

Sixpence Early Learning Fund

2018 - 2019 Evaluation Report | September 2019



Collaborate. Evaluate. Improve.
Interdisciplinary Center for Program Evaluation

SIXPENCE EARLY LEARNING FUND

2018-2019 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 3. This public-private partnership, known as Sixpence, funds grants to school districts across Nebraska to provide programs and services for infants, toddlers, and their families who are most at risk. Sixpence Programs support children's opportunities to experience positive environments that provide for 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.

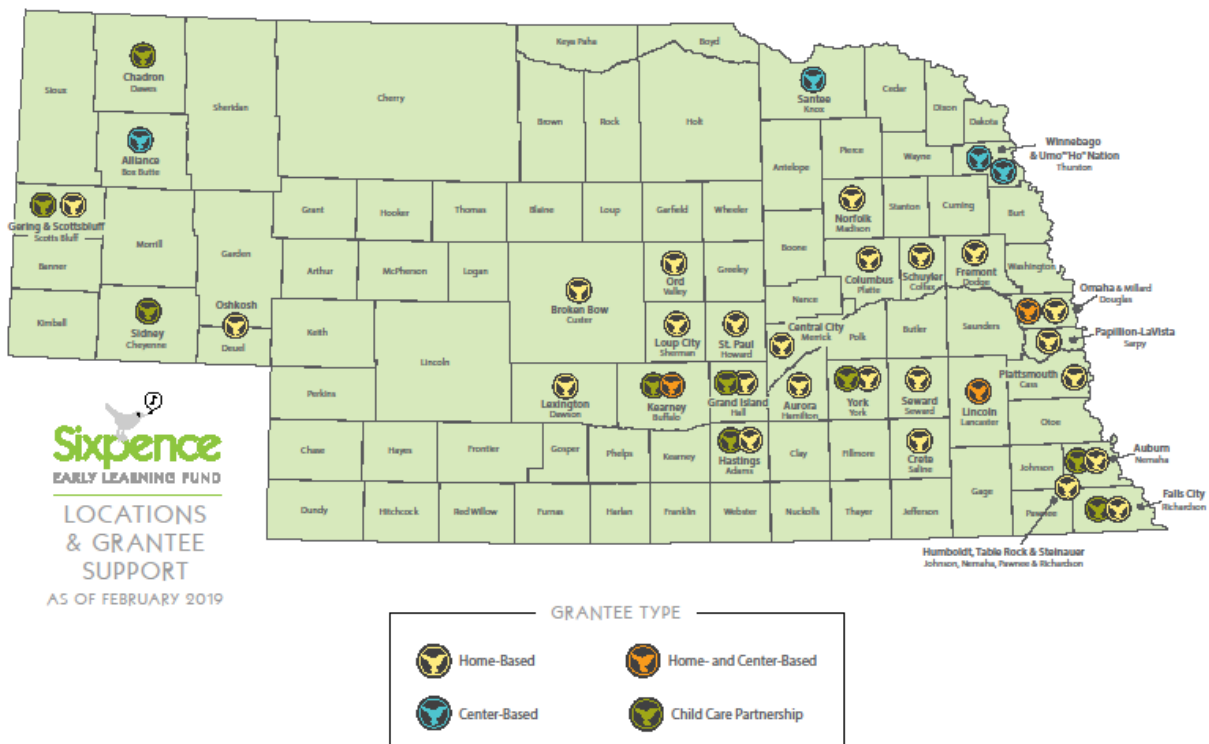


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Sixpence guides parents on things that parents never knew about their children or even themselves. They motivate you to become a better person for your children and yourself.

A Sixpence parent

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SIXPENCE PROGRAMS



What is Sixpence?

In the 2018-2019 program year, the Sixpence Early Learning Fund supported 31 school district grantees across the state. This was Sixpence's 11th year of serving young children in Nebraska.

Sixpence grantees were located in 31 communities and implemented one of the following models:

- Center-based care (4)
- Family engagement home-based services (24)
- Combination of family engagement home-based services **and** center-based care (3)

Most of the children (71%) 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. Fewer children (29%) 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 2018-2019, Sixpence served 1,131 children and 969 families across 31 grantees. This year, 85 mothers were served prenatally whose babies were born prior to June 30, 2019.

Sixpence children are served in urban (Lincoln and Omaha), mid-sized (ex: Columbus and Kearney) and rural (ex: Falls City and Ord) communities across Nebraska.

More Sixpence families live in rural communities than in mid-sized or urban settings.



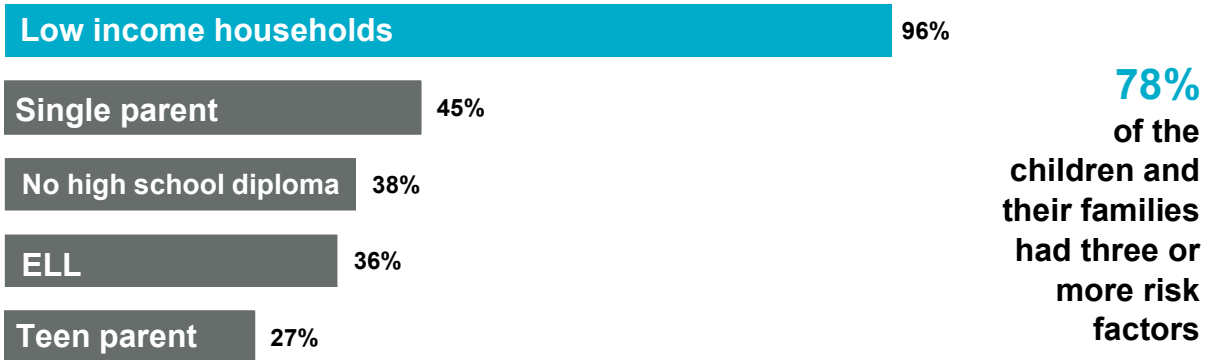
Sixpence Programs serve infants and toddlers (birth to age three) who are most at risk of failure in school. The children served must have at least one of the five qualifying risk factors:

- ▶ Poverty, 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

Seven additional risk factors were tracked: single parents, incarcerated parents, parent absence due to death or military deployment, foster care or CPS involvement, child witnessing violence in home or community, and family mental health issues and parental substance abuse. The following graph shows the most common risk factors Sixpence families experience.



Low income was the leading risk factor for Sixpence families.

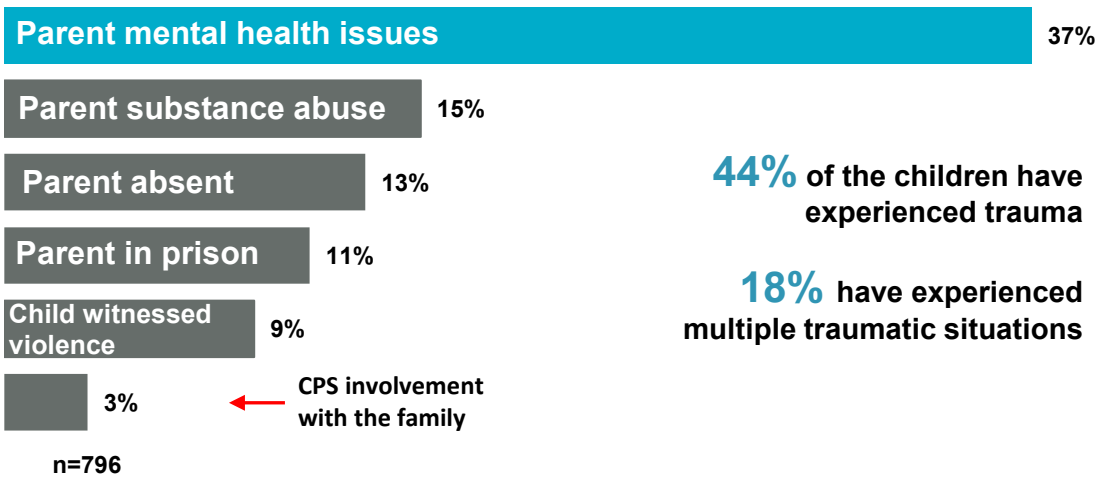


n=1,131

Of the five qualifying risk factors to participate in Sixpence, premature birth or low birth weight was the least common, with 13% of the children meeting this criterion. Most (78%) of the children served in Sixpence had three or more risk factors. This is an increase over the previous year when the rate was 63%.

Additional risk factors relating to child trauma were collected in the spring from 796 families.

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



n=796

It is encouraging to note that most (80%) parents with mental health issues have received treatment services. By contrast, just over half (53%) of parents with substance abuse issues have received counseling or treatment services.

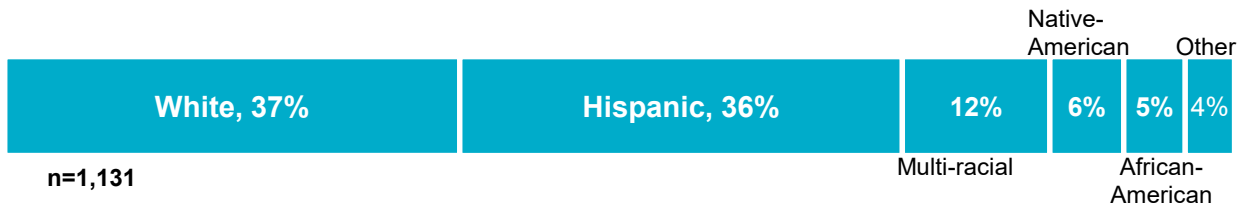
Currently 21 Sixpence children have been wards of the state. Of note, 129 Sixpence parents have been a ward of the state and 15 parents still have this status.



Child Demographics

Sixpence served slightly more males (54%) than females (46%). A total of 13% of the children received special education services through Nebraska’s Early Development Network. The majority of the children (72%) were under the age of one at the time of entry into Sixpence.

The majority of the children were White and Hispanic.



What was the retention rate of families in the program?

The Sixpence retention rate was 81%

Sixpence has a strong record of retaining families in the program. In 2018-2019, 81% of the children stayed in the program through June 30, 2019, or until their child aged out of the program. Of the 219 children who left the program prematurely, most (70%) 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 (31%) or poor attendance (18%).



“

I love that we have the chance to socialize with our baby on a one-on-one level during our visits. Our home visitor gives us great pointers for bonding.

A Sixpence parent

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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 and family home language on child and family outcomes. This year, we decided to analyze outcomes based on child gender to see if this factor made a difference.

Analyses

To determine what factors predict change in outcomes and if these were significant, we utilized a statistical technique known as Hierarchical Linear Modeling (HLM). HLM is used to evaluate program designs that have multiple sites and service models as a way to control for variability that inevitably occurs based on the characteristics unique to that community (Woltman, Feldstain, MacKay, Rocchi, 2012). Each child's outcome may be impacted by the direct provider (family engagement specialist or teacher), the curriculum the program utilizes, the service model (home visiting or center-based), and the community in which the child lives. HLM analyses control for this variability across sites while examining how the factors (e.g. change over time, low and high risk, status of home language and child gender) identified as important to this evaluation contribute to child and family outcomes.



“

I love how interactive the program is and how it has helped me be more interactive with my kids. I like how friendly our home visitor is and all the help and love she has showed to my child.

A parent reflects on Sixpence

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Program Quality Outcomes

What was the quality of center-based services?

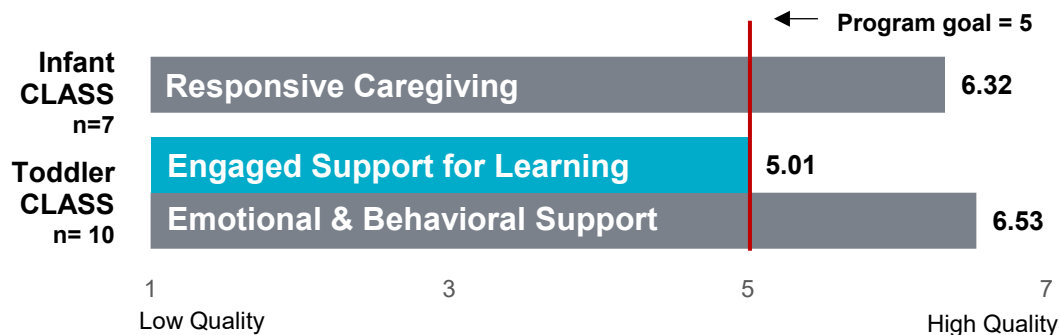
Two tools were chosen to evaluate the quality of Sixpence classrooms, the Classroom Assessment Scoring System (CLASS) and the Infant/Toddler Environment Rating Scales-Revised (ITERS-3). The CLASS “is a rating tool that provides a common lens and language focused on what matters—the classroom interactions that boost student learning” (LaParo, Hamre, & Pianta, 2012). The ITERS-3 assesses classroom quality with a focus on classroom structure, activities, and play materials. New teachers were assessed using the ITERS-3. A random sampling of half of the veteran teachers (or a minimum of two classrooms for smaller programs) who had met the program quality benchmark on the ITERS-3 in prior years were assessed using the CLASS.

Classroom Assessment Scoring System (CLASS) Results

CLASS ratings were completed through a live observation or a video recording of classroom activities across staff members throughout a morning period. 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.



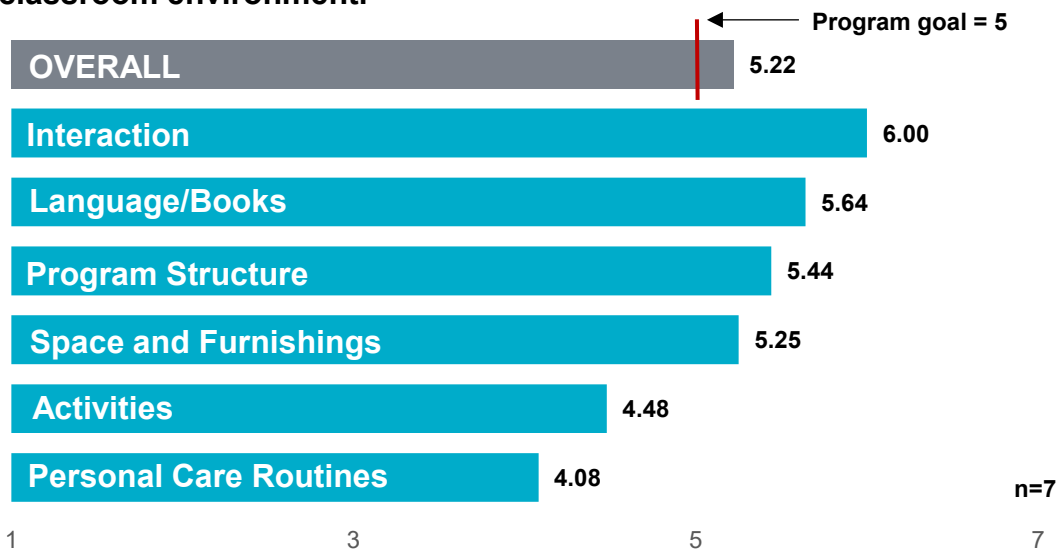
Sixpence classrooms demonstrated high quality in the area of teacher-child relationships, as measured in the Responsive Caregiving and Emotional & Behavioral Support Domains. The teachers were consistently warm, responsive, flexible, and supportive towards children with 100% of the infant and toddler 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 more than half (60%) of the classrooms meeting the program benchmark of 5 in this area. All seven infant classrooms met the quality benchmark for Responsive Caregiving.

