

Building strong foundations

2025-2026 Annual Report

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In 2006, the Nebraska Legislature passed LB1256, establishing the Nebraska Early Childhood Education Endowment Grant Fund. This public-private partnership, known as Sixpence, provides grants to school districts across Nebraska to serve infants, toddlers, and families experiencing risk factors such as low income.

Sixpence programs are designed to support the healthy growth and development of young children during their earliest years. By building strong community-level partnerships, Sixpence helps meet the developmental needs of very young children and empowers parents in their role as their child's first and most influential teacher, laying the foundation for success in school and beyond.

Traditional Sixpence programs provide home-based family engagement services, center-based infant/toddler care, or a combination of both. These programs are administered by local school districts in collaboration with community partners.

In 2015, the Nebraska Legislature passed LB547, expanding Sixpence to include Child Care Partnerships (CCP), an initiative designed to improve the quality of community-based child care through partnerships between school districts and local providers. Launched in fall 2016, CCP operates alongside traditional Sixpence programs.

This annual report presents the 2025–2026 evaluation findings for traditional Sixpence programs, including program quality, child developmental outcomes, health indicators, and family outcomes. Sixpence CCP is evaluated separately, and its findings will be presented in a forthcoming annual evaluation report.

"The care and effort put forth from the teachers is what I like most. I feel safe knowing those are the people teaching my kids."

~ A Sixpence parent



Sixpence Programs

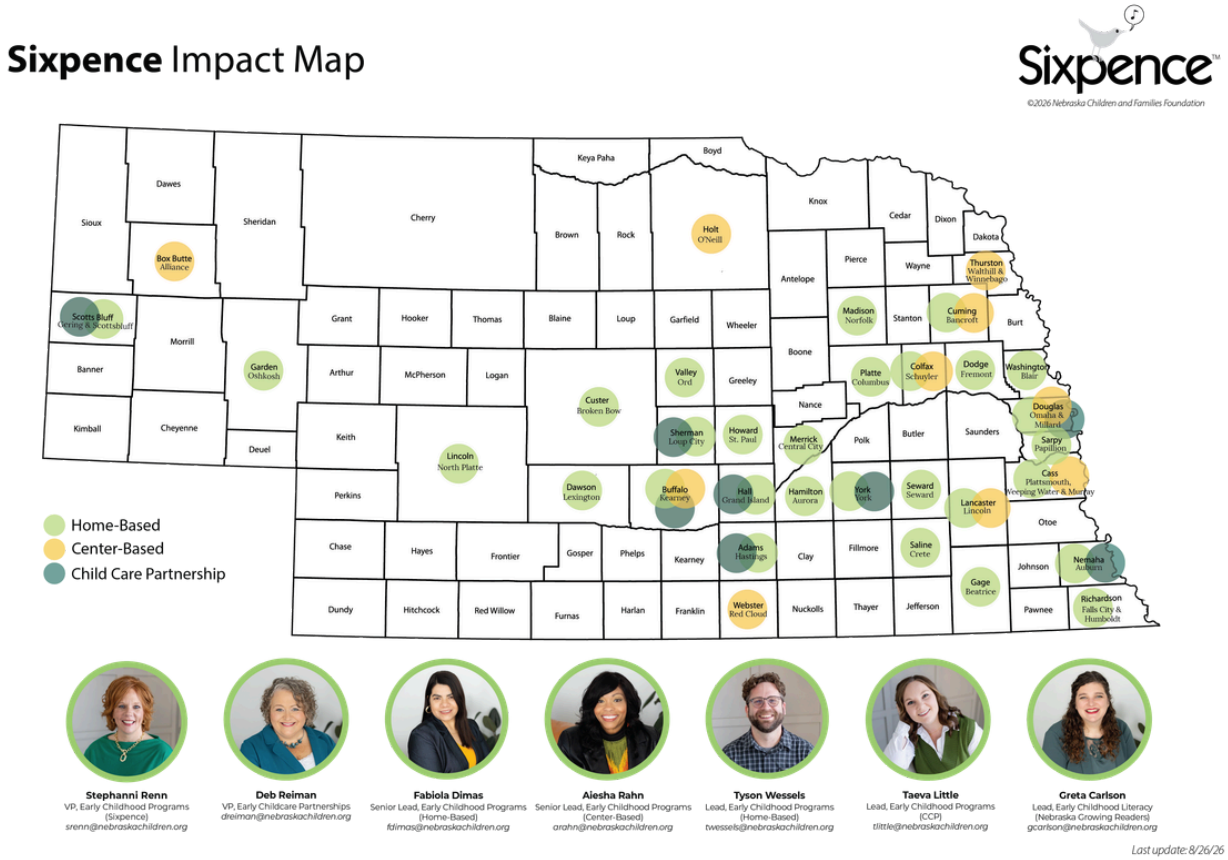
What is Sixpence?

During the 2025–2026 program year, the Sixpence Early Learning Fund supported 46 grantees operating 48 sites across 39 school districts in 30 Nebraska counties. These included 18 center-based sites, representing 40 Sixpence classrooms, and 30 family engagement home-based sites.This was Sixpence's 18th year of serving young children and their families in Nebraska. Sixpence grantees implemented one of the following models:

- Center-based care (18)
- Family engagement home-based services (30)

Most of the children (71%) participated in home-based family engagement services. These services were offered year-round and included individualized sessions held at least three times per month in the family's home or community settings. Families also took part in group socialization events designed to promote play, learning, and community building.

The remaining 29% of children were enrolled in center-based programs, which primarily offered full-day, year-round services. All center-based programs actively involved parents in their child's education and conducted home visits twice a year.



Child and Family Demographics

Who were the children and families served?

In 2025-2026, Sixpence served 1,103 children and 958 families across 46 grantees. In addition, 90 mothers whose babies were born before June 30, 2026, were served prenatally.

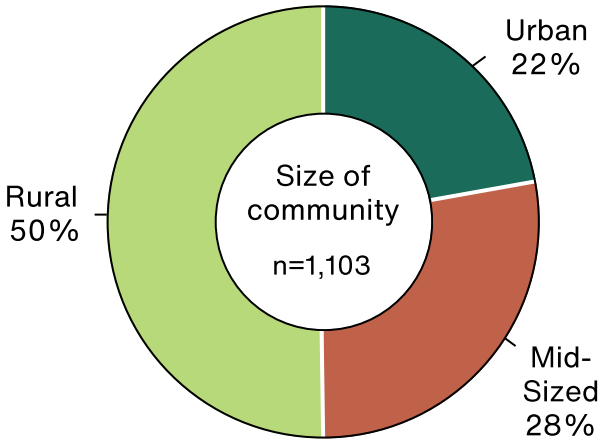
Sixpence programs support families with infants and toddlers (from prenatal stages through age three) who face stressors and challenges that may negatively affect their children's future academic performance. To qualify for participation, families must meet at least one of the following criteria:

- Parents who have not completed high school
- Child born prematurely, with typical or low birth weight
- Parents who are younger than 20
- Low income, as defined by federal guidelines for free or reduced lunch
- Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)

Seven additional stressors were tracked: single-parent family, incarcerated parent, parent absence due to death or military deployment, child is in foster care, child has witnessed violence in home or community, parental mental health issues, and parental substance abuse. The graph on the following page shows the most common challenges Sixpence families experience.

Half of Sixpence families live in rural communities

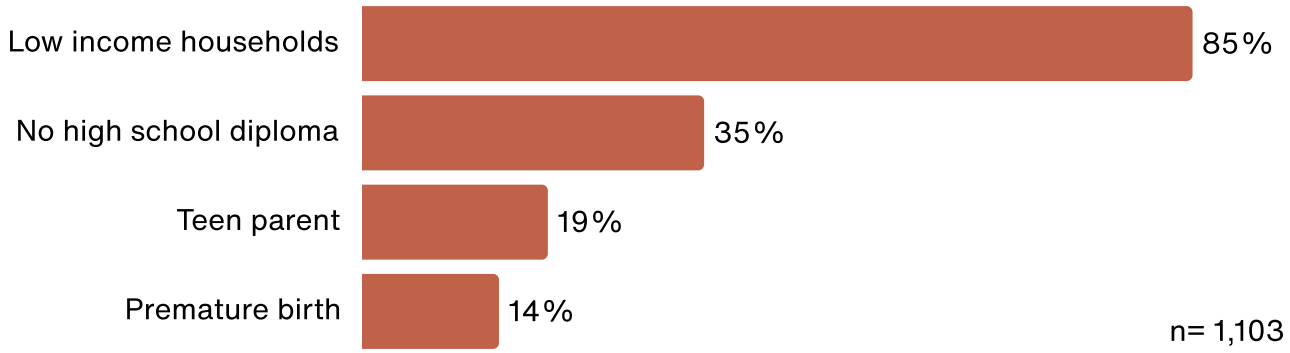
Sixpence children are served in urban (Lincoln and Omaha), mid-sized (e.g., Grand Island and Kearney), and rural (e.g., Falls City and Ord) communities across Nebraska.





