comes in many forms, from setting goals for their child to creating a sense of 'extended family' for single parents. Ninety-five percent of families indicated that their Sixpence provider "cares about me and my child."
- The **quality of the Sixpence staff**. Parents expressed deep respect for the providers. They value their positive attitude, their high engagement, their skills in working with children, and their kindness.

About 20% of the parents who responded to the survey offered suggestions to improve the Sixpence program. The following are the most common recommendations:

- Offer **more varied activities including more family events and parenting classes.**
- Expand the **program so more families and children can participate.**
- Increase **the number and length of home visiting sessions each month.**

SIXPENCE CHILD CARE PARTNERSHIPS



What are Sixpence Child Care Partnerships?

Child Care Partnerships (CCP) are a collaboration between school districts and local child care providers to improve the quality of early childhood programs serving infants and toddlers up to age three and their families. Participating communities prioritized the needs in the community for quality care, developed goals and strategies to create effective partnerships, and selected supportive services to provide to the local child care programs. Whenever feasible, school districts provided the opportunity for all existing child care providers within the community to partner on this project. When that was not possible, the school districts established a selection criterion to prioritize programs serving the greatest number of at-risk infants and toddlers.

This year, nine communities received CCP grants. Two communities, Grand Island and York, completed their third year in CCP. Auburn and Hastings added first year sites and completed their fourth year in CCP. The communities of Falls City, Kearney, Chadron, Gering, and Sidney had sites in their third and sixth year of CCP. Data in this report include child and provider demographics. Program quality data are reported according to how many years the program has been in CCP. Only the observation results from the 2021-2022 program year are included in this report.

CCP included trainings for the providers, coaching support three to four times per month, and shared learning meetings that brought together providers, coaches, and other program partners in the community. Providers received specific support to participate in the Nebraska Department of Education's Step Up To Quality (SU2Q) initiative. This initiative helps early childhood providers recognize and improve quality care. Participation in SU2Q with attainment of at least Step 3 by the end of the third year of participation is a requirement of the CCP grant, however during COVID-19, this requirement was amended to give programs an extra year to meet the goal.

Provider and Child Demographics

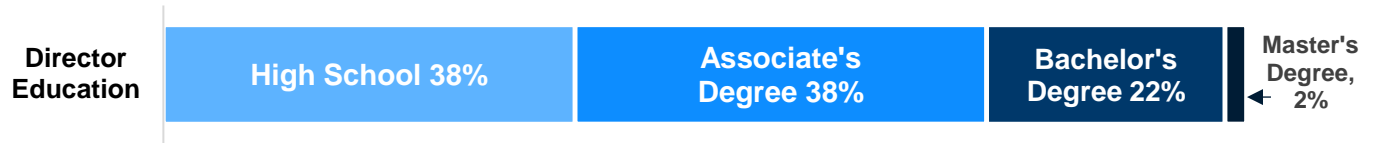
Who were the providers in CCP?

During the 2021-2022 program year, 63 child care programs participated in CCP. Of these, 30 were child care centers and 33 were family child care home providers. CCP successfully retained sites in the program with only one site exiting CCP early.

The child care programs completed a demographic survey which included information about the educational background of the directors, teachers, and home providers. A total of 50 demographic surveys were completed from both centers and family child care homes.



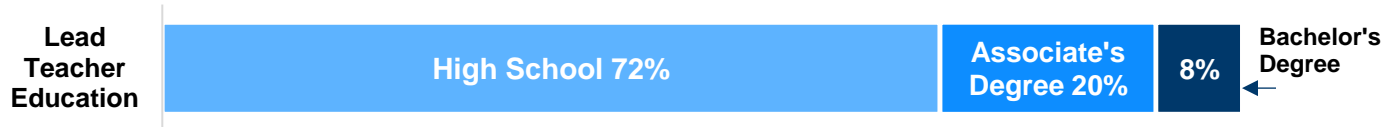
The majority of the center directors and home providers had a two or four-year college degree. n=50



Of the 31 directors and home child care providers with post high school education, the majority (65%) had a degree in education, child development, or psychology.

Education information was collected for 85 lead teachers who worked in center-based programs.

Most lead teachers' highest level of education was a high school diploma. n=85



Of the 24 teachers with post high school education, the majority (67%) had a degree in child development, education, or family studies.

Teacher turnover is a challenge in early childhood programs. Information about how long teachers have worked in a center can show stability of staff over time. Length of service was reported for 85 teachers across the 27 child care centers that completed the survey. The results show that 29% of lead teachers were new this year and 31% were in their first or second year at the center. This indicates a fairly high turnover rate with 60% of lead teachers being relatively new.

- 29% were in their first year of service
- 31% had been at the center 1 to 2 years
- 22% had been at the center 3 to 5 years
- 7% had been at the center 6 to 10 years
- 11% had been at the center more than 10 years

60% of lead teachers have been at their center for less than three years

Child Demographics

CCP child care programs reported the demographics for a total of 1,161 children. Of these, 951 were infants or toddlers. A goal of CCP is to partner with child care providers that serve children who face challenges that could lead to poor performance in school. The challenges include:

- ▶ Low income, as defined by Federal guidelines for free or reduced lunch
- ▶ Born prematurely, with typical or low birth-weight
- ▶ English is not the primary language spoken in the home (ELL, English Language Learner)
- ▶ Parents who are younger than 20
- ▶ Parents who have not completed high school

All of the CCP sites are willing to enroll children who receive state child care subsidies, which is an indicator of low income. A total of 23% of the children across CCP qualify for a subsidy. Currently, 37 sites (59%)

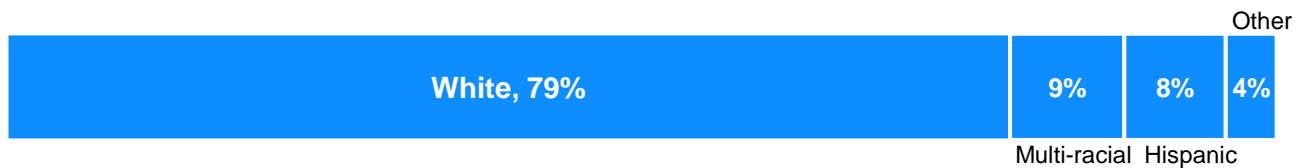


report serving children who receive a subsidy. Of note, in eight sites, at least half of the enrolled children receive the child care subsidy.

CCP sites reported that five percent of the children they serve are English Language Learners (ELL), meaning their family's home language is not English. The ELL children are enrolled in four sites which represents six percent of all sites in CCP. The number ELL children served at each center ranged from one to nine.