100% of classrooms met the quality benchmark in the area of teacher-child relationships

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

The ITERS-3 assessment was conducted in classrooms with a new teacher or a new setting, or in classrooms that had not met the quality benchmark in the previous year. Seven classrooms were evaluated using the revised, third edition. With the use of the revised assessment, comparison of scores with previous year's scores is not possible. The 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 nine classrooms. The program goal is a score of 5 overall.

Sixpence classrooms have high quality practices in supporting language development, interacting with the children, program structure, and classroom environment.



On average, Sixpence classrooms rated highly on the ITERS-3 and consistently demonstrated high quality practices in almost every subscale, with the exception of Activities and Personal Care Routines. Average overall ratings fell slightly above the program benchmark and the majority (57%) of classrooms met the program benchmark for the overall score. The majority of classrooms demonstrated high-quality practices in the areas of Language (67%), Program Structure (86%), Interaction (86%), and Space and Furnishings (57%). 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. The results in Personal Care Routines exceeded the national average. Less than a third (29%) of the classrooms demonstrated quality practices in the area of Activities, which measures access to a variety of learning materials.

For the Overall score,
57% of classrooms
met the quality
benchmark

What was the quality of family engagement services?

The *Home Visit Rating Scales-Adaptive and Extended* (HOVRS-A+ v.2.1) 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 seven 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 visitor builds relationships with the family, the effectiveness of the family engagement specialist at facilitating and promoting positive parent-child interactions, and non-intrusive approaches utilized by the visitor that support effective collaboration.

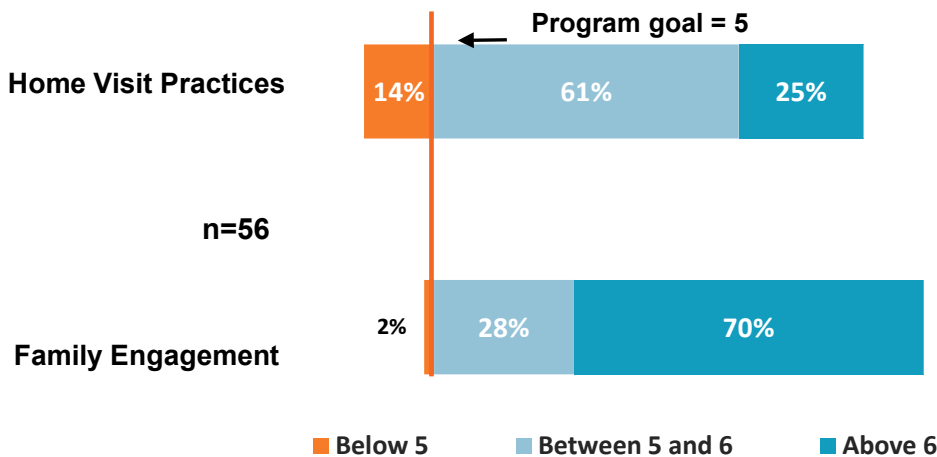
The second domain, Family Engagement, examines the nature of the parent-child relationships and interactions, as observed during the home visit, and the level of parent and child engagement within the activities of the home visit.

In 2018-2019, HOVRS- A+ v 2.1 data were available for 56 family engagement specialists, 15 of whom were new to Sixpence this year. Some of the veteran specialists were exempt from submission due to reaching the highest quality benchmark (a score of 6.0 or higher) for two consecutive years. The HOVRS data from their most recent submission was included for this analysis.

The majority (86%) of family engagement specialists met the program goal (a score of 5.0 or higher) in the area of Home Visit Practices signifying implementation of high-quality home visitation practices during their sessions. Family engagement during home visits was high; most families (98%) were highly engaged during the home visit. The following graph shows home visit quality results in three scoring ranges. Scores of five and above met the program goal.

Sixpence families are highly engaged during home visits.

The majority of family engagement specialists have high-quality practices.



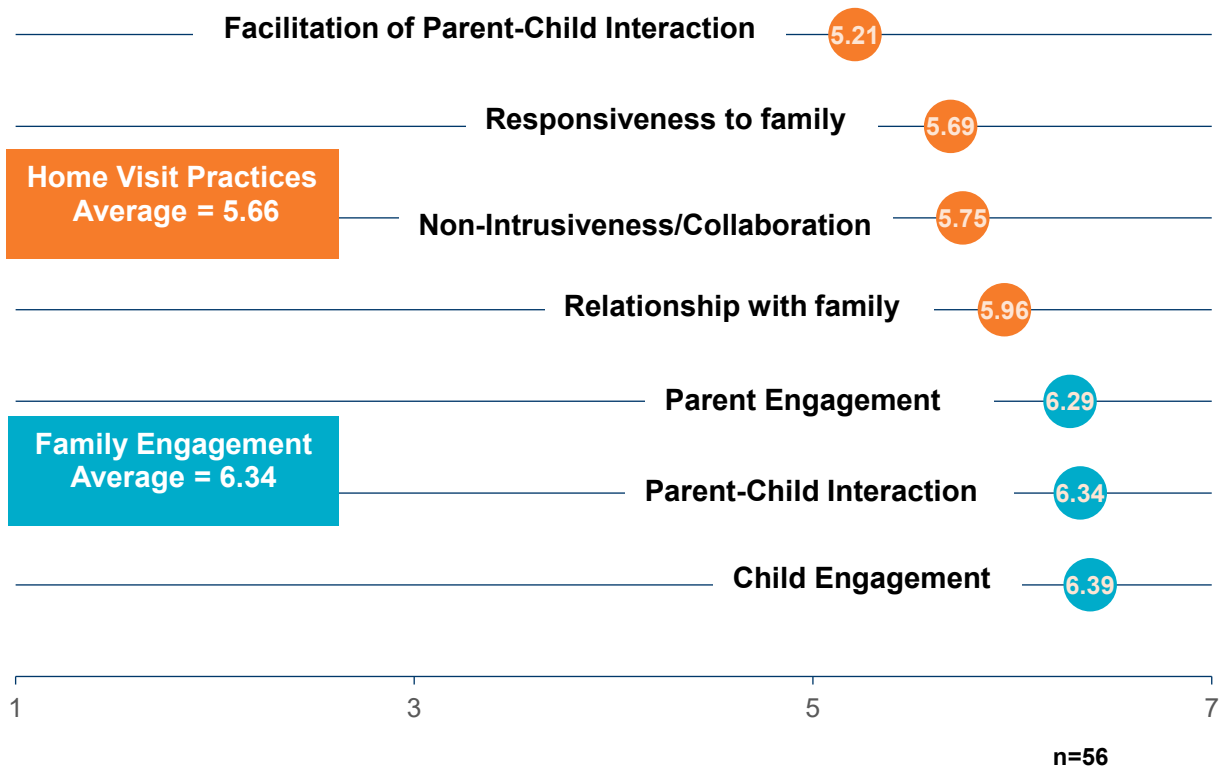
As shown in the following chart, the average scores in 2018-2019 for the Home Visit Practices and Family Engagement domains exceeded the program quality benchmark of 5.0. The average Home Visit Practice score was 5.66 and the average Family Engagement score was 6.34.

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 building relationships with families. A high rating on this scale indicates the family engagement specialist and family are frequently engaged in warm, positive behaviors during the home visit, and the family engagement specialist shows respect and understanding of the family as a whole.

In the Family Engagement domain, the average ratings on all subscales met the Sixpence quality benchmark indicating that parents and children were highly engaged during Sixpence home visits. The greatest strength was in the area of Child Engagement. A high rating on this scale indicates that the child frequently displayed behaviors that indicate engagement and interest in the home visit.

Family engagement specialists had strong relationships with families.

Children were highly engaged during family engagement visits.



Child Outcomes

What were the children’s language outcomes?

Three standardized assessments were administered to monitor the children’s language outcomes. For children ages 8 months and older whose primary language is English, parents completed the Developmental Assessment of Young Children, 2nd edition, (DAYC-2), a measure of Receptive and Expressive language. Children ages 8 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 and comprehension. The Peabody Picture Vocabulary Test–IV (PPVT-IV), a direct child assessment measuring vocabulary, was administered to children at age 3 whose primary language was English and for all children in center-based services, regardless of home language.

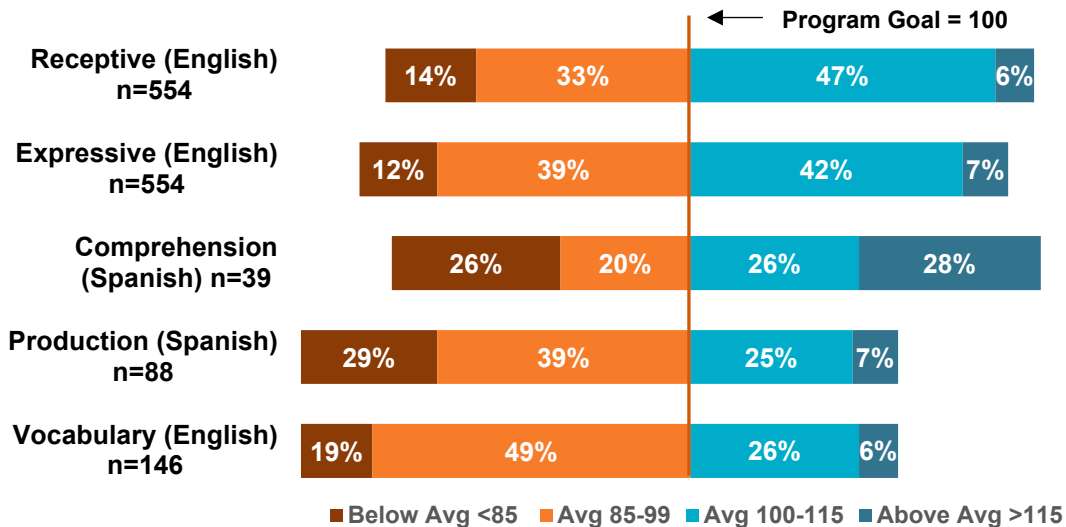
The results are reported in two ways. The first section shows language outcomes in the spring, reporting the percentage of children who met the program goal. The second section shows how average scores changed from time 1 to time 2 for children who had the assessment at two points in time.

Language results after a minimum of six months in Sixpence

The chart below 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.

The majority of the children met the program goal for Receptive language in English and for Comprehension in Spanish.

Almost a third (32%) of the children met the program goal for Vocabulary.



Just over half (53%) of the children met the program goal of scoring at or above the national average on the Receptive language scale of the DAYC-2 and nearly half (49%) met the goal in Expressive language. These results are similar to the previous year when 51% met the goal on both scales.

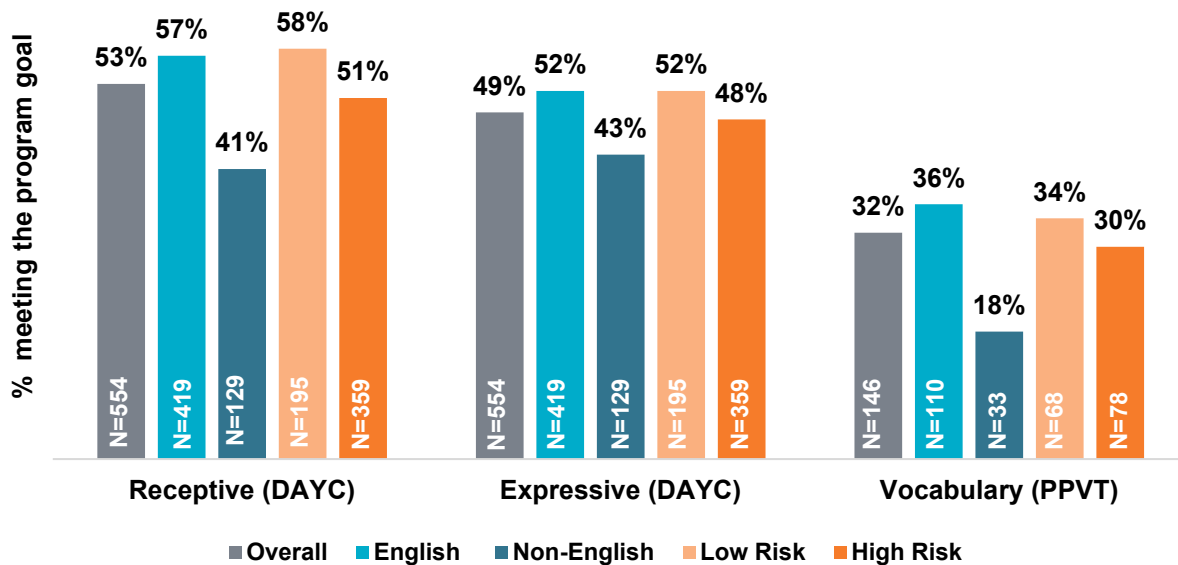
On the MacArthur Spanish language assessment, the majority (54%) of the children met the program goal for Comprehension. Fewer children (32%) met the goal for Production. Spanish language outcomes were similar to the previous year when 51% met the goal for language Production and 33% met for language Comprehension. Note that fewer children had these assessments completed because of the age limits: the Comprehension scale is for 8 to 18 months and the Production scale is for 8 to 30 months.

This year, almost a third (32%) of the children met the program goal on the PPVT-IV vocabulary assessment. This is a decrease from the previous year when 48% of the children met the goal.

An additional analysis was done to compare the English language outcomes based on home language and risk factors. It is important to note that a number of children whose home language is not English were assessed with the DAYC-2 and the PPVT-IV which are English language assessments. Although program staff have the option to substitute the MacArthur Spanish language assessment for the DAYC-2 for children ages 8 to 30 months, they may decline to do so because the family also uses English and/or the child communicates well in English. For the PPVT-IV, 23% of the children assessed have a primary home language that is not English. For the DAYC-2, the rate is 24%. Low risk is defined as having up to two risk factors. High risk is defined as three or more. For the PPVT-IV, 53% of the children assessed were high risk. For the DAYC-2, 65% of the children assessed were high risk.

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

By spring, children with fewer risk factors or whose home language is English, met the program goal at a higher rate than those with 3 or more risk factors or whose home language is not English.



Across all three scales, Sixpence children who have fewer risk factors and/or use English as the primary home language had a higher rate of meeting the program goal, which is a standard score of 100, the mid-point of average. On both DAYC-2 scales, these children exceeded national norms, as 57% to 52% were at or above the national average in Receptive and Expressive language respectively. Children with low-risk had the strongest outcome on Receptive language where 58% met the program goal. Children’s results on Expressive language did not vary as widely based on a comparison of risk factors. Almost half (48%) of the children with three or more risk factors met the program goal, which is 4% points below children with fewer risk factors where 52% met the goal.