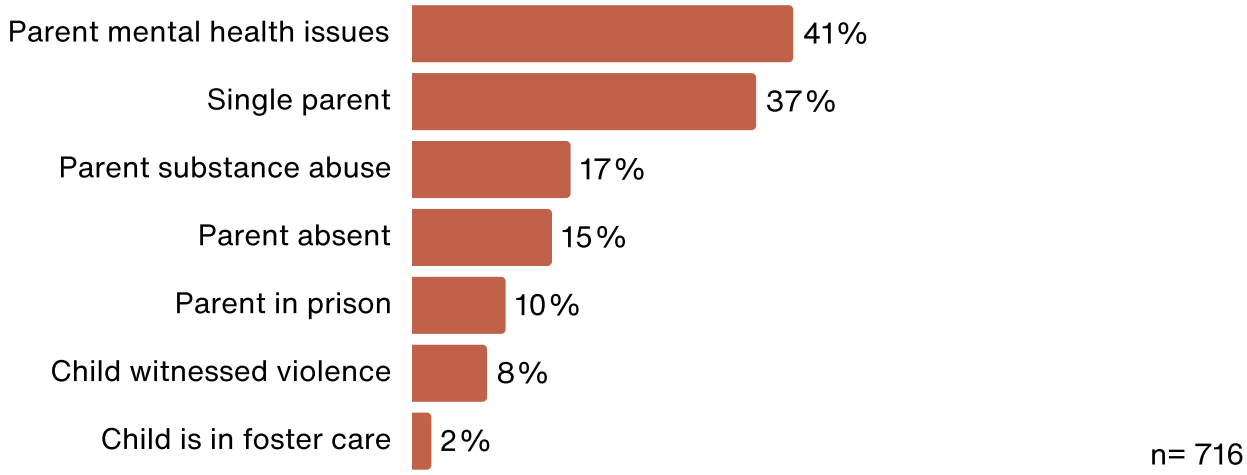
Qualifying risk factors

Most children lived in low-income households



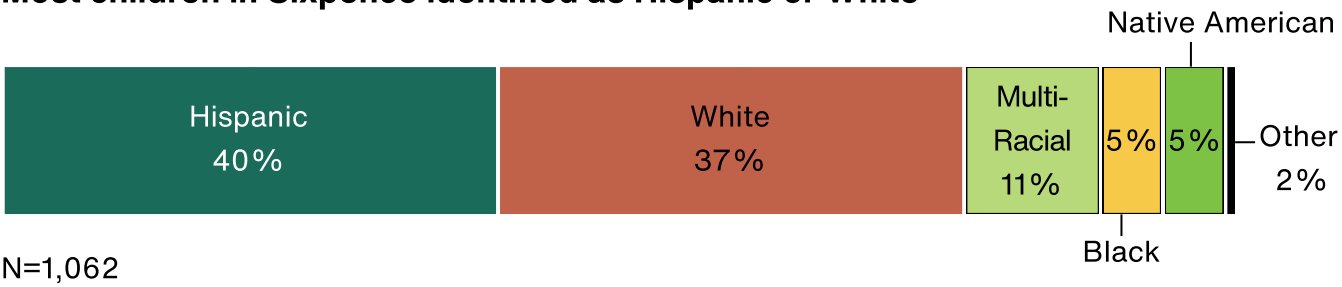
In addition to the qualifying factors, data on trauma-related stressors were collected from 716 families during the spring. These insights offer valuable context for understanding the challenges children may face and inform the program's efforts to support developmental outcomes. By identifying complex family circumstances, the program can better tailor services to meet individual needs and promote more effective, responsive support for children and families.

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



50% of children experienced one or more of the identified trauma-related stressors.

Most children in Sixpence identified as Hispanic or White



N=1,062

Sixpence served more males (55%) than females (45%). For the children for whom special education status was reported (n=716), 21% were receiving special education services through Nebraska's Early Development Network. The majority of children (75%) were under the age of one at the time of entry into Sixpence. The median age of entry was four months.



What was the retention rate for the program?

Sixpence has demonstrated strong retention. During the 2025–2026 program year, 88% of children remained enrolled through June 30, 2026, or until they aged out of the program. Among the 137 children who exited early, the majority (54%) withdrew during their first year of service. These findings highlight the importance of early family engagement and identifying barriers to continued participation during the first year of services.

The most common reasons for early withdrawal were:

- Family relocation (29%)
- Poor attendance (18%)
- Work interfered (12%)

The Sixpence retention rate in 2025-2026 was **88%**.

Evaluation Findings

A comprehensive annual evaluation was conducted to monitor the implementation of Sixpence programs and assess progress toward established outcomes. Data were collected and reported consistently across all programs. Throughout the year, findings were shared with programs to support continuous improvement. The evaluation focused on four key areas: Program Quality Outcomes, Child Outcomes, Health Outcomes, and Family Outcomes.

For each outcome area, we report the percentage of participants meeting the Sixpence program goal. Additionally, we present the distribution of scores across the below-average, average, and above-average ranges. When data were collected at multiple time points, we also report changes over time to highlight progress.

Program Quality Outcomes

What was the quality of center-based services?

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

Generally, new teachers were assessed using the ITERS-3, and veteran Sixpence teachers were assessed using the CLASS. For Sixpence sites with more than five classrooms, a random sample of classroom observations was completed.

> *"The teachers are very kind and understanding. They work with the parents to help the students develop self-help skills. They work with us parents to better help the student."*
>
> ~ A Sixpence parent

Classroom Assessment Scoring System (CLASS) results

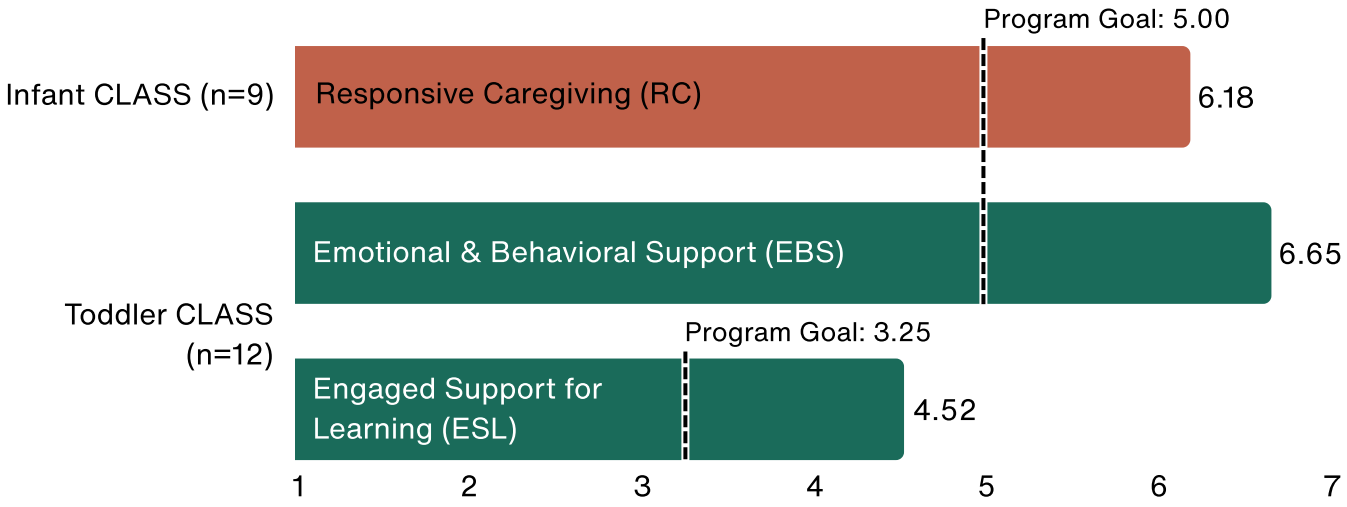
CLASS ratings were completed during a typical morning of classroom activities across staff members. Reliable evaluators rated four cycles of 15-20 minute increments. Both the Infant and Toddler CLASS assess teacher-child relationships based on social-emotional supports. The Toddler CLASS has an additional domain, Engaged Support for Learning, which measures how teachers engage children in discovery, promote critical thinking, and support language development.

Scoring is based on a 7-point scale, with 7 indicating the highest quality. The program benchmark is a score of 5.00 or higher in the Emotional Support domain and 3.25 or higher in the Engaged Support for Learning domain in the Toddler CLASS. The results for 9 infant classrooms and 12 toddler classrooms are shown below.

Sixpence classrooms demonstrated high quality in teacher-child relationships, as measured in the Responsive Caregiving (infant) and Emotional & Behavioral Support (toddler) domains. The teachers consistently demonstrated warm interactions with children and were responsive and supportive, and 100% of the classrooms met the program quality benchmark of 5.00. High-quality scores in this domain indicate that teachers created classroom environments characterized by genuine relationships, expressions of affection and enjoyment, and mutual respect between teachers and children. Overall, Engaged Support for Learning in toddler classrooms was in the moderate range, and 100% of classrooms met the program benchmark of 3.25.

