

Sixpence Early Learning Fund

2020 - 2021 Evaluation Report | September 2021



Collaborate. Evaluate. Improve.

Interdisciplinary Center for Program Evaluation



SIXPENCE EARLY LEARNING FUND

2020-2021 Annual Report

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

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

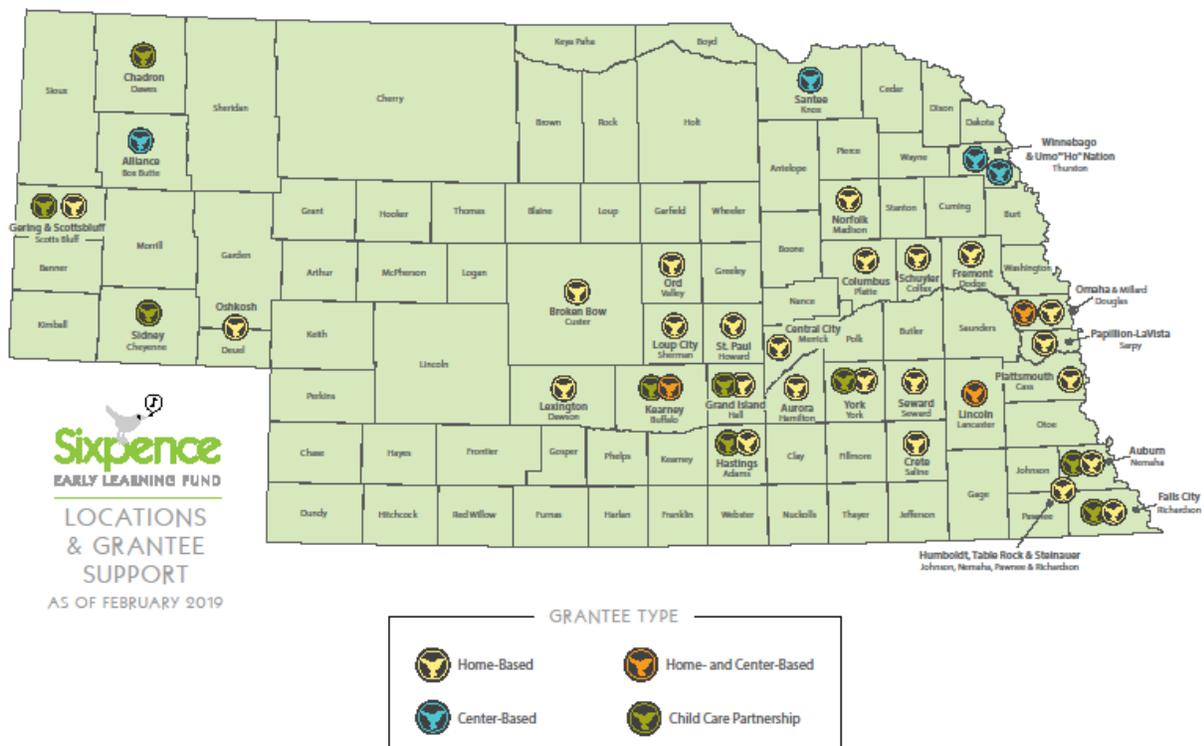


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I enjoy having a weekly meet-up that my child enjoys going to. They are always looking for new ways to improve as teachers and improve myself as a mother. I love that they are always willing to help.

A Sixpence parent

”



SIXPENCE PROGRAMS



What is Sixpence?

In the 2020-2021 program year, the Sixpence Early Learning Fund supported 31 school district grantees across the state. This was Sixpence's 13th 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 (70%) 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. Almost a third of the children (30%) 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 2020-2021, Sixpence served 1,016 children and 864 families across 31 grantees. In addition, 75 mothers were served prenatally whose babies were born prior to June 30, 2021.

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

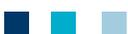
More Sixpence families live in rural communities than in mid-sized or urban settings. n=1,016



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

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

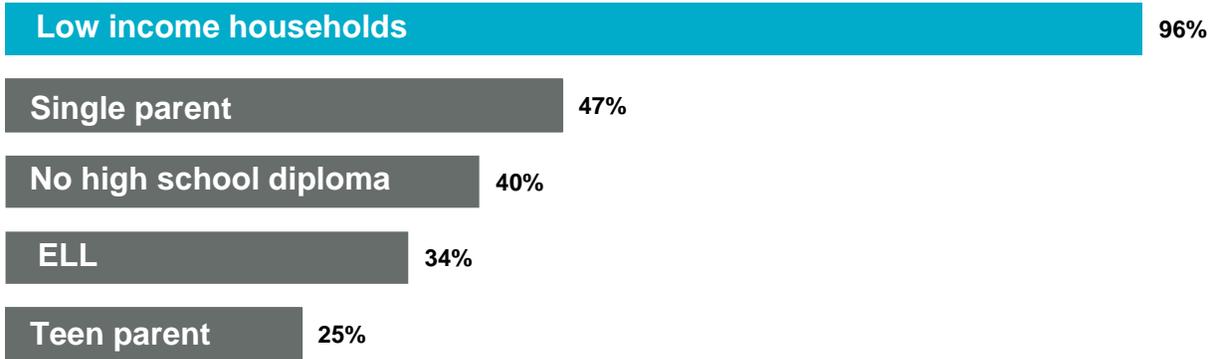
Seven additional stressors were tracked: single parent, incarcerated parent, parent absence due to death or military deployment, foster care or CPS involvement, child witnessing violence in home or community, family



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

Nearly all Sixpence children live in low income households. n=1,016

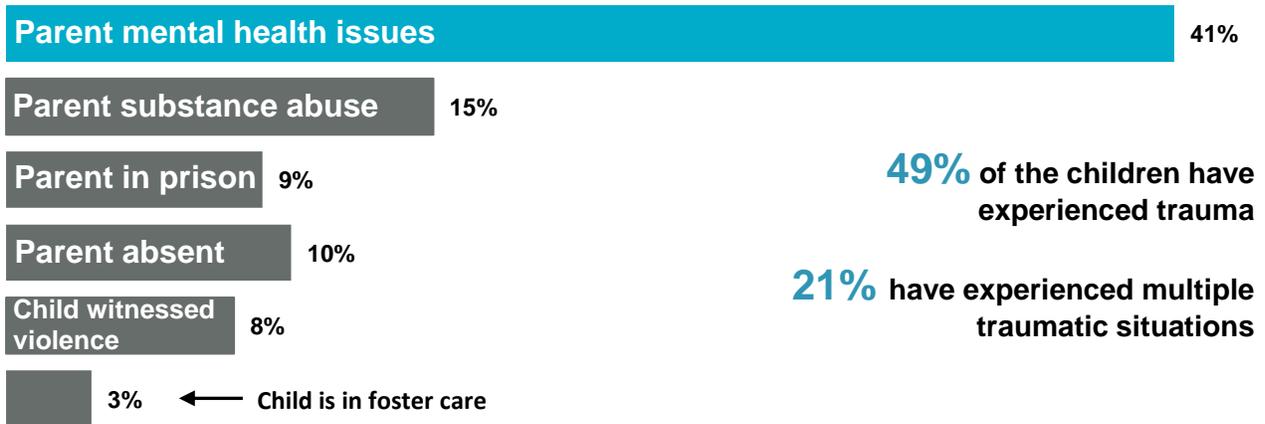
Almost half the children are in single parent families.



Of the five qualifying factors to participate in Sixpence, premature birth or low birth weight was the least common, with 12% of the children meeting this criterion. Most (65%) of the children served in Sixpence had three or more stressors.

Additional stressors relating to child trauma were collected in the spring from 782 families.

The most common trauma for Sixpence children was having a parent with mental health issues. n=782



It is encouraging to note that 83% of parents with mental health issues and 58% with substance abuse issues have received treatment services.

Of note, 110 Sixpence parents have been a ward of the state and 11 parents still have this status.



Child Demographics

Sixpence served slightly more males (51%) than females (49%). A total of 14% of the children received special education services through Nebraska’s Early Development Network. The majority of the children (77%) were under the age of one at the time of entry into Sixpence.

Most children in Sixpence identified as Hispanic or White. n=1,016



What was the retention rate of families in the program?

The Sixpence retention rate was **86%**

Sixpence has a strong record of retaining families in the program. In 2020-2021, 86% of the children stayed in the program through June 30, 2021, or until they aged out of the program. Of the 139 children who left the program prematurely, most (58%) 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 (29%) or poor attendance (17%).



“

I like that my child’s teacher cares for and likes to be around my child. I like that if there is anything I have a question on, she will do anything to answer that question.

A Sixpence parent

”

Evaluation Findings

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

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

Analyses

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.

COVID-19 Impacts

COVID-19 continued to impact Sixpence services during the 2020-2021 program year. Many centers had delayed openings in August, provided a mix of in-person and remote learning, and closed classrooms intermittently due to COVID-19 exposures. Home visiting programs also experienced periods of virtual services. These disruptions to normal programming had varied impacts on the data collection. Most child and program data were collected as usual. Some programs, however, struggled in recording parent-child play sessions for the assessment that measures parent-child interactions.



“

My baby's happiness and development come first and I love the help and support we get.

A parent reflects on Sixpence

”



Program Quality Outcomes

What was the quality of center-based services?

The Sixpence evaluation uses the Infant/Toddler Environmental Rating Scale – Third Edition (ITERS-3) and the Classroom Assessment Scoring System (CLASS) to assess classroom quality. The ITERS-3 is an in-person observation that assesses classroom quality with a focus on classroom structure, activities, and play materials and is used with new teachers. The CLASS, which can be conducted in-person or through a videotape of the classroom activities, focuses exclusively on classroom interactions that build positive relationships, promote language development, and support learning. This year, due to COVID-19, a number of programs suspended in-person observations so there is no data to report for the ITERS-3.

A random sampling of half of the veteran Sixpence teachers (or a minimum of two classrooms for smaller programs) were assessed using the CLASS.

Classroom Assessment Scoring System (CLASS) Results

CLASS ratings were completed of a typical morning of classroom activities across staff members. Four cycles of 15-20 minute increments were rated by reliable evaluators. Both the Infant and Toddler CLASS assess teacher-child relationships based on social-emotional supports. The Toddler CLASS has an additional domain, Engaged Support for Learning, which measures how teachers engage children in discovery, promote critical thinking, and provide rich language experiences. Scoring is based on a 7-point scale with seven indicating highest quality. The quality program benchmark is a score of five or higher. The CLASS results for 21 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 45% of the classrooms meeting the program benchmark of 5 in this area.

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 7 indicating high quality home visitation practices.

