



Evaluation Guidebook

Sixpence Grant Program

July 1, 2016



Interdisciplinary Center For Program Evaluation

Collaborate

Evaluate

Improve

TABLE OF CONTENTS

SIXPENCE Home Visitation and Center-Based Programs	
Data Collection Process	3
Calendar	5
Evaluation Plan	6
Required Evaluation Processes	7
Parent Authorization and Intake Forms	10
Authorization for Exchange of Information - English	11
Prenatal Health Indicators (for mothers who received pre-natal Sixpence services. Submit with Authorization for Exchange of Information Form)	12
Authorization for Exchange of Information - Spanish	13
Intake Form - English	14
Intake Form - Spanish	16
SIXPENCE Child-Care Partnerships (CCP)	
Evaluation Plan	18
Required Evaluation Processes	19

PLEASE NOTE: CCP evaluation information is on pages 18-19.

Key Contacts

Evaluation Team

Primary Investigator, Barbara Jackson, Ph.D.
bjackso@unmc.edu
 402-559-5765

Project Director, Rosie Zweiback, M.A.
zweibackr@unmc.edu
 402-559-5274

Data Coordinator, Lisa Alvarez, B.S.
lalvarez@unmc.edu
 402- 559-2131

Evaluator, Kerry Miller, M.S.
kerry.miller@unmc.edu
 402-559-5764

Evaluator, Megan Shepherd, M.S.
megan.shepherd@unmc.edu
 402-559-8843

Sixpence evaluation website: www.unmc.edu/Sixpence

Mailing Address

Department of Education & Child Development
 Munroe-Meyer Institute
 University of Nebraska Medical Center
 985605 Nebraska Medical Center
 Omaha, NE 68198-5605
 FAX (402) 559-5850

Sixpence Home Visitation and Center-Based Programs Data Collection Process

The Sixpence Grant Program comprehensive evaluation process includes collecting data to monitor the Sixpence Grant implementation process and identified program outcomes. A standardized evaluation process has been developed to collect information and report child, family and program outcomes uniformly across Sixpence sites. Each Sixpence program is required to follow this process. School districts will forward data to the Sixpence Grant evaluation team for entry into the project evaluation database. All data is password protected and maintained on a secure server at the University of Nebraska Medical Center. Confidentiality of families and children will be maintained at all times.

The Sixpence Grant Program will emphasize ongoing evaluation as part of the **continuous improvement process** as it is viewed as a critical aspect of an effective program. The continuous improvement process for the Sixpence Grant programs will include:

- Providing information which assists local program staff and Sixpence Grant staff to improve the local program on an ongoing basis;
- Informing families about the growth they and their children experience as a result of participation; and
- Providing information to funders about the efficacy of the program.

Analysis of all evaluation data will be done by the Sixpence Grant Program evaluation team at the conclusion of each grant year. Ongoing technical support and consultation will be provided to assist the Sixpence Grant Programs to use the information from the data to improve their programs.

IMPORTANT INFORMATION!

How to get started.....

1. **Step One:** Identify the staff that will be assigned to each Sixpence program data role

Key responsibilities may be 4 different people or one for all roles.

Program Director – Responsible for all Sixpence program level data submissions to the Sixpence team (for example staff changes, a change in email or mailing addresses). Updates should be sent using the program data form as soon as they occur. Email to Lisa Alvarez lavarez@unmc.edu AND Stephanni Renn srenn@nebraskachildren.org
Responsible for verification of Rosters and Data Checklist List. Must sign off on data checklist before returned to MMI each evaluation period

Data Manager - Evaluation Packets, Data Checklist Report, KIPs uploads to the Box, PPVT and parent and summary reports. All mailings will be sent to Data Manager who is responsible for dissemination and submission. Data manager must check that all evaluations have been completed and are included when returning to MMI, this includes the electronic entry of the DECAs to the e-deca2 website and uploads of KIPs videos.

NOTE: the person assigned will need to have the equipment and technical skills to complete tasks such as uploading videos to a secure website

Program Data Entry Designee – Person who will be sent the log on credentials for the www.unmc.edu/sixpence website. This person will be responsible to ensuring that the

program roster is up to date at all times, rosters for verification will be sent to this person and the program director. Roster transfer requests will be submitted by data entry designee with input and approval from home visitors and/or classroom teachers of child and/or family

Home Visitor or Classroom Teacher – Responsible for communicating roster additions and updates to data entry designee, completing all assessments with children and families and submitting them to data manager

2. **Step Two:** Program director will contact Lisa Alvarez lavarez@unmc.edu and complete the program information electronic form.
3. **Step Three:** Have your families sign the Authorization for Sharing Information form. Keep a copy for your program. Email to lavarez@unmc.edu , Fax (402-559-5850) or mail (address on Page 2) a copy of the form to the evaluation team at MMI, UNMC **as soon as possible**.
4. **Step Four:** Program data entry designee signs on to the Sixpence Evaluation website: www.unmc.edu/Sixpence and inputs all demographic intake information including family and child information for each family. Maintain accurate information about each family and child at all times.
5. **Step Five:** When a family stops participating in the Sixpence program **exit the child from the website as soon as possible**.