CCP served more males (55%) than females (45%). A total of 42 infants and toddlers received special education services through Nebraska's Early Development Network. An additional 48 children were referred for evaluation.

The largest group of children served were White. n=1,161



Expulsion from child care

CCP coaches track the number of children asked to leave their child care site due to challenging behavior or an inability to serve the child and meet his or her special needs. During the 2021-2022 program year, three child cares reported expelling four children.

Evaluation Findings

What was the quality of the CCP child care programs?

The evaluation team used two metrics to assess the quality of the child care programs participating in CCP. The first metric utilized a standardized observational environmental rating tool to measure the quality of the child care centers and family child cares each year of participation in CCP. The evaluation plan includes baseline collection of this data, generally within two months of a program joining CCP and then conducting the observation each year in the program.

A second measure of quality was to track how the programs progressed in the Nebraska Department of Education (NDE) Step Up to Quality initiative. This program supports child care programs in accessing resources to enhance the quality of their services.

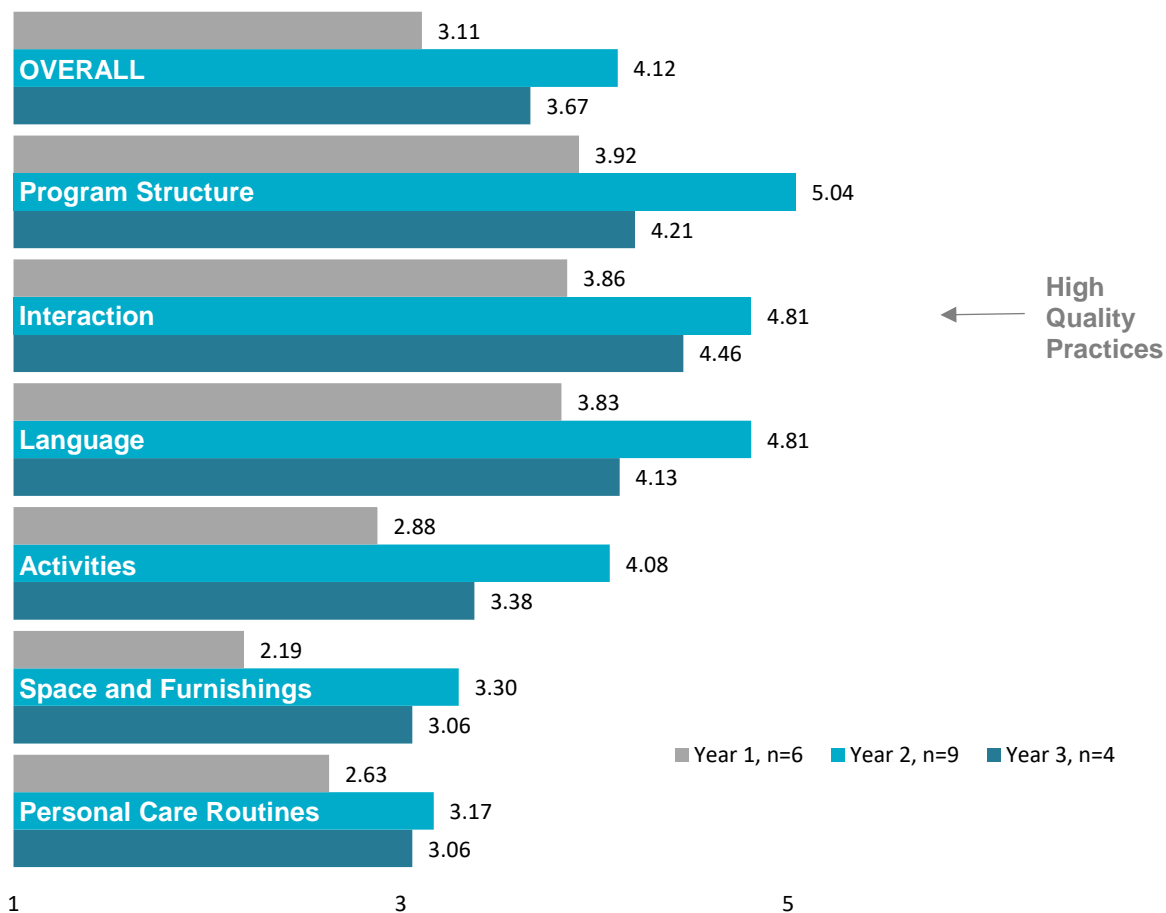
Child care center program quality based on years of participation in CCP

An external reliable observer used the Infant/Toddler Environment Rating Scale-Third Edition (ITERS-3) assessment to measure program quality in participating centers. The ITERS-3, based on a three-hour, in-person observation, is scored on a 7-point scale with 7 indicating highest quality. A score of 5 on the combined Overall scale is considered high quality. There are six subscales that assess classroom practices that include measures of teacher-child interactions, the quality of play materials and activities, and the quality of the space and furnishings.



Observations were completed on a sampling of one classroom per center. The following graph shows ITERS-3 subscale and overall averages for the classrooms observed this year. Results are broken out by how many years the center has participated in CCP. Six classrooms were in the first year of participation in CCP, nine classrooms were in their second year, and four were in their third year. There was one classroom observed in Year 5, but results are not included due to the small sample size.

Classrooms in Year 2 show higher quality practices than Year 1 classrooms.
 Strongest practices were in the areas of Program Structure, Interaction, and Language.



Results indicate that classrooms in Year 2 demonstrate higher quality than classrooms in Year 1. In Year 1 sites, average scores did not exceed a 4 and 50% of the classrooms, average scores were below a 3. The nine classrooms that were observed in Year 2 demonstrated stronger skills across all areas and averaged above a 5 in Interaction. One area for goal setting may be Personal Care Routines where scores averaged a 3.17 in Year 2. Scores for Year 3 providers were lower than Year 2, but scores were consistently higher when comparing Year 1 sites to Year 3 sites.