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

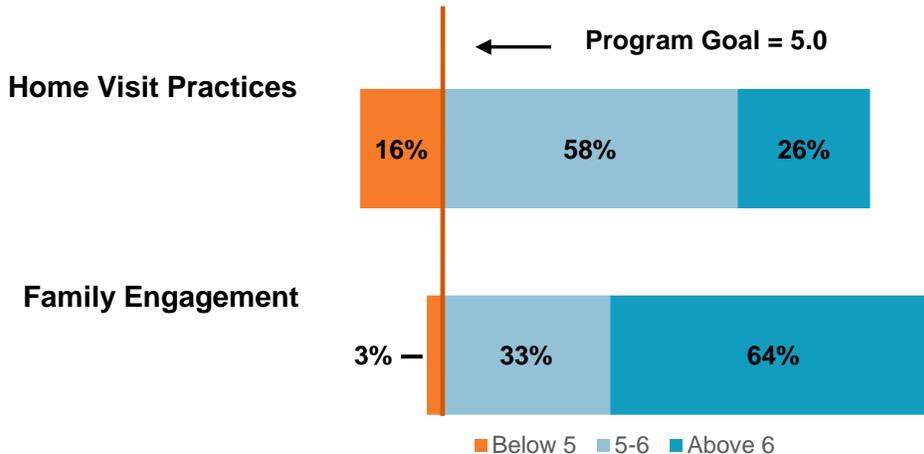
The second domain, Family Engagement, examines the nature of the parent-child relationships and interactions, as observed during the home visit, and the level of parent and child engagement within the activities of the home visit.

In 2020-2021, HOVRS- A+ v 2.1 data were available for 55 family engagement specialists, 13 who were new to Sixpence this year. Some of the veteran specialists were exempt from submission due to reaching the highest quality benchmark (overall score of a 5.5 on the Home Visit Practices scale of the HOVRS and a score of at least a 5.0 on all subscales of the Home Visit Practices scale). The HOVRS data for the exempt specialists' most recent submission were included for this analysis. Additionally, COVID-19 prevented 3 non-exempt specialists from submitting a video; therefore, the most recent scores for these specialists were included in the analysis.

The majority (84%) of the family engagement specialists met the program goal (a score of 5.0 or higher) in Home Visit Practices signifying implementation of high quality home visitation practices during their sessions. Family engagement during home visits was high; almost all the families (97%) were highly engaged (a score of 5.0 or higher) during the home visit. The following graph shows home visit quality results in three scoring ranges: below five, between five and six, and above six. Scores of five and above met the program goal.

The majority of Family Engagement Specialists met the program goal for quality home visit practices. n=55

Almost all families were highly engaged during home visits.



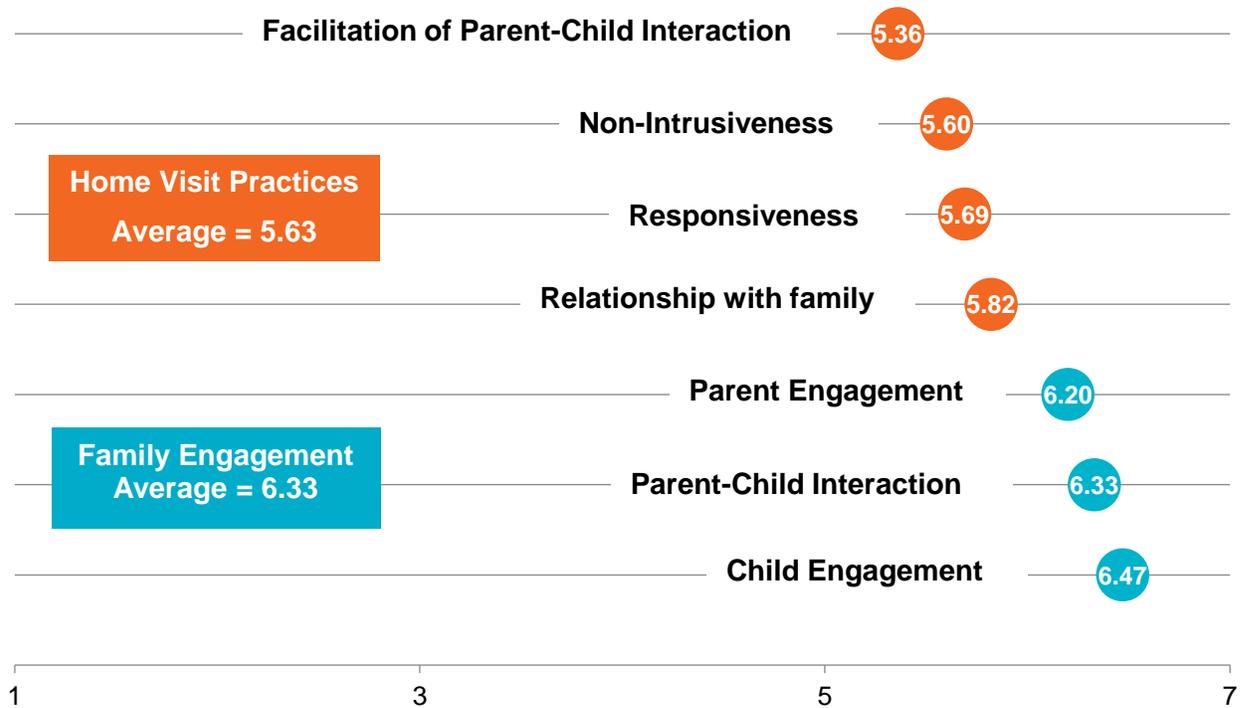
As shown in the following chart, the average scores for the Home Visit Practices and Family Engagement domains exceeded the program goal of 5.0 in 2020-2021. The average Home Visit Practices score was 5.63 and the average Family Engagement score was 6.33.

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 were above 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. n=55

Children were highly engaged during Sixpence home 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 16 months and older whose primary language is English, classroom providers and home visitors, with parent input, completed the Developmental Assessment of Young Children, 2nd edition, (DAYC-2), a measure of Receptive and Expressive language. Children ages 16 to 30 months whose primary home language is Spanish were given the MacArthur-Bates Communicative Development Inventories (CDI), a parent report assessment measuring language production. The Peabody Picture Vocabulary Test–IV (PPVT-IV), a direct child assessment measuring vocabulary, was administered by a certified speech pathologist to children at age 3 whose primary language was English and for all children in center-based services, regardless of home language. Note that program staff and parents had the option to request the English language assessments for children whose primary home language is not English if they felt the children were regularly hearing and/or speaking English.

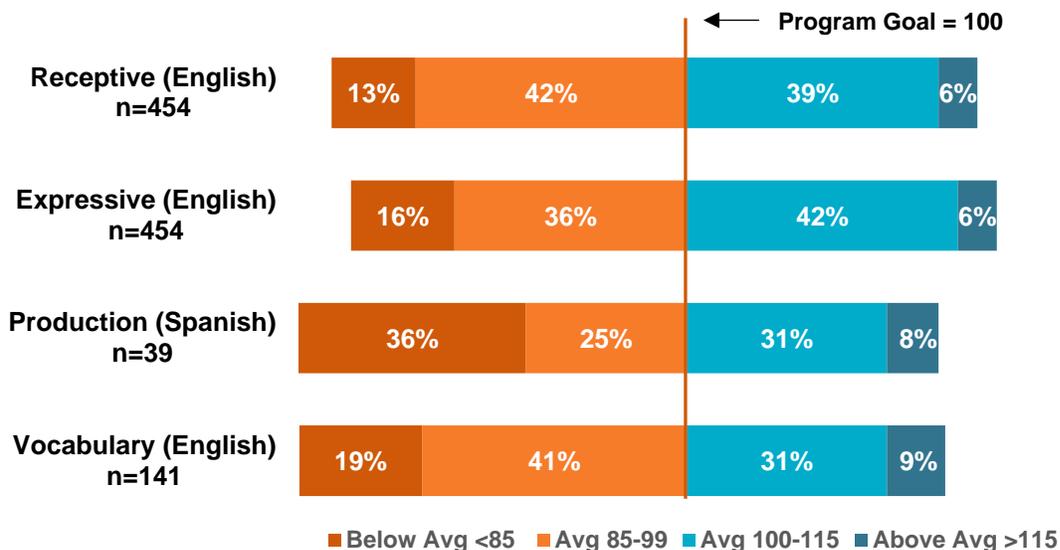
The results are reported in two ways. The first section shows language outcomes in the spring, reporting the percentage of children who met the program goal. The second section shows how average scores changed from time 1 to time 2 for children who had the assessment at two points in time.

Language results after a minimum of six months in Sixpence

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

Nearly half of the children (48%) met the program goal for English Expressive Language.

Well over a third (40%) of the children met the program goal for Vocabulary.



The strongest outcome was in English Expressive language, with nearly half (48%) of the children meeting the program goal of scoring at or above the national average. Their outcomes are somewhat similar to what is predicted on any norm-referenced assessment based on a standard score and conforming to bell shape curve distribution. (The assessments are normed with 70% of the children scoring in the average range and 15% of the children scoring in the below-average and above-average ranges.) 78% scored in the average range for Expressive language. The second strongest outcome was in English Receptive language, with 45% of the children meeting the program goal and 81% scoring in the average range.

Across all language assessments, smaller percentages of children scored in the above average range than is found in a nationally normed sample. Strongest results were in vocabulary with 9% of the children demonstrating above average skills. This is below national norms of 15%.

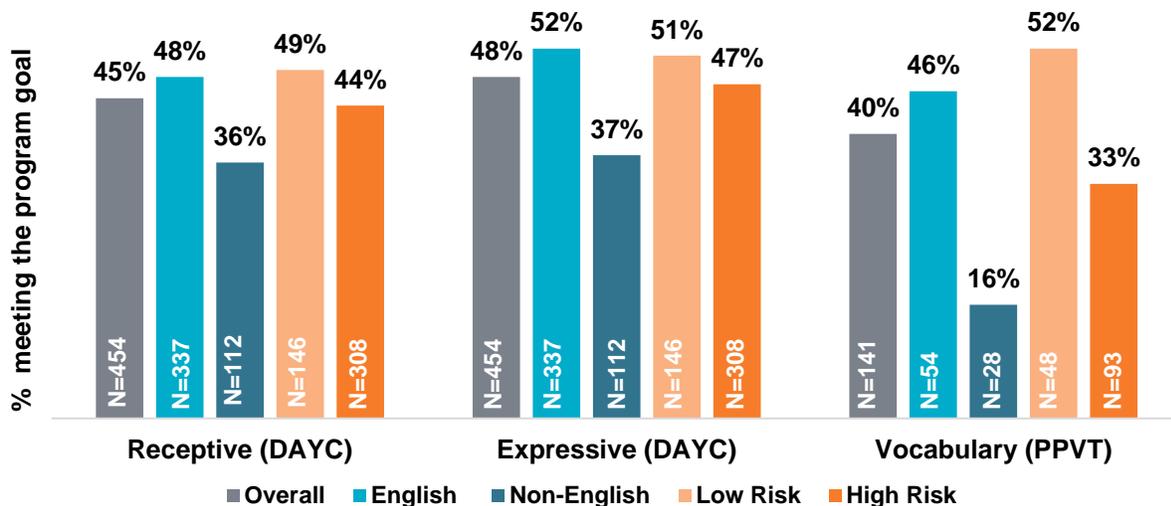
On the Spanish language assessment, over a third (39%) of the children met the program goal for Production, however 36% percent of the children scored in the below-average range. Child outcomes on this assessment do not match the distribution expected of a norm-referenced tool.