Sixpence Evaluation Calendar

When to Submit Data	Demographics	Program Outcomes	Health Outcomes	Child Outcomes	Family Outcomes
At Enrollment	Enrollment records including: 1. Authorization for Sharing Information (email, mail or fax to MMI, keep a copy for program) 2. Sixpence Intake information (input data on Sixpence Evaluation website)				
Fall Data	** Review and update child rosters on the Sixpence Evaluation website to ensure they are accurate by September 10 th . ** Note Teacher or Home Visitor changes on Sixpence Evaluation website. Submit child/family transfer form to lalvarez@unmc.edu	1. ITERS or Infant or Toddler CLASS (Center-Based only)		1. Results Matter Assessment 2. Devereux Early Childhood Assessment (DECA) www.deca2.org 3. Developmental assessment of Young Children (DAYC-2) MacArthur Spanish Short Form (8-30 months) or Peabody Picture Vocabulary Test, 4 th Ed. (PPVT-4) given at age 3.	1. FRIENDS Protective Factors Survey (PFS) for families in their first year of Sixpence 1. KIPS (Parent Engagement & some Center-Based programs)
Spring Data	** Review and update child rosters on the Sixpence Evaluation website to ensure they are accurate by March 10 th . ** Note Teacher or Home Visitor changes on Sixpence Evaluation website. Submit child/family transfer form to lalvarez@unmc.edu	1. HoVRS (Parent Engagement only) Complete in winter.	1. Child 2. Birth 3. Prenatal Health Indicators(submit as soon as child is born and intake completed)	1. Results Matter Assessment 2. Devereux Early Childhood Assessment (DECA) www.deca2.org 3. Developmental assessment of Young Children (DAYC-2) MacArthur Spanish Short Form (8-30 months) or Peabody Picture Vocabulary Test, 4 th Ed. (PPVT-4) given at age 3.	1. PFS –for families in 1 st year 2. Spring Family Interview 3. Parent Satisfaction Survey 1. KIPS (Parent Engagement & some Center-Based programs)

KEY					
All Programs		Center-Based only		Home- Visiting only	

Please Note: MMI will send data packets fall and spring to the programs indicating which child and family needs which assessment.

Evaluation Plan

This plan includes when data are collected, the measure, and who collects the data. "Parent" may include foster parents, grandparents, and legal guardians. Provider is program staff.

Area/Question	Assessments	Timing	Who Collects Data	Home Visit	Center
Child Outcomes					
1. Does the program improve developmental outcomes of infant/toddlers?	Results Matter DAYC-2 MacArthur Spanish Short Form PPVT-4 DECA	Fall-Spring Fall-Spring Fall-Spring Age 3 Fall-Spring	Providers Providers Parents/ Provider District SLP Parents/Provider	X X X X X	X X X X X
Family Outcomes					
2. What impact does the program have on parents?	FRIENDS Protective Factors Survey (PFS) KIPS Spring Family Interview Parent Satisfaction Survey	Fall –Spring Fall-Spring Spring Spring	Parents/Provider Parents/Provider Parents/Provider Parents	X X X X	X Some X X
Health Outcomes					
3. Child meets established health indicators	Spring Family Interview	Spring	Parents/Provider	X	X
4. Infant meets established birth outcomes	Prenatal Health Indicators	At birth	Parents/Provider	X	X
5. Mother meets established prenatal outcomes (for mothers served prenatally in Sixpence)	Prenatal Health Indicators	At birth	Parents/Provider	X	X
Program Outcomes					
6. Does the program have high quality classrooms?	ITERS (sample) OR Infant or Toddler CLASS	Fall	Eval Team Provider		X X
7. Does the program effectively deliver parent-engagement services?	HoVRS	Winter	Provider	X	
Child and Family Demographics					
8. Child and family demographics including risk factors	Intake form Spring Family Interview	Intake Spring	Provider Parents/Provider	X X	X X

Required Evaluation Processes

A. Child and Family Demographic and Risk Factor Data:

Each program will record the following information regarding the child and family.

Note: Families must have at least one of the five qualifying risk factors to enroll in Sixpence. Qualifying risk factors are in ***bold italics followed by a number in parentheses***.