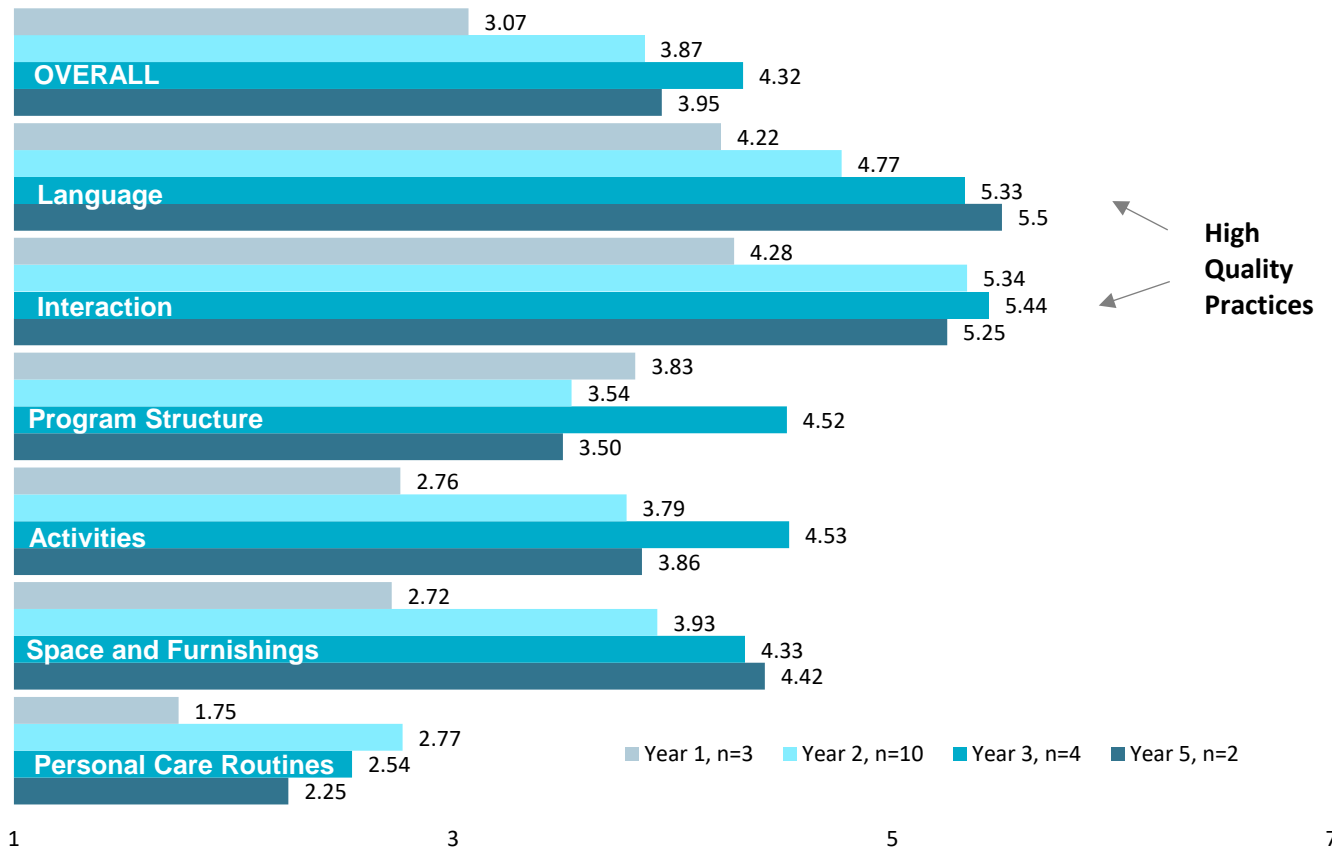
Family child care home program quality based on years of participation in CCP

The quality of family child care programs was assessed using the Family Child Care Environment Rating Scale-Revised (FCCERS-R), which focuses on Activities, Interactions, and Program Structure (Harms, Cryer, & Clifford, 2007). The assessment consists of a three-hour, in-person observation. Scoring is based on a 7-point scale with 7 indicating highest quality. A score of 5 on the combined Overall scale is considered high quality. There are seven subscales that assess classroom practices that include measures of teacher-child interactions, the quality of play materials and activities, and the quality of the space and furnishings.

The following graph shows FCCERS-R subscale and overall averages for the home child care programs observed this year. Results are broken out by how many years the provider has participated in CCP: three providers were in Year 1, ten providers were in Year 2, four providers in Year 3, and two providers in Year 5.

Home providers with three years in CCP demonstrate higher quality practices across most categories.

Strongest practices for all providers were in the areas of Language and Interaction.



The FCCERS-R results show that program quality is greatest in the areas of Language and Interaction. Scores increased in Language each year. Except for Program Structure, Year 5 scores were higher than Year 1 scores. The lowest area across all programs regardless of years in CCP was Personal Care Routines. These include, handwashing, diapering procedures, clean-up practices before and after meals, and safety practices. This may be an area for goal setting in the next program year.





“

Without [my coach] and Sixpence, I would probably be about ready to move on to another job, as this is not an easy one. However, with the tools given and that they continue to provide, I don't see myself leaving child care!”

A CCP Provider

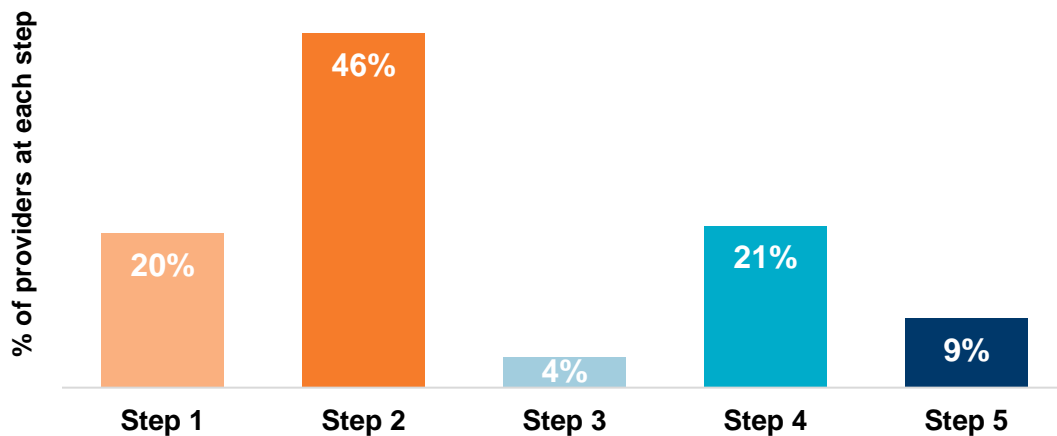
”

Child care provider progress in Step Up To Quality

Step Up To Quality (SU2Q) is a 5-step pathway to increase quality in early childhood settings. It includes training, coaching, self-study, external evaluation, and a record-keeping system. CCP providers are expected to enroll in SU2Q and to achieve a Step 3 within three years. However, because of the many ways COVID-19 interrupted CCP coaching and training, programs had a fourth year to reach Step 3.

The following chart shows the SU2Q ratings for the 56 programs in CCP that had received ratings as of July 2022. While 63 programs participated in CCP this year, three left before ratings were completed and four joined later in the program year and were not rated.