CLASS Observations showed teachers in center-based classrooms consistently provided caring and supportive environments

All classrooms met the program goal in Emotional Support



Infant/Toddler Ratings Scales (ITERS-3) results

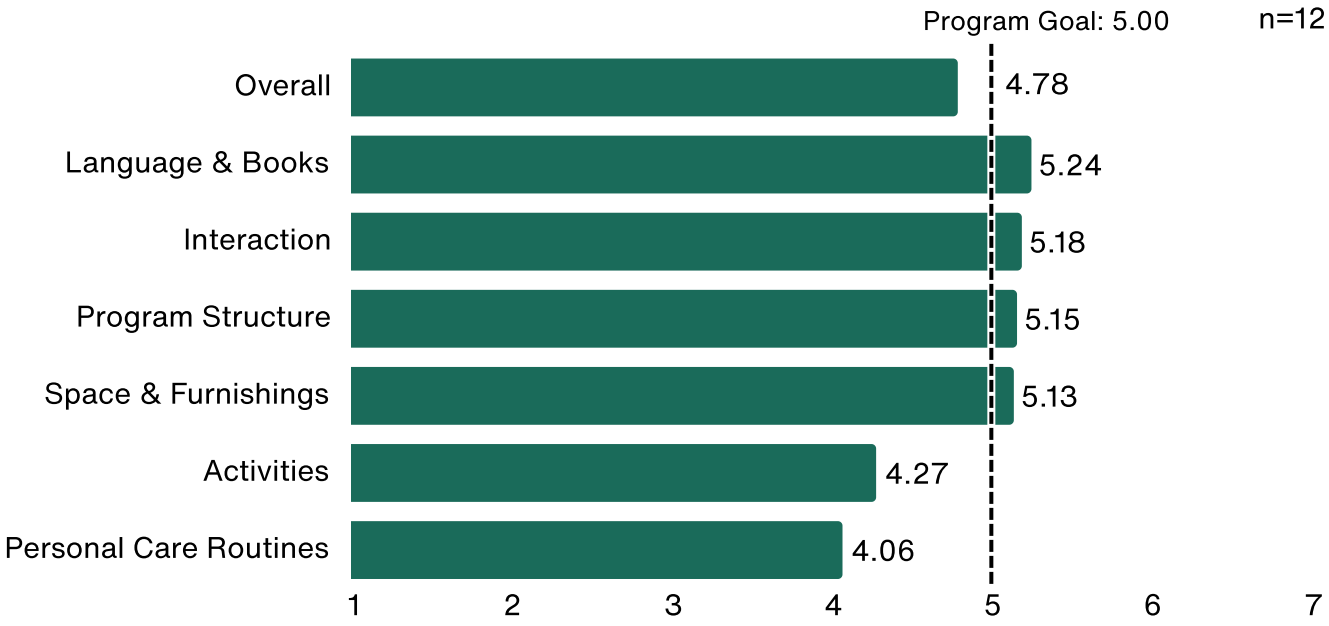
The ITERS-3 assessment is based on a three-hour, in-person observation and is scored on a 7-point scale, with 7 indicating the highest quality. The following graph shows ITERS-3 subscale and overall averages for 12 classrooms. The program goal is an overall score of 5.00.

Sixpence classrooms were, on average, rated in the mid-quality range on the ITERS-3 (mean=4.78), with the overall average score falling below the program goal. Overall scores from five classrooms met or exceeded the program goal (42%). The majority of classrooms met or exceeded a score of 5.00 in the areas of Space and Furnishings (75%), Language and Books (67%), Interaction (67%), and Program Structure (58%).

Ratings in these areas indicate that classroom spaces and furnishings were well-maintained and sufficient to support care and learning activities. They also show that teachers promoted literacy by offering a variety of books and reading with children, used their interactions with children to foster learning, encouraged peer-to-peer interactions, followed a daily schedule, and allowed a balance of both free play and group activities. A third of classrooms (n=4) scored a 5.00 or above in Activities, which measures access to a variety of learning materials and the quality of adult-child interactions while using those materials.

ITERS-3 observations found that classrooms have mid-quality practices overall

Supporting literacy and language development, interactions with children, program structure, and space and furnishings were strengths



What was the quality of family engagement services?

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

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

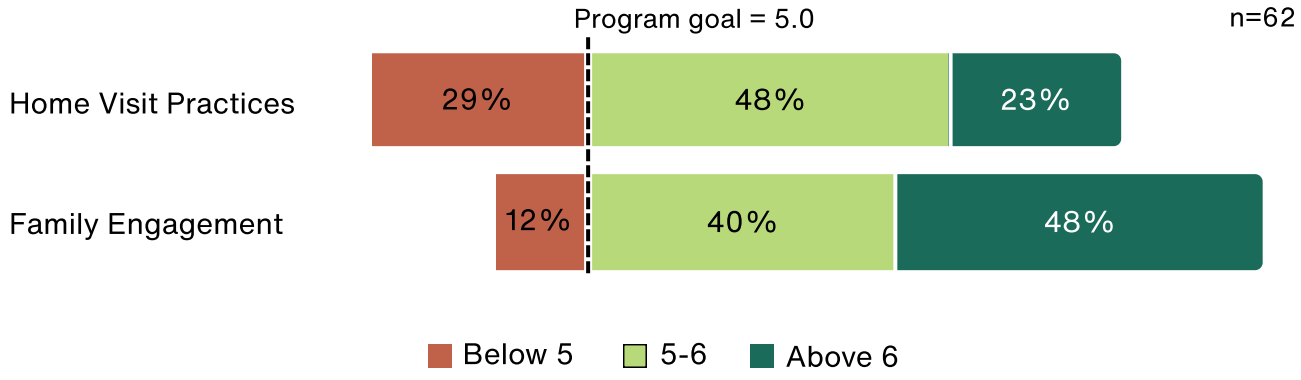
The second domain, Family Engagement, examines the nature of the caregiver-child relationships and interactions, as observed during the home visit, as well as the level of caregiver and child engagement within the activities of the home visit.

In 2025-2026, HOVRS data were available for 62 family engagement specialists. Some of the veteran specialists (n=36) were exempt from submission due to reaching the highest quality benchmark (overall score of 5.5 on the Home Visit Practices scale of the HOVRS and a minimum score of 5.0 on all subscales of the Home Visit Practices scale). HOVRS data for the exempt specialists' most recent submission were included in this analysis.

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

Most of the family engagement specialists met the program goal for quality home visit practices

Almost all families were highly engaged during home visits



In 2025–2026, 71% of family engagement specialists met the program goal for Home Visit Practices, achieving a score of 5.0 or higher. This indicates that high-quality home visitation practices were consistently implemented during their sessions. Family engagement during these visits was also strong, with 88% of families receiving scores of 5.0 or higher, reflecting a high level of participation and interaction.

Average scores for both Home Visit Practices and Family Engagement domains met or exceeded the program benchmark of 5.0. The average score for Home Visit Practices remained stable with 5.47 this year compared to 5.4 in 2024-2025. The Family Engagement average also remained stable at 6.1.

94% of Family Engagement Specialists built strong relationships with families.

In the Home Visit Practices domain, average ratings across all subscales met the Sixpence quality benchmark, except for Facilitation of Caregiver-Child Interactions. Consistent with last year, Family Engagement Specialists demonstrated their greatest strength in Building Relationships with Families. A high score in this area reflects warm, respectful, and developmentally focused interactions between the specialist and the family.

In the Family Engagement domain, average ratings across subscales met the Sixpence quality benchmark. The highest-rated area was Child Engagement, where high scores signify that children were actively interested, participated consistently, and initiated interactions throughout the visit.