Child data: date of birth, gender, ethnicity, date of enrollment, ***premature/low birth weight (1)*** and ***home language status(2)***.

Family data: ***family income meets USDA Food Program's free/reduced lunch income qualification (3)***, marital status, ***teen parent (4)***, ***parent education (5)***, address phone.

Additional risk factor data will be collected on the Spring Family Survey: Incarceration of a parent, parent loss due to death or military deployment, child witnessing violence in community or home, parent mental health issues, and CPS involvement.

Timeline: Child data, qualifying risk factors, and family data are entered on the Sixpence Evaluation website (www.unmc.edu/Sixpence) at the time of intake. The additional risk factors and parental education updates are collected on the Spring Family Interview.

B. Child Assessments:

Timeline: All child measures will be completed in the fall and spring, except for the PPVT-4 which will be given at age 3.

B.1 Child Language & Literacy Assessments. The following measures depend on the age of the child and the primary home language.

- Developmental Assessment of Young Children, 2nd Ed. (DAYC-2) (Minimum age – 8 months)
- MacArthur-Bates Communication Development Inventories- Spanish Short Form (ages 8-30 months)
- Peabody Picture Vocabulary Test, 4th Ed. (PPVT-4) (age 3)

DAYC-2: For children whose primary language is English, the home visitor or teacher completes the communication sections of the DAYC-2 based on parent report, observation, and/or direct assessment. For more information about the assessment, go to: <http://www.proedinc.com/customer/productview.aspx?id=5157>.

MacArthur-Bates CDI Spanish Short Form: For children whose first and primary language is Spanish, Parents will complete the MacArthur-Bates CDI Spanish survey, which takes 15-30 minutes. For more information about the assessment go to: <http://www.brookespublishing.com/resource-center/screening-and-assessment/cdi/>

PPVT-4: The evaluation team will alert the program when a child is ready for the PPVT-4. The program will arrange for the evaluation with a local examiner, preferably an SLP affiliated with the school district. Only a trained examiner may administer the PPVT-4. Each program will submit a PPVT Examiner Approval Form to the Sixpence evaluation team for each PPVT-4 examiner. Program staff who work directly with Sixpence children may not administer the PPVT-4. The PPVT-4 requires approximately 15-20 minutes to administer. Children in home visitation programs whose first and primary language is NOT English will not have a PPVT-4 assessment. All children in center-based programs will have the PPVT-4. For more information about the assessment go to: <http://images.pearsonclinical.com/images/Products/PPVT-IV/ppvt4.pdf>

B.2 Results Matter Assessments. Follow Nebraska state guidelines for collecting assessment data for Results Matter. The evaluation team will use fall and spring data as part of the evaluation process. For more information about the assessments go to: <http://www.education.ne.gov/oec/rm/rm.html>

B.3 Social-emotional Assessment. Parents/providers will complete the Devereux Early Childhood Assessment, which takes 15-20 minutes. Program staff will enter the DECA data online at the e-deca site (www.e-deca2.org). Minimum age for DECA is 4 months. For more information about the assessment go to <http://www.kaplanco.com/product/41009/the-devereux-early-childhood-assessment-deca-kit?c=17%7CEA1000>

C. Family Measures:

Timeline: The family measures will be completed in the fall and spring, except for the Family Satisfaction Survey which is spring only.

C.1 FRIENDS Protective Factors Survey (PFS). The PFS is a measure of family well-being in the areas of resiliency, social support, and parenting. The parent educators or classroom teacher will complete the survey with the parent. **Only parents in their first year of participation in Sixpence will complete the PFS.** For more information on the assessment go to http://friendsnrc.org/direct-download-menuitem/doc_download/153-protective-factors-survey-user-manual

C.2 Keys to Interactive Parenting Scale (KIPS). This evaluation will be completed for parent engagement programs and some center-based programs. The KIPS is a structured observation tool of parent-child interaction for children ages 4 months and older. The parent-educator will videotape the parent and child during free play interactions for approximately 6-8 minutes. The video clips will be uploaded to a secure site by the program data manager. **For families with more than one child enrolled in Sixpence, submit only ONE video of the parent interacting with one child, preferably the older Sixpence child.** Video submission instructions will be sent with the fall and spring data packets. For more information about the assessment go to <http://comfortconsults.com/>

C.3 Parent Satisfaction Survey. The survey asks parents to rate how the program staff have helped them support their child's development and their satisfaction with the program. To maintain parent confidentiality, parents are provided with a stamped envelope so they can return the surveys directly to the evaluation team.

D. Health/Risk/Family Indicators:

Timeline: Spring of each year.