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

An additional analysis was done to compare the English language outcomes based on home language and risk factors. It is important to note that some children whose home language is not English were assessed with the English language assessments. Although program staff have the option to substitute the Spanish language assessment for the English assessment for children ages 16 to 30 months, they may decline to do so because the family also uses English and/or the child communicates well in English. For vocabulary, 22% of the children assessed have a primary home language that is not English. For Receptive and Expressive language, the rate is 25%. Low risk is defined as having up to two risk factors. High risk is defined as three or more. For the vocabulary assessment, 66% of the children assessed were high risk. For the Receptive and Expressive assessments, 68% of the children were high risk.

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

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



Results show that the greatest gap in language skills is in vocabulary. Only 16% of children whose home language is not English, met the program goal, compared to 46% of children whose home language is English. Children with more risk factors met the goal at a much lower rate (33%) than children with fewer risk factors (52%).

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 2020, depending on when the child was old enough to have the assessment. All time 2 scores were collected in the spring of 2021. Since the PPVT-IV is only completed at age 3, there is no data to track change over time; however, the overall average was 96, which is 4 points below the program goal. The following chart shows the average scores at time 1 and time 2 for the other assessments.

Average English language scores nearly met the program goal and were constant over time.

Spanish production scores dropped from time 1 to time 2.



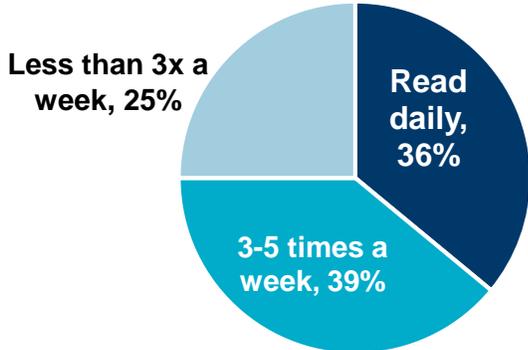
Average scores remained constant over time for English Receptive and Expressive skills and fell just below the program goal. Average Spanish language production scores fell from time 1 to time 2. The sample size was small with only 24 children assessed.

An HLM analysis was done to determine if changes in children’s English language scores from time 1 to time 2 were significant. The sample size for Spanish language production was too small for this analysis. Results are reported at the end of this section.

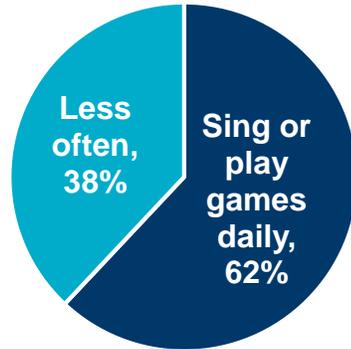


Home Literacy Practices

About a third of the families read books with their children every day. n=778



Most families sing or play games with their children every day. n=778



88% of families have more than 10 children's books in their home
76% of the families have 50% or more of their books in their home language
3% of families report they have no books in their home language

“

My home visitor meets me at my needs and doesn't talk down to me or judge me. She cares about us.

A Sixpence parent

”



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. Spanish language outcomes were not analyzed because of the small sample size.

Receptive Language – English

Approximately 13% of the variability in Receptive language was due to the program site, indicating that there was some variability in Receptive language scores across sites. There was no significant change in scores from time 1 to time 2. However, risk, family home language, and gender were significant predictors of Receptive language scores. For each reported risk factor, children experienced a 0.67 decrease in their Receptive language scores ($p < .05$). Children whose families experienced three or more risk factors scored significantly lower on Receptive language than children from families with only one or two risk factors ($p < .05$). On average, children from families at higher risk scored 2.28 points lower. Children with a home language that was not English scored significantly lower than children whose home language was English ($p < .01$). On average, ELL children scored 3.18 points lower on Receptive language skills, than children whose primary home language was English. In addition, a significant Receptive language score difference was found for gender ($p < .001$). On average, girls scored 3.01 points higher on Receptive vocabulary than boys.

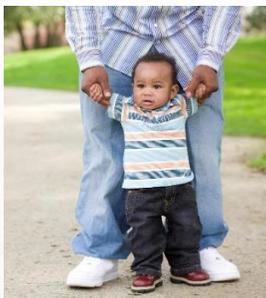
Language outcomes did not change significantly over time

Risk factors and family home language made a difference on language outcomes

Girls scored significantly higher than boys on both language measures

Expressive Language – English

Approximately 10% of the variability in Expressive language was due to program site, indicating that there was some variability in scores across sites. There was no significant change from time 1 to time 2. However, risk, family home language, and gender were significant predictors of Expressive language scores. For each reported risk factor, children experienced a 0.69 decrease in their Expressive language scores ($p < .05$). Children whose families experienced three or more risk factors scored significantly lower on Expressive language than children from families with only one or two risk factors ($p < .05$). On average, children from families at a higher risk scored 3.01 points lower. Children with a home language that was not English scored significantly lower than children whose home language was English ($p < .01$); on average, ELL children scored 4.05 points lower on Expressive language skills, than children whose primary home language was English. In addition, a significant Expressive language score difference was found for gender ($p < .01$). On average, girls scored 2.90 points higher on Expressive language than boys.



What were the children’s social-emotional outcomes?

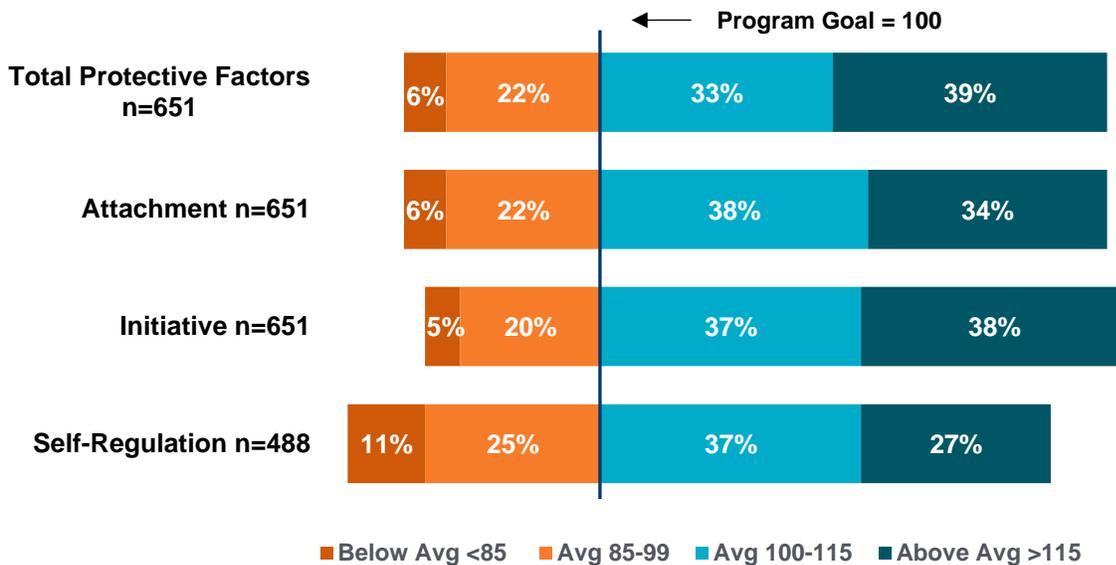
Parents or classroom teachers completed the Devereux Early Childhood Assessment (DECA), a standardized social-emotional assessment that measures children’s Total Protective Factors overall and in three subscales: Initiative, Attachment, and Self-Regulation. Note that fewer children have a score for Self-Regulation because it is for ages 18 months and older. There is one additional subscale, the Absence of Behavior Concerns, which is only for children age 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 percentage of children meeting the goal. Orange shades indicate the percentage of children who did not meet the goal. The Sixpence program goal is a standard score of 100, which is the mid-point of the average range.

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

Children showed the greatest strength in Initiative with 75% meeting the goal.



By spring, large percentages of children met the program goal for social-emotional skills. Children showed the greatest strength in the Initiative subscale with 75% meeting the program goal. Children showed less strength in the Self-Regulation subscale but still the majority (64%) met the goal in this area. Across all areas, Sixpence children outperform national norms, with a quarter or more scoring above average.

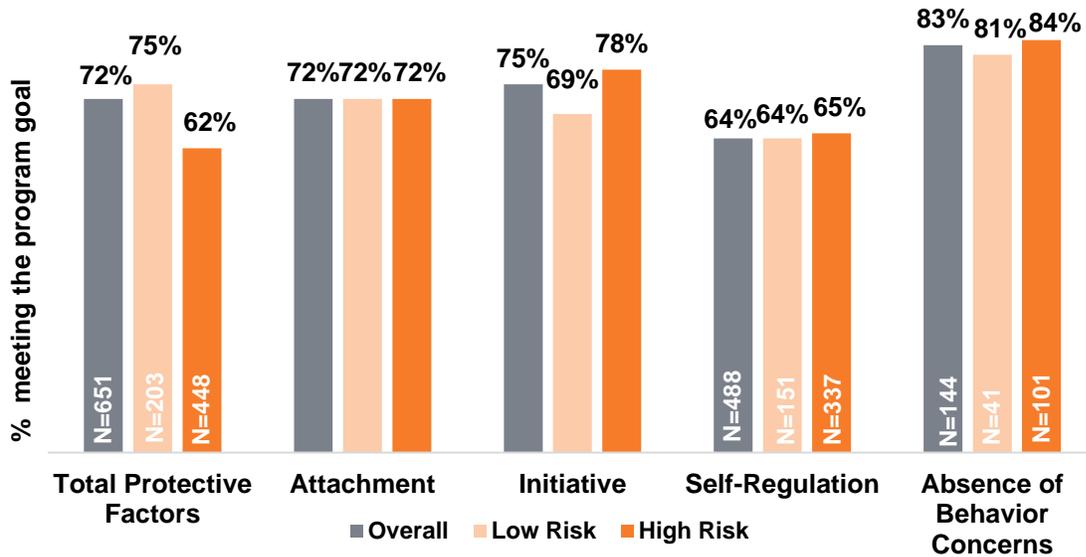
By spring, **72%** of the children met the program goal for Total Protective Factors

When children turn three, the DECA measures Behavior Concerns. A total of 142 were assessed in this area and most (83%) did not have behavior concerns.

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

Children with fewer risk factors met the program goal more frequently in Total Protective Factors.