Just over a third of the CCP child care programs were at Step 3 or higher. n=56

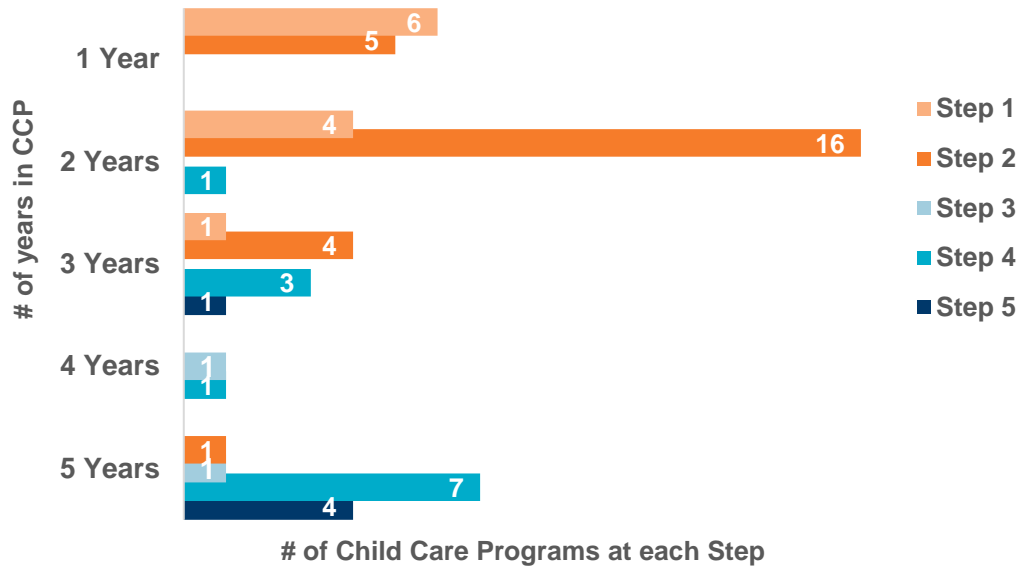


Most (66%) of the child care programs in CCP this year had a SU2Q rating of 1 or 2. This is not surprising as over half (32 out of 56) of the programs were in their first two years of CCP.

The following graph shows SU2Q ratings by number of years in CCP.



Child care programs are making progress through the Step Up 2 Quality program. n=56

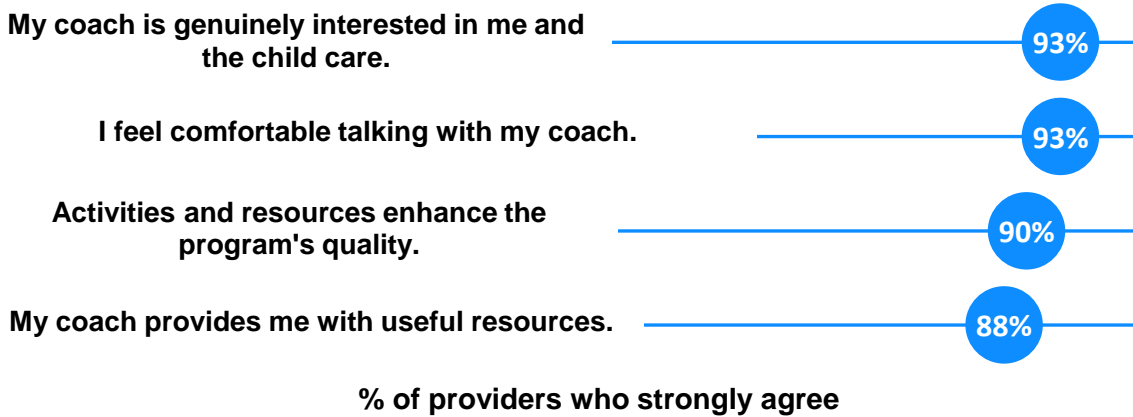


Programs have made progress in working through the SU2Q steps, with most (75%) reaching Step 3 or above by their third year in CCP.

What did providers think about their experience in CCP?

Providers completed a survey about working with their coach and the support they received this past year. The following chart highlights some of the responses to the survey, reporting the percentage of respondents who strongly agree with the statement. A total of 67 providers responded to the survey.

Providers strongly agree that CCP coaches enhanced the quality of their program. n=67



Overall, the providers had very positive reviews of the CCP experience. In addition to the responses reported in the graph, most strongly agree that they would recommend this program to another child care provider (88%) and that they are a better child care provider because of the program (86%). Most providers said they worked with their coach to set goals for their program (85% strongly agree). Eighty-two percent of responders strongly agree that the program helped them find useful resources in their community, and 76% strongly agree CCP helped them engage with families. Most respondents also strongly agree that their coach provided useful resources regarding child care business practices (73%).

Respondents reported that CCP supported their programs in the following ways:

- **Professional support.** Several respondents cited times when they received coaching that helped them find ways to support their children and staff. Some providers also discussed burnout and career doubts that were resolved with support from CCP. They also praised their coaches for their help in setting personal and business goals that improved their programs.
- **Educational and financial resources.** Many participants appreciated the coaching on environmental changes, new materials, and/or grants they accessed through their participation in CCP. They also valued the trainings and professional development CCP provided. Some providers noted the support coaches gave to promote family engagement and enrollment.
- **Program and SU2Q rating goals.** Providers expressed appreciation for the guidance they received to participate in the rating process in SU2Q and to set goals for their sites. One provider noted, “I feel that her coaching and support has helped make this process seem less overwhelming to these ‘new to the field’ professionals.”

The most common suggestions to improve CCP services were:

- **Supports designed for home-based providers.** Some home-based providers expressed frustration with receiving feedback and training designed for child care centers. One respondent suggested adding a team member with experience in home-based child care who could offer guidance and suggest program modifications for home-based providers.
- **Changes in the coaching model.** A few providers noted increased stress from the coaching commitments. Some wished for a reduction in the time requirements or flexibility with meeting in person versus remotely. Others felt some of the information from their coaches increased their workload and stress without improving their program quality ratings.

The final open-ended question asked providers if there is anything else they would like to share about their CCP experience:

- **Program quality.** Participants described ways that CCP has improved their child care programs, including better engagement with parents and more intentional choices in their child interactions. They cited coaching relationships and access to training as important benefits of CCP.

“

The supply of materials has been one of the biggest supporters in my program. We were struggling financially to support the child care ourselves. We needed equipment and quality toys and materials. Without CCP, we couldn't have provided what we needed for a quality child care.

A CCP provider

”

- **Program expansion:** A few providers discussed their efforts to recruit peers into CCP. One respondent said they recommended the program to multiple peers and was happy to see two complete the application process.