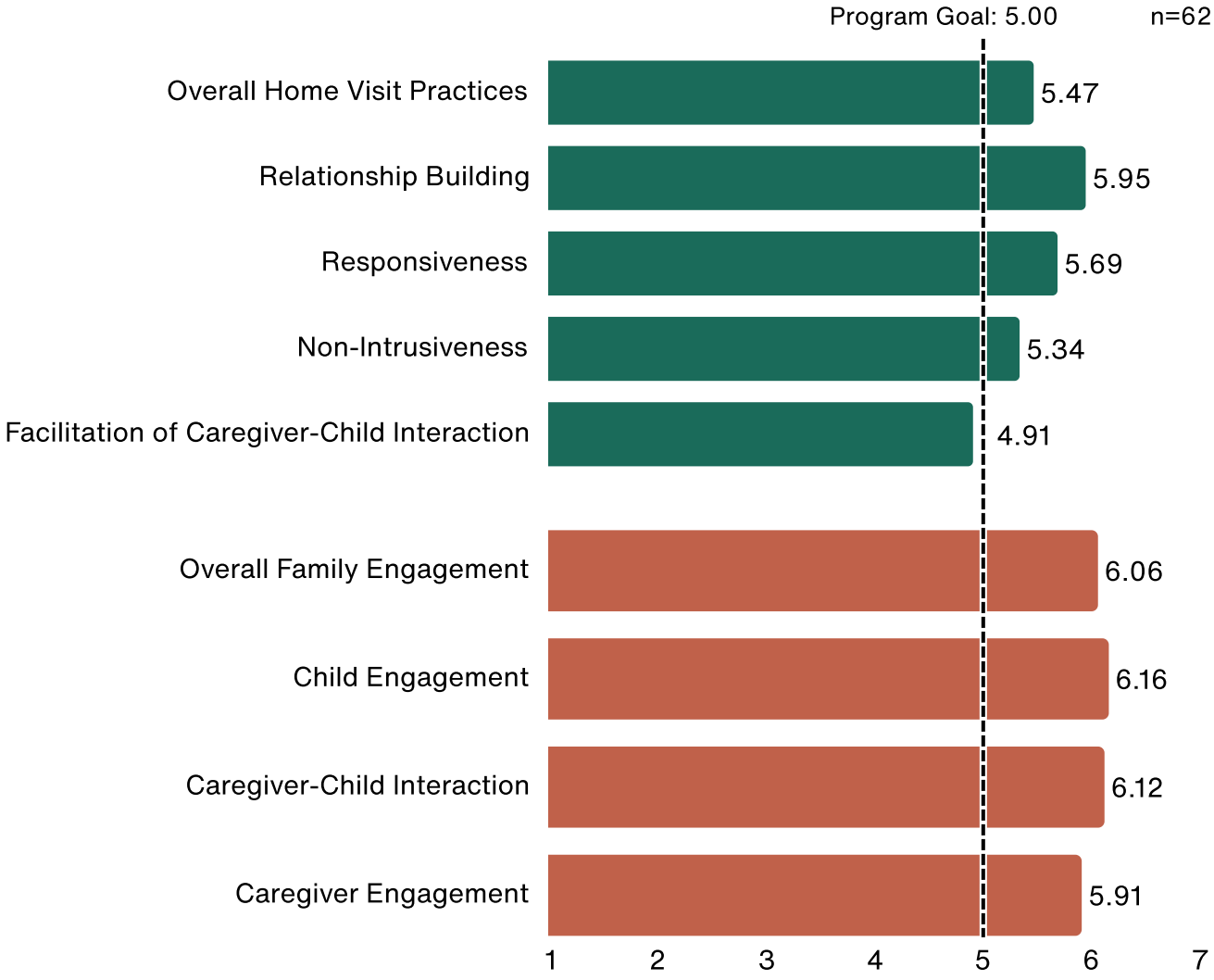


"I am a teen mom. [Our home visitor] has helped me get confidence as a mom. I am learning so much."

~ A Sixpence parent

Family engagement specialists had strong relationships with families

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



"Me gusta cuando mi navegadora viene a mi casa y cuando tengo dudas o preocupaciones sobre mi hija le puedo preguntar y tranquiliza y mi hace sentir segura de mi hija." — "I like when my home visitor comes to my house and when I have doubts or concerns about my daughter I can ask her and she eases my mind and makes me feel confident about my child."

~ A Sixpence parent

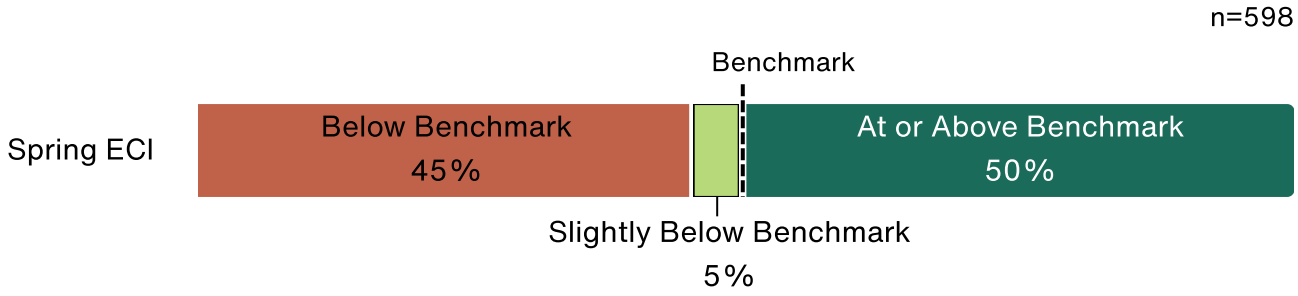
Child Outcomes

What were the children's language outcomes?

Children's communication skills were measured in the fall and spring using the Early Communication Indicator (ECI). The ECI is a 6-minute, play-based measure that tracks expressive communication growth in children approximately 6–42 months of age by measuring how frequently they use gestures, vocalizations, single words, and multiple words. These skills are combined into a weighted score that accounts for the developmental progression of communication skills and is compared with age-based benchmarks. A total of 498 children completed both fall and spring assessments, and spring benchmark scores were available for 598 children.

In the spring, 50% of children were at or above the ECI communication benchmark, indicating that half of the children demonstrated communication skills at or above expectations for their age.

Spring ECI Communication Benchmark Results



Changes in ECI Scores over time

Changes in children's early communication indicators were assessed from pre- to post-assessment. Children demonstrated statistically significant increases in single words and multiple-word combinations. Average single words increased from 7.00 to 11.84 ($p < .001$), while multiple-word combinations increased from 4.89 to 9.70 ($p < .001$). Vocalizations also increased significantly, from 18.77 to 21.56 ($p < .001$). Gestures decreased from 7.39 to 6.75, although this change was not statistically significant ($p = .088$). The decrease in gestures, alongside increases in spoken communication, may reflect children's growing use of words and word combinations to communicate. The percentage of children meeting the ECI benchmark also increased, from 40.4% at pre-assessment to 52.7% at post-assessment. Overall, children demonstrated growth in expressive communication, with particularly strong gains in single words and multiple-word combinations.

Summary of Pre to Post ECI scores

Communication Type	Assessment Period	n	Mean or % Met Benchmark	SD	p-value
Gestures	Pre	498	M=7.39	6.90	0.088
	Post	498	M=6.75	6.16	
Vocalizations	Pre	498	M=18.77	15.88	<0.001*
	Post	498	M=21.56	15.19	
Single Word	Pre	498	M=7.00	9.64	<0.001*
	Post	498	M=11.84	12.49	
Multiple Word	Pre	498	M=4.89	9.80	<0.001*
	Post	498	M=9.70	15.08	
ECI Benchmark, %	Pre	493**	40.4%	49.11	<0.001*
	Post	493**	52.7%	49.98	

*Statistically significant difference between pre- and post-scores ($p < 0.001$).

**Some children may have pre- and post-assessment scores in all four ECI areas (n=498) but be too young at the pre-assessment for proficiency to be determined in some areas (n=493).

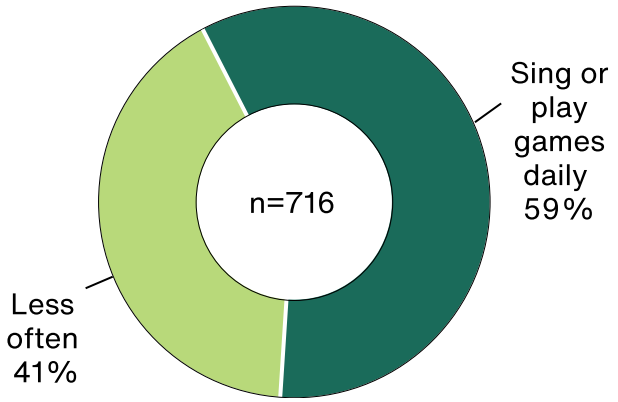
Note: For Gestures, Vocalizations, Single Word, and Multiple Word, the value reflects the mean; for the benchmark indicator (binary), the value reflects the percentage of children meeting or exceeding the benchmark.

"I like that I get resources when needed, and I have a great support system in this program."

~ A Sixpence parent

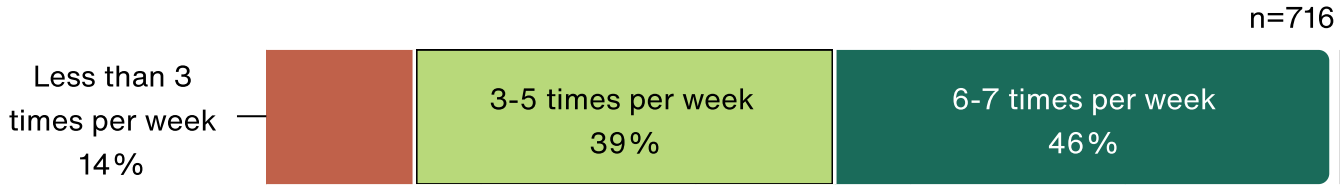
Home literacy practices

Most families sing or play games with their children every day



- **68%** of families have more than 10 children's books in their homes
- **84%** of families have 50% or more of their books in their home language
- **2%** of families report they have no books in their home language

Most families read books with their children several times per week



Families reported engaging in a variety of home literacy activities to support their children's early language and literacy development. Among the 716 families who completed the family survey, 59% reported singing songs or playing games with their children daily. Shared reading was also common: 85% of families read books with their children at least three times per week, and 46% reported reading six to seven times per week.

Families also reported having access to books at home. More than two-thirds (68%) had more than 10 children's books, and 84% indicated that at least half of their books were in their home language. Only 2% reported having no books in their home language. These findings highlight families' engagement in early literacy activities while identifying opportunities to further promote daily reading, singing, and interactive play to support children's early development.

What were the children's social-emotional outcomes?