Children with more risk factors met the goal more frequently in Initiative.

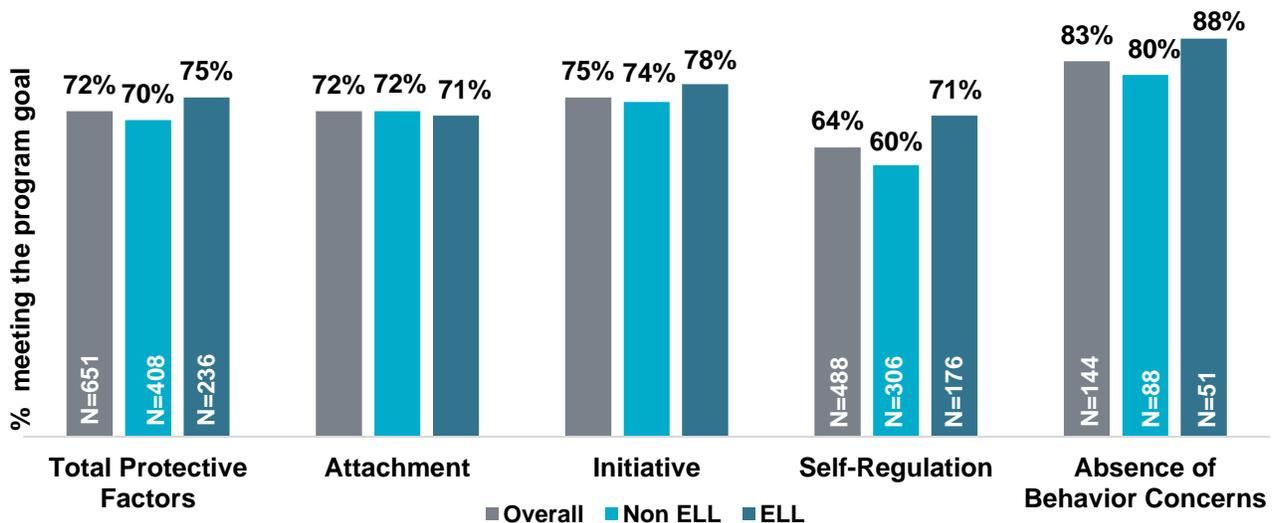


In two areas there were notable differences in the rates of children meeting the program goal based on risk factors. In Total Protective Factors, children with fewer risk factors met the goal at a higher rate. In Initiative, children with more risk factors were more likely to meet the goal. An HLM analysis 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.

Children whose home language was not English met the program goal at a higher rate in most areas.

The greatest difference was seen in Self-Regulation.



Results show that children whose home language was not English had higher rates of meeting the program goal in every area except for Attachment.

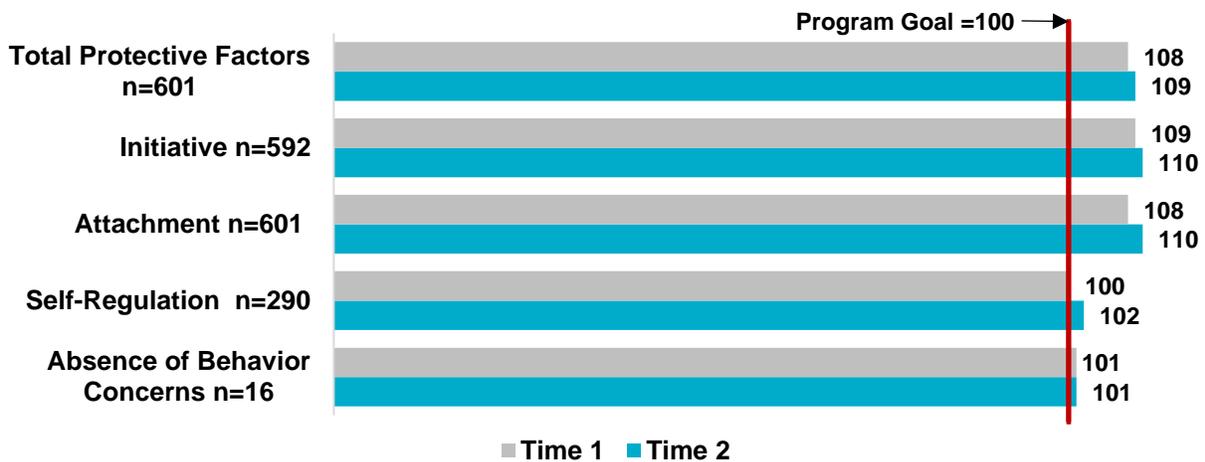
An HLM analysis was done to determine if these differences were significant predictors of children’s social-emotional outcomes. Results are reported at the end of this section.

Change in social-emotional skills over time

An analysis was done to measure children’s social-emotional development over time. A total of 601 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. 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 19% of the variability in Total Protective Factors was due to the program site, indicating that the scores differed across sites. A significant change in Total Protective Factor scores from time 1 to time 2 was found when controlling for risk, family home language, and gender ($p < .01$). On average, children’s scores increased 1.5 points from time 1 to time 2. Child gender was found to significantly predict Total Protective Factor scores, such that, girls scored 1.08 points higher on Total Protective Factors than boys ($p < .05$).

Family risk and family home language did not significantly predict children’s Total Protective Factor scores.

Attachment

Approximately 19% of the variability in Attachment was due to the program site, indicating that the scores differed across sites. A significant change in the Attachment scores from time 1 to time 2 was found when controlling for high risk (3 or more reported risk factors), family home language, and gender ($p < .001$). On average, children's scores increased 2 points from time 1 to time 2.

Risk, home language status, and child gender were not found to be predictive of children's Attachment scores.

Initiative

Approximately 20% of the variability in Initiative was due to program site, indicating that the scores differed across sites. No significant change in Initiative scores from time 1 to time 2 was found. However, child gender significantly predicted Initiative scores, such that, girls scored 1.34 points higher than boys ($p < .01$).

Family risk and family home language did not significantly predict children's Initiative scores.

Self-Regulation

Approximately 12% of the variability in Self-Regulation was due to program site, indicating there was some variability in scores across sites. A significant change in Self-Regulation scores from time 1 to time 2 was found when controlling for risk, family home language, and gender ($p < .001$). On average, children's scores increased 3 points from time 1 to time 2. In addition, family home language was found to be a significant predictor of children's Self-Regulation scores, such that ELL children scored 2.64 points higher on Self-Regulation than children whose primary home language was English.

Family risk and child gender did not significantly predict children's Self-Regulation scores.

**Risk factors
did not predict
social-emotional scores**

**Total Protective Factors and
Self-Regulation scores
increased significantly
from time 1 to time 2**

**Children whose home
language was not English had
significantly higher
Self-Regulation scores than
children whose home
language was English**

**On average, girls scored
significantly higher
than boys in
Total Protective Factors
and Initiative**

“

My home visitor is my biggest support as a mom and a student. No way could I have graduated and become independent with my baby without her.

A Sixpence parent

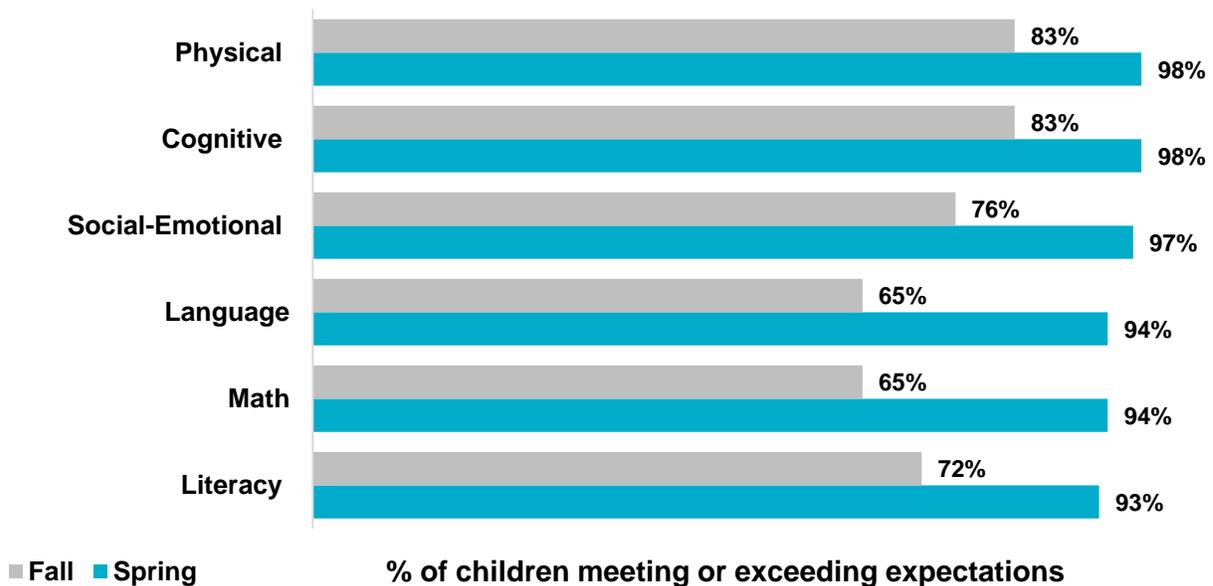
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What were the children’s developmental outcomes?

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 535 children had GOLD assessment data during the 2020-2021 school year. For purposes of this analysis, only children who remained on the same age band across both times, fall and spring, were compared. This sample included 277 children.

By spring, high percentages of children were meeting or exceeding widely held expectations across all developmental areas. n=277



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

“
I like how much it is teaching my child! She has truly learned so much from participating in this program.
”
A Sixpence Parent

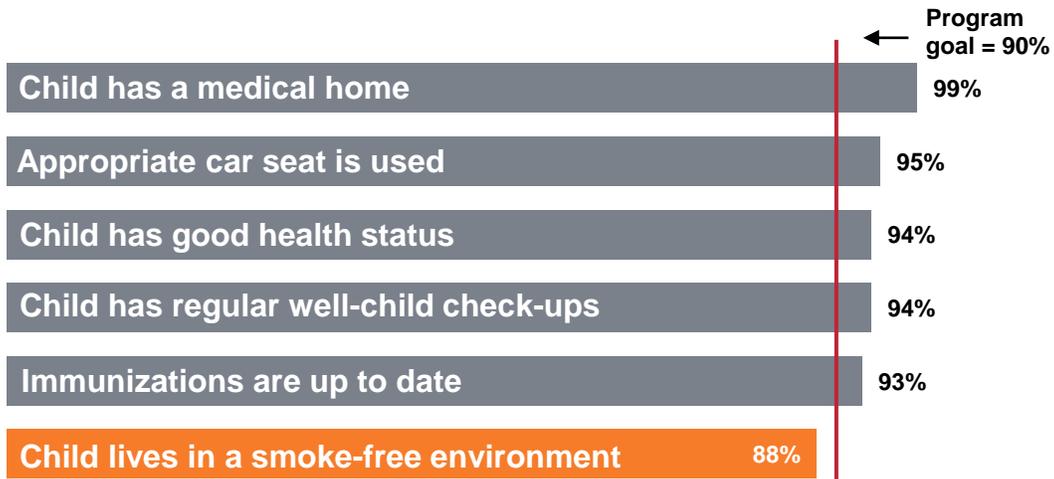
Health Outcomes

What were the children's health outcomes?