D.1 Spring Family Interview. Project staff will complete an interview with each family to assess child health outcomes and to update risk factors. Family education outcomes will also be monitored, e.g., completion of high school or equivalent.

Timeline: When baby is born.

D.2 Prenatal Health Indicators. The Prenatal Health Indicators is only for parents who received prenatal Sixpence services and is completed when the parent signs the Authorization for Sharing Information form for their newborn baby. Project staff complete the survey based on interview and their knowledge of the mother's prenatal care. The Prenatal Health Indicator survey can be found on page 12 of the Guidebook.

E. Program Measures:

Center-Based Programs

Timeline: These assessments will be completed in the fall.

E. 1 Infant Toddler Environmental Rating Scale (ITERS). An MMI evaluator will complete the ITERS and debrief with the program staff. The Sixpence criteria is a score of 5 on all subscales with the exception of a 4 in Personal Care. Once a classroom meets the Sixpence criteria for the ITERS, the classroom will be assessed using the CLASS (see below). Please note: if a classroom has met the ITERS criteria but then gets a new lead teacher, and/or there is a significant change to the physical space or location of the room, an ITERS will be completed instead of the CLASS.

****** If the most recent ITERS meets the quality score of 5 in every subscale but Personal Care falls below a score of 4, an Action Plan is required and TA is provided, and the next cycle will be CLASS only. For more information about the assessment go to <http://ers.fpg.unc.edu/infanttoddler-environment-rating-scale-iters-r>

E.2 Infant or Toddler Classroom Assessment Scoring System (CLASS). The CLASS focuses on teacher-child interactions as they relate to Emotional and Behavioral Support and Engaged Support for Learning. Sixpence programs that have met the Sixpence criteria on the ITERS will have the Infant or Toddler CLASS assessment. The assessment is based on a two-hour videotape of the classroom that is sent to MMI. The evaluator will complete the CLASS and debrief with the program staff. For more information go to <http://www.teachstone.com/about-the-class/>

Home-Based Programs

Timeline: This observation will be completed in the winter (Home Visitors hired in the spring will be videotaped the following fall).

E.3 Home Visit Rating Scales (HoVRS). The HoVRS is an observational measure that evaluates the effectiveness of the home visit, e.g., responsiveness to the family. All home visitors from each program will have a home visit videotaped for evaluation by the evaluation team. The home visitor will make a 30 minute DVD of a home visit session that includes planning with the parent and other typical home visit activities and mail it to the program evaluator. Once the home visitor achieves the quality benchmark score of a 6 on the Home Visit Practices scale for two years in a row, the HoVRS assessment will be done every third year.

For more information go to http://zttcfncnvio.net/site/DocServer/30-6_Paulsell.pdf?docID=12864&AddInterest=1321

Parent Authorization And Intake Forms

English & Spanish versions



Authorization for Sharing Information

Project Name: _____

Child (ren) Served: First & Last Name	Date of Birth
	/ /
	/ /
	/ /
Mother's/Guardian First & Last Name	Father's/Guardian First & Last Name

The Early Childhood Endowment Project collects the following information.
(If you decline to be videotaped or photographed please cross out that item(s).)

- | | |
|---|--|
| <p>✓ Child Assessments</p> <ul style="list-style-type: none"> • Developmental Assessment of Young Children, 2nd Ed. (DAYC-2) • MacArthur-Bates CDI (Spanish) • Peabody Picture Vocabulary Test, 4th Ed • Devereux Early Childhood Assessment <p>✓ Family Surveys</p> <ul style="list-style-type: none"> • FRIENDS Protective Factors Survey (FPS) • Spring Family Interview <p>✓ Family Information</p> <ul style="list-style-type: none"> • Indication if my child qualifies for free or reduced lunch | <p>✓ Keys to Interactive Parenting Scale (KIPS) Videotaping of family and child playing together.</p> <p>Pictures of my child for use in evaluation publications</p> |
|---|--|

I hereby grant permission for _____ (project name) to exchange information with Munroe-Meyer Institute and the Sixpence Technical Assistance Specialists regarding my child's data and family survey information during the course of my child's participation in the Early Childhood Project.

Parent/Guardian Signature	Date	Witness	Date
Relationship to child		Staff position of witness	

For parents age 18 or younger, please have their parent or guardian sign below to permit the teen parent to participate in the evaluation of the Early Childhood Project.

Teen's Parent/Guardian Signature	Date	Witness	Date
Relationship to teen		Staff position of witness	

If the mother received prenatal Sixpence services, the Sixpence provider completes the Prenatal Health Indicators on the next page

PRENATAL Health Indicators for Sixpence Projects

Mother's Name: _____

Baby's Name: _____

Program _____

If the mother received prenatal Sixpence services, the Sixpence provider completes this survey once the child is born and the parent has signed the Authorization for Sharing Information. Send prenatal survey to MMI with the Authorization for Sharing Information form.