Overall, vocabulary outcomes showed a similar pattern to the results for Receptive and Expressive language. Children with fewer risk factors and English as the primary home language were more likely to meet the program goal. Home language appeared to have the strongest impact on PPVT results. Children whose primary language is English were twice as likely to meet the program goal than their peers whose home language is not English. Risk factors did not make as strong a difference on vocabulary outcomes, as 34% of the children with fewer risk factors met the program goal while 30% of children with 3 or more risk factors met the goal.

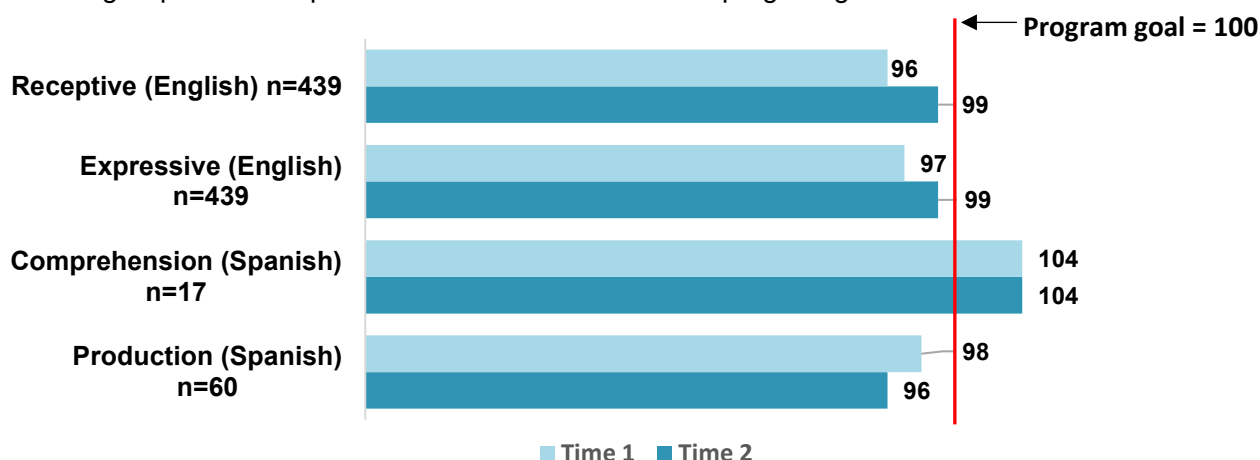
An HLM analysis was done to determine if home language or risk factors were significant predictors of children’s language outcomes. Results are reported at the end of this section.

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 2018, depending on when the child was old enough to have the assessment. All time 2 scores were collected in the spring of 2019. Since the PPVT-IV is only completed at age 3, there is no data to track change over time; however, the overall average was 95, which is 5 points below the program goal. The following chart shows the average scores at time 1 and time 2.

Average scores increased on English Receptive and Expressive language from time 1 to time 2.

Average Spanish Comprehension scores exceeded the program goal at time 1 and time 2.



For English language outcomes, average scores increased modestly over time and were just below the mid-point of average by spring. Average Spanish comprehension scores did not change over time, but exceeded the program goal with an average of 104. Spanish language production scores decreased slightly over time.

HLM Results

To determine if the changes in Receptive and Expressive language from time 1 to time 2 were significant, an HLM analysis was done across the 31 Sixpence programs. This methodology was chosen because it controls for the variability from program to program and for the shared variance within the same program. HLM was also used to determine the impact of child risk factors, family home language, and child gender on language outcomes. MacArthur outcomes were not analyzed because of the small sample size.

Receptive Language – English

Approximately 14% of the variability in Receptive language was due to the program site, indicating that the Receptive language scores were different across sites.

A significant change was found in DAY-C Receptive language scores when controlling for low/high risk, family home language, and gender ($p < .001$) from time 1 to time 2.

Risk, family home language, and gender were significant predictors of Receptive language scores. Children with three or more risk factors scored significantly lower on Receptive language than children with only one or two risk factors ($p < .001$). Children at a higher risk scored 2.80 points lower on average than lower risk children (2 or fewer risk factors). Children with a home language that was not English scored significantly lower than children whose home language was English ($p < .05$). They scored 0.92 points lower on average than children whose primary home language was English. There was a significant Receptive language score difference between boys and girls ($p < .001$). Girls scored 4.93 points higher on average than boys.

Expressive Language – English

Approximately 10% of the variability in Expressive language was due to program site, indicating that the expressive language scores were different across sites. There was no significant change from time 1 to time 2. However, gender was a significant predictor of Expressive language scores. There was a significant expressive language score difference between boys and girls ($p < .001$). On average, girls scored 4.47 points higher than boys did.

Risk factors and family home language did not predict Expressive language outcomes.

Home Literacy Practices

A survey of literacy practices in the home found that:

74% of parents read to their children at least 3 times a week

39% read to their children every day

86% of families have more than 10 children's books in their home, and for 80% of the families, at least half of the books are in their home language

4% of families report they have no books in their home language

58% of parents play games or sing with their children every day

Receptive language improved significantly over time

Children at higher risk had significantly lower Receptive language scores

Children whose home language was not English had significantly lower Receptive language scores

Girls scored significantly higher than boys on Receptive and Expressive language measure



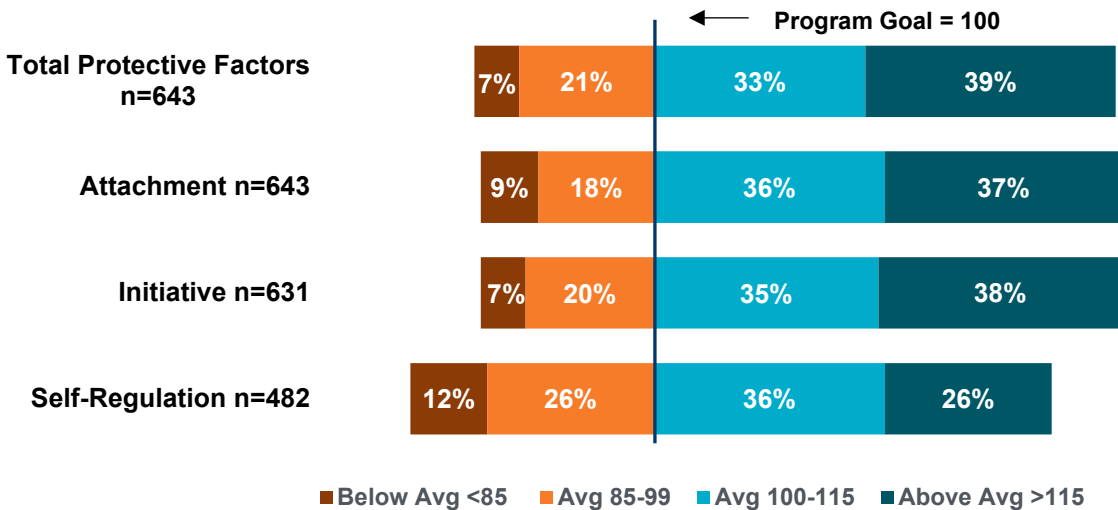
What were the children’s social-emotional outcomes?

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. Fewer children have a score for Self-Regulation because it is for children ages 18 months and older. The Absence of Behavior Concerns score is only for children age 3 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 percent 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.



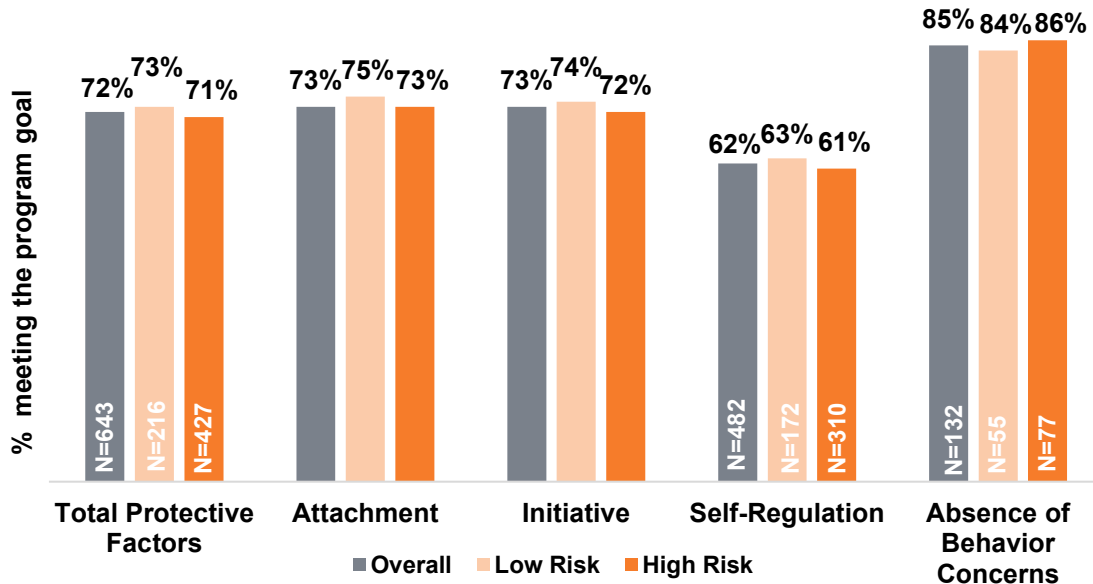
By spring, large percentages of children met the program goal for social-emotional skills. Children showed the greatest strength in the Attachment and Initiative subscales with 73% meeting the program goal. A strong majority of children met the goal in Self-Regulation (62%). It is notable that 12% of the children scored in the below average range for this scale. Programs may want to consider providing additional support for the children whose results indicate poor self-regulation skills.

By spring, **72%** of the children met the program goal for social-emotional competencies

When children turn three, the DECA measures Behavior Concerns. A total of 132 were assessed with this scale and most (85%) did not have behavior concerns.

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

Children with higher risk factors met the program goal at a slightly lower rate than children of low risk, except in the area of Absence of Behavior Concerns.

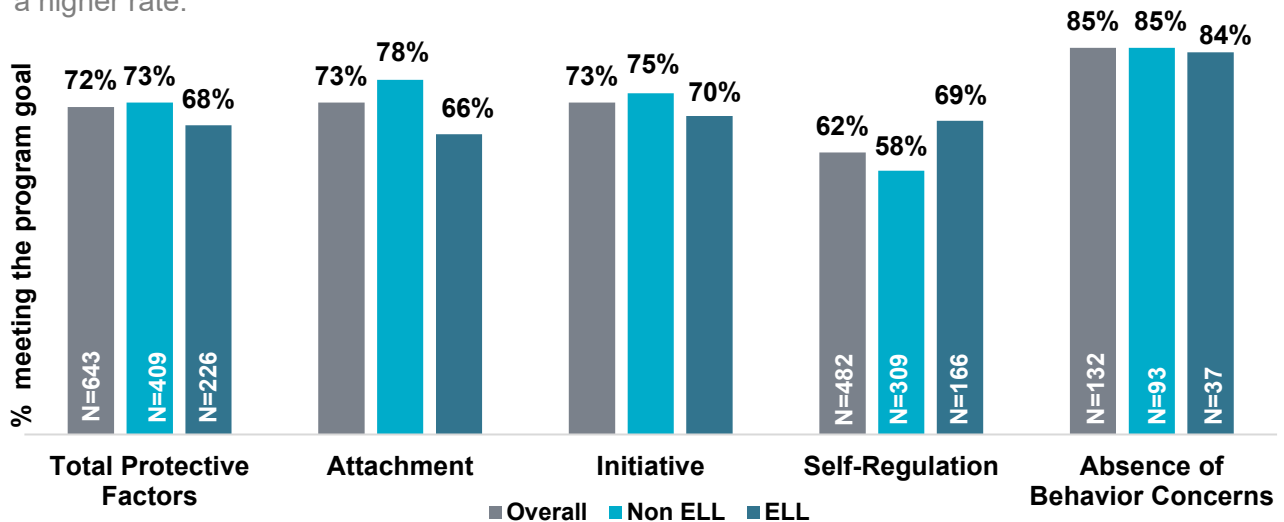


There were small differences in the rate of children meeting the program goal based on risk factors. An HLM analysis was conducted to determine if these differences were significant. Results are reported at the end of this section.

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

The number of children meeting the program goal varied the most in Attachment and Self-Regulation, based on family home language.

In the area of Self-Regulation, children whose home language was not English met the goal at a higher rate.



An analysis comparing the children’s social-emotional outcomes based on home language found the greatest differences in the areas of Attachment and Self-Regulation. In Attachment, children whose home language is English met the goal at a higher rate (78%) than children whose home language is not English (66%). The trend was reversed in the area of Self-Regulation where 69% of children whose home language is not English met the program goal compared to a rate of 58% for children whose home language is English. In Total Protective Factors, more children whose family home language is English met the goal (73%) compared to children whose home language is not English (68%). The Absence of Behavior Concerns showed the least difference between these two groups.

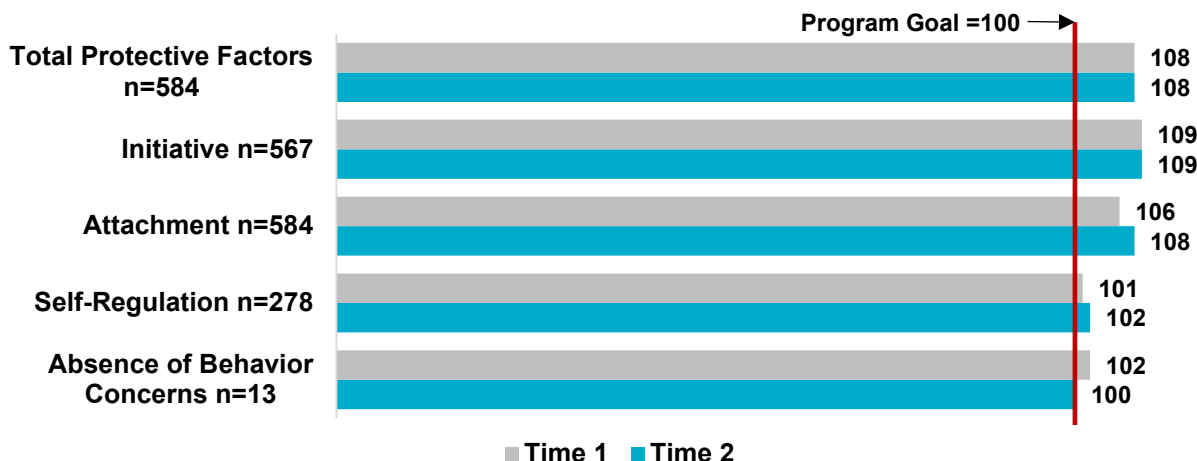
An HLM analysis was done to determine if these differences were significant predictors of children’s social-emotional outcomes. Results are reported at the end of this section.