In the spring, health and risk factor updates were collected for 782 families. The program goal is for 90% of Sixpence children to meet the health indicators.

Nearly all of the children met every Sixpence health indicator. n=782

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



Results indicate that in all but one category, Sixpence families made healthy choices for their children. Nearly every (99%) family had a consistent medical provider who they saw for regular check-ups and immunizations, as opposed to using the emergency room for routine health needs. Most (93%) Sixpence children are up to date with their immunizations. This is much higher than the Nebraska rate of 78.5% (Centers for Disease Control, 2019). The only area that fell short of the goal was child exposure to cigarette smoke. Eighty-eight percent of Sixpence children live in a smoke-free home, but 12% (94 children) do not. While most of the children were in good health, 5% had a chronic medical condition such as asthma.

Access to health insurance

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

97% of families report having health insurance

77% use Medicaid

12% have private insurance

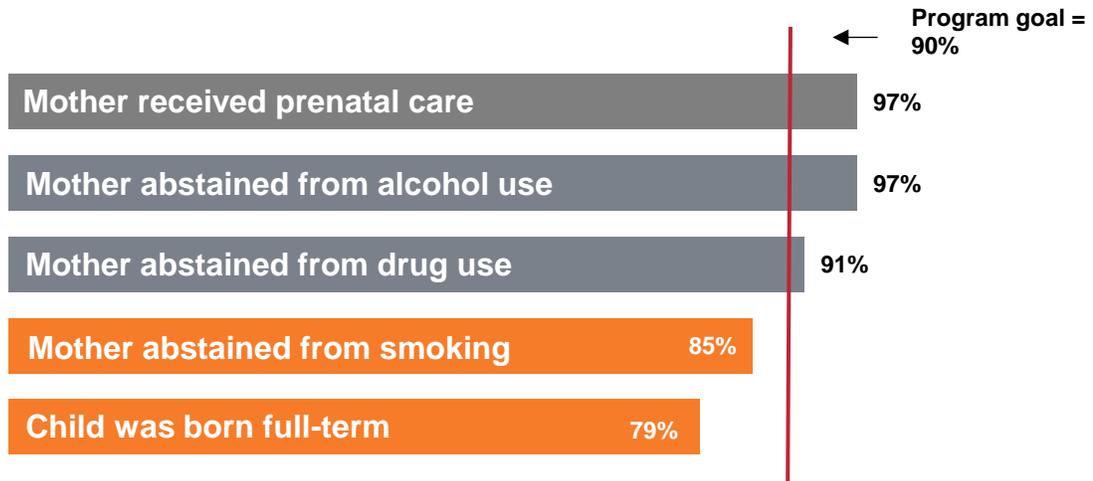
5% use a combination of public and private insurance



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

Over the past year, 75 babies were born to mothers participating in Sixpence. A total of 34 mothers completed the prenatal health survey. Survey results should be treated with caution since less than half (45%) of the mothers completed it. The program goal is to have 90% of participants meet the benchmarks.

Nearly all of the pregnant mothers received consistent prenatal care. n=34
Smoking abstinence rates fell short of the program goal.



Results indicate that Sixpence mothers engaged in a number of positive practices to ensure the arrival of a healthy baby. Nearly all (97%) Sixpence mothers received consistent prenatal care and report abstaining from alcohol use while pregnant. Most (91%) abstained from drug use, which met the goal. Fewer percentages (85%) of the mothers abstained from smoking while pregnant, which fell below the goal. Nearly four out of five babies (79%) were born full-term.

Most (88%) new mothers initiated breastfeeding. This is slightly higher than the rate for Nebraska mothers, which is 82% (Center for Disease Control and Prevention, 2018). A total 12 mothers reported that they continued to breastfeed until their baby was at least six months old.

88% of the mothers initiated breastfeeding
12 mothers nursed for at least six months



Family Outcomes

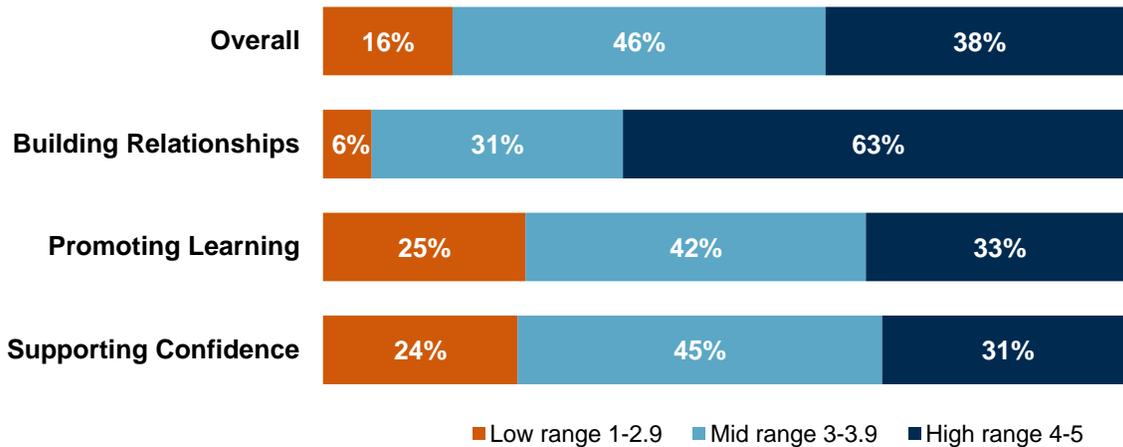
What were the outcomes for parent-child interactions?

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

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

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

Most (63%) families demonstrated strong skills in building relationships with their children through play. n=283



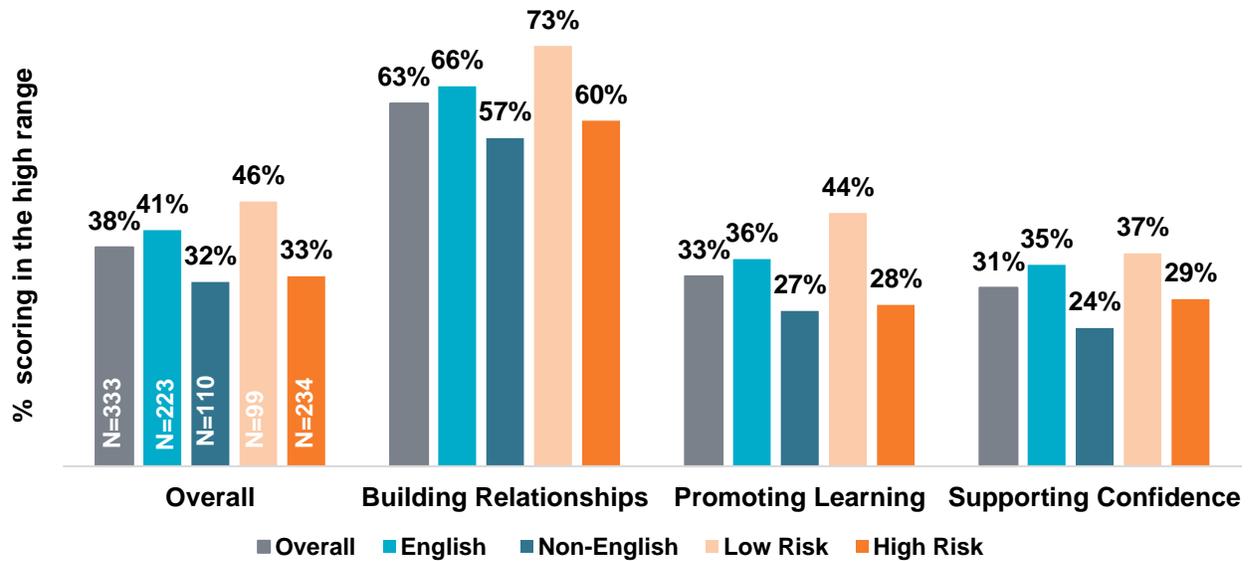
Sixpence families demonstrated the strong skills in Building Relationships with their children, with most (63%) scoring in the high range. Building Relationships assesses parent responsivity to child cues, modeling of emotions, following the child's lead, and the warmth, affect, and physical affection parents demonstrate when interacting with their children.

About a third of the families scored in the high range in Promoting Learning (33%) and Supporting Confidence (31%). Promoting Learning includes how parents talk with their children to build vocabulary and promote engagement, how parents extend children's learning by offering slight challenges during play, and the consistency of setting limits when needed. Supporting Confidence assesses how parents give directions that encourage child choice, provide supportive feedback, and promote problem solving and curiosity. Of note is that a quarter of the families scored in the low range in both areas. Program staff may want to provide additional support to families to strengthen their skills in these areas.

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

Across all areas, more families with low risk scored in the high range than families with high risk. n=271

Differences were also apparent based on family home language.



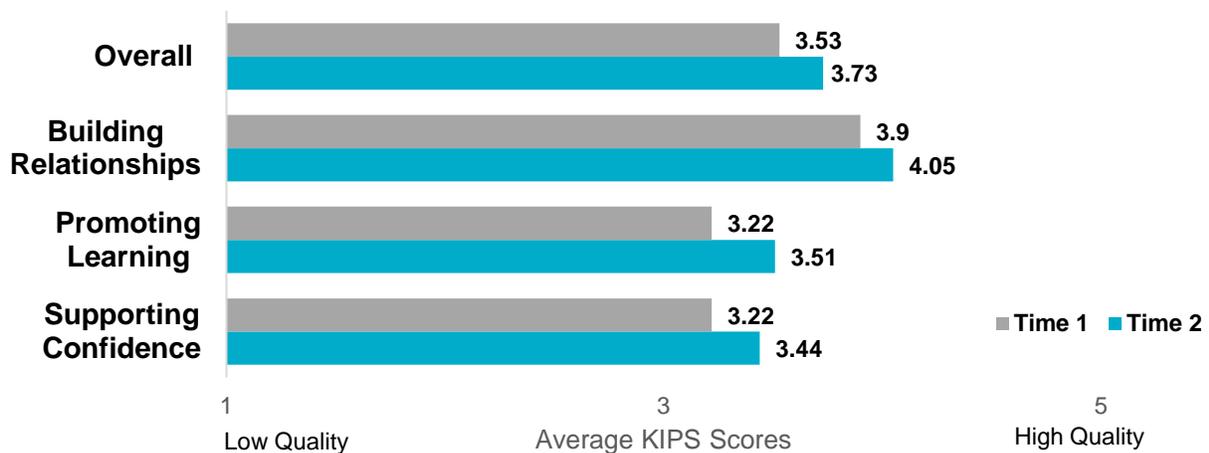
An HLM analysis was done to determine if these differences were significant predictors of parent-child interaction outcomes. Results are reported at the end of this section.