What did coaches think about CCP?

Twelve out of fourteen CCP coaches and four of the five CCP administrators participated in one of two focus groups. A summary of their feedback is reported below.

The Coaching Experience

Coaches had many successes in the past year. Many coaches noted improvements in ERS scores and achieving higher SU2Q ratings in their sites, as well as being able to submit for ratings after two years of COVID delays. Several grantees were able to partner with new centers or providers, with one grantee reporting their first family childcare provider. One coach noted, "I have a new program that I stayed there way over my welcome the other day, and it was because they were so excited about the changes they wanted to see in their program. It was exciting to see just them just be excited about getting the quality in their program." Individual coaches noted additional successes: maintaining all their CCP partnerships throughout COVID, no partners permanently closing due to COVID, and being able to maintain support and coaching throughout COVID.

Coaching changed over the past year. Some coaches noted they have had to adjust coaching for new directors, along with orienting them to the goals of CCP and helping them meet the state's requirements to be a director. Because they should be submitting for a SU2Q rating, third year programs often do not require as much coaching, so coaches modified their processes by providing information to directors, with the expectation that directors will help teachers implement in the classroom. A coach noted that she has still had a hard time coaching in the classroom due to turnover and lack of regular teaching staff, while others said they are adjusting back to coaching teachers after focusing their coaching on directors since COVID started. Two coaches responded they pivoted to focus their coaching more on curriculum or interactions and less on materials.

There were barriers to achieving higher quality. Several coaches stated that staff turnover, lack of competitive pay, and not being able to recruit quality teaching staff continued to be a barrier to achieving higher quality. Coaches also stated that some staff have no interest in continuing their education and/or completing required state training, which are needed to reach the highest level of SU2Q. Some coaches experienced staff moving to public schools after completing their bachelor's degree. One coach explained a barrier due to COVID:

"During COVID, people were in survival mode. Let's keep the doors open, try to follow the guidelines as best as we can, and so things kind of went to the wayside. We went with the easy route because our stress levels are high. I don't blame them. When your stress levels are high, you're trying to keep your doors open, you do cut corners. Now we need to change those habits of cutting corners and coming back to that high quality. And so that has been kind of a frustration of mine is working with them and supporting them. OK, well that was COVID, here's the high bar again. How can we start working towards that?"

Coaching goals and intensity varied depending on sites' needs. When asked how they determined goals for each provider and how they knew when coaching intensity could be reduced, many coaches said that they tailor coaching to what each provider needs at any given time and that the providers will express when they need more or less coaching. Several sites required more coaching as they were preparing to submit for a SU2Q rating and then wanted less after their rating was submitted. Some coaches noted that they may do less CCP coaching but are still active within sites that have other partnerships, such as Rooted in Relationships and Circle of Security.

There were several supports in place for coaches. Coaches identified the following essential supports for their work: collaboration with other CCP coaches, their coaching consultant, and CCP administration. Some noted they are in buildings with other early childhood professionals or in programs that also participate in Sixpence home visiting and can collaborate with people who are not necessarily under the CCP umbrella. When asked if there was any additional support they would like to see, coaches stated getting back to regular, in-person meetings with CCP staff across the state. Even if everyone could not get together, it was noted that it would be helpful for coaches in different communities but in the same region of the state to collaborate. Some expressed frustration with the lack of timely communication, that meetings or events were sometimes cancelled last minute, and feeling disconnected from CCP staff across the state.

There were challenges with coaching. Challenges with coaching included directors leaving, lack of buy in and/or the time it takes to get buy in from staff, and programs that did not recognize the need to change any of their practices. Several coaches shared that they did not fully understand the SU2Q process or changes in SU2Q and how it works with their CCP coaching. They also reported a lack of communication and collaboration with SU2Q. COVID continued to create challenges in regard to differences of opinions between coaches and providers on recommendations, such as in-person visits and wearing masks.

Building and Maintaining Relationships

Building and sustaining relationships with providers was beneficial. The majority of responses were related to getting to know providers personally, not just as a provider, and being flexible with discussion topics. Especially at the beginning of partnering with a new provider, coaches noted it was important to not have an agenda and to spend time getting to know the program, providers, and children. One coach stated that she also shares personal information about her and her family. Coaches expressed that it is essential to build and maintain relationships with providers because it builds trust, encourages honesty and transparency, and leads to more buy in. Some coaches said having relationships with the providers both builds up providers and increases providers' capacity to accept feedback.

Coaches worked with an Early Childhood Coach Consultant. Coaches had access to an Early Childhood Coach Consultant over the past year. Many coaches worked with their consultant at least quarterly. They reflected that they are still learning the process and responsibilities of their consultant and hope to get more out of the relationship as it grows. A few coaches shared that they have had minimal contact with their consultant.

Coaches found reflective supervision to be helpful. Coaches received reflective supervision using the FAN (Facilitating Attuned Interactions) model, some with their coordinator and some with a member of the community. All coaches who responded spoke positively about their experience with reflective supervision. Furthermore, they appreciated having an outside perspective on coaching situations to help them reflect, refocus, and rethink how to move forward with their providers.

Coaching with Administrative Duties

In some communities, coaches are also the CCP administrator. Coaches shared that having these two different roles can be challenging. One coach noted that training a new coach can be difficult to balance with her other responsibilities. She also stated that shifting a provider who she has already built relationships with to the new coach, along with building capacity in the new coach, was hard. Having enough time to complete tasks for both roles was a challenge. One coach mentioned that she waited too long to reach out for support. Another coach stated that the most difficult time is when a deadline for a big administrative duty is upcoming, e.g., budget and CQI. This coach also expressed that she did not feel as "in tune" with what was going on in the sites since she was unable to be at sites as often.

Outlook on Coaching

Coaches remained energized and engaged in the initiative. Many coaches expressed that their providers demonstrated excitement to partner with CCP, to receive coaching, and to participate in training. Coaches saw improvements in the classrooms, e.g., children engaging in activities, teachers using lesson plans, fewer challenging behaviors, and training new staff. One coach noted that she saw less staff turnover. As one coach stated, "The people that we work with feel more positive and less defeated, and they're like, 'Let's move forward. I'm looking ahead. I'm excited about what's coming.' They feel more energized, which energizes us."

CCP staff were proud of their work. Several coaches responded that providers showed growth in the quality of their care, for example, received a higher SU2Q rating and/or good ERS scores. Coaches observed that providers had a deeper recognition that they are professionals and continued to move forward, even with changes due to COVID. Some coaches stated that their providers helped other providers in the area and/or their families or community. A coach noted, "Quality childcare is becoming a much more visible and understandable request from our parents, rather than you just need a good babysitter, and so I think that's something to be proud of for our community." A CCP supervisor noted how coaches adapted as needed over the past two years, for example, creating new ways to support and engage with providers.