Parents or classroom teachers completed the Devereux Early Childhood Assessment (DECA), a standardized tool that evaluates children's social-emotional development. It measures Total Protective Factors and includes three subscales: Initiative, Attachment, and Self-Regulation. The Self-Regulation subscale is only completed for children aged 18 months and older, so fewer children have scores in this area. An additional subscale, Absence of Behavioral Concerns, is completed only for children aged three years and older.

The Devereux Early Childhood Assessment (DECA) yields T-scores for each scale, which are standardized with a mean of 50 and a standard deviation of 10, allowing comparison to national norms for the child's age group. Scores of 41–59 fall in the typical range, 60 and above indicate a strength area, and 40 or below suggest an area of concern where support may be needed.

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

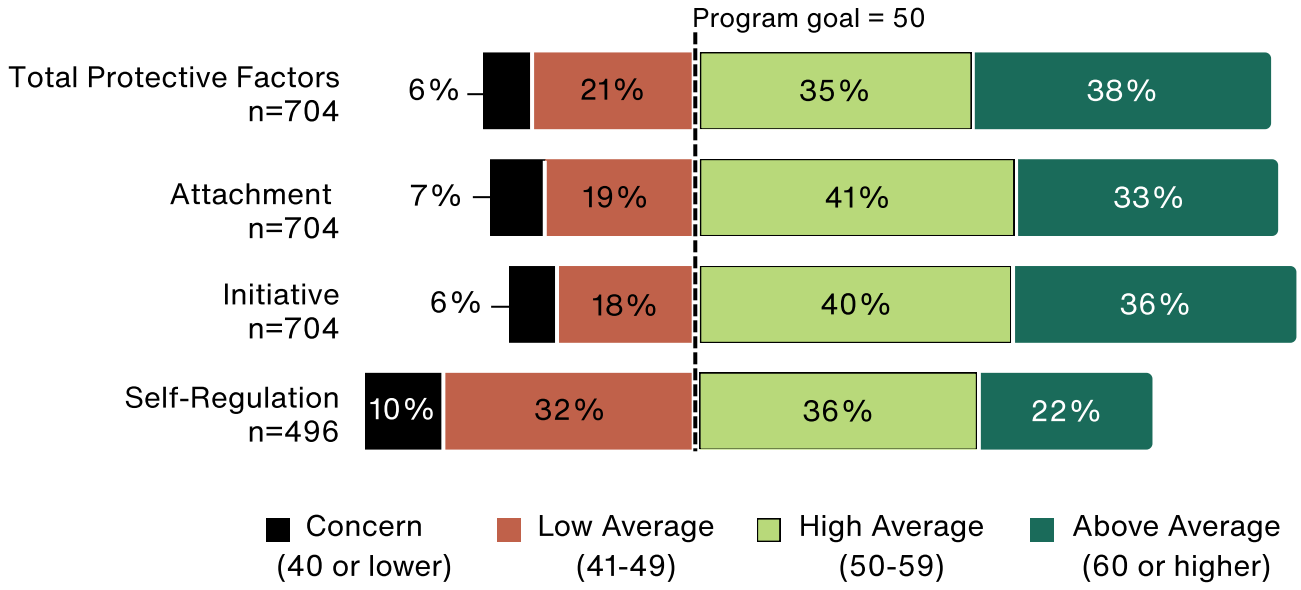
The chart on the following page displays social-emotional outcomes for children divided into four score ranges. The percentages on each color bar show the proportion of children who scored in that range. Bars to the right of the dashed line indicate the percentage of children who met the program goal. The Sixpence program defines its goal as a t-score of 50, which is the midpoint of the average range.

By spring, many of the children met the program goal for social-emotional skills. Children showed the greatest strength in the Initiative subscale, with 76% meeting the program goal. Overall, Sixpence children demonstrated positive social-emotional protective factors, with the majority scoring within or above the expected range. Initiative emerged as a particular strength, while Self-Regulation remained an area for continued growth.

When children turn three, the DECA measures Behavior Concerns. A total of 154 children were assessed in this area, and most (75%) did not have behavior concerns.

> *"The program is spectacular; it offers meaningful development and growth for children and truly makes a big difference in their lives. It provides valuable opportunities that support their learning, confidence, and overall progress."*
>
> ~ A Sixpence parent

Most children show strong social-emotional protective factors



Change in social-emotional skills over time

Social-emotional development was examined for 643 children who completed the DECA at two time points at least six months apart. The chart on the next page illustrates how average scores changed across the DECA areas.

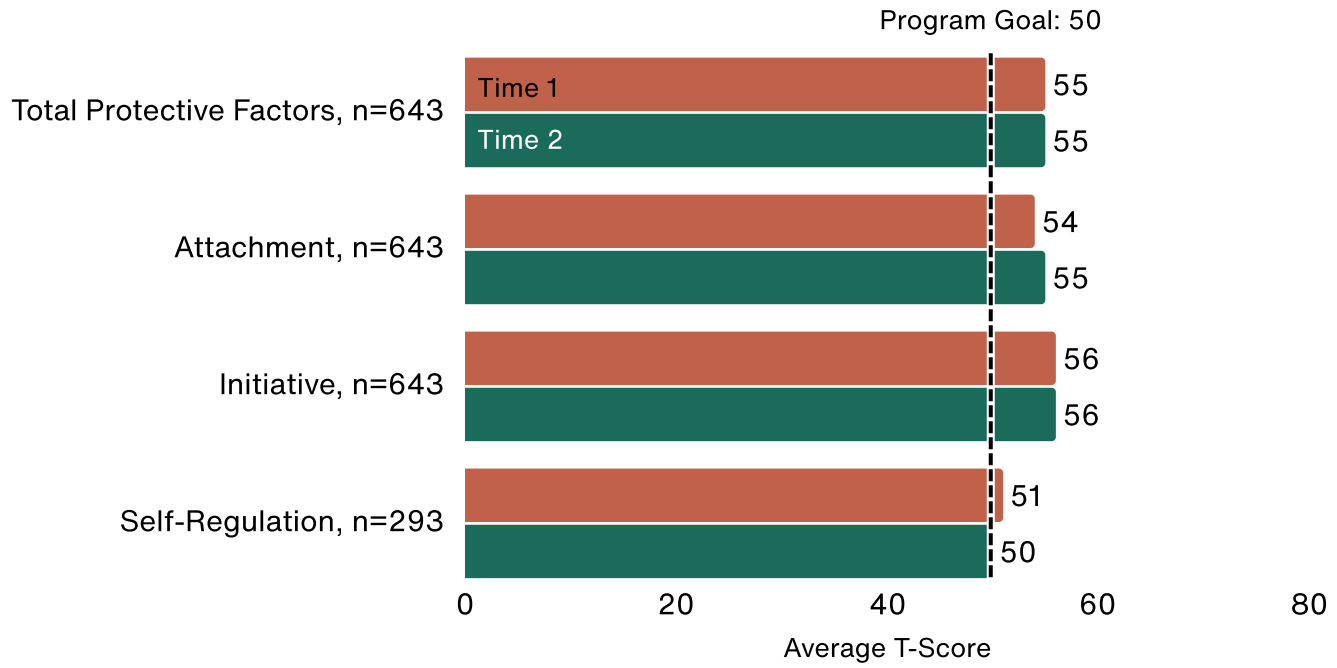
At the first assessment (time 1), most children's protective factor scores were within or above the expected range. Self-Regulation continued to show the greatest opportunity for growth.

Paired-samples t-tests were used to examine changes in DECA scores over time. Attachment was the only area demonstrating a statistically significant increase, although the effect size was small. Scores for Initiative, Self-Regulation, and Total Protective Factors did not change significantly, suggesting relative stability in these areas over the assessment period.

- Attachment: [diff = 1.59, t(642) = 4.02; p = <.001*, d = 0.158]
- Initiative: [diff = 0.48, t(642) = 1.24; p = .214, d = 0.049]
- Self-Regulation: [diff = -0.60, t(292) = -1.10; p = .270, d = -0.065]
- Total Protective Factors: [diff = 0.58, t(642) = 1.56; p = .120, d = 0.061]