Change in parent-child interactions over time

An analysis was done to measure parent-child interactions over time. A total of 220 families had the assessments at two points in time with a minimum interval of six months. The following chart shows the change over time across the three subscales and Overall.

Average Building Relationships scores reached the high range by time 2. n=220

Parent-child interactions showed gains across time.



Sixpence families demonstrated strong skills in building relationships with their children. Average scores reached the high range. An HLM analysis was conducted to see if changes over time were significant.

HLM Results

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. A significant change in Overall scores from time 1 to time 2 was found when controlling for risk, family home language, and gender ($p < .001$). On average, Overall scores increased 0.13 points from time 1 to time 2.

An interaction effect was found for family risk and time, such that for each risk factor reported, families experienced a 0.08 decrease in their overall KIPS scores from time 1 to time 2 ($p < .05$).

Family home language and child gender were not found to predict the Overall KIPS score.

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. An interaction effect was found for risk and time, for each risk factor reported, families experienced a 0.08 decrease in their Building Relationship scores from time 1 to time 2 ($p < .05$). A second interaction effect was found for family home language and time, such that families whose home language was not English, experienced a 0.24 decrease in scores from time 1 to time 2 ($p < .05$).

Child gender did not significantly predict KIPS Building Relationships scores.

Promoting Learning

Approximately 2% of the variability in Promoting Learning was due to the program site, indicating that there was minimal variability in scores across sites. A significant change in Promoting Learning scores from time 1 to time 2 was found when controlling for risk, family home language, and gender ($p < .01$). On average, Promoting Learning scores increased 0.20 points from time 1 to time 2.

Family risk was a significant predictor of Promoting Learning scores. For each reported risk factor, families experienced a 0.04-point decrease in their Promoting Learning scores from time 1 to time 2 ($p < .05$). An interaction effect was found for family home language and time, such that families whose home language was not English, experienced a 0.29 decrease in scores from time 1 to time 2 ($p < .05$).

Child gender did not predict KIPS Promoting Learning scores.

Supporting Confidence

Approximately 2% of the variability in Supporting Confidence was due to the program site, indicating that there was minimal variability in scores across sites. A significant change in Supporting Confidence scores from time 1 to time 2 was found when controlling for risk, family home language, and child gender ($p < .01$). On average, supporting confidence KIPS scores increased 0.14 points from time point one to time point 2.

Family risk, home language status, and gender were not found to be predictive of KIPS Supporting Confidence scores.

**Overall parent-child
interaction scores
increased significantly
over time**

**Risk factors and
family home language
made a difference
on some KIPS
subscales**

**Child gender
did not predict
parent-child interaction
scores**



How did Sixpence impact parents' educational outcomes?

Sixpence tracks the educational outcomes for parents who enter the program without a high school diploma. Based on information collected about families when they enroll in Sixpence, 398 Sixpence mothers did not have a high school diploma. By June, of the 261 mothers who reported on their educational status, 52% had earned their diploma or GED and 14% were still enrolled in high school or working towards a GED. About a third (34%) were no longer pursuing any education. At their enrollment in Sixpence, 277 fathers did not have a high school diploma. By June, of the 172 fathers who reported on their educational status, 34% had attained their diploma or GED, 7% were still working toward a diploma, and 59% were no longer pursuing any education.

Results indicate that the **majority (66%) of mothers** obtained their high school diploma or were still on track to meet this goal. **Fewer (41%) 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 online and their identity was kept anonymous. We received 192 surveys, which is a return rate of 26%.

95% of parents strongly agree that their Sixpence provider...

has made them a better parent,
cares about them and their child,
could help them find vital services (i.e. housing, medical care) if they needed them,
has encouraged them to play more, talk more, and read books with their child,
and has taught them about their child's development.

95% of parents are very satisfied with Sixpence.

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

- The **learning activities provided for their children and their family**. Parents appreciate the high quality opportunities to support their child's learning and development.
- The **help and support the program provides**. They noted the support comes in many forms, from how to support their child's development to where to find affordable housing.
- The **focus on their children's development, the assessments, and the progress reports**. These activities support their children's readiness for school.
- The **relationship they have with their home visitor**. Sixpence families express deep appreciation of their home visitor and value the support and care they provide.

About 16% of the parents who responded to the survey offered suggestions to improve the Sixpence program. The following are the most common recommendations:

- Increase **the communication and support for parents**.
- Offer **more activities and education about child development**.
- Increase **the child care center hours**.
- Provide **more family socializations to bring families together**.

SIXPENCE CHILD CARE PARTNERSHIPS



What are Sixpence Child Care Partnerships?

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

This year, nine communities received CCP grants. Two communities, Grand Island and York, completed their second year in CCP. Auburn and Hastings completed their third year in CCP. The communities of Falls City, Kearney, Chadron, Gering, and Sidney had sites in their second and fifth year of CCP. Data in this report include child and provider demographics. Program quality data are reported according to how many years the program has been in CCP. Only the observation results from the 2020-2021 program year are included in this report.

CCP included trainings for the providers, coaching support three to four times per month, and shared learning meetings that brought together providers, coaches and other program partners in the community. Providers received specific support to participate in the Nebraska Department of Education's Step Up To Quality (SU2Q) initiative. This initiative helps early childhood providers 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, however during COVID-19, this requirement was amended to give programs an extra year to meet the goal.

Provider and Child Demographics

Who were the providers in CCP?

During the 2020-2021 program year, 55 child care programs participated in CCP. Of these, 27 were child care centers and 28 were family child care home providers. CCP was very successful in retaining sites in the program with 98% completing the program year. About 15% of the programs served some families whose primary home language was not English. The percentage of these families served ranged from 6% to 40% of the site's enrollment.

The child care programs completed a demographic survey which included information about the educational background of the directors, teachers, and home providers. A total of 47 demographic surveys were completed from both centers and family child care homes.

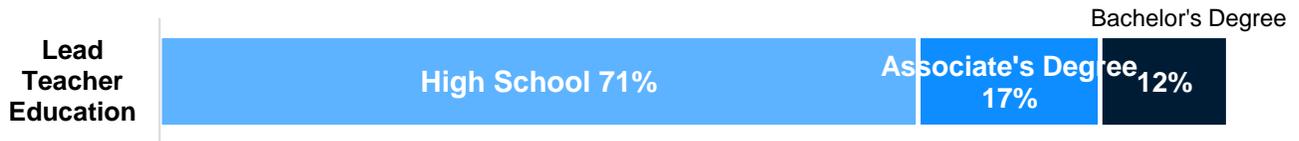
Most of the directors and home providers had a two or four-year college degree. n=47



The majority (56%) of the directors and home providers with post high school education had a degree in education or child development.

Lead teacher education information was collected for 78 teachers who worked in center-based programs. The majority (53%) of teachers with post high school education had a degree in child development, education, or psychology.

Most lead teachers' highest level of education was a high school diploma. n=78



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 78 teachers across the 21 child care centers that completed the survey. The results show that only 15% of lead teachers were new this year indicating a fairly low turnover rate.

- 15% were in their first year of service
- 31% had been at the center 1 to 2 years
- 31% had been at the center 3 to 5 years
- 8% had been at the center 6 to 10 years
- 15% had been at the center more than 10 years

54% of lead teachers have been at their center for three or more years

Child Demographics

CCP child care programs reported the demographics for a total of 672 children. Of these, 596 were infants or toddlers. A goal of CCP is to partner with child care providers that serve children who face challenges that could lead to poor performance in school. The challenges include:

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

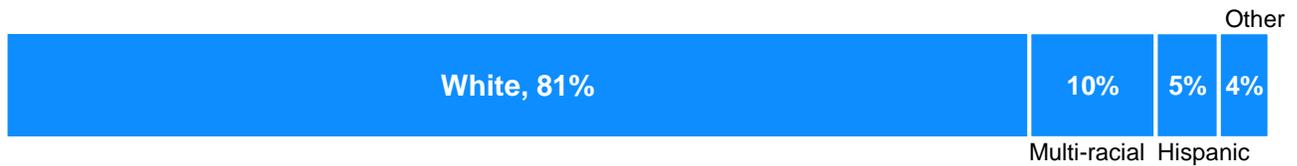
All of the CCP sites are willing to enroll children who receive state child care subsidies. Currently, 75% of the sites have children who are receiving subsidized care, which is an indicator of low income. A total of **24% of the children in these CCP sites qualified for the child care subsidy**. Of note, in 11% of the sites, at least half the children receive the child care subsidy.

CCP sites reported that 4% of the children they serve speak a language other than English in their home.

CCP served slightly more males (52%) than females (48%). A total of 34 infants and toddlers received special education services through Nebraska's Early Development Network. An additional 42 children were referred for evaluation.



The largest group of children served were White. n=672



Expulsion from child care

CCP coaches track the number of children asked to leave their child care site due to challenging behavior or an inability to serve the child and meet his or her special needs. During the 2020-2021 program year, four child cares reported expelling 12 children. One child care center had seven expulsions.

Evaluation Findings

What was the quality of the CCP child care programs?

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

A second measure of quality was to track how the programs progressed in the Nebraska Department of Education (NDE) Step Up to Quality initiative. This program supports child care programs in accessing resources to enhance the quality of their services. SU2Q ratings were also impacted by the COVID-19 pandemic as the rating process did not resume until spring 2021.