“

I'm so grateful for [my coach's] help and CCP because after feeling like I needed to give up my dream of being a teacher, [CCP] and my center helped me not only accomplish that dream but be the best teacher I can be. I'm constantly learning new techniques, effective ways to communicate with parents, and I'm being paid to go to school and get a CDA.

A CCP provider

”

“

Having Ms. J as our family teacher has been a blessing to our family. Not only has she given my son a positive experience but when I was going through so much stress, she was there to listen to me and guide me to the right places. Ms. J cares for my 2-year-old but also my 7-year-old. She listens to us and gives us so much positive feedback.

A Sixpence parent

”



CONCLUSIONS AND IMPLICATIONS



Sixpence

Program Description: Sixpence just completed its 14th year of implementation, serving 42 school district grantees located in 40 Nebraska counties. Most of the programs have adopted a family engagement model (28), with others serving children in center-based programs (9) or a combination of both (5). A total of 1,132 children and 979 families were served in rural (48%), mid-sized (24%) and urban communities (28%). The majority (67%) of the children received family engagement services. Sixpence served families with multiple stressors, with 64% facing three or more challenging factors. Low income was the leading issue, with 98% of the families qualifying for free or reduced lunch. Program retention rates were high with 86% of families staying in Sixpence through the end of the program year. Of families who exited prematurely, 65% were in the first year of participation.

Program Outcomes: All of the classrooms met the program goal for emotional and behavioral support and responsive caregiving. Their use of effective strategies to engage the children in learning received a moderate rating.

Next Steps: Consider ways for center-based programs to increase their use of strategies that support learning.

Sixpence family engagement practices are high quality with most home visits (94%) meeting the program quality benchmark. The greatest strength is in the area of caregiver and child engagement. Most (75%) family engagement specialists met the quality indicator for home visit practices and the average subscale scores met the quality indicator across all home visit practices. In this area, the greatest strength was in family engagement specialists' responsiveness to the families they serve.

Next Steps: Continue to provide technical assistance to family engagement specialists to support their practices in the facilitation of parent-child interactions during naturally occurring daily routines and activities. Encourage reflection on how home visit content can be generalized to encourage quality parent-child interactions during typical daily activities.

Child Outcomes: The Sixpence program goal is that children will acquire language and social-emotional skills at the mid-point of average or higher. Almost half (44%) of the children met this goal for expressive language and 45% met the goal for receptive language in English. Over a third (35%) met the goal for vocabulary. For Spanish speaking children, over a third (40%) met the goal for language production. Children whose families experience three or more risk factors and children whose home language is not English scored significantly lower in Receptive and Expressive language. Boys also scored significantly lower than girls. Language scores increased significantly over time. Girls had greater gains than boys. Children whose home language was not English and children from families with greater risk factors experienced fewer gains over time.

Most (74%) of the children met the program goal for social-emotional protective factors. Children whose home language was English scored significantly higher than ELL children in Attachment. Conversely, ELL children scored significantly higher in Self-Regulation. Girls scored significantly higher than boys in Attachment, Initiative, and Total Protective Factors.

Children made significant gains in Attachment over time. In addition, children whose home language was English experienced greater gains than children whose home language was not English. Girls experienced greater gains in Attachment and Total Protective Factors than boys.

Next Steps: Consider ways to support boys in strengthening their language skills and social-emotional skills.



Health Outcomes: Health outcomes continue to be very positive with nearly every child meeting Sixpence health indicators. Most notably, 98% of the families have a medical home and health insurance. The rate of exposure to cigarette smoke fell below the program goal, with 86% of the families living in a smoke-free environment. Prenatal outcomes indicate that nearly all (97%) of the mothers received prenatal care and abstained from risky behaviors while pregnant. Most (86%) of the mothers initiated breastfeeding but just a handful continued for at least six months. Most (89%) of the women did not smoke during pregnancy, falling just short of the program goal of 90% abstaining.

Next Steps: Consider ways to support breastfeeding practices so that more mothers nurse their babies through six months of age.

Family Outcomes: Parents demonstrated positive relationships with their children with the majority (59%) scoring in the high range for this area on the parent-child interaction assessment. A quarter of the families (25%) scored in the high range for promoting learning and supporting confidence through play. Families whose home language was English scored significantly higher in Supporting Confidence. In general, parent-child interaction scores remained stable over time. However, families with lower risk factors experienced a significant decrease in Supporting Confidence scores from time 1 to time 2. In Building Relationships, child gender was a factor in the change in scores over time, with girls showing a significant decrease.

Next Steps: Identify additional strategies to support parents to adopt high quality parent-child interaction skills in promoting learning and supporting confidence.

Sixpence parents who entered the program without a high school diploma, made great strides in reaching this goal. Most (66%) of the mothers obtained their high school diploma or were on track to meet this goal by the end of the program year. Just under half (44%) of fathers had similar success.

Sixpence Child Care Partnerships

Program Description: The Child Care Partnerships, a collaboration of school districts and local child cares, served 63 child care programs across 9 communities. A total of 30 child care centers and 33 family child care homes participated. Demographics were reported for 1,161 children. About 23% of the children received a child care subsidy, which is an indicator of low income. The providers received coaching two to four times a month. Coaches also offered trainings in high quality early childhood practices throughout the year.

Child Care Program Outcomes: After a year in CCP, programs demonstrate higher quality practices. With coaching and support, most programs met the grant requirement of reaching a Step 3 in the Step Up to Quality rating system. Child care providers were highly satisfied with their experience in CCP. They had supportive relationships with their coaches, and they felt they were better providers because of the program.