Change in social-emotional skills over time

An analysis was done to measure children’s social-emotional development over time. A total of 584 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.

On average, scores did not vary from time 1 to time 2.



On average, Sixpence children scored at or above the national mean for social-emotional competencies over time. Average scores appear stable over time.

HLM Results

An HLM analysis was done to compare the change in scores from time 1 to time 2 across the 31 Sixpence programs. This methodology was chosen because it controls for the variability from program to program and for the shared variance within the same program. It was also used to measure the impact of child risk, family home language and child gender on social-emotional outcomes. The Absence of Behavior Concerns subscale was not analyzed because of the small sample size.

Total Protective Factors

Approximately 18% of the variability in Total Protective Factors was due to the program site, indicating that the scores were different across sites. There was no significant change in scores from time 1 to time 2. Risk and gender were significant predictors of Total Protective Factor scores. Children with three or more risk

factors scored significantly lower on Total Protective Factors than children with only one or two risk factors ($p < .05$). Children at a higher risk scored 1.09 points lower on average than lower risk children. There was a significant difference in Total Protective Factor score between boys and girls ($p < .001$). On average, girls scored 2.42 points higher on Total Protective Factors than boys.

Family home language did not predict Total Protective Factor scores.

Attachment

Approximately 18% of the variability in attachment was due to the program site, indicating that the scores were different across sites. A significant change in the attachment scores from time 1 to time 2 was found when controlling for low/high risk, family home language, and gender ($p < .05$). Risk and gender were also significant predictors of Attachment scores. Children with three or more risk factors scored significantly lower on Attachment than children with one or two risk factors ($p < .001$). Children at a higher risk scored approximately 1.93 points lower on average than lower risk children. On average, girls scored 1.92 points higher on the attachment scale than boys.

An interaction effect was found for family home language and time, such that children whose primary home language was English had greater gains in attachment scores from time 1 to time 2 than children with a home language other than English ($p < .05$).

Initiative

Approximately 17% of the variability in Initiative was due to program site, indicating that the scores were different across sites. There was no significant change in scores from time 1 to time 2 when controlling for low/high risk, family home language, and gender. Gender was a significant predictor of Initiative scores. Boys scored significantly lower on Initiative than girls ($p < .001$). On average, girls scored 2.45 points higher.

Risk and family home language did not predict initiative scores.

Self-Regulation

Approximately 10% of the variability in self-regulation was due to program site, indicating that the self-regulation scores were different across sites. The analysis did not find significant changes from time 1 to time 2. Gender was a significant predictor of Self-Regulation scores. Boys scored significantly lower on Self-Regulation than girls ($p < .001$). On average, girls scored 2.75 points higher.

Neither risk nor family home language predicted Self-Regulation scores.

Children with three or more risk factors had significantly lower Total Protective Factors and Attachment scores

Attachment scores increased significantly from time 1 to time 2

Children whose home language was English had greater gains in Attachment than children whose home language was not English

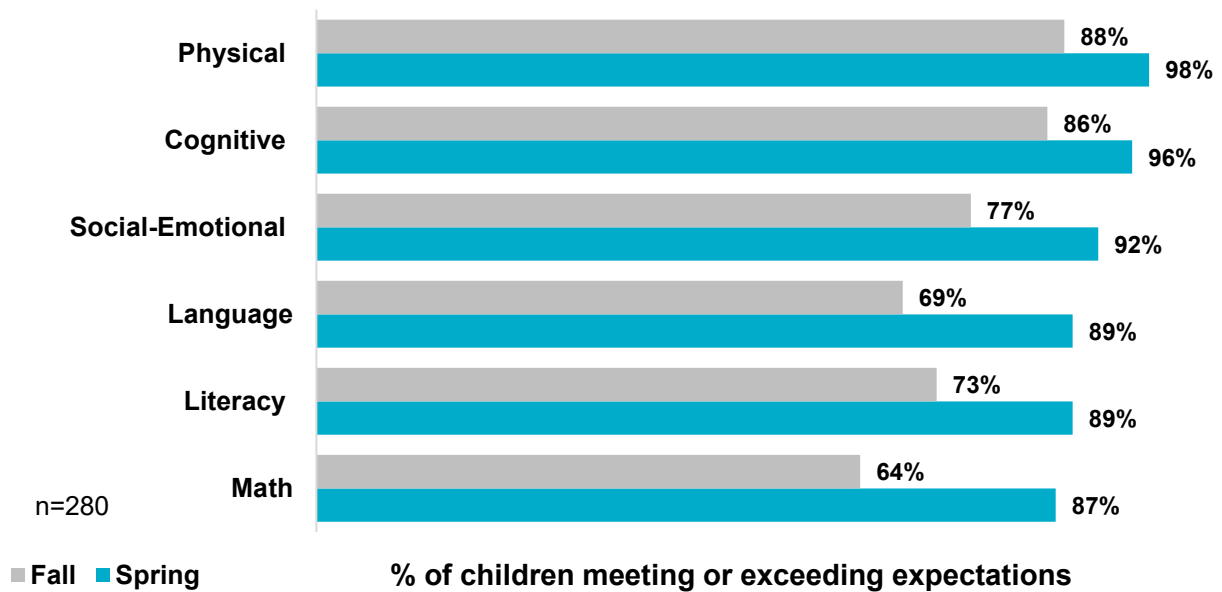
On average, girls scored significantly higher than boys on every measure of social-emotional competence



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 research 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 684 children had GOLD assessment data during the 2018-2019 school year. For purposes of this analysis, only children that continued on the same age band across both times, fall and spring, were compared. This sample included 280 children.

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



Results found that more children scored within the widely held expectations (the typical or above range) by the spring. Strengths on this scale were in the areas of physical and cognitive development.

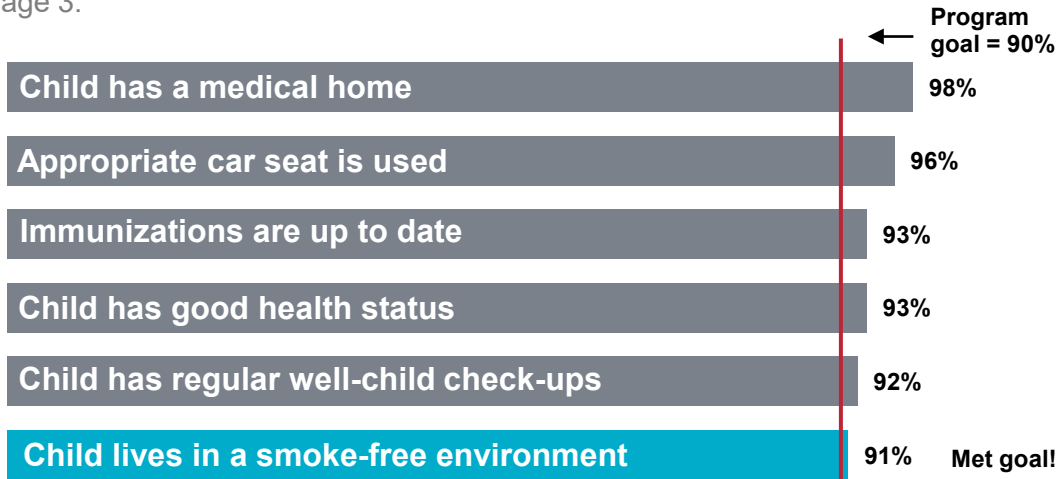


Health Outcomes

What were the children's health outcomes?

Nearly all of the children met every Sixpence health indicator.

Sixpence immunization rates were 15 points above the state rate for children birth to age 3.



n = 796

The program goal is for 90% of Sixpence children to meet the health indicators. In the spring, health and risk factor updates were collected for 796 families. Results indicate that in every category, most Sixpence families made healthy choices for their children. Nearly every family had a consistent medical provider who they saw for regular checkups and immunizations, as opposed to using the emergency room for routine health needs. While most of the children were in good health, 7% had a chronic medical condition such as asthma. This is the third year since collecting smoke exposure data that Sixpence met the goal of 90% of children being in a smoke-free environment. Nearly all (93%) of the Sixpence children are up to date with their immunizations. This is much higher than the Nebraska rate of 78% (Centers for Disease Control, 2017).

Access to health insurance

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

96% of families report having health insurance

74% use Medicaid

14% have private insurance

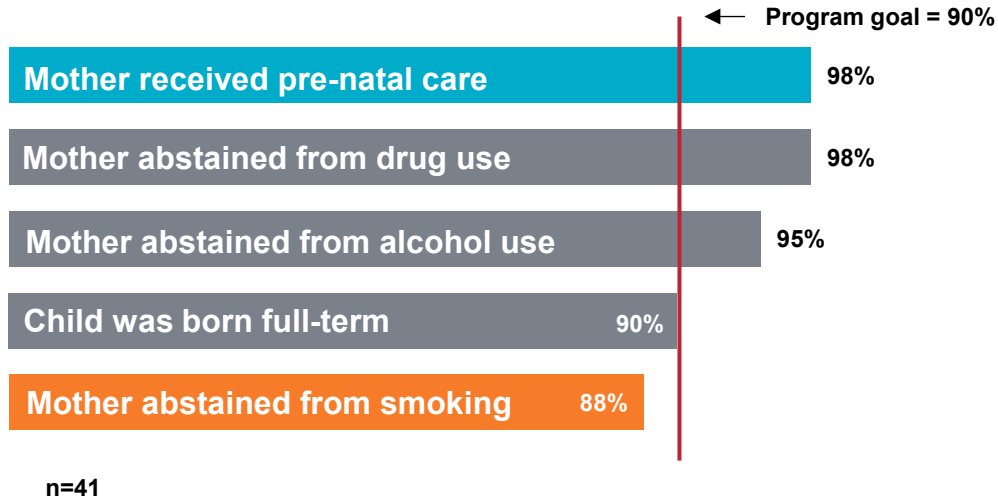
5% use a combination of public and private insurance



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

Nearly all of the pregnant mothers received consistent prenatal care and abstained from drug and alcohol use during pregnancy.

Smoking abstinence rates fell short of the program goal.



During the program year, 85 babies were born to mothers participating in Sixpence. A total of 41 mothers completed the prenatal health survey. Survey results should be treated with caution since just under half (48%) of the mothers completed it.

Results indicate that Sixpence mothers engaged in a number of positive practices to ensure the arrival of a healthy baby. Nearly all Sixpence mothers received consistent pre-natal care and abstained from drug and alcohol use while pregnant. The majority (90%) of the babies were born full-term with healthy birth weights. Abstention from smoking is the only area that fell below the program goal with 88% of mothers abstaining. This rate is far higher than the previous program year when only 74% of mothers abstained. This is a large increase and may reflect a greater focus on educating mothers about the harms of smoking while pregnant and providing additional support for smoking cessation.

Most (85%) new mothers participating prenatally in Sixpence initiated breastfeeding. The rate for Nebraska mothers is 82% (Center for Disease Control and Prevention, 2018). The length of time mothers breastfed their babies increased over the previous year. Last year 6% of mothers reported nursing for at least six months. This year the rate was 20%. The Nebraska rate is 57% (Center for Disease Control and Prevention, 2018). Sixpence may want to focus on increasing support for breastfeeding.

**85% of the mothers
initiated breastfeeding
20% nursed for at least
six months**

Family Outcomes

What were the outcomes for parent-child interactions?

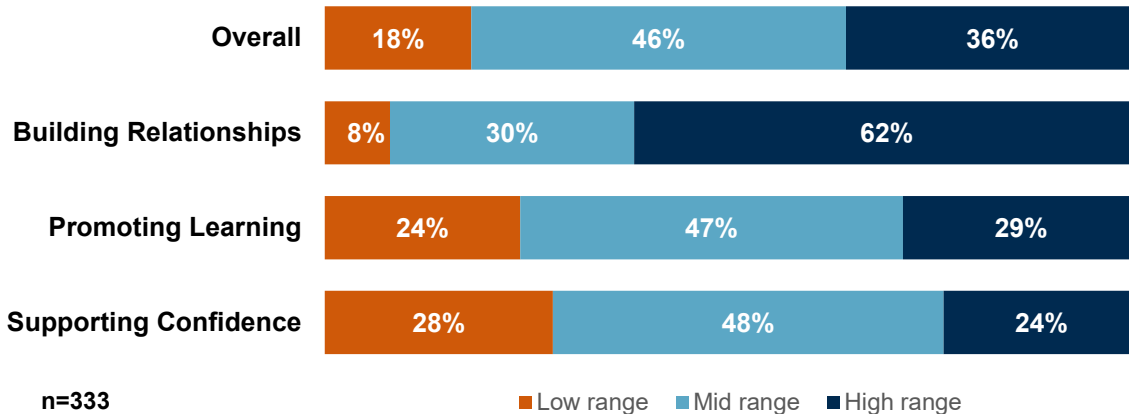
The Keys to Interactive Parenting Scale (KIPS) measures parenting behaviors across three areas: Building Relationships, Promoting Learning, and Supporting Confidence, based on a videotape of a parent playing with his or her child. Scores are based on a 5 point scale with 5 indicating high quality.

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

The following chart presents the parent-child interaction results in the spring for 333 families. High range scores are 4-5, mid range scores are 3-3.9, and low range scores are 1-2.9.

Families demonstrate the greatest skills in Building Relationships with their children through play interactions.

About a quarter of the families scored in the low range in Promoting Learning and Supporting Confidence.



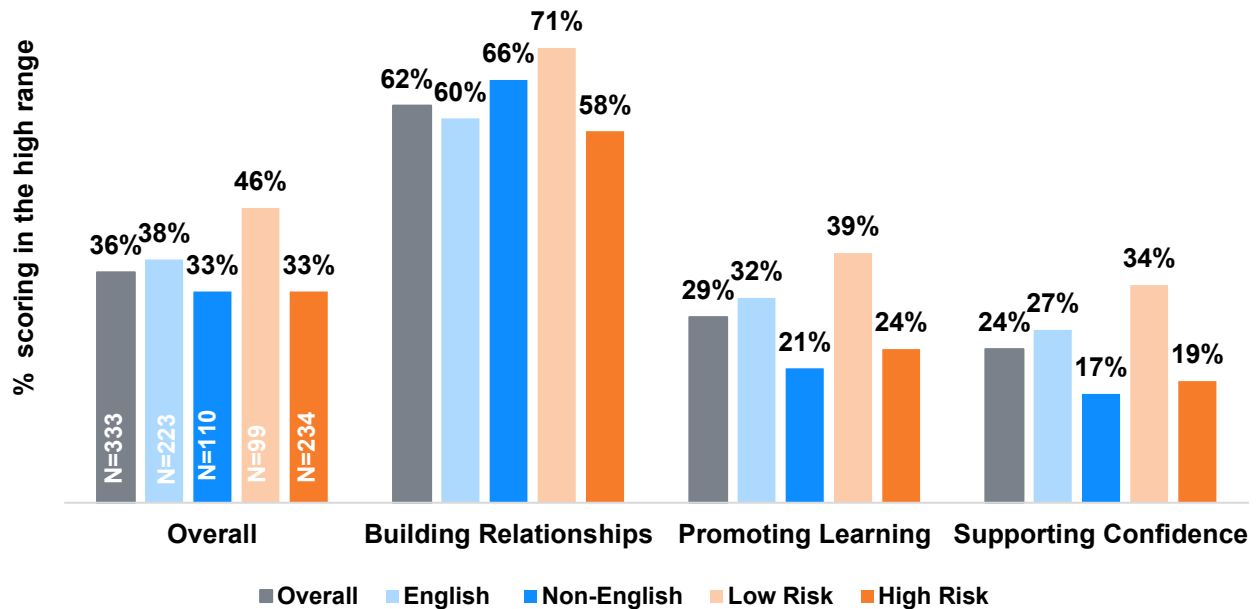
Sixpence families demonstrated strong skills in building relationships with their children. 92% of families scored in the mid to high range on Building Relationships scale with the majority (62%) scoring in the high range. Building Relationships assesses parent responsivity to child cues, the modeling of emotions, the following of the child's lead, and the warmth, affect and physical affection parents demonstrate when interacting with their children.