*Significant at p < .001

Children consistently achieved social-emotional competencies across most areas





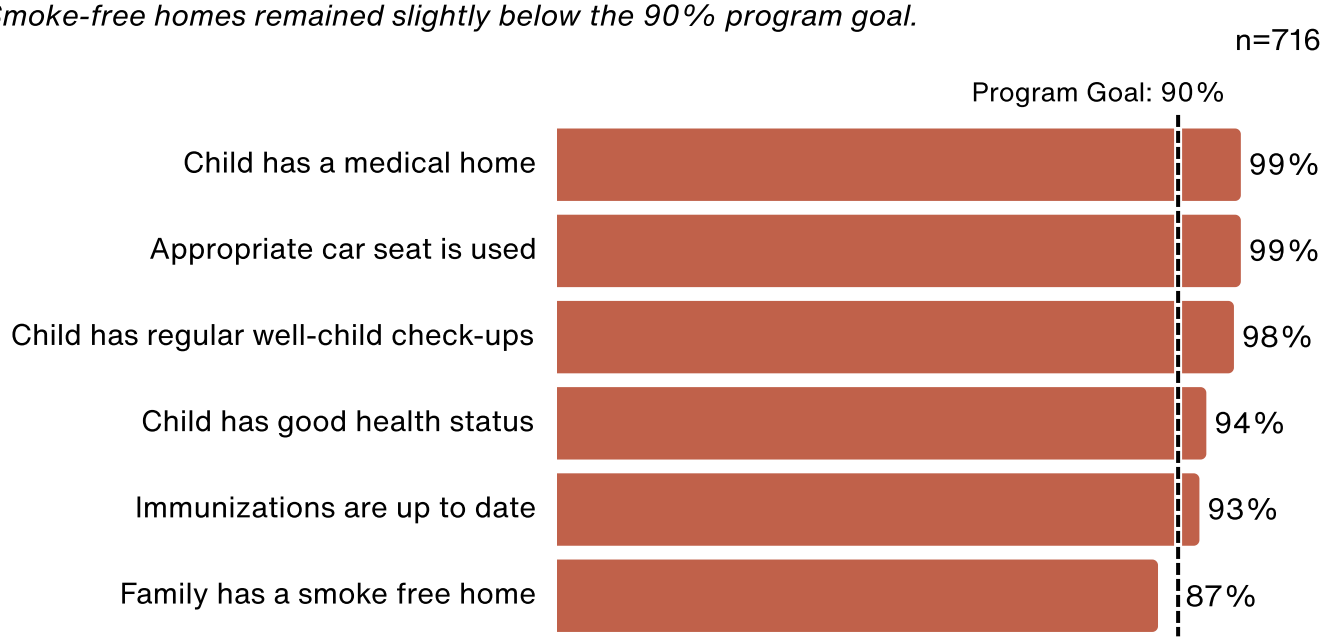
Health Outcomes

What were the children's health outcomes?

In the spring, health and risk factor updates were collected for 716 families. The program goal is for 90% of Sixpence children to meet each of the health indicators. The graph below shows the six health indicators and the results for Sixpence children and families.

Sixpence exceeded five of six health and safety goals

Smoke-free homes remained slightly below the 90% program goal.



Survey results highlight strong access to routine health care and widespread practices that support children's health and safety.

- Nearly all children had a medical home (99%), used an appropriate car seat (99%), and received regular well-child checkups (98%).
- Most children participating in Sixpence were reported to be in good health (94%) and current on immunizations (93%). For statewide context, CDC data indicate that 63.7% of Nebraska children born in 2021–2022 completed the recommended seven-vaccine series by age 24 months (Hill et al., 2026). These measures are not directly comparable, as Sixpence reflects parent-reported immunization status across a broader age range, while the statewide estimate measures completion of a specific vaccine series by age 24 months.
- Most families (87%) reported a smoke-free home, falling three percentage points below the program goal. Supporting the 13% of families whose homes were not smoke-free remains an opportunity to reduce children's exposure to tobacco smoke.

Access to health insurance

A survey of Sixpence families' access to health insurance found that the number of families with health insurance decreased slightly from 96% last year to 95% this year.

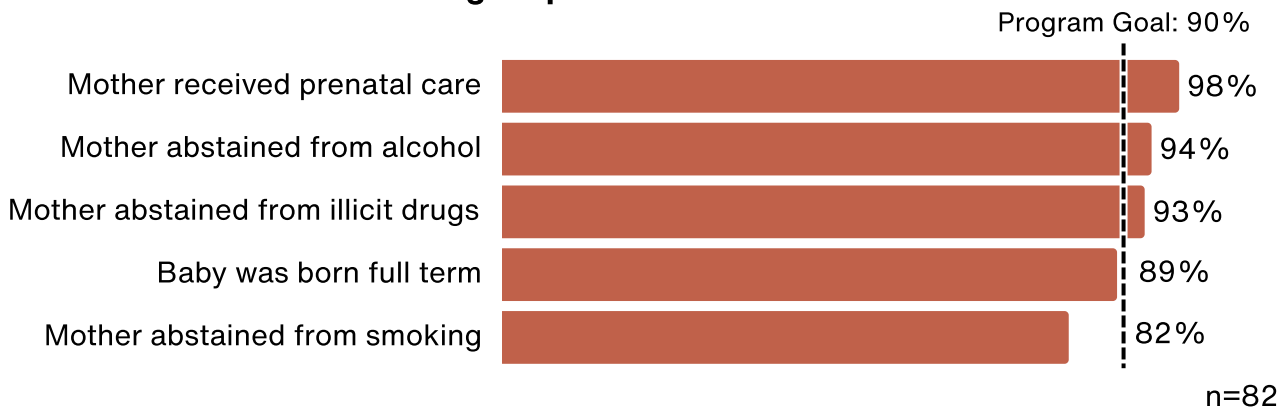
- **95%** of families reported having insurance
- **74%** of families utilized Medicaid
- **19%** of families had private insurance
- **7%** of families used a combination of public and private insurance

Maternal health practices and birth outcomes

Prenatal health outcomes remained strong in several areas, although results declined across most indicators compared with the previous year. Nearly all Sixpence mothers received consistent prenatal care (98%), while 94% abstained from alcohol and 93% abstained from illicit drugs. All three indicators exceeded the program's 90% benchmark. However, smoking abstinence declined from 91% to 82%, falling below the benchmark after meeting it for the first time last year. The percentage of babies born full-term increased from 83% to 89%, approaching the program goal. Overall, results highlight continued strengths in prenatal health practices, along with opportunities to strengthen support for smoking cessation.

According to the prenatal survey, breastfeeding was initiated by 91% of mothers. Family survey results further highlighted continued breastfeeding practices, with 63 mothers reporting that they were still breastfeeding at the time of the survey. Of these, 48 had babies who were at least six months old. An additional 17 mothers reported breastfeeding until their child was at least six months old before stopping. Together, these findings reflect continued breastfeeding among many participating families.

Prenatal Health Outcomes Among Sixpence Mothers



Family Outcomes

What were the outcomes for caregiver-child interactions?

The Keys to Interactive Parenting Scale (KIPS) measures the quality of caregiver-child interactions overall and across three areas—Building Relationships, Promoting Learning, and Supporting Confidence—based on an observation of a caregiver playing with their child. Scores are reported on a 5-point scale, with higher scores indicating higher-quality interactions.

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

KIPS observations provide a snapshot of caregiver-child interactions for families receiving home-based Sixpence services. One observation is completed per family, and results presented here reflect families who participated in the program for at least six months.

> *"I like this program the most because of the opportunities it has for my child and I, along with flexibility with meeting up during the month. Whether that's receiving items that I need help with my child, like diapers and clothes or programs that help me, such [as] therapy, finances or new ways I can teach my child. I'm so grateful that my child and I are involved in this program."*
>
> ~ A Sixpence parent

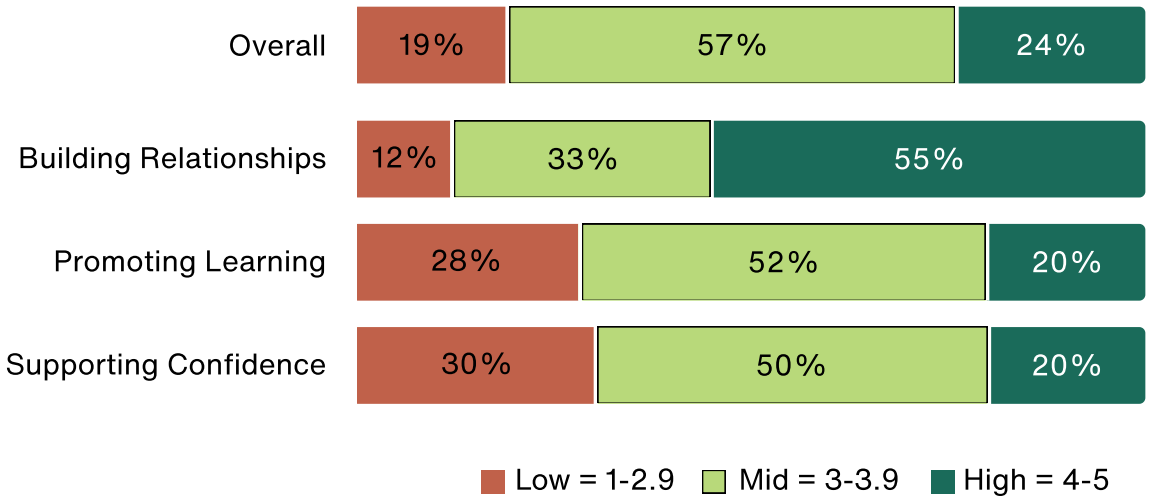
Of the 325 families with spring KIPS observations, Building Relationships emerged as a clear strength. More than half (55%) scored in the high-quality range and another 33% in the mid-range, resulting in 88% of families demonstrating mid- to high-quality interactions in this area. In comparison, 20% of families scored in the high range for both Promoting Learning and Supporting Confidence. Across the overall KIPS score, 24% of families were in the high range, 57% in the mid-range, and 19% in the low range.

The three KIPS areas capture different aspects of supportive caregiver-child interactions. Building Relationships reflects responsiveness to children's cues, following their lead, modeling emotions, and demonstrating warmth and affection. Promoting Learning focuses on caregivers' use of language and play to encourage engagement, vocabulary development, and new learning, as well as consistent limit setting. Supporting Confidence reflects opportunities for children to make choices, receive supportive feedback, and develop problem-solving skills and curiosity.