Check the correct answer to each indicator.

Prenatal/Perinatal Indicators		
Indicators	YES	NO
Baby was 37+ weeks and greater than 5.5 lbs at birth.		
Mother received consistent prenatal care.		
Mother abstained from smoking.		
Mother abstained from alcohol.		
Mother abstained from illicit drugs.		
Breast feeding was initiated.		

Autorización para Compartir Información

Nombre del Proyecto: _____

Nombre y apellido de los niños que reciben servicios:	Fecha de nacimiento:
	/ /
	/ /
	/ /
Nombre y apellido de la madre o tutor:	Nombre y apellido del padre o tutor:

El Proyecto Early Childhood Endowment recolecta la siguiente información.

(Si usted no desea ser grabado en video o fotografiado, por favor tache ese enunciado)

✓	Evaluaciones para los niños <ul style="list-style-type: none"> • Developmental Assessment of Young Children, 2nd Ed. (DAYC-2) • MacArthur-Bates CDI • Peabody Picture Vocabulary Test, 4th Ed • Devereux Early Childhood Assessment 	✓	Información de la familia Indicación de si mi hijo(a) reúne los requisitos para recibir almuerzo gratuito o a precio reducido
✓	Un vídeo grabado de la familia y el niño jugando juntos (Programa de Visitas a Casa)	✓	Fotos del niño(a) para su uso en publicaciones de evaluación
✓	Encuestas para la familia <ul style="list-style-type: none"> • FRIENDS Protective Factors Survey • Encuesta de salud 		

Por la presente autorizo a _____ (nombre del proyecto) a intercambiar información con el Instituto Munroe-Meyer y Sixpence Technical Assistance Specialists relacionada con mi hijo(a), así como la información de la encuesta de la familia durante el curso de la participación de mi hijo(a) en el Proyecto de la Primera Infancia.

Firma del Padre o Tutor	Fecha	Testigo	Fecha
Su relación con el niño(a)		Posición del personal testigo	

Para padres de 18 años de edad o menores, favor de pedir a sus padres o tutores que firmen la parte de abajo para autorizar al padre adolescente participar en la evaluación de Sixpence.

Teen's Parent/Guardian Signature	Date	Witness	Date
Relationship to teen		Staff position of witness	

If the mother received prenatal Sixpence services, the Sixpence provider completes the Prenatal Health Indicators on the previous page.





Intake Form (Complete on-line)

Mother or Guardian Name: _____ Date: _____

Father or Guardian Name: _____

Name(s) of Child(ren) Served	Age at Intake	Date of Birth	Sex	Child's Race	Premature/ Low- birthweight* (Yes/No)	Service Type
				<input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiple ethnicities <input type="checkbox"/> Other, please specify:		<input type="checkbox"/> Home, <input type="checkbox"/> Center
				<input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiple ethnicities <input type="checkbox"/> Other, please specify:		<input type="checkbox"/> Home, <input type="checkbox"/> Center
				<input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiple ethnicities <input type="checkbox"/> Other, please specify:		<input type="checkbox"/> Home, <input type="checkbox"/> Center