In the areas of Promoting Learning and Supporting Confidence, nearly half the families score in the mid range. Fewer families scored in the high range in Promoting Learning (29%) or Supporting Confidence (24%). 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.

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, a greater percentage of families with low risk scored in the high range than families with high risk.

In Building Relationships, a greater percentage of parents whose primary language is not English scored in the high range than parents whose primary language is English.



Across the three subscales and the overall scale of the KIPS, parents with low risk scored in the high range at a higher rate than parents with high risk. The differences between the two groups were consistent across all areas. The results based on family home language are more mixed. In Building Relationships, parents whose home language was not English scored in the high range at a higher rate (66% vs. 60%). In the other areas, parents whose home language was not English scored in the high range at a lower rate.

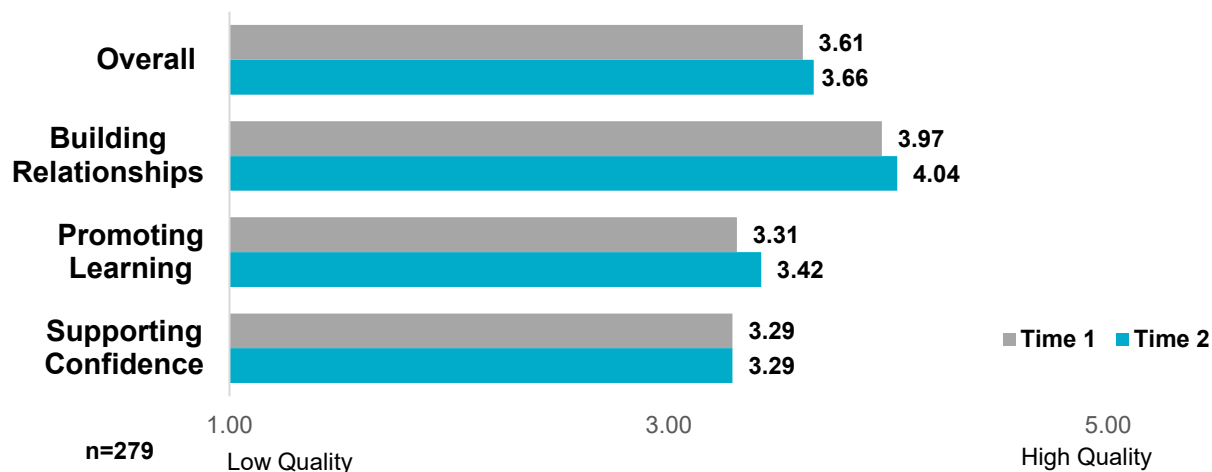
An HLM analysis was done to determine if these differences were significant predictors of parent interaction outcomes. Results are reported at the end of this section.

Change in parent-child interactions over time

An analysis was done to measure parent-child interactions over time. A total of 279 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.



Parent-child interactions were consistent across time.
 Parents' greatest strength was in building relationships through play.



Sixpence families demonstrated strong skills in building relationships with their children. The average score was in the high range (4-5) at time 2. Parents scored in the mid range (3-3.9) in the other subscales. There were slight differences from time 1 to time 2 in all but the Supporting Confidence subscale.

HLM Results

An HLM analysis was done to compare the change in parent-child interaction scores from time 1 to time 2 across the 31 Sixpence programs. This methodology was chosen because it controls for the variability from program to program and for the shared variance within the same program. It was also used to measure the impact of child risk, family home language and child gender on parent-child interactions.

Overall

Approximately 2% of the variability in the Overall KIPS was due to the program site, indicating that there was minimal variability in scores across sites. There was no significant change in scores from time 1 to time 2. Family risk was a significant predictor of Overall KIPS scores. Families with low risk averaged .22 points higher ($p < .001$).

Family home language and child gender did not predict outcomes in the overall scale.

Building Relationships

Approximately 2% of the variability in Building Relationships was due to the program site, indicating that there was minimal variability in scores across sites. There was no significant change in scores from time 1 to time 2. Risk was a significant predictor of Building Relationships scores. Families with three or more risk factors scored significantly lower on Building Relationships than families with only one or two risk factors ($p < .001$). Families at a higher risk scored 0.22 points lower on average.

Families at low risk had significantly higher scores across all subscales than families with higher risk

Home language and child gender did not predict parent-child interaction scores

There was no significant change in scores from time 1 to time 2



Family home language and child gender did not predict outcomes in this subscale.

Promoting Learning

Approximately 7% of the variability in Promoting Learning was due to the program site, indicating that scores were different across sites. There was no significant change in scores from time 1 to time 2. Family risk was a significant predictor of Promoting Learning scores. Families with low risk averaged .25 points higher ($p < .001$).

Family home language and child gender did not predict outcomes in this subscale.

Supporting Confidence

Approximately 4% of the variability in Supporting Confidence was due to the program site, indicating that there was minimal variability in scores across sites. There was no significant change in scores from time 1 to time 2. Family risk was a significant predictor of Supporting Confidence scores. Families with low risk averaged .20 points higher ($p < .001$).

Family home language and child gender did not predict outcomes in this subscale.

What were the outcomes for parents' protective factors?

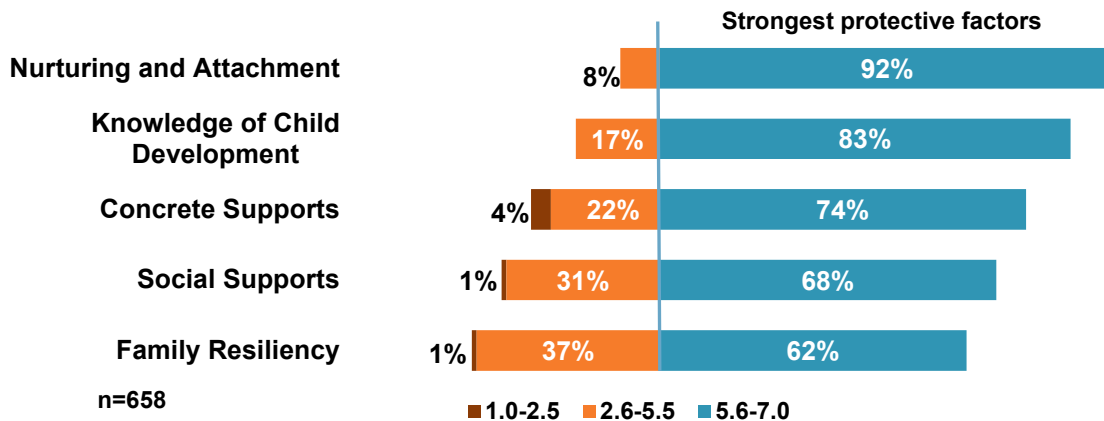
Families completed the FRIENDS Protective Factors Survey (PFS), a broad measure of family well-being. The survey assesses five areas: Family Resiliency, Social Supports, Concrete Supports such as access to housing, Knowledge of Child Development, and Nurturing and Attachment. The PFS is based on a 7-point scale with 7 indicating strong protective factors. No program goal has been set for the PFS.

Parents' protective factors after a minimum of six months in Sixpence

The following chart shows how parents scored on the PFS by grouping their results in the low, middle, and upper range of the assessment. The blue bands indicate the percentage of parents who scored in the upper range of the scale, from 5.6-7. A total of 658 parents completed the PFS with at least six months of service.

Nearly all families scored in the high range for Nurturing and Attachment.

Results were not as strong in the areas of Family Resiliency and Access to Social Supports.



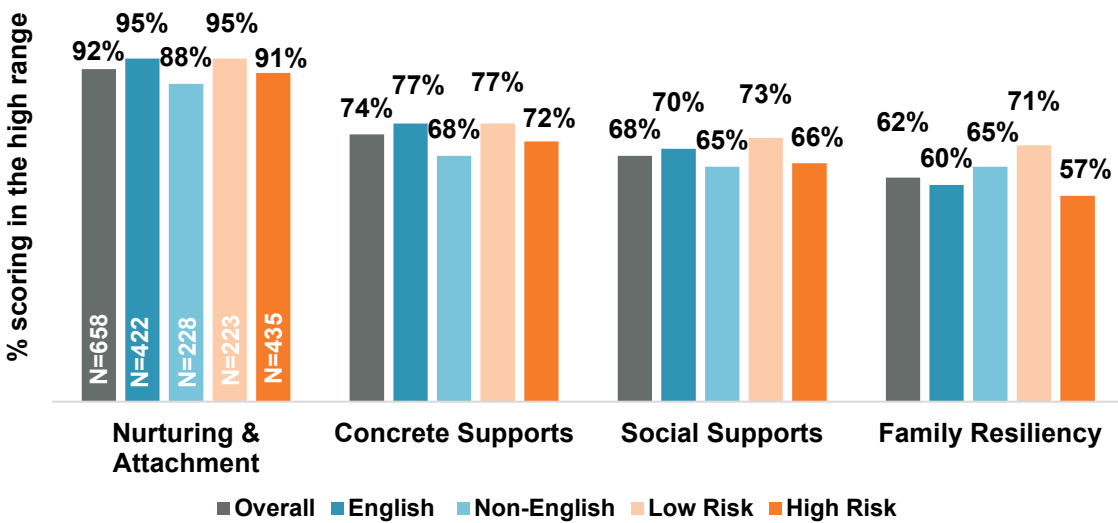
Sixpence families had strong protective factors across all subscales after six months in the program. Ninety-two percent of all families had scores in the upper range for Nurturing and Attachment. Most parents

demonstrated strong protective factors in the areas of Knowledge of Child Development and access to Concrete Supports, scoring 83% and 74% respectively. While a majority of parents scored in the upper range of Social Supports and Family Resiliency, approximately a third of them fell in the mid-range or below. Programs may want to focus on these two areas to help improve protective factors.

The following chart compares the percentage of parents meeting the program goal based on primary home language and risk factors for all of the PFS scales with the exception of Knowledge of Child Development which did not show variability across groups.

Families whose home language was English had a higher rate of scoring in the high range in all but Family Resiliency.

Families with more risk factors had a lower rate of scoring in the high range across all areas.



Families where English is the primary home language scored in the upper range at a higher rate in the areas of Nurturing and Attachment and access to Concrete Supports and Social Supports. Non-English speaking families had a higher rate of scoring in the upper range for Family Resiliency. Families with fewer risk factors had higher percentages scoring in the high range across all areas.

An HLM analysis was done to determine if these differences between groups were significant predictors of family protective factors. Results are reported at the end of this section.

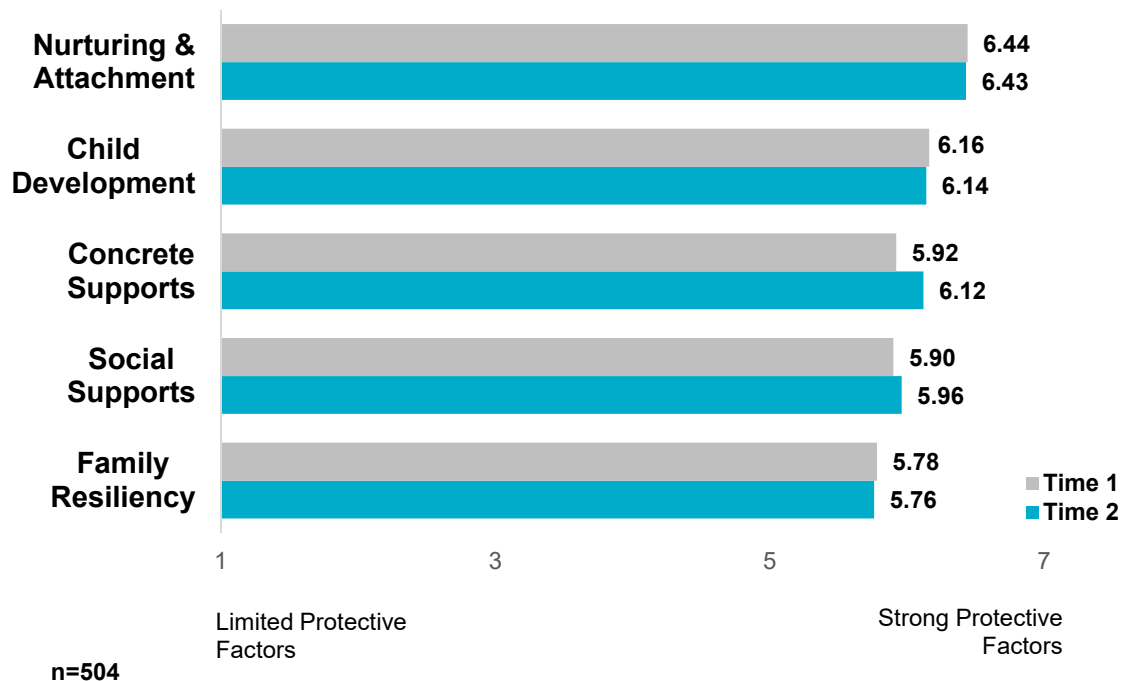
Change in parents' protective factors over time

An analysis was done to measure parents' protective factors over time. A total of 504 families completed the assessment at two points in time with a minimum interval of six months. The following chart shows average scores on each subscale over time.



On average, Sixpence families demonstrated strong protective factors across all areas, particularly in Nurturing and Attachment.

Concrete Supports increased the most.



The results indicate that Sixpence families’ protective factors remain stable over time. While there were small changes on average from time 1 to time 2, overall score averages did not vary by more than .20, which is a small difference on a 7 point scale.

HLM Results

An HLM analysis was done to compare the change over time in family protective factors scores across the 31 Sixpence programs and to measure the impact of child risk, family home language and child gender. This methodology controls for the variability from program to program and for the shared variance within the same program.