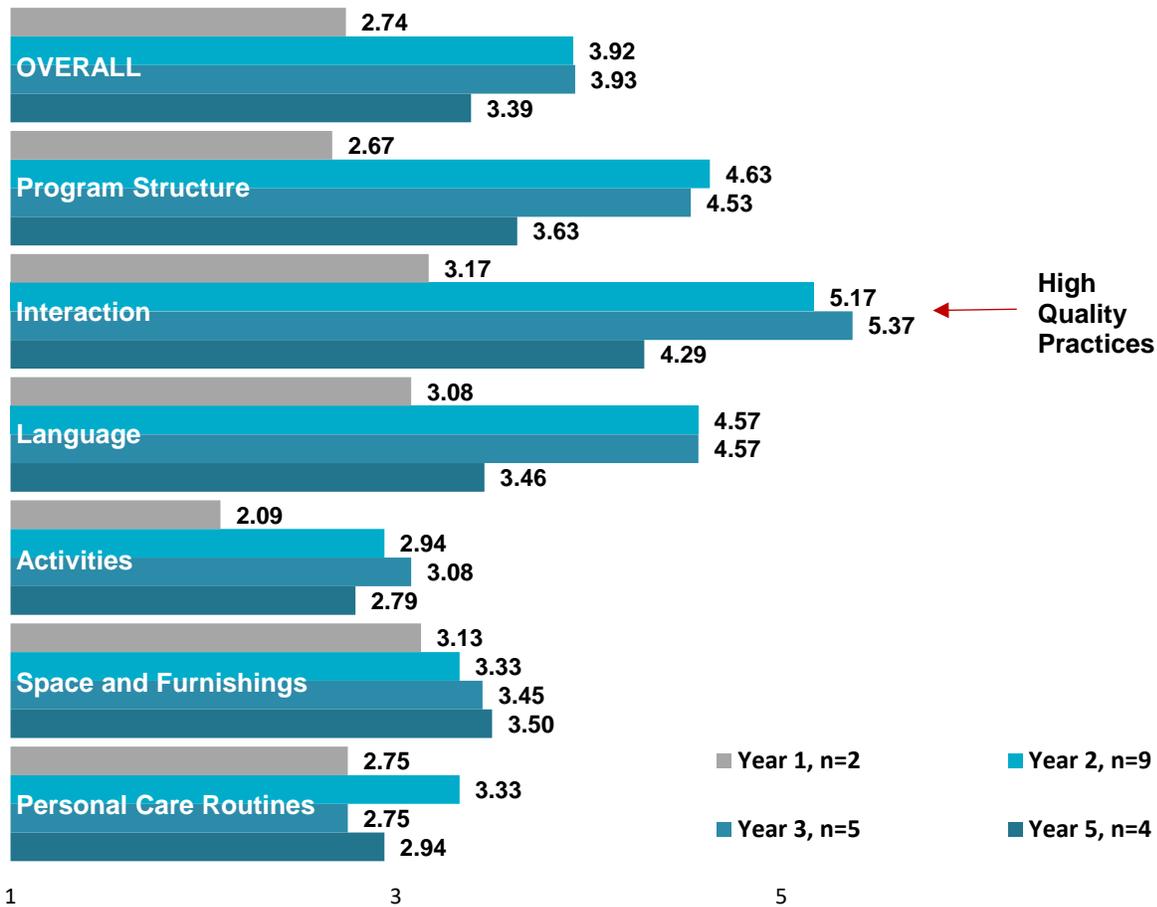
Child care center program quality based on years of participation in CCP

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

Observations were completed on a sampling of one classroom per center. The following graph shows ITERS-3 subscale and overall averages for the classrooms observed this year. Results are broken out by how many years the center has participated in CCP. Two classrooms were in the first year of participation in CCP, nine classrooms were in their second year, five were in their third year, and four classrooms were observed in their fifth year of participation. There was one classroom observed in Year 4, but results are not included due to the small sample size.



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



Results indicate that classrooms in Year 2 demonstrate higher quality than classrooms in Year 1. At baseline in Year 1, average scores did not exceed a 4 and most were below a 3. The nine classrooms that were observed in Year 2 demonstrated stronger skills across most areas and averaged above a 5 in Interaction. One area for goal setting may be Personal Care Routines where scores averaged a 3.13 in Year 2. Scores for Year 3 providers were similar to Year 2, with the exception of Personal Care Routines. Providers in Year 5 had strongest skills in Interaction and Program Structure.

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

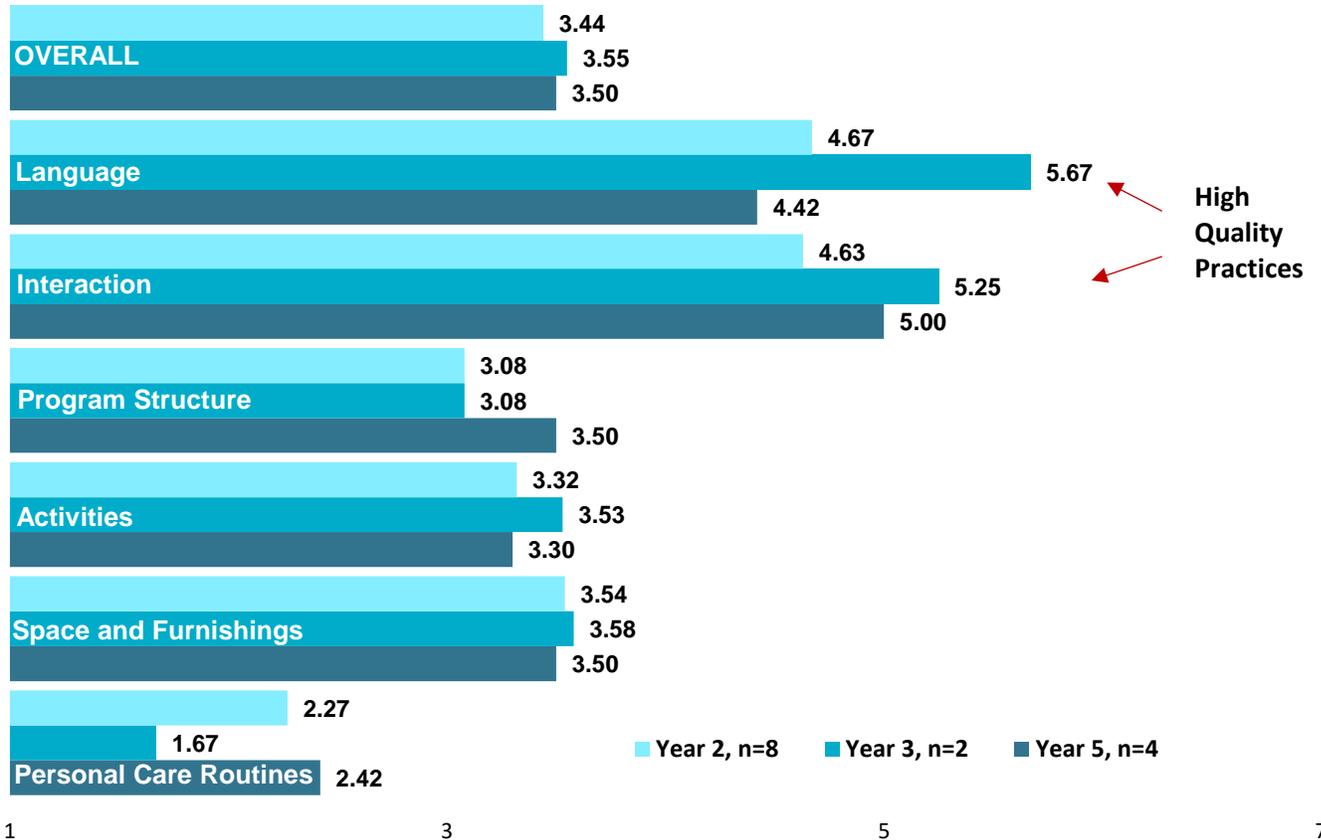
The quality of family child care programs was assessed using the Family Child Care Environment Rating Scale-Revised (FCCERS-R), which focuses on Activities, Interactions, and Program Structure (Harms, Cryer, & Clifford, 2007). The assessment consists of a three-hour, in-person observation. Scoring is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



The following graph shows FCCERS-R subscale and overall averages for the home child care programs observed this year. Results are broken out by how many years the provider has participated in CCP: eight providers were in Year 2, two providers in Year 3, and four providers in Year 5. There was one provider observed in Year 1, but results are not included due to the small sample size.

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

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



The FCCERS-R results show that program quality is greatest in the areas of Language and Interaction. In most categories, there are minimal differences between providers with different years in CCP. Typically, the data show the greatest difference between Year 1 and Year 2 providers. This year, there was only one provider assessed at Year 1 so results could not be reported. The lowest area across all programs regardless of years in CCP 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.





“

Our new coach is very eager and motivated to help us reach our full potential! She has been a wonderful support to us so far, and I am so excited to see where our partnership takes our center in the coming months.

A CCP Provider

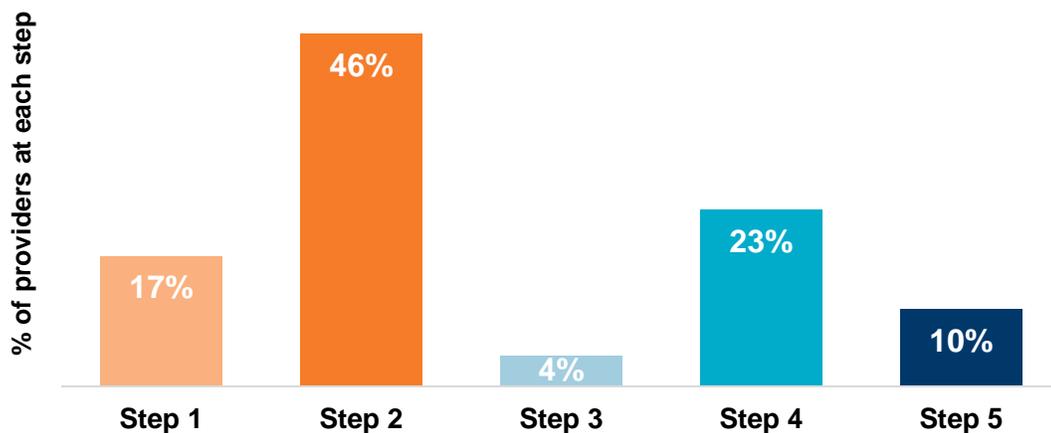
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Child care provider progress in Step Up To Quality

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

The following chart shows the SU2Q ratings for 52 programs in CCP as of May 2021. While 55 programs participated in CCP this year, two left before ratings were completed and one joined later in the program year and was not rated.

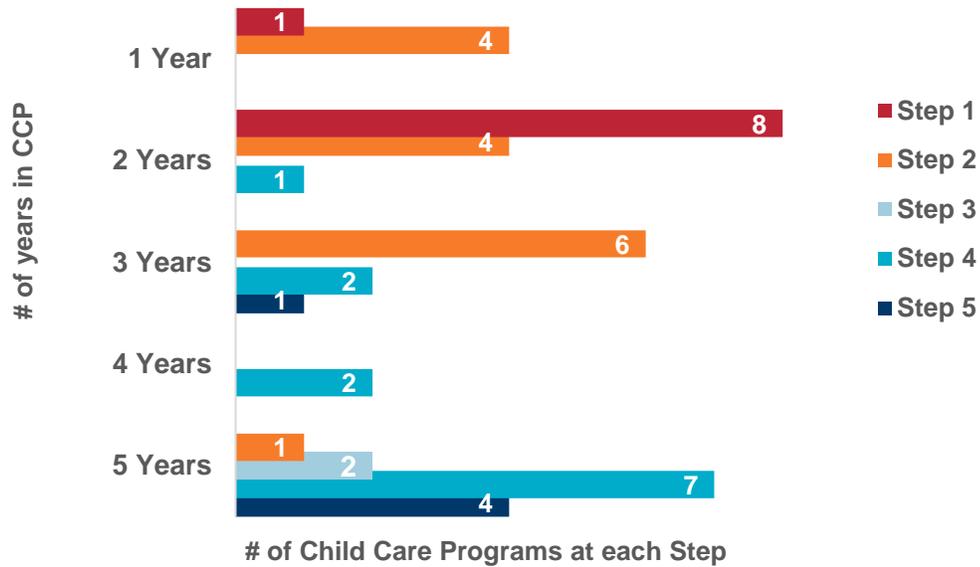
Just over a third of the CCP child care programs were at Step 3 or higher. n=52



Most (63%) of the child care programs in CCP this year had a SU2Q rating of 1 or 2. This is not surprising as over half (27 out of 52) of the programs were in their first two years of CCP.