Primary home address: _____

Primary phone number: _____

Parent Educator/Teacher: _____ Phone number: _____

Endowment Site Name: _____

What language is spoken most frequently in the child's home?	Marital structure of the home in which the child resides the majority of time (Please check only one)																				
<table><tr><td><input type="checkbox"/> Arabic</td><td><input type="checkbox"/> Spanish</td></tr><tr><td><input type="checkbox"/> Arabic/English</td><td><input type="checkbox"/> Spanish/English</td></tr><tr><td><input type="checkbox"/> English</td><td><input type="checkbox"/> Vietnamese</td></tr><tr><td><input type="checkbox"/> Nour</td><td><input type="checkbox"/> Vietnamese/English</td></tr><tr><td><input type="checkbox"/> Nour/English</td><td><input type="checkbox"/> Other</td></tr><tr><td><input type="checkbox"/> Russian</td><td></td></tr><tr><td><input type="checkbox"/> Russian/English</td><td></td></tr></table>	<input type="checkbox"/> Arabic	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic/English	<input type="checkbox"/> Spanish/English	<input type="checkbox"/> English	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Nour	<input type="checkbox"/> Vietnamese/English	<input type="checkbox"/> Nour/English	<input type="checkbox"/> Other	<input type="checkbox"/> Russian		<input type="checkbox"/> Russian/English		<table><tr><td><input type="checkbox"/> married</td></tr><tr><td><input type="checkbox"/> divorced</td></tr><tr><td><input type="checkbox"/> single, never married</td></tr><tr><td><input type="checkbox"/> separated</td></tr><tr><td><input type="checkbox"/> widowed</td></tr><tr><td><input type="checkbox"/> with partner, not married</td></tr></table>	<input type="checkbox"/> married	<input type="checkbox"/> divorced	<input type="checkbox"/> single, never married	<input type="checkbox"/> separated	<input type="checkbox"/> widowed	<input type="checkbox"/> with partner, not married
<input type="checkbox"/> Arabic	<input type="checkbox"/> Spanish																				
<input type="checkbox"/> Arabic/English	<input type="checkbox"/> Spanish/English																				
<input type="checkbox"/> English	<input type="checkbox"/> Vietnamese																				
<input type="checkbox"/> Nour	<input type="checkbox"/> Vietnamese/English																				
<input type="checkbox"/> Nour/English	<input type="checkbox"/> Other																				
<input type="checkbox"/> Russian																					
<input type="checkbox"/> Russian/English																					
<input type="checkbox"/> married																					
<input type="checkbox"/> divorced																					
<input type="checkbox"/> single, never married																					
<input type="checkbox"/> separated																					
<input type="checkbox"/> widowed																					
<input type="checkbox"/> with partner, not married																					

What is the highest level of education the parent/guardian has **completed**? Please check appropriate box for mother and father.

Mother	Father	Mother	Father
<input type="checkbox"/>	<input type="checkbox"/> no formal schooling	<input type="checkbox"/>	<input type="checkbox"/> GED
<input type="checkbox"/>	<input type="checkbox"/> less than 8 th grade	<input type="checkbox"/>	<input type="checkbox"/> some training beyond high school but not a degree
<input type="checkbox"/>	<input type="checkbox"/> 9 th grade	<input type="checkbox"/>	<input type="checkbox"/> one-year vocational training certificate
<input type="checkbox"/>	<input type="checkbox"/> 10 th grade	<input type="checkbox"/>	<input type="checkbox"/> two-year college degree
<input type="checkbox"/>	<input type="checkbox"/> 11 th grade	<input type="checkbox"/>	<input type="checkbox"/> four-year college degree
<input type="checkbox"/>	<input type="checkbox"/> 12 th grade	<input type="checkbox"/>	<input type="checkbox"/> some graduate college coursework
<input type="checkbox"/>	<input type="checkbox"/> High school diploma	<input type="checkbox"/>	<input type="checkbox"/> graduate college degree

Does family income meet the USDA Food Program's income qualification for free/reduced lunch?

Free: ☐ Yes ☐ No Reduced: ☐ Yes ☐ No

Is parent younger than 20 years of age **at time of enrollment**? ☐ Yes ☐ No

NOTE: Please ask school district to assign a state ID number for the child. Once you get this number, please enter it on the website.

Forma de Admisión

Nombre de la Madre/Custodio: _____ Fecha: _____

Nombre del Padre/Custodio: _____

Nombre(s) de Niño(s) Servedo(s)	Edad a la Admisión	Fecha de Nacimiento	Sexo	Niños Raza	Prematuro/bajo peso al nacer (Si/No)	Servicio Tipo
				<input type="checkbox"/> Blanco, no-Hispano <input type="checkbox"/> Negro/Africano-Americano <input type="checkbox"/> Hispanic u Latino <input type="checkbox"/> Amerindio/Indígena de Alaska <input type="checkbox"/> Asiático-Americano <input type="checkbox"/> Indígena de Hawaii/las Islas Pacíficas <input type="checkbox"/> Etnicidad múltiple <input type="checkbox"/> Otro, por favor explicar:		<input type="checkbox"/> Inicio <input type="checkbox"/> Centro <input type="checkbox"/> Combo
				<input type="checkbox"/> Blanco, no-Hispano <input type="checkbox"/> Negro/Africano-Americano <input type="checkbox"/> Hispanic u Latino <input type="checkbox"/> Amerindio/Indígena de Alaska <input type="checkbox"/> Asiático-Americano <input type="checkbox"/> Indígena de Hawaii/las Islas Pacíficas <input type="checkbox"/> Etnicidad múltiple <input type="checkbox"/> Otro, por favor explicar:		<input type="checkbox"/> Inicio <input type="checkbox"/> Centro <input type="checkbox"/> Combo
				<input type="checkbox"/> Blanco, no-Hispano <input type="checkbox"/> Negro/Africano-Americano <input type="checkbox"/> Hispanic u Latino <input type="checkbox"/> Amerindio/Indígena de Alaska <input type="checkbox"/> Asiático-Americano <input type="checkbox"/> Indígena de Hawaii/las Islas Pacíficas <input type="checkbox"/> Etnicidad múltiple <input type="checkbox"/> Otro, por favor explicar:		<input type="checkbox"/> Inicio <input type="checkbox"/> Centro <input type="checkbox"/> Combo