REFERENCES

America's Health Rankings (2021). Annual Report, Childhood Immunizations. Retrieved from https://www.americashealthrankings.org/explore/annual/measure/Immunize_b/state/NE

Centers for Disease Control and Prevention (2018). Breast Feeding Report Card 2018. Retrieved from <https://www.cdc.gov/breastfeeding/data/reportcard.html>

ASSESSMENTS



Assessment	Authors	Scoring	Subject	Content
Program Quality Measures				
ITERS-3 Infant/Toddler Environment Rating Scale – Third Edition	Harms, Cryer, Clifford, & Yazejian, 2017	Scale 1-7 1 = inadequate 3 = minimal 5 = good 7 = excellent	Infant/Toddler classroom	Classroom layout, health & safety, play activities, teacher-child interactions, & program structure
FCCERS-R Family Child Care Environment Rating Scale – Revised	Harms, Cryer & Clifford, 2007	Scale 1-7 1 = inadequate 3 = minimal 5 = good 7 = excellent	Family Child Care home provider	Layout, health & safety, play activities, teacher-child interactions, & program structure
Toddler CLASS Infant CLASS Classroom Assessment Scoring System	LaParo, Hamre, & Pianta, 2012 Hamre, et.al., 2014	Scale 1-7 1-2 = low range 3-5 = mid range 6-7 = high range	Infant or Toddler classroom	Emotional support, & instructional support (Toddler only)
HOVRS-A+ v.3.0 Home Visit Rating Scales – Adapted & Extended	Roggman, Cook, et. al., 2019	Scale 1-7 1 = needs support 7 = excellent	Family engagement specialist	Home visit practices and family engagement during home visits
Child Outcome Measures				
MacArthur-Bates CDI Communications Development Inventories	Fenson, Marchman, et. al., 2007	Percentile Rank	8 to 30 months of age	Comprehension and production of language
DAYC-2 Developmental Assessment of Young Children- 2 nd edition	Voress & Maddox, 2013	Standard Score 85-115 Average range	8 to 36 months of age	Receptive and Expressive Communication
PPVT-IV Peabody Picture Vocabulary Test	Dunn & Dunn, 2007	Standard Score 85-115 Average range	30 months of age and older	Receptive vocabulary
DECA-IT Devereux Early Childhood Assessment Infant/Toddlers	LeBuffe & Nagliere, 1999	Standard Score 41-59 Average range	4 months of age and older	Measures social-emotional protective factors & behavior concerns
Parent Outcome Measures				
KIPS Keys to Interactive Parenting Scale	Comfort & Gordon, 2008	Five point Likert Scale, 12 items/3 domains	Parent and child age 4 months & up	Parent child play interactions and social-emotional & cognitive support





Statistical Analyses

To determine what factors contributed to changes in outcomes and if the differences were significant, we utilized a two-way repeated measures analysis of variance (ANOVA). Two-way repeated measures ANOVA is used to determine if there is a statistically significant interaction between two within child or family factors (e.g., risk, home language, gender) on a continuous dependent/outcome variable. Two-way ANOVA examines the effect of the factors on the continuous dependent/outcome variable and explores the inter-relationship between the within child or family factors influencing the value of the dependent/outcome variable, if any.

Language Outcomes

Receptive Language:

The results of the two-way repeated measures ANOVA revealed a significant main effect for time on children's DAYC receptive language scores ($(F(1, 343) = 5.56, p = .02, \eta_p^2 = .02)$). Such that, children's mean DAYC receptive language score significantly increased from time 1 ($M=94.88$) to time 2 ($M=97.22$) assessment. No significant interactions were found for risk, home language, or gender and time. However, significant group differences were found for risk, home language, and gender. Children whose families experienced three or more risk factors, scored significantly lower on receptive language than children from families with only one or two risk factors. On average, families with greater risk factors scored 5.33 points lower ($p < .01$) and experienced fewer gains in scores from time 1 to time 2 (lower risk= $+3.61$, higher risk= $+1.69$), than children from families with lower risk factors. Children with a home language that was not English scored significantly lower than children whose primary home language was English. On average, ELL children scored 5.04 points lower than English speaking children ($p = .04$) and experienced fewer gains in scores from time 1 to time 2 (non-ELL= $+3$, ELL= $+0.25$). Girls scored significantly higher than boys on DAYC receptive language. On average, girls scored 3.18 points higher than boys ($p = .04$) and experienced greater gains in scores from time 1 to time 2 (girls= $+2.81$, boys= $+1.92$).

Expressive Language:

The results of the two-way repeated measures ANOVA revealed a significant main effect for time on children's DAYC expressive language scores ($(F(1, 343) = 5.20, p = .02, \eta_p^2 = .01)$). Such that, children's mean DAYC expressive language score significantly increased from time 1 ($M=96.11$) to time 2 ($M=97.52$) assessment. No significant interactions were found for risk, home language, or gender. However, significant group differences were found for risk, home language, and gender. Children whose families experienced three or more risk factors, scored significantly lower on expressive language than children from families with only one or two risk factors. On average, families with greater risk factors scored 5.45 points lower ($p = .01$) and experienced fewer gains in scores from time 1 to time 2 (lower risk= $+2.53$, higher risk= $+0.83$), than children from families with lower risk factors. Children with a home language that was not English scored significantly lower than children whose primary home language was English. On average, ELL children scored 4.47 points lower than English speaking children ($p = .01$) and experienced fewer gains in scores from time 1 to time 2 (non-ELL= $+1.80$, ELL= $+0.18$). Girls scored significantly higher than boys on DAYC expressive language. On average, girls scored 5.51 points higher than boys ($p = .04$) and experienced greater gains in scores from time 1 to time 2 (girls= $+2.25$, boys= $+0.34$).



Social-emotional Outcomes

Total Protective Factors:

The results of the two-way repeated measures ANOVA revealed there was no significant main effect for time on children's DECA total protective factor scores scores ($(F(1, 570) = 1.96, p > .05, \eta_p^2 = .00)$). Such that, no significant change in children's mean DECA total protective factor score was found from time 1 ($M=55.98$) to time 2 ($M=55.80$) assessment. No significant interactions were found for risk, home language, or gender. However, significant group differences on DECA TPF were found for gender. On average, girls scored 2.62 points higher on DECA TPF than boys ($p=.01$) and experienced greater gains in scores from time 1 to time 2 (girls= $+0.35$, boys= -0.65); in fact, boys experienced a slight decrease in TPF scores from time 1 to time 2.

Attachment:

The results of the two-way repeated measures ANOVA revealed a significant main effect for time on children's DECA attachment scores ($(F(1, 570) = 4.59, p = .03, \eta_p^2 = .01)$). Such that, children's mean DECA attachment score significantly increased from time 1 ($M=54.13$) to time 2 ($M=55.74$) assessment. No significant interactions were found for risk, home language, or gender. However, significant group differences were found on attachment scores for home language and gender. Children with a home language that was not English scored significantly lower than children whose primary home language was English. On average, ELL children scored 3.56 points lower on attachment than English speaking children ($p<.01$) and experienced fewer gains in scores from time 1 to time 2 (non-ELL= $+1.99$, ELL= $+1.03$). Girls scored significantly higher than boys on DECA attachment. On average, girls scored 2.03 points higher than boys ($p=.04$) and experienced greater gains in scores from time 1 to time 2 (girls= $+1.93$, boys= $+1.35$) on attachment scores.