Nurturing and Attachment

Approximately 10% of the variability in Nurturing and Attachment was due to the program site, indicating there were some differences in scores across sites. No significant change from time 1 to time 2 was found for Nurturing and Attachment. Family home language and risk factors were significant predictors of Nurturing and Attachment scores. Children with a home language that was not English scored significantly lower than children whose home language was English ($p < .02$). They scored 0.15 points lower on average than children whose primary home language was English. Families with three or more risk factors scored significantly lower on Nurturing and Attachment than families with only one or two risk factors ($p < .05$). Families at a higher risk scored 0.19 points lower on average.

An interaction effect was found for Family home language and time, such that children with a home language other than English had greater gains in Nurturing and Attachment scores from time 1 to time 2 than children



whose home language was English ($p < .05$). An interaction effect was also found for gender and time, such that girls had greater gains in Nurturing and Attachment scores from time 1 to time 2 than boys ($p < .001$).

Social Supports

Approximately 5% of the variability in Social Supports was due to the program site, indicating that there were minimal differences in scores across sites. No significant change was found in Social Supports scores across time when controlling for low/high risk, family home language, and gender. Family risk was a significant predictor of Social Supports scores. Families with low risk averaged .16 points higher ($p < .05$).

Family home language and gender did not predict outcomes in this scale.

Knowledge of Child Development

Approximately 7% of the variability in Knowledge of Child Development was due to program site, indicating there were some differences in scores across sites. No significant change from time 1 to time 2 was found for Knowledge of Child Development scores.

Family risk, family home language, and child gender did not predict Knowledge of Child Development outcomes.

Concrete Supports

Approximately 7% of the variability in Concrete Supports was due to the program site, indicating that there were some differences in scores across sites. A significant change in Concrete Supports scores was found when controlling for low/high risk, family home language, and gender. An interaction effect was found for family home language and time, such that families with English as their home language had greater gains in Concrete Supports scores from time 1 to time 2 than children whose home language was not English ($p < .05$).

Family risk and child gender did not significantly predict Concrete Support outcomes.

Family Resiliency

Approximately 3% of the variability in Family Resiliency was due to the program site, indicating that there were minimal differences in scores across sites. No significant change was found in Family Resiliency scores over time when controlling for low/high risk and family home language. Family risk was a significant predictor of Family Resiliency scores. Families with low risk scored significantly higher ($p < .001$), averaging .41 points higher.

Home language and child gender were not significant predictors of Family Resiliency outcomes.

Families at low risk had significantly higher protective factor scores in Nurturing & Attachment, Social Supports, and Family Resiliency

Families whose home language was English had significantly higher protective factor scores in Nurturing & Attachment

Families whose home language was not English had significantly greater gains in Nurturing & Attachment from time 1 to time 2

Families whose home language was English had significantly greater gains in Concrete Supports from time 1 to time 2



How did Sixpence impact parents' educational outcomes?

Sixpence tracks the educational outcomes for parents who enter the program without a high school diploma. In the fall of the program year, 416 Sixpence mothers did not have a high school diploma. By June, of the 214 mothers who reported on their educational status, 51% had earned their diploma or GED and 18% were still enrolled in high school or working towards a GED. Just under a third (31%) were no longer pursuing any education. In the fall of the program year, 323 fathers did not have a high school diploma. By June, of the 172 fathers who reported on their educational status, 32% had attained their diploma or GED, 7% were still working toward a diploma, and 61% were no longer pursuing any education.

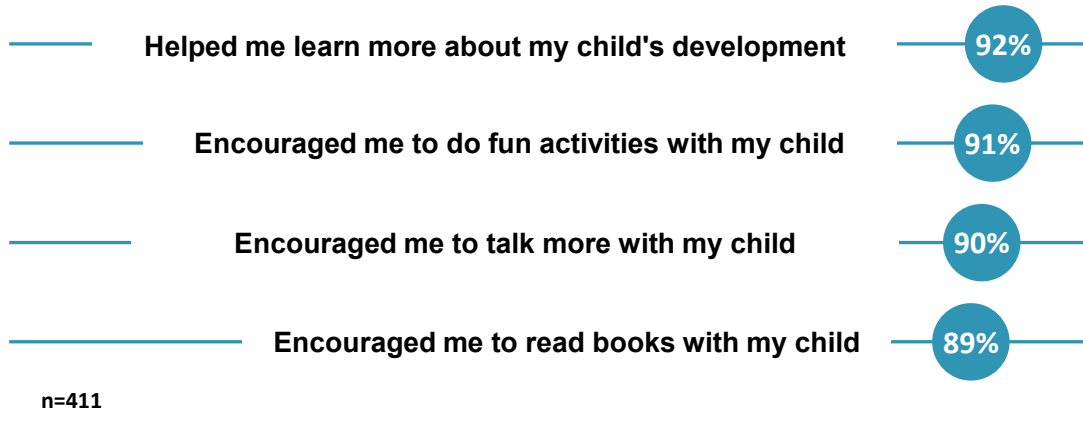
Results indicate that the **majority (69%) of mothers** obtained their high school diploma or were still on track to meet this goal. **Fewer (39%) fathers** had similar success.

What did parents think about Sixpence?

In the spring, 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.

Parents completed the survey anonymously and mailed it directly to the evaluation team at the Munroe-Meyer Institute. We received 411 surveys, which is a return rate of 45%.

Parents strongly agree that Sixpence providers helped them increase their parenting skills.



81% of parents strongly agree that Sixpence has made them a better parent.

94% of parents strongly agree that their Sixpence provider cares about them and their child.

87% of parents strongly agree that their provider could help them find vital services such as transportation or medical care if they needed them.

93% of parents are very satisfied with Sixpence.

A one-way between subjects ANOVA was conducted to compare the parent ratings based on how long parents have participated in Sixpence. In other words: did parents who have participated in Sixpence longer,

rate the program differently than parents who have been in the program for a shorter period? For most areas, the time in program did not result in significant differences in parent ratings. New families were just as enthusiastic about their Sixpence experience as those who had been participating for over two years. However, for three areas of the satisfaction survey, we found a statistically significant difference in the ratings based on the length of time the family has been in Sixpence. The longer parents were in Sixpence the higher they rated Sixpence in the following areas:

- **Helping them learn more about child development:** The analysis of variance indicates that there are significant differences based on time in program, $[F(3, 394)=2.547, p=.056]$. The effect size was small, $(\eta^2=0.019)$. A Tukey post hoc test revealed that parents in the program for two years or more $(3.95 \pm .247, p=.034)$ rated this item higher than parents in the program for one year $(3.80 \pm .590)$.
- **Encouraging them to read books:** The analysis of variance indicates that there are significant differences based on time in program, $[F(3, 394)=3.654, p=.015]$. The effect size was small, $(\eta^2=0.027)$. A Tukey post hoc test revealed that parents in the program for two years or more $(3.91 \pm .357, p=.015)$ rated this item higher than parents in the program for one year $(3.72 \pm .684)$.
- **Encouraging them to talk more with their child:** The analysis of variance indicates that there are significant differences based on time in program, $[F(3, 394)=3.607, p=.010]$. The effect size was small, $(\eta^2=0.030)$. A Tukey post hoc test revealed that parents in the program for two years or more $(3.93 \pm .338, p=.010)$ rated this item higher than parents in the program for one year $(3.73 \pm .338)$.

Parents with two years in Sixpence may have rated these areas higher as they have had more time to develop a strong and trusting relationship with their provider and to realize the benefits of the program. Another factor that could be contributing to these differences is the age of the children. These families have children two years of age or older. Perhaps as the child ages, providers spend more time focusing on child development and encouraging families to use books and rich language with the children.

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 **close relationship they have with their provider**. They appreciate the supportive teachers and family engagement specialists.
- The **parent curriculum and child curriculum**. Parents like the parent activities and parent education. The curriculum used with their children is also highly valued.
- The **home visits**. Home visitation is part of both center-based and home-based Sixpence programs. Parents find these visits to be meaningful and supportive.
- The **focus on their children's development, the assessments, and the progress reports**. These activities support their children's readiness for school.

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 **a greater variety of activities** and **include more families**.
- Increase **the hours and days that children can attend the child care centers**.
- Increase **communication with families about their child's day at the center**.



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 across the state 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 criteria to give programs serving the most numbers of at-risk infants and toddlers the highest priority to participate.

This year, nine communities received CCP grants. The following programs were in their third year of the implementation: Falls City, Kearney, Chadron, Gering, and Sidney. Two communities, Auburn and Hastings, were in their second year. The communities of York and Grand Island joined CCP this program year. Data in this report include child and provider demographics across all of the communities. Program quality data are reported according to how many years the program has been in CCP. Only the observation results from the 2018-2019 program year are included in this report.

CCP included trainings for the providers, on-site 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 and educators 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. Programs must maintain that rating to continue in CCP.

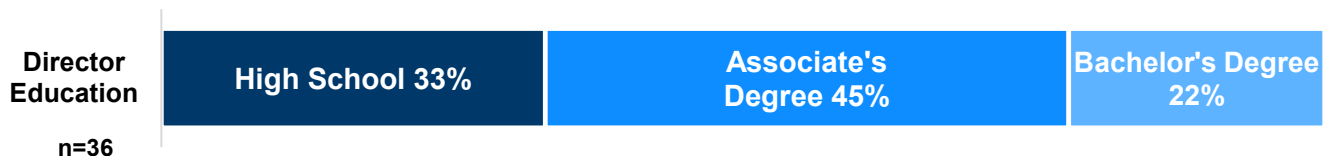
Provider and Child Demographics

Who were the providers in CCP?

During the 2018-2019 program year, 40 child care programs participated in CCP. Of these, 21 were child care centers and 19 were family child care home providers. By September 2019, 37 programs remained in the program which is a retention rate of 90%. Twenty-five percent of the programs served families whose primary home language was not English.

Providers completed a demographic survey which included information about the educational background of the directors, teachers, and home providers. A total of 36 demographic surveys were completed from both centers and family child care homes.

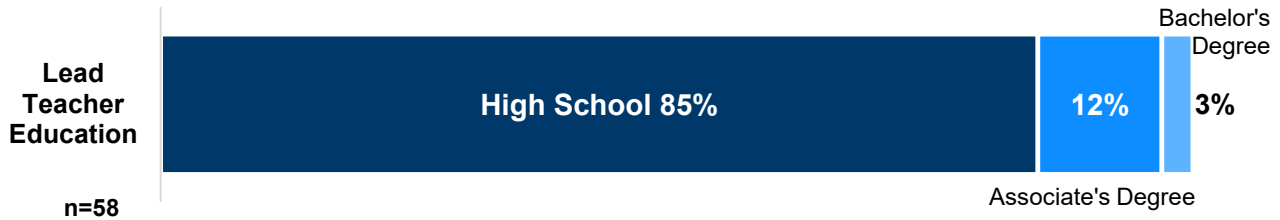
Nearly half of the directors had an Associate's degree.



Most (69%) of the directors with post high school education had a degree in education, early childhood development, or psychology.

Lead teacher education information was collected for 58 teachers who worked in center-based programs.

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



Data were also collected about the length of time lead teachers had been at the center. 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 59 teachers across the 21 child care centers. The results show that nearly a quarter (24%) of lead teachers were new this year indicating a fairly high turnover rate.

- 24% were in their first year of service
- 24% had been at the center 1 to 2 years
- 27% had been at the center 3 to 5 years
- 7% had been at the center 6 to 10 years
- 18% had been at the center more than 10 years

52% of lead teachers have been at their center for three or more years

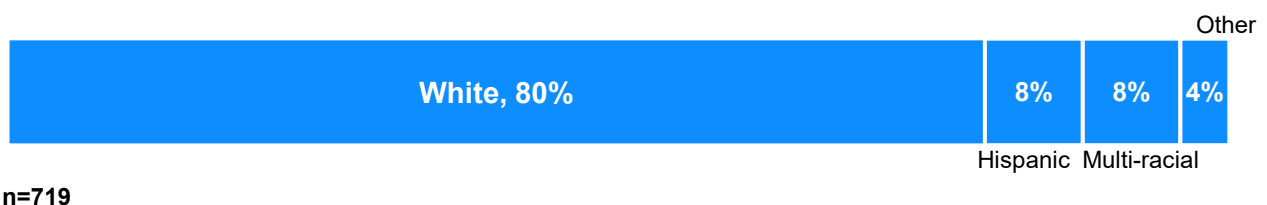
Child Demographics

CCP child care programs served 739 children. A goal of CCP is to partner with child care providers that serve children who are most at risk of failure in school. The risk factors include:

- ▶ Poverty, 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 child care providers accept child care subsidies for families that qualify. A total of **29% of the children qualified for child care subsidy** which is an indicator of low-income. Child care programs completed a demographic survey that reported the race and ethnicity of 719 children.

The largest group of children served were White, followed by Hispanic.



CCP served slightly more males (53%) than females (47%). A total of 60 children received special education services through Nebraska’s Early Development Network. An additional 45 children were referred for evaluation. 63% of the children were toddlers and 37% were infants.

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. 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 Ratings Scales-revised (ITERS-3) assessment to measure program quality in participating centers. Observations were completed on a sampling of up to two classrooms per center.

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 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 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. Ten classrooms were in the first year of participation in CCP, nine classrooms were observed in their second year of participation and four classrooms were observed in their third year of participation. Programs that have achieved a rating of 5 in the Step Up to Quality rating system were not required to have an ERS observation which explains the small number of observation for Year 3 providers.