Domicilio Principal: _____

Número de Teléfono Principal: _____

Maestro: _____ Teléfono: _____

Nombre del Sitio Becario: _____

<p>Qué idioma hablan principalmente en la casa?</p> <table><tr><td><input type="checkbox"/> Arabic</td><td><input type="checkbox"/> Spanish</td></tr><tr><td><input type="checkbox"/> Arabic/English</td><td><input type="checkbox"/> Spanish/English</td></tr><tr><td><input type="checkbox"/> English</td><td></td></tr><tr><td><input type="checkbox"/> Nour</td><td></td></tr><tr><td><input type="checkbox"/> Nour/English</td><td></td></tr><tr><td><input type="checkbox"/> Russian</td><td></td></tr><tr><td><input type="checkbox"/> Russian/English</td><td></td></tr><tr><td><input type="checkbox"/> Vietnamese</td><td></td></tr><tr><td><input type="checkbox"/> Vietnamese/English</td><td></td></tr><tr><td><input type="checkbox"/> Other</td><td></td></tr></table>	<input type="checkbox"/> Arabic	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic/English	<input type="checkbox"/> Spanish/English	<input type="checkbox"/> English		<input type="checkbox"/> Nour		<input type="checkbox"/> Nour/English		<input type="checkbox"/> Russian		<input type="checkbox"/> Russian/English		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Vietnamese/English		<input type="checkbox"/> Other		<p>Estructura matrimonial de la casa donde vive el niño la mayoría del tiempo (<i>Por favor solo indique uno</i>)</p> <table><tr><td><input type="checkbox"/> casados</td></tr><tr><td><input type="checkbox"/> divorciados</td></tr><tr><td><input type="checkbox"/> solteros, nunca casados</td></tr><tr><td><input type="checkbox"/> separados</td></tr><tr><td><input type="checkbox"/> viudo/viuda</td></tr><tr><td><input type="checkbox"/> vive con alguien, no casados</td></tr></table>	<input type="checkbox"/> casados	<input type="checkbox"/> divorciados	<input type="checkbox"/> solteros, nunca casados	<input type="checkbox"/> separados	<input type="checkbox"/> viudo/viuda	<input type="checkbox"/> vive con alguien, no casados
<input type="checkbox"/> Arabic	<input type="checkbox"/> Spanish																										
<input type="checkbox"/> Arabic/English	<input type="checkbox"/> Spanish/English																										
<input type="checkbox"/> English																											
<input type="checkbox"/> Nour																											
<input type="checkbox"/> Nour/English																											
<input type="checkbox"/> Russian																											
<input type="checkbox"/> Russian/English																											
<input type="checkbox"/> Vietnamese																											
<input type="checkbox"/> Vietnamese/English																											
<input type="checkbox"/> Other																											
<input type="checkbox"/> casados																											
<input type="checkbox"/> divorciados																											
<input type="checkbox"/> solteros, nunca casados																											
<input type="checkbox"/> separados																											
<input type="checkbox"/> viudo/viuda																											
<input type="checkbox"/> vive con alguien, no casados																											

¿Qué es el nivel más alto de escuela que han completado *los padres*?

Madre Padre

<input type="checkbox"/>	<input type="checkbox"/> no asistió a la escuela
<input type="checkbox"/>	<input type="checkbox"/> menos del 8º grado

<input type="checkbox"/>	<input type="checkbox"/> 9 th grado
<input type="checkbox"/>	<input type="checkbox"/> 10 th grado
<input type="checkbox"/>	<input type="checkbox"/> 11 th grado
<input type="checkbox"/>	<input type="checkbox"/> 12 th grado
<input type="checkbox"/>	<input type="checkbox"/> Bachiller de la Escuela Superior

Madre Padre

<input type="checkbox"/>	<input type="checkbox"/> GED
<input type="checkbox"/>	<input type="checkbox"/> un poco entrenamiento después de escuela pero no tiene título
<input type="checkbox"/>	<input type="checkbox"/> un año de entrenamiento vocacional
<input type="checkbox"/>	<input type="checkbox"/> título universitario de dos años
<input type="checkbox"/>	<input type="checkbox"/> título universitario de cuatro años
<input type="checkbox"/>	<input type="checkbox"/> algunos estudios pos-grado
<input type="checkbox"/>	<input type="checkbox"/> licenciado pos-grado

¿Cumple el ingreso familiar con los requisitos de ingreso del programa de almuerzos gratuitos o de precios reducidos de USDA Food?