Caregiver-child interactions were strongest in Building Relationships

Percentage of families by KIPS quality range

n=325



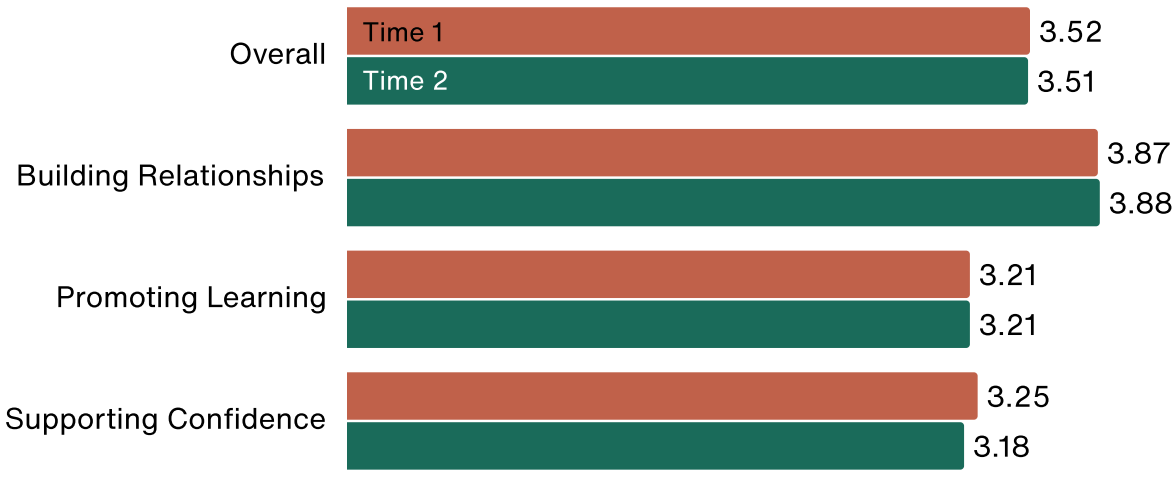
Change in caregiver-child interactions over time

A total of 288 families completed assessments at two points in time, at least six months apart. The chart shows average scores across the three KIPS areas and overall. Building Relationships remained the strongest area of caregiver-child interaction, with average scores approaching the high-quality range at both time points. Scores showed little change over time across all areas, with Promoting Learning and Supporting Confidence continuing to present opportunities for strengthening caregiver-child interactions.

Caregiver-child interactions remained stable over time

Average KIPS scores at Time 1 and Time 2

n=288



Quality Ranges: Low= 1-2.9, Mid= 3-3.9, High = 4-5

A paired-samples t-test was conducted to compare KIPS scores from Time 1 to Time 2. No statistically significant changes were found across the three KIPS areas or the overall score, indicating that average caregiver-child interaction scores remained stable over time.

- Supporting Confidence: diff = 0.07, t(287) = 1.45, p = .148, d = 0.09
- Promoting Learning: diff = 0.00, t(287) = −0.03, p = .977, d = 0.00
- Building Relationships: diff = −0.01, t(287) = −0.23, p = .817, d = −0.01
- Overall KIPS: diff = 0.02, t(287) = 0.39, p = .697, d = 0.02

How did Sixpence impact parents' educational outcomes?

Sixpence tracks the educational outcomes of parents who enter the program without a high school diploma. At enrollment, 367 mothers reported not having a high school diploma, of whom 205 provided an update on their educational status. By June of 2026, 35% had earned a high school diploma or GED, 14% were currently working toward one, and 51% were not pursuing a diploma or GED.



Similarly, 284 fathers reported not having a high school diploma at enrollment, with 174 providing an update on their educational status. By June, 25% had earned a high school diploma or GED, 7% were actively pursuing one, and 68% were not currently pursuing a diploma or GED.

Nearly half (49%) of mothers had earned a high school diploma or GED or were actively working toward this goal, compared with 32% of fathers

What did parents think about Sixpence?

In the spring, 571 of the 958 enrolled families completed the parent satisfaction survey, yielding a return rate of 59.6%. Parents rated ten statements about their Sixpence experience using a four-point agreement scale and answered two open-ended questions about program strengths and opportunities for improvement. Responses were anonymous, and some parents did not answer every question.

Overall parent satisfaction remained high at 96%, unchanged from 2024-2025. As shown below, nearly all respondents reported that their Sixpence provider helped them play more with their child (96.1%), learn about child development (95.9%), find needed services (95.9%), and talk more with their child (95.8%). Similarly, 95.4% reported reading more with their child, while 95.2% felt their provider helped them become a better parent.

My Sixpence provider helped me...



96% of parents were satisfied with the Sixpence Program

Families participating in Sixpence were asked two open-ended questions about their experiences with the program. Many praised Sixpence for the opportunities for family growth and development and shared appreciation for relationships with staff and teachers and supportive environments. They also offered suggestions for how the program could continue to grow and better meet their needs.

Positive Impacts Reported by Families

- **Growth and Development:** Many parents expressed that they had gained greater confidence in their parenting skills, improved their understanding of developmentally appropriate activities, expectations, and interventions for their children, and observed significant physical and cognitive growth in their children since joining the program. Parents also noted improved communication skills, specifically with their children. *"It has helped build confidence not only in my son, but in me as a parent too. Having that consistent support and encouragement makes a huge difference."*

- **Relationships with Staff and Teachers:** Parents reported forming strong connections and relationships with their children, home visitors, teachers, and other families through the program. Participants noted that they valued the guidance, support, and the connections made, which increased their confidence as caregivers and strengthened their ability to support their children's development. *"As a parent, I always feel heard and included, and I like how [home visitor] has simple, useful ideas I can do with my daughter between visits."*

- **Supportive Environment:** Participants described the Sixpence environment as supportive, welcoming, collaborative, and deeply connected. *"I like how hands-on you guys are with us; it shows how much you guys care. We really enjoy the socials as well because we aren't always able to get out ourselves to do something."*

- **Resources:** Several parents noted how helpful it was to have access to resources they wouldn't otherwise have, including but not limited to diapers, wipes, clothes for their children, mental health support, books, and social events where families meet others in a similar situation. *"The help they provide even if it is not within their scope. I like that they are able to recommend other resources in the community. They have great socials and well-planned activities for the kids."*

Considerations for Program Improvement

While participants described many positive experiences with Sixpence, they also identified opportunities to further strengthen the program and better meet the needs of families.

- **Scheduling and Participation Flexibility:** Families suggested more flexible childcare and home visit schedules, including options for more or less frequent visits. Some preferred less frequent videotaping and additional support for non-English-speaking families, including Spanish-speaking staff. *"Maybe more consistent visits with the workers. Sometimes I feel like we go a while between visits."*

- **Social and Family Connections:** Parents valued the social events offered and expressed interest in additional opportunities to connect with other families. Suggestions included offering events at varied times and locations, including outside of work hours, and expanding activities to different areas of the community. *"Tener más eventos en la comunidad."* – *"Have more events in the community."*

- **Child-Focused Activities:** Several participants noted a need for more activities that are engaging and tailored to children's interests and needs. Suggestions included more sensory play, fine- and gross-motor play, and outdoor opportunities. *"Maybe more outside play, more activity/physical skills to help my child with more motor skills."*

- **Communication and Resources:** Participants suggested more frequent childcare updates, more consistent scheduling, and longer childcare hours. Additional resource needs included diapers, wipes, and individualized skill-building activities for families to use at home. *"Offer more easy home activities for specific skills."*



Conclusions & Implications

Program description

During the 2025–2026 program year, Sixpence continued its commitment to supporting infants, toddlers, and families across Nebraska, serving 1,103 children and 958 families through 46 grantees. Services reached families in urban, mid-sized, and rural communities, with the majority of children (71%) participating in home-based family engagement services and the remaining 29% receiving center-based care.

Sixpence continued to reach families experiencing significant economic and environmental challenges. Most children (85%) lived in low-income households, and half of the children with available information experienced at least one of the identified family stressors. Despite these challenges, program retention remained strong at 88%, reflecting sustained family participation. Early withdrawals were most common during the first year of enrollment, suggesting that initial engagement and relationship building remain important considerations for program retention.

Next Steps

- Explore strategies to strengthen family engagement during the first year of participation, particularly for families experiencing barriers related to transportation, employment, or changing family circumstances.
- Continue using family demographic and risk factor information to guide individualized services and connect families with appropriate community resources.

Program outcomes

Center-based programs demonstrated strong teacher-child relationships and supportive classroom environments. All infant and toddler classrooms assessed using the CLASS met established benchmarks for responsive caregiving and emotional and behavioral support. Toddler classrooms also met the benchmark for Engaged Support for Learning, although scores suggest continued opportunities to strengthen strategies that promote children's thinking, exploration, and language development.

ITERS-3 observations indicated moderate overall classroom quality, with 42% of classrooms meeting the program benchmark. Strengths included language and literacy experiences, interactions, program structure, and classroom environments. Personal Care Routines and Activities emerged as areas where additional attention could further strengthen classroom quality.