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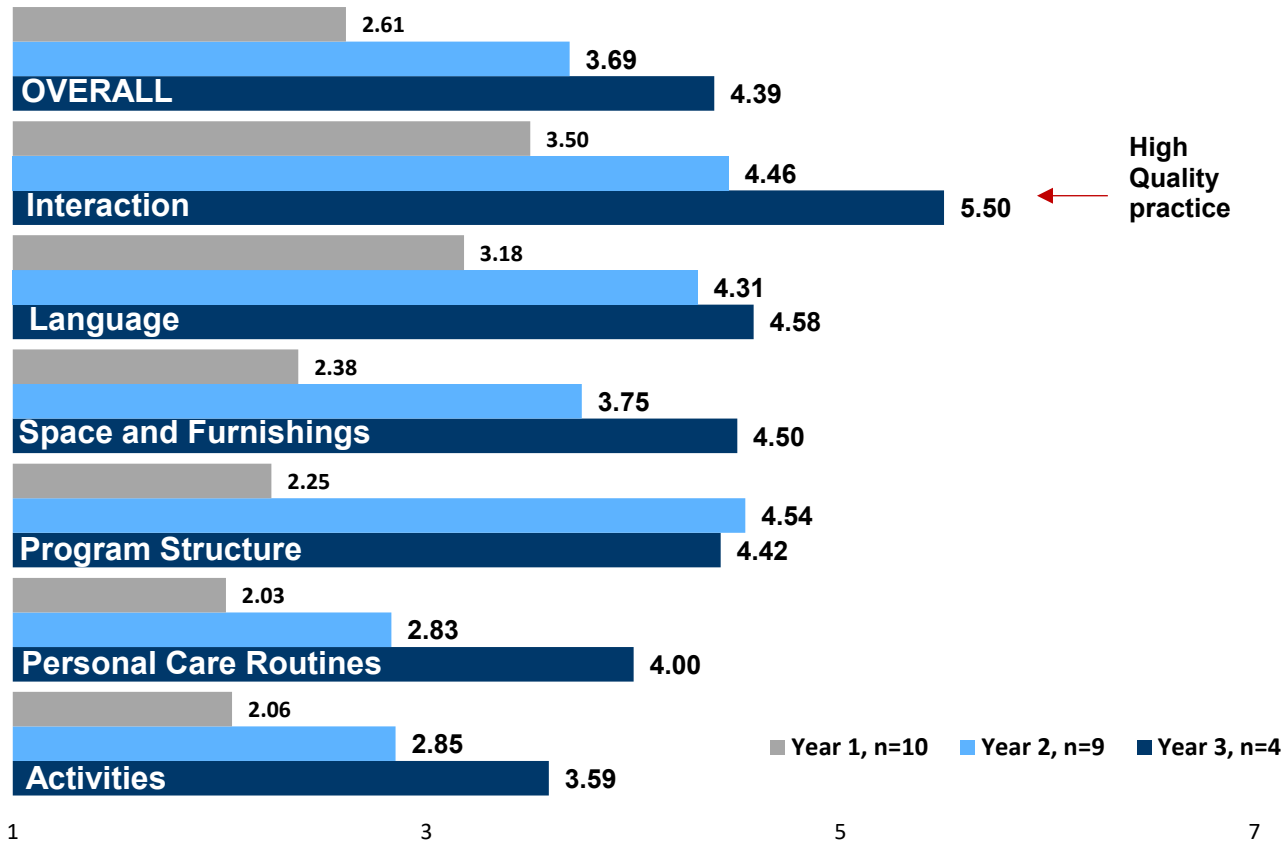
The program’s primary goal is to make sure ALL kids are where they need to be developmentally. The #1 goal is kids first. That’s why we are in this career: putting kids first.

A CCP Provider

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Classrooms that have been in CCP for 3 years demonstrate higher quality practices than classrooms with fewer years of participation.

Strongest practices were in the area of interacting with children.



Classroom quality increases with time in CCP. On average, classrooms with three years of participation in CCP, demonstrate higher quality practices than classrooms in their first year. In year 3, Overall scores ranged from a low of 2.97 to a high of 6.00 and half of the classrooms met or exceeded the quality benchmark score of 5. With three years of participation in CCP, average subscale scores exceeded the quality benchmark in Interaction and approached the benchmark (within .5 points) in Language, and Space and Furnishing. The Activities subscale which assesses the variety of play materials and frequency of opportunity for books, blocks, art materials, music, dramatic play, etc., had the lowest average score of 3.59. Coaches and program staff may want to increase focus on how child care centers can add to the play offerings and ensure that children have the opportunity to use a wider variety of materials throughout the day.

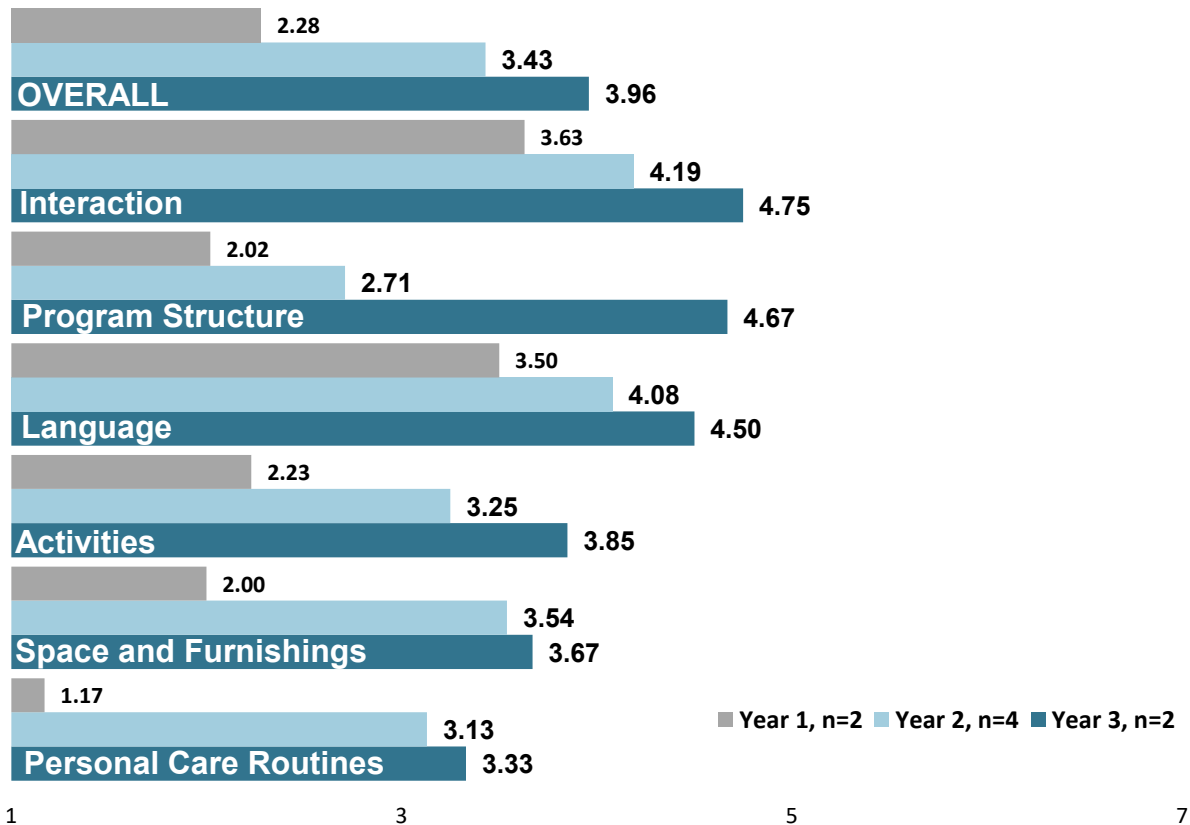
Family child care home program quality based on years of participation in CCP

The quality of family child care programs was assessed using the Family Child Care Environmental Rating Scale (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 eight home child care programs observed this year. Results are broken out by how many years the provider has participated in CCP: 2 providers in Year 1, 4 providers in Year 2 and 2 providers in year 3. Programs that have achieved a rating of 5 in the Step Up to Quality rating system were not required to have an ERS observation which explains the small number of observation for Year 3 providers.

Home providers with 3 years in CCP demonstrate higher quality practices than home providers with fewer years of participation.
 Strongest practices were in the area of Interaction followed by Program Structure.



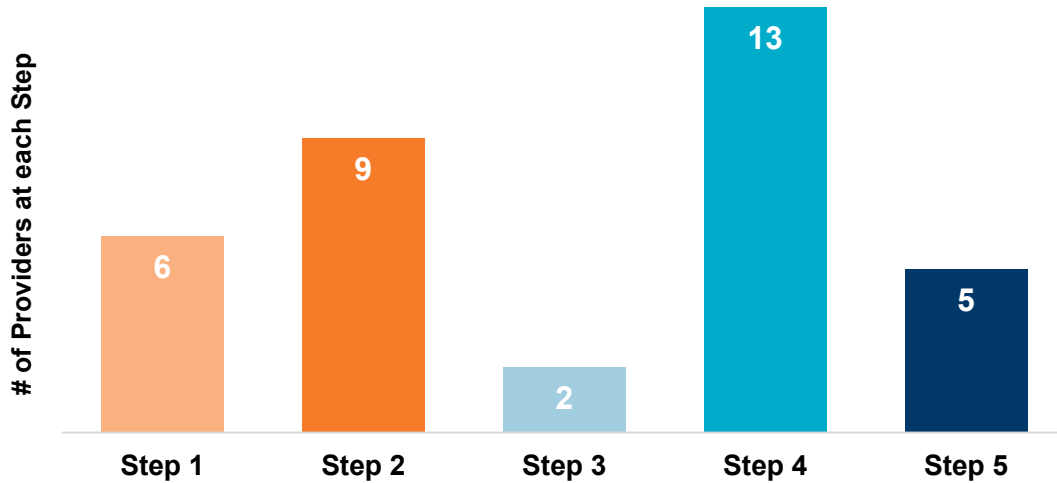
The FCCERS-R results show that program quality is higher across all areas with the number of years in CCP. On average, with 3 years in CCP, home child care programs achieved an overall score in the mid-range of quality. These programs show the greatest quality in the areas of Interaction, Program Structure and Language. The lowest area across all programs was Personal Care Routines. These include, hand-washing, 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.



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. The following chart shows the SU2Q ratings for 35 programs in CCP as of August, 2019.

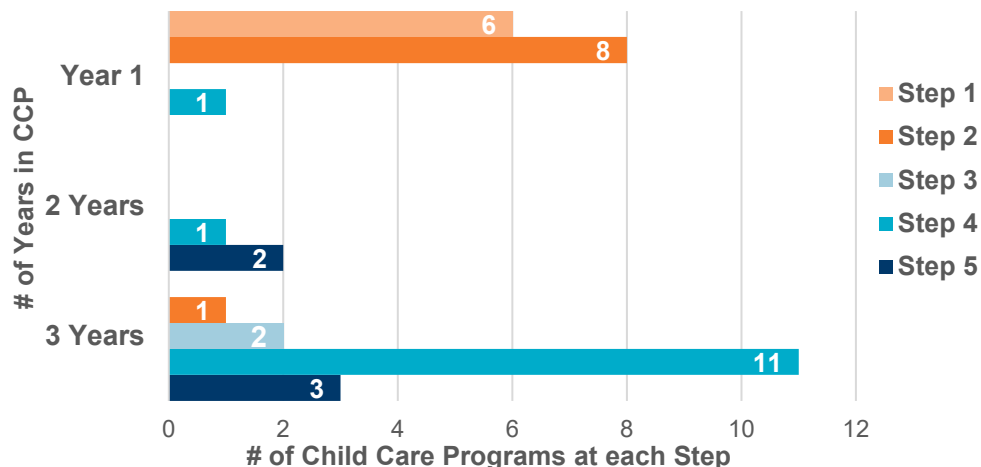
The majority of child care programs were at Step 3 or higher.



Fifty-seven percent of child care programs in CCP this year had a SU2Q rating of 3 or higher. This indicates strong outcomes on this metric with the majority of programs meeting the grant requirement to achieve a Step 3. Programs that reach this rating by their third year in CCP can continue participating in coaching and training.

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

All but one program reached a rating of 3 or higher after 3 years in CCP.

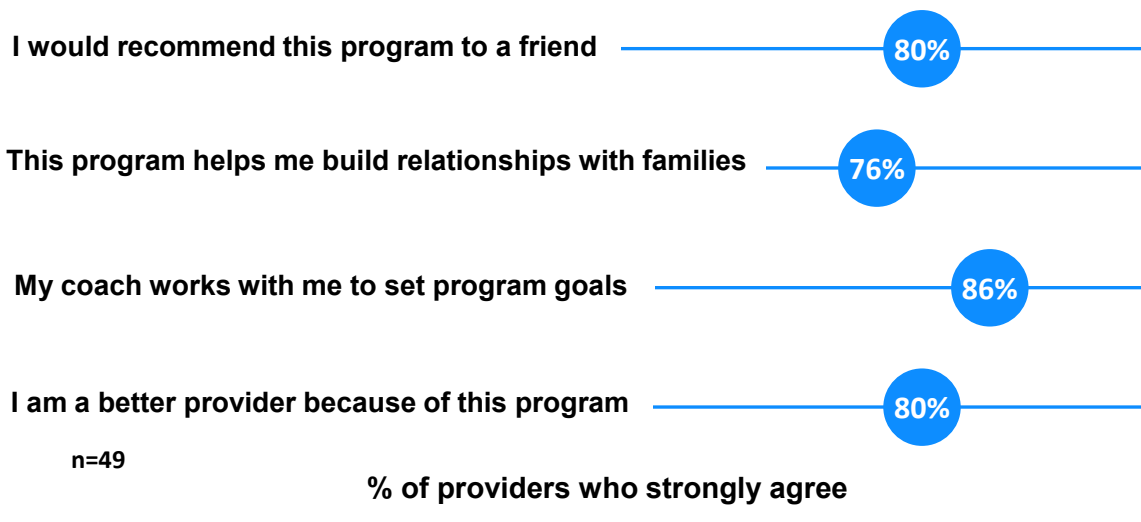


By the spring of 2019, all but one program with three years in CCP was rated at a 3 or higher. Sixty-five percent of programs were rated at 4 and 18% had achieved a 5 which is the highest rating possible. All three programs in their second year of CCP met the grant requirement of a 3 rating or higher.

What did providers think about their experience in CCP?

Providers completed a survey about working with their coach and meeting the expectations of the grant, rating the degree to which they agreed or disagreed with statements about their experience in CCP. They also answered three open-ended questions. 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 49 providers submitted the survey.

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



Overall, the providers had very positive reviews of the CCP experience. In addition to the responses reported above, most strongly agree (90%) that they are comfortable talking with their coach and that their coach is genuinely interested in them and the children in their care. Most appreciate that the coach provides them with useful resources about child development (84% strongly agree). Most providers report that the coach helps them find useful resources in their community (78% strongly agree). Seventy-six percent of the providers strongly agree that the goals of the grant can be accomplished within the required timelines.

A theme analysis was done of the responses of the three open-ended survey questions.

- **The opportunity for professional and personal development.** Respondents appreciated how CCP helped them grow as professionals. They enjoyed the trainings and enhancing their education in early childhood practices.
- **Working with a coach.** Providers commented on the strong relationship they built with their coach. They welcomed the support and appreciated having the positive feedback and guidance.
- **Learning about new approaches.** They appreciated learning new approaches and many found them to be fun.

- **Access to new resources.** The grant monies, the curriculum, and receiving new teaching materials were valued. Providers felt these resources added greatly to the quality of their program.

The most common suggestions to improve CCP services were:

- **Coaching.** Providers would like more frequent coaching sessions and longer site visits. Some providers requested more time with the coach when children are not present. A few noted that they need more support with goal setting.
- **Program information.** Some noted that it would be helpful to have information up front about how CCP works and how it connects with Step Up 2 Quality. They would like more information about deadlines, requirements, and expectations.

Feedback on how to improve the completion of the grant expectations included:

- Provide a better overview of grant requirements at the beginning of CCP and then focus on requirements at the trainings.
- Customize expectations based on the size of the center.
- Streamline the purchasing system, giving more authority to coaches to make purchases.

What did coaches think about CCP?

Eight coaches from six communities participated in one of two focus group interviews. Coaches ranged from those in their first year to those who had been coaching for three years. The following summarizes their conversations.