Gratuidos: ☐ Si ☐ No Reducidos: ☐ Si ☐ No

¿Es el padre o el madre menor de 20 años cuando se realiza esta inscripción? ☐ Si ☐ No

NOTE: Please ask school district to assign a state ID number for the child. Once you get this number, please enter it on the website.

Sixpence Child-Care Partnerships (CCP)

Evaluation Plan

The Sixpence CCP Grant Program evaluation is conducted by the program evaluation team at the Munroe-Meyer Institute (MMI), University of Nebraska Medical Center (UNMC). The evaluation includes collecting data to monitor the implementation process and identified program outcomes. A standardized evaluation process has been developed to collect information and report program outcomes uniformly across all Sixpence CCP sites. Each Sixpence CCP program is required to follow this process. School districts, child care sites and/or NDE evaluators will forward data to the Sixpence Grant evaluation team for entry into the project evaluation database. All data is password protected and maintained on a secure server at UNMC. Confidentiality will be maintained at all times.

The Sixpence CCP Grant Program will emphasize ongoing evaluation as part of the **continuous improvement process** as it is viewed as a critical aspect of an effective program. The continuous improvement process for the Sixpence CCP Grant programs will include:

- Providing information which assists local program staff and Sixpence CCP Grant staff to improve the local program on an ongoing basis;
- Providing information to funders about the efficacy of the program.

Analysis of all evaluation data will be done by the evaluation team at the conclusion of each grant year. Ongoing technical support and consultation will be provided to assist the programs to use the information from the data to improve.

Evaluation Time-line and Key Questions

Area/Question	Assessments	Timing	Who Collects and submits data?
Program Outcomes			
1. Does the program improve childcare quality?	Infant-Toddler Environment Rating Scale-Revised (ITERS-R) Family Child Care Environment Rating Scale-Revised (FCCERS-R)	Baseline & Annually	Panhandle: Sixpence Grant Coaches or Program (not those assigned to the local partnership) Kearney: NDE (year one only, then district will provide a local NDE approved evaluator not associated with the grant) Falls City: MMI (year one only, then district will provide a local NDE approved evaluator not associated with the grant)
Provider and Coach Outcomes			
2. What impact does the program have on providers?	Pre-post survey of provider self-rating of skills and satisfaction with program.	Spring	Sixpence Grant Coaches (Panhandle) or Program Coordinator distribute. Providers return surveys

3. How do providers and school district staff rate participating in the Sixpence CCP Program?	Focus groups with selected providers and school district staff.	Spring	MMI conducts Focus groups
Implementation Information			
4. Training Data	# of trainings offered and % of providers in attendance	Spring	Year-end reporting
5. Coaching Dosage	# of sessions per provider	Spring	Year-end reporting

Required Evaluation Processes

A. Program Outcome Data:

Timeline: Each program will have a baseline and **annual** 3-hour observation of classroom or home care provider practices. Additional information about the assessments can be found at <http://ers.fpg.unc.edu/>

A.1 Center-based child care providers. At each center, an external evaluator will assess one infant and one toddler classroom using the **ITERS-R**. The observations will be conducted by an external reliable observer who is not the coach or program coordinator for that center. The scored ERS protocol will be sent to MMI for entry into the secure database. Feedback will be provided by the Sixpence Grant Coach assigned to the area (Panhandle) or the Program Coordinator.

A.2 Family home-based child care providers. Every home-based child care provider will have the **FCCERS-R** observation conducted by an external evaluator who is neither the coach or program coordinator for that provider. The scored FCCERS-R protocol will be sent to MMI for entry into the secure database. Feedback will be provided by the Sixpence Grant Coach assigned to the area (Panhandle) or the Program Coordinator.

B. Provider and Coach Outcome Data:

Timeline: Data will be collected **annually** in the spring.

B.1 Provider satisfaction and skills survey. MMI will send surveys with self-addressed stamped envelopes to the program coordinators who will distribute the surveys to the providers. Providers will return the surveys directly to MMI.

B.2 Focus Groups. MMI evaluators will conduct separate focus groups with a sampling of providers and coaches to collect data on satisfaction with the program.

C. Implementation Data:

Timeline: Data will be submitted **annually** in May in the Year-End Report & Continuation Request which is collected by the Sixpence Administrator.

C.1 Training data. Programs will track and report the number of trainings offered to child care partners and the percentage of providers attending each training.

C.2 Coaching dosage. Coaches will track and report the number of coaching sessions with each provider.