Next Steps

- Provide targeted professional development and coaching to strengthen learning experiences, including intentional language modeling, open-ended questions, and opportunities for children to explore and solve problems.
- Although the ITERS-3 will not be used in 2026–2027, findings from the 2025–2026 assessments will continue to inform quality improvement efforts, particularly in strengthening personal care routines and increasing the availability and use of developmentally appropriate learning materials.

Home-based family engagement services continued to demonstrate positive practices and strong relationships with families. Most family engagement specialists (71%) met the benchmark for Home Visit Practices, while 88% of families demonstrated high-quality engagement during visits. Relationship Building remained a particular strength, reflecting specialists' ability to establish supportive, responsive connections with caregivers. Facilitation of Caregiver-Child Interaction continued to be an area for improvement, underscoring the importance of helping caregivers take an active role in their children's learning and development during home visits.

Next Steps

- Strengthen coaching and reflective supervision for all family engagement specialists, with particular emphasis on supporting new specialists in developing skills to facilitate caregiver-child interactions through modeling, observation, and individualized feedback.
- Encourage family engagement specialists to create opportunities for caregivers to lead activities, practice new strategies, and build confidence in supporting their children's development.

"All our staff support treats us like part of their family. It's completely a safe and enriched environment because of the staff."

"I feel it is a safe space to learn about how to teach my child. I feel like I have an awesome support system."

~ Sixpence parents

Child outcomes



Children participating in Sixpence demonstrated positive developmental outcomes across multiple areas. Early communication skills improved over time, with statistically significant increases in vocalizations, single words, and multiple-word combinations. Among all children with spring ECI benchmark scores, 50% met or exceeded age-based expectations. Among children with matched pre- and post-assessments, the percentage meeting the benchmark increased from 40.4% to 52.7%, demonstrating measurable progress in expressive communication.

Home literacy practices reflected positive family engagement in early learning. Most families reported reading with their children at least three times per week (85%), and 59% reported singing or playing games with their children daily. Additionally, 68% of families had more than ten children's books in their homes. However, comparisons of matched fall and spring responses found no statistically significant increase in time spent reading together, with slightly more families reporting decreases than increases in reading duration. These findings suggest that while shared reading is an established routine for many families, additional support may be needed to increase the time families spend reading with their children.

Social-emotional outcomes were generally positive, with most children demonstrating protective factors within or above the expected range. Initiative emerged as a particular strength, while Self-Regulation remained an area for continued growth. Among children assessed at two time points, Attachment was the only area showing statistically significant improvement, although the effect size was small.

Next Steps

- Encourage families to incorporate shared reading, songs, and play-based communication into everyday routines to strengthen early language and literacy development.
- Provide targeted professional development and coaching to strengthen children's social-emotional development, particularly Self-Regulation, while building on existing strengths in Initiative and Attachment.

Health outcomes

Sixpence families continued to demonstrate positive health and safety practices, meeting five of the six established health indicators. Nearly all children had a medical home (99%), received regular well-child checkups (98%), and used appropriate car seats (99%). Smoke-free homes remained slightly below the program benchmark at 87%, identifying an ongoing opportunity to reduce children's exposure to smoke in their environments.

Prenatal outcomes reflected strong access to care, with 98% of mothers receiving prenatal services and more than 90% reporting abstinence from alcohol and illicit drugs. The percentage of full-term births increased to 89%, approaching the program goal. However, smoking abstinence during pregnancy declined to 82%, suggesting a need for additional attention to prenatal tobacco use. Breastfeeding initiation remained high at 91%.

Next Steps

- Continue supporting families in establishing smoke-free environments, with particular attention to smoking cessation resources during pregnancy and early childhood.
- Strengthen prenatal education and individualized supports that promote healthy pregnancies, full-term births, and continued breastfeeding.

Family Outcomes

Caregiver-child interactions remained a strength for many Sixpence families, particularly in Building Relationships, where 88% demonstrated mid- to high-quality interactions. These findings reflect caregivers' abilities to respond warmly to their children and establish positive relationships. However, fewer families demonstrated high-quality practices in Promoting Learning and Supporting Confidence, and average interaction scores remained relatively stable over time. These results suggest opportunities to strengthen the ways caregivers support learning, independence, and problem-solving through everyday interactions.

Parents also made progress toward their educational goals. Among those who entered Sixpence without a high school diploma, 49% of mothers and 32% of fathers had either earned a diploma or GED or were actively working toward one. These outcomes highlight the importance of supporting caregivers' personal and educational goals alongside their children's development.

Parent satisfaction remained consistently high at 96%. Families particularly valued the supportive relationships they developed with Sixpence staff, increased knowledge of child development, and assistance accessing community resources. Their feedback also identified opportunities to improve scheduling flexibility, expand family socialization activities, and provide additional individualized learning resources.

Next Steps

- Continue strengthening caregiver-child interactions through individualized coaching that emphasizes promoting learning, supporting children's confidence, and encouraging independence during everyday activities.
- Explore opportunities to address barriers to parent education and family participation while incorporating family feedback into ongoing program improvement efforts.

Continuing the commitment

The 2025–2026 evaluation findings highlight the continued role of Sixpence in serving young children and families across Nebraska. Strong relationships, sustained family engagement, and positive developmental and health outcomes reflect the strengths of the program and the importance of investing in early childhood. While these findings demonstrate areas of success, they also identify opportunities to further enhance program quality, strengthen caregiver-child interactions, and better address individual needs.

These findings provide a foundation for identifying priorities and guiding next steps in program improvement. In particular, individualized technical assistance, targeted professional development, and ongoing coaching will be important in addressing areas for growth and responding to the unique needs of programs, staff, and families. Using evaluation findings to inform these efforts will promote data-driven decision-making, continuous quality improvement, and a stronger foundation for children's future learning and development.

References

Hill, H. A., Yankey, D., Elam-Evans, L. R., et al. (2026). Vaccination coverage by age 24 months among children born in 2021 and 2022—National Immunization Survey-Child, United States, 2022–2024. Morbidity and Mortality Weekly Report, 75, 146–155. https://doi.org/10.15585/mmwr.mm7511a2

Centers for Disease Control and Prevention. (2025, July 7). NIS-Child breastfeeding rates by state: 2022. U.S. Department of Health and Human Services. https://www.cdc.gov/breastfeeding-data/about/rates-by-state.html[1]

Appendix

Assessment & Observation Tools

Program Quality Measures

Assessment	Authors	Scoring	Subject	Content
ITERS-3 Infant/Toddler Environment Rating Scale – Third Edition	Harms, Cryer, Clifford, & Yazejian, 2017	Scale 1-7 1 = inadequate 3 = minimal 5 = good 7 = excellent	Infant or Toddler classrooms	Classroom layout, health & safety, play activities, teacher-child interactions, & program structure
Toddler CLASS **Infant CLASS** Classroom Assessment Scoring System	LaParo, Hamre, & Pianta, 2012 Hamre, et.al., 2014	Scale 1-7 1-2 = low range 3-5 = mid range 6-7 = high range	Infant or Toddler classroom	Emotional support, & instructional support (Toddler only)
HOVRS-A+ v.3.0 Home Visit Rating Scales – Adapted & Extended	Roggman, Cook, et. al., 2019	Scale 1-7 1 = needs support 7 = excellent	Family engagement specialist	Home visit practices and family engagement during home visits

Parent Outcome Measures

Assessment	Authors	Scoring	Subject	Content
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

Child Outcome Measures

Assessment	Authors	Scoring	Child Age	Content
e-DECA 2.0 (IT and P2) Devereux Early Childhood Assessment Infant/Toddlers	LeBuffe & Nagliere, 2012	T-Score 41-59 Average range	4 months of age and older	Measures social-emotional protective factors & behavior concerns
ECI Early Communication Indicator	Greenwood, Walker, & Buzhardt (2010)	Compares child's communication to the benchmark for their age (in months)	6 months to 42 months of age	Measures frequency of communication behaviors during a 6-minute play-based observation

Assessments Completed in 2025-2026

Assessment	Number Completed
Infant CLASS: Classroom Assessment Scoring System	9
Toddler CLASS: Classroom Assessment Scoring System	12
ITERS-3: Infant/Toddler Environment Rating Scale – Third Edition	12
HOVRS-A+ v.3.0: Home Visit Rating Scales – Adapted & Extended	26 completed, 36 pulled forward
ECI: Early Communication Indicator	598
e-DECA 2.0 (IT and P2): Devereux Early Childhood Assessment Infant/Toddlers	704

Note. ECI and e-DECA assessment totals reflect children who met the six-month enrollment criterion, defined as an intake date of October 1, 2025, or earlier. For the ECI, 600 children met this criterion; however, two were too young to receive a proficiency score, resulting in 598 completed assessments with reportable outcomes.

Children Enrolled as of June 30, 2026

Age Range	Number of Children	%
0-5 Months	59	6%
6-11 Months	98	11%
12-23 Months	283	31%
24 Months or Older	477	52%
Total	917	

Note. Enrollment data are maintained in a live database and change throughout the program year as children enter and exit services. The figures presented reflect children enrolled as of June 30, 2026, rather than the total number of children served during the program year.