The Coaching Process

Coaches reported the coaching process required flexibility and real-time responsivity to the needs of the providers. Most coaches would prepare by reviewing notes of providers' goals and progress. They may set a plan for the meeting but said coaching sessions often went in a different direction than planned because the provider identified a new concern that needed to be addressed. "Typical" coaching sessions could include planning with the provider, troubleshooting, conducting an observation, or "being an extra set of hands" in the classroom. One coach stated, "I don't think there is a typical coaching session."

Goals tended to develop organically, based on the current needs in the center or home. Sometimes, coaches would ask providers to identify goals based on take-aways from trainings, previous observations and assessments, or trying something new. Small, informal, and short-term goals tended to be the most manageable. Some coaches used forms to help providers set and keep track of goals and noted their providers "feel accomplished" when they could mark a goal as complete. Others found goal paperwork was a burden and did not facilitate the goal-setting process. Instead, coach observations or having providers send a photo of themselves accomplishing a goal kept providers accountable.

When possible, coaches helped connect their providers with community resources (e.g., grants, supports for children/family mental health, and the Early Development Network (EDN)), as many recognized that those supports were outside the coaches' expertise. Some connectors had formal processes, like contacting the EDN if ASQs warranted a referral. Sometimes the coaches just had to remind providers that there were resources available to address specific needs as they came up. However, coaches often did not feel they knew about appropriate resources or how to get the providers connected to them and sometimes they faced active resistance from organizations when they tried to be participants in their processes.

Coaches reported using technology to support the coaching process. These tools included using an iPad to record observations and encourage provider reflection, scheduling appointments with Google Calendar



and/or electronic invitations to workshops and big events, texting/using messenger to send messages between sessions, and using Zoom video conferencing.

Successes

A recurring theme threaded throughout the conversations were the successes coaches helped the providers achieve, like progressing through the Step Up to Quality (SU2Q) program, developing their problem-solving skills, and building the confidence to take on more as a provider. “Just their growth keeps us going.” Many coaches appreciated watching “when things started to click” for their providers as they reflected on how much they had already grown.

Coaches viewed relationship building as both a priority and a success, with the recognition that it took time and some coaches had to overcome skepticism to get buy-in from the providers. Coaches found spending time with the providers, getting to know them both personally and professionally, and “just being interested in them” were the best ways to develop relationships. They also noted the importance of following through, communicating, and humility. Reminding providers, “These are your programs. These are your goals. You’re the boss of the situation. I’m just here to support you” helped. Coaches have developed delicate ways to deliver difficult messages about quality to providers, including encouraging self-reflection and self-assessment, using gentle guidance, removing their own judgement and focusing on what the tools found, and highlighting the providers’ positives when discussing areas for improvement.

The CCP program also produced community-level successes. These included centers and home childcare providers supporting one another and more training for community members (e.g., leaders, families, providers, etc.). The program resulted in higher quality childcares both for providers in the program and the broader community, as it increased awareness of the importance of high quality childcare and created a ripple effect throughout the community as trained staff moved on to other positions.

Collaboration with businesses, schools, and community partners prompted buy-in from community regarding the importance of quality care. “They understand totally, that the children that are coming out of our centers and homes are going to be their preschoolers, their kindergarteners, all the way up.” Children with specific needs (e.g., those with challenging behaviors, IEPs, or coming from high-risk backgrounds) were more likely to have options for care, be connected to early intervention, and/or get a quality start to education. Community and self-perceptions of the providers changed, elevating the role of a childcare worker from “babysitting” to a professional role.



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I think that a provider would want to be a part of the program because of the wonderful coach... It is also nice to get together with other providers and celebrate the job that we do. Our profession is a lonely one at times, and being able to talk to other providers is amazing and helps with the stress that can come with our job.

A CCP Provider

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Ultimate success of the program, coaches said, would be getting the providers confident and successful enough that they could coach their own staff, sustain their successes, and not feel like they need the coach anymore. One coach noted that for her, success would be thinking, “I want my grandchild to go to that childcare.”

Challenges

One of the big challenges facing coaches was balancing the need for more provider training with the practicality of requiring that training. Coaches acknowledged that their providers and directors already faced expectations from other regulators and the stress and cost of meeting those demands was high. Taking time and money away from those areas by asking providers to focus on Sixpence standards added to the stress. Moreover, implementing high quality practices takes provider time in preparation and planning, which often comes at the cost of time spent meeting direct child needs. As one coach noted, “They are so busy doing everything else to really take the time to listen to what I’m saying. They’re putting out so many other fires and making sure they’re in ratio. They really don’t want to hear me say they need to do this differently.”

Some coaches acknowledged it was difficult to support providers as they navigated a solution rather than solving it for the provider. They noted that especially in the beginning, they would occasionally complete the providers’ tasks for them because they wanted to see the providers be successful. On the other end of the spectrum, some providers consistently rated themselves more highly than was warranted, and coaches found it difficult to get providers to “see with clear eyes what’s really going on.” Sometimes, progress through the SU2Q steps would artificially inflate a provider’s perception of their quality, even if their ERS and other indicators were not yet in the high quality ranges.

Varying emotion regulation skills, expectations, professionalism, and levels of buy-in to the process made developing successful relationships with some providers a struggle. Not all providers or administrators were open to trying new things and some took critical feedback personally or would argue with the coach. Fraught relationships between staff members, drama, and a lack of clear communication between administration and staff added additional barriers to some coach-provider relationships.

Lastly, coaches indicated change was often a challenge for them. Staff turnover, including multiple new directors, location changes, and transitions to a center model from a home-based model made it difficult for coaches because they had to “start over” with each change. Sometimes these changes left gaps in staffing

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My coach supports me by working together to come up with ways to increase the quality of my program, helps to provide trainings for me and my staff, and even helps me come up with ways to build relationships with my families and deal with challenging situations.

A CCP provider

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that made it difficult for coaches to coach because they were stepping into the role of the vacated position. These changes also often magnified the other challenges noted.

Supports for Coaches

Coaches had both positive and negative experiences around the coaching supports they received. Positives included the community they had built and that they felt they had “found our groove with the coaching role.” Areas for improvement included more and extended coaching trainings and adjustments to some details of the program.

First, coaches said new coaches should be given some time to learn details of the program before beginning their coaching responsibilities; “When you’re trying to figure out the program, it’s really hard to do the coaching.” Coaches would also appreciate clarity of expectations of their role as a coach in CCP, some structure about what to expect, and information for who to contact when they had questions. Coaches did not feel they knew what documents/evidence of success they needed to provide the program, nor the (accurate and current) policies for things like when and what observations/provider assessments were needed, etc. Coaches recognized and appreciated the flexible nature of the CCP program that allowed communities to tailor the program to their needs, but wanted to balance that flexibility with some structure around what coaching should or could look like. They also noted that the new coordinator is helping to meet some of the needs the coaches identified.



For some tools and policies, coaches articulated a general need for more information. For example, a coach indicated that trainers for some tools often direct trainees to their coaches with questions about the tool, but the coaches do not have the answers because those specifics were not covered in their trainings either. There was also confusion around navigating the SU2Q and Sixpence expectations, especially when the two systems had conflicting requirements. Coaches also wished that trainings on policies and tools had occurred before they began coaching so they could answer questions about them. Some coaches noted a few expectations of their role, like writing partnership agreements, contracts, budgeting, etc., were outside of their skillsets. Support and templates for those tasks were needed.

Suggestions for additional supports included “something like HOVRS” for coaching, as a way to help coaches reflect and learn more about their own coaching. Many coaches wished they had had an opportunity to shadow an experienced coach and/or work with one in a mentorship capacity. Similarly, adding a hands-on practice component of their coach training would help bridge the gap between what they learned in training and what they needed to be able to do as a coach. Feedback from providers via surveys, and/or sessions with the coordinator would be a helpful tool for coaches’ professional growth.

As noted below, meetings with other coaches were considered helpful. However, coaches in each of the two focus groups independently requested that the regular coaching meetings include only CCP (not SU2Q) coaches. The two programs have different requirements, so conversations in meetings were often irrelevant to CCP coaches or became muddled when expectations for SU2Q conflicted with Sixpence expectations. One group of coaches also noted that because of their affiliation with Sixpence, they were denied some resources at the SU2Q meetings.

“One other challenge with doing Step Up and attending those SU2Q coach meetings, we get left out with some of the resources and materials because we’re supposed to buy them ourselves. They’ll hand things out to all the Step Up coaches and say, ‘oh, you got to tell your project coordinator to buy this for you.’ But then they don’t even show us what it is.”

They also suggested that meetings happen in person, as those using the Zoom video conference often were less effective than when the coaches could meet with their peers face to face.

Trainings the coaches found the most helpful included the Pyramid Model coach training, opportunities to attend conferences (e.g., NTI in Florida), and the FAN/reflective practice training. Coaches found value in the FAN model especially, in part because it is a process rather than a one-time training and it came with a lot of support. In many cases, the opportunities to collaborate were seen as more beneficial than the training per se. “So the trainings are great, because that’s where I get to see all the other coaches.”

Lastly, advice for new coaches included the importance of finding a support system, beyond just the monthly program meeting. This support could be from other CCP coaches, other Sixpence employees, and/or other childcare/child development professionals in their area. Coaches also emphasized the importance of relationship building with providers over rushing to get them through the SU2Q steps and reminding new coaches, “Everybody needs different things at different times.” Learning to slow down, as a coach, and remember that you do not (and are not expected to) have all the answers were other lessons learned after coaching for some time.

CONCLUSIONS AND IMPLICATIONS



Sixpence

Program Description: Sixpence just completed its 11th year of implementation. This year 31 school district grantees located in 31 Nebraska counties participated. Most of the programs have adopted a family engagement model (24), with others serving children in center-based programs (4) or a combination of both (3). A total of 1,131 children and 969 families were served in rural (40%), mid-sized (28%) and urban communities (32%). The majority (71%) of the children received family engagement services. Sixpence served a high-risk population with 78% of the families having three or more risk factors. Poverty was the leading risk factor. Program retention rates were high with 81% of families staying in Sixpence through the end of the program year. Of children who exited prematurely, 70% left in the first year of participation.

Program Outcomes: The majority (57%) of classrooms met the overall quality benchmark for providing quality environments for infants and toddlers. A sampling of classrooms that met this indicator last year, had the CLASS this year. All of them 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 (98%) meeting the program quality benchmark. The greatest strength is in the area of Child Engagement. Most (86%) 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’ development of relationships with 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: Overall, the majority (range of 87% to 98%) of the children were meeting widely-held expectations across all developmental areas (physical, social-emotional, cognitive, language, literacy, and math) by spring with fewer children meeting these expectations in math (87%). Sixpence has set a high standard for the program goal, that children will acquire language skills at the mid-point of average or higher. The majority (53%) of the children met this goal for Receptive language and 49% met the goal for Expressive. About a third (32%) met the goal for Vocabulary. For Spanish speaking children, the majority (54%) met the goal for Comprehension. Fewer (32%) met the goal for Production. Receptive language scores improved significantly from time 1 to time 2. Home language and risk level predicted Receptive language outcomes. Children at higher risk and children whose home language is not English scored significantly lower. Gender was also predictive with girls scoring higher than boys on both Receptive and Expressive language.

Most (72%) of the children met the program goal for social-emotional protective factors. Total Protective Factors did not change significantly over time. Attachment outcomes increased significantly over time. Family home language did not predict social-emotional outcomes but risk factors and gender did. Children with lower risk scored significantly higher on Total Protective Factors and Attachment. Girls scored higher across all scales of the social-emotional assessment.

Next Steps: Examine ways to enhance the learning environment for children with an emphasis on building language skills, particularly in the area of language production and vocabulary development. Consider ways to support boys in strengthening their social-emotional competencies.

Health Outcomes: Health outcomes continue to be very positive with nearly every child meeting Sixpence health indicators. Most notably, 98% of the children have a medical home. The rate of exposure to cigarette smoke met the program goal for the third year in a row, with 91% of the children living in a smoke-free environment. Prenatal outcomes indicate that nearly all of the mothers received prenatal care and nearly all (95%) abstained from risky behaviors while pregnant. A majority (85%) of the mothers breastfed their babies but only 20% continued for at least six months. Eighty-eight percent of the women did not smoke during pregnancy.

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

Family Outcomes: Parents had positive relationships with their children with 62% scoring in the high range on the parent-child interaction assessment. Parents who were associated with lower risk factors (<3) had significantly higher parent-interaction scores across all subscales and overall. Home language and gender did not predict parent-child interaction scores.

Parents in Sixpence had high levels of protective factors. Sub-group comparisons found that risk was a significant predictor of Nurturing and Attachment, Social Supports, and Family Resiliency. Families with fewer risk factors had significantly higher scores on these scales. Home language was a significant predictor of Nurturing and Attachment scores; families whose home language was English had significantly higher scores.

Next Steps: Identify additional strategies that can support parents who are at high risk to adopt high quality parent-child interaction skills. Continue to support parents to maintain their high level of protective factors.

Sixpence parents who entered the program without a high school diploma, made great strides in reaching this goal. Most (69%) of the mothers obtained their high school diploma or were on track to meet this goal by the end of the program year. Fewer (39%) fathers had similar success.

Sixpence Child Care Partnerships

Program Description: The Child Care Partnerships, a collaboration of school districts and local child cares, served 40 child care programs across seven communities. A total of 19 child care centers and 21 family child care homes participated, serving 739 children. Twenty-nine percent of the children received a child care subsidy, which is an indicator of poverty. 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: Classrooms that participated in CCP for 3 years demonstrate higher quality practices than classrooms with fewer years of participation. The greatest strengths were in the areas of supporting the children’s language development and having high quality interactions through play and care routines. With coaching and support, all but one provider in year 2 and year 3 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. They felt CCP helped them build relationships with families and helped them set goals to improve their practices.

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Being a part of a partnership like CCP is one of the best things I have done for my daycare. They help you to make improvements, find solutions, and provide needed trainings and support. The kids and I all look forward to visits from our coach, to see her bright and cheery smile and the many gifts she brings. It's nice having someone there to take pictures and videos of me with the kids so I can see myself in action and areas I need to improve on to help me work toward my goals.

A CCP provider



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Assessment	Authors	Scoring	Subject	Content
Program Quality Measures				
ITERS-3 Infant/Toddler Environment Rating Scale - Revised	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.2.1 Home Visit Rating Scales – Adapted & Extended	Roggman, Cook, et. al., 2012	Scale 1-7 1 = needs training 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				
FRIENDS PFS Protective Factors Survey	National Center for Community-Based Child Abuse Prevention, 2011	Scale 1-7 7 = highest rating, most protective factors	Parent Survey	Family resiliency, social supports, concrete supports, child development, nurturing & attachment
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

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I like seeing my child grow & develop. I like learning how to be a better educator. My home visitor has been a good role-model in that she shows consistency and patience. I feel that I'm accountable to a 3rd party - which makes me mindful.

A Sixpence Parent

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MUNROE-MEYER
INSTITUTE

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