Initiative:

The results of the two-way repeated measures ANOVA revealed there was no significant main effect for time on children's DECA initiative scores ($(F(1, 570) = 0.38, p > .05, \eta_p^2 = .00)$). Such that, no significant change in children's mean DECA initiative score was found from time 1 ($M=56.88$) to time 2 ($M=56.16$) assessment. No significant interactions were found for risk, home language, or gender. However, significant group differences were found on initiative scores for gender. Girls scored significantly higher than boys on DECA initiative. On average, girls scored 2.66 points higher than boys ($p<.01$). Conversely, both girls and boys experienced a small decrease in initiative scores from time 1 to time 2 (girls= -0.77 , boys= -0.64) on attachment scores. The decrease in scores was not significant.

Self-Regulation:

The results of the two-way repeated measures ANOVA revealed there was no significant main effect for time on children's DECA self-regulation scores ($(F(1, 270) = 0.82, p > .05, \eta_p^2 = .00)$). Such that, no significant change in children's mean DECA self-regulation score was found from time 1 ($M=52.78$) to time 2 ($M=51.95$) assessment. No significant interactions were found for risk, home language, or gender. However, significant group differences were found on self-regulation scores for home language. Children with a home language that was not English scored significantly higher than children whose primary home language was English. On average, ELL children scored 1.71 points higher on self-regulation than English speaking children ($p<.02$). Conversely, both non-ELL and ELL children experienced a small decrease in self-regulation scores from time 1 to time 2 (non-ELL= -0.45 , ELL= -1.50) on self-regulation scores. The decrease in scores was not significant.

Parent-child Interactions Outcomes

Overall:

The results of the two-way repeated measures ANOVA revealed a significant main effect for time on KIPS overall scores ($(F(1, 265) = 6.81, p = .01, \eta_p^2 = .02)$). Such that, the mean KIPS overall score significantly decreased from time 1 ($M=3.59$) to time 2 ($M=3.56$) assessment. While the finding was significant, the decrease in scores was only .03 and not practically meaningful. No significant interactions were found for risk, home language, or gender. However, significant group differences were found on KIPS overall scores for risk and home language. Children whose families experienced three or more risk factors, scored significantly lower on KIPS overall than children from families with only one or two risk factors. On average, families with greater risk factors scored 0.09 points lower ($p=.01$) than children from families with lower risk factors. While there was a significant difference it was minimal and both groups maintained similar scores from time 1 (low-risk $M= 3.78$; high-risk $M=3.51$) to time 2 (low-risk $M= 3.63$; high-risk $M=3.54$). Children with a home language that was not English scored significantly lower than children whose primary home language was English. On average, ELL children scored 0.14 points lower on KIPS overall than English speaking children ($p=.02$). While there was a significant difference it was minimal and both groups maintained similar scores from time 1 (non-ELL $M= 3.66$; ELL $M=3.47$) to time 2 (non-ELL $M= 3.62$; ELL $M=3.48$).

Building Relationships:

The results of the two-way repeated measures ANOVA revealed a significant main effect for time on KIPS building relationship scores ($(F(1, 265) = 8.69, p < .01, \eta_p^2 = .02)$). Such that, the mean KIPS building relationship score significantly decreased from time 1 ($M=3.92$) to time 2 ($M=3.90$) assessment. While the finding was significant, the decrease in scores was only .02 and not practically meaningful. No significant interactions were found for risk or home language. However, a significant interaction between time and gender was found ($(F(1, 265) = 6.60, p < .01, \eta_p^2 = .02)$), such that girls experienced a significant decrease in scores from time 1 ($M=4.03$) to time 2 ($M=3.86$) whereas boys did not (time 1 $M=3.84$; time 2 $M=3.93$). While girls experienced a significant decrease in scores, there were no general significant differences found in building relationship scores between boys and girls scores. No other significant group differences were found.

Promoting Learning:

The results of the two-way repeated measures ANOVA revealed no significant main effect for time on KIPS promoting learning scores ($(F(1, 265) = 1.77, p > .05, \eta_p^2 = .01)$). Such that, no significant change in KIPS promoting learning score was found from time 1 ($M=3.30$) to time 2 ($M=3.27$) assessment. No significant interactions were found for risk, home language, or gender. However, significant group differences were found on KIPS promoting learning scores for risk and home language. Children whose families experienced three or more risk factors, scored significantly lower on KIPS promoting learning than children from families with only one or two risk factors. On average, families with greater risk factors scored 0.19 points lower ($p<.01$) than children from families with lower risk factors. While a significant score difference was found, children from higher risk families experienced a minimal increase in scores from time 1 ($M=3.20$) to time 2 ($M=3.22$), and children from families with fewer risk factors experienced a modest decrease in scores from time 1 ($M=3.58$) to time 2 ($M=3.41$). The change in scores from time 1 to time 2 was not significant. Children with a home language that was not English scored significantly lower than children whose primary home language was English. On average, ELL children scored 0.19 points lower on KIPS promoting learning than English speaking children ($p=.02$). While there was a significant difference in scores between groups it was minimal and both groups maintained similar scores from time 1 (non-ELL $M= 3.38$; ELL $M=3.19$) to time 2 (non-ELL $M= 3.35$; ELL $M=3.16$).



Supporting Confidence:

The results of the two-way repeated measures ANOVA revealed a significant main effect for time on KIPS supporting confidence scores ($(F(1, 265) = 4.40, p = .04, \eta_p^2 = .02)$). Such that, the mean KIPS supporting confidence score significantly decreased from time 1 ($M=3.32$) to time 2 ($M=3.29$) assessment. While the finding was significant, the decrease in scores was only .03 and not practically meaningful. No significant interactions were found for home language or gender. However, a significant interaction between time and risk was found ($(F(1, 265) = 4.09, p = .04, \eta_p^2 = .02)$), such that children from families with lower risk factors experienced a significant decrease in scores from time 1 ($M=3.53$) to time 2 ($M=3.33$) whereas children from higher risk families maintained scores across time (time 1 $M=3.24$; time 2 $M=3.28$). Significant differences in scores for children from low-risk families compared to high-risk families was found at time 1, but no significant differences were found between scores at time 2. A significant group difference was found KIPS supporting confidence scores for home language. Children with a home language that was not English scored significantly lower than children whose primary home language was English. On average, ELL children scored 0.23 points lower on KIPS supporting confidence than children from English speaking families ($p < .01$). While there was a significant difference in scores between groups, both groups maintained similar scores from time 1 (non-ELL $M= 3.43$; ELL $M=3.16$) to time 2 (non-ELL $M= 3.39$; ELL $M=3.16$). No other group differences were found.