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

Child care programs are making progress through the Step Up 2 Quality program. n=52

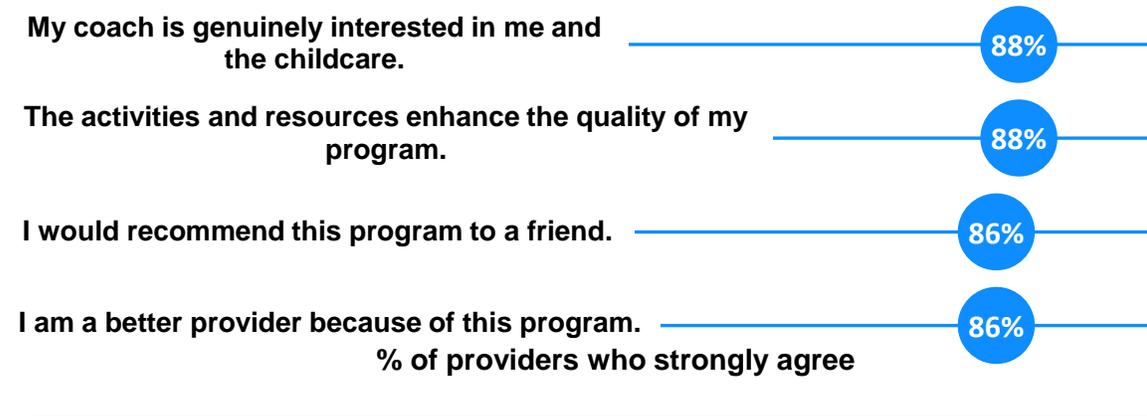


Programs have made progress in working through the SU2Q steps, with most (72%) reaching Step 3 or above by their third year in CCP.

What did providers think about their experience in CCP?

Providers completed a survey about working with their coach and meeting the expectations of the grant, and the support they received during COVID-19. 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 43 providers responded to the survey.

Providers strongly agree that CCP coaches enhanced the quality of their program. n=43



Overall, the providers had very positive reviews of the CCP experience. In addition to the responses reported in the graph, most strongly agree that they are comfortable talking with their coach (86%) and that the child development resources provided were useful (84%). Most providers said they worked with their coach to set goals for their program (81% strongly agree). Seventy-Nine percent of responders strongly agree that the program helped them find useful resources in their community, and 72% strongly agree CCP helps them engage with families. Most respondents also strongly agree that their coach provided them with useful resources regarding child care business practices (66%).

Respondents reported that CCP supported their child cares during COVID-19 in the following ways:

- **New health and safety considerations.** Respondents appreciated how CCP helped them access or provided personal protective equipment, such as masks, and cleaning supplies. Coaches also helped providers create and implement new health and safety procedures and communicate these with parents. One site noted that CCP helped them have a supply drive.
- **Financial help through grants and scholarships.** CCP provided scholarships and grants to supplement lost income, to assist families in paying their child care bill, and to provide professional development reimbursement. One provider noted, “Financial help was tremendous in helping me not have to stress about money when I was out and/or [children] were out for a period of time.”
- **Communication and resources.** Several noted that their coach stayed in consistent contact with them, even if they were not able to have in-person contact. Communication included virtual coaching, resources for both staff and parents, and information about professional development opportunities and community resources. Coaches also provided moral support.

The most common suggestions to improve CCP services were:

- **Financial help or guidance.** Some respondents had suggestions about additional financial assistance they would appreciate. One participant noted that they would like help advertising their center at local events. Another said it would be helpful if they could have help subsidizing the business or families to help meet or exceed ratios and/or increase enrollment. Another asked for guidance on how to hire quality and qualified staff with the limited salaries they can offer them. One provider asked that CCP consider paying for part-time, non-permanent teachers to go to professional development opportunities.
- **Coaching and goal setting.** Some participants would like to see improvements on the goal setting process, including more time with their coach to set goals. Another requested that CCP “be supportive, understanding, and positive of meeting us where we are at and help us improve upon that basis.” One provider requested more coaches for larger sites. Another asked for more guidance on using the curriculum.
- **Professional development opportunities.** A few respondents would like more opportunities to attend classes, meetings, and trainings.

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

- **Support from coaches.** Several providers expressed praise and appreciation for their coach and their willingness to help, support, and provide guidance on what is best for children. One participant said they do not think they would have stayed in their position as a director had they not had the support from CCP. Another noted they increased their capacity from 45 children to 105 children and would not have been able to accomplish this without CCP assistance.
- **Resources and training.** Providers also noted improvements due to the resources and training they have received through participating in CCP. One participant said that their classrooms look better and run more smoothly because of the training they have received.

What did coaches think about CCP?

CCP coaches and their supervisors were invited to participate in a focus group in January 2021 on how COVID-19 has affected their work. A summary of their feedback is reported below.

The Impact of COVID-19 on Child Care Centers and Home Providers

Sites experienced a decrease in income, staff shortages, and/or had closures. Child care centers and home providers saw decreased enrollment due to COVID-19. Some parents or caregivers were not working, so they did not require child care. Other families used alternative child care, including family members. Many sites had to close temporarily, from a few weeks to a few months. Other sites closed classrooms due to COVID-19 exposures but did not have to close the entire site. All of these closures resulted in lost income.

There were several reasons for a decrease in staff. Some staff left because of the low pay; unemployment benefits were often higher than their child care wages. Some staff left due to the stress caused by COVID-19 protocols, including wearing masks. Some child care sites had to close because they had too many staff in quarantine due to COVID-19 exposures, and they could no longer meet ratio requirements. In college towns, child cares that rely on part-time student workers were left short-staffed when campuses shut down and sent their students home. An additional burden were the new fingerprint requirements from the state; it can take up to 60 days to process the fingerprints, which is too long for sites to wait to hire staff and for potential staff to wait for work.

Accommodating school-age children was a challenge.

Because of school closures, some caregivers relied on child care sites for their school-age children. Many sites offer before or after school care and summer care but were not prepared to accommodate school-age children during the school year. They lacked the space and scrambled for staff.

The Impact of COVID-19 on Coaching Practices

Coaches shifted their focus to meet new needs. Coaches increased the focus on social-emotional supports, mental health, and provider-child interactions. A supervisor reported encouraging coaches to “let go of coaching as they know it.” Most coaching sessions began with questions such as, “How are you?” and “What do you need?” Coaches gave their providers permission to relax and let them know they were there for them, even if they were not making gains. One coach explained:

“They just needed a space, honestly, to let them know that we’re here, we support them as much as we can, and we’re all kind of in survival mode. I feel that is what they have needed from us – the space and the grace to say we will work on it and do the best that we can in the time that we have.”

CCP also offered financial assistance by providing personal protective equipment, and purchasing cleaning supplies, along with assisting providers in applying for CARES Act funds.

“

During the pandemic, CCP has done everything they can to help us keep our doors open and provide for our families, while keeping our staff safe. We have brainstormed together, received supplies, had a supply drive, been given resources, and they helped us stay in touch with our local health department and develop plans for cleaning.

A CCP provider

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Communicating with providers during COVID-19 was challenging. Communication and relationship development was more difficult. Virtual coaching was particularly difficult in working with new providers because they had not yet established a trusting and reciprocal relationship. It was also hard to maintain consistent connections with their sites by phone or teleconferencing. Coaches noted they felt disconnected from the classroom and sites and could not get a true picture of what was going on with virtual communication. In center-based sites, coaches had less contact with teachers because they could not leave the classroom for virtual coaching sessions. Meeting virtually was difficult with home providers, as well, because they were not available to talk when they were caring for the children. Virtual coaching sessions also made setting goals and accomplishing them more difficult.

Several coaches noted that it was hard to know if they were fulfilling the expectations for their work since they often could not visit their sites in-person or coach in traditional ways. One shared her frustrations:

“On a personal [and] professional level, I don’t feel like I have done enough, and I don’t know what else to do. So I really feel, at times, what’s the point of me being here? I’ve put in three hours today, but there is nothing else that I can do. It’s hard to feel fulfilled in my role.”

Despite challenges, supervisors and coaches noted successes. With virtual coaching sessions, some supervisors were able to join coaching sessions and see their team in action. Supervisors have adjusted how they support their coaches and celebrate their successes. One coach noted:

“We had a reflective practice meeting the other day, and all of us coaches were kind of feeling down on ourselves. The supervisor had posed a question to us that made me feel immensely better about this past year. It was ‘What would they be doing without you guys right now?’ ...that was kind of a rewarding moment to look back on that and say we are making a difference.”

Coaches noted that some providers had more time to focus on implementing curriculum, and having virtual trainings made them more accessible. Some providers completed their CDA or enrolled in college. Some sites wanted to continue to focus on action plans, even though they were not required to, for example, improving their SU2Q rating. The coaches expressed admiration for the providers’ resiliency during this difficult time.

Participants noted that their support from their CCP team, which includes the coaches and supervisor(s) in their area, as well as the network of all CCP coaches, has been beneficial. Having a good supervisor-coach relationship, being able to lean on their teammates, and collaborating with others in their region has helped them feel less isolated.

Summary

While the CCP program looked very different this past year, coaches continued to see their providers grow and improve. The coaches changed their focus to accommodate the everchanging needs of their sites in response to COVID-19. Despite challenges, they were able to maintain communication and help providers meet their goals. Coaches valued the relationships with their fellow coaches and CCP supervisors.

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Without [my coach] and our CCP, I don’t think I would have stuck out my position as director. They help me think outside the box and have connected me with our community child care centers so that we have a community of people who are fighting for a better tomorrow for our youngest children.

A CCP provider

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CONCLUSIONS AND IMPLICATIONS



Sixpence

Program Description: Sixpence just completed its 13th year of implementation, serving 31 school district grantees located in 31 Nebraska counties. 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 1,016 children and 864 families were served in rural (42%), mid-sized (27%) and urban communities (31%). The majority (70%) of the children received family engagement services. Sixpence served families with multiple stressors, with 65% facing three or more challenging factors. Low income was the leading issue, with 96% of the families qualifying for free or reduced lunch. Program retention rates were high with 86% of families staying in Sixpence through the end of the program year. Of children who exited prematurely, 58% left in the first year of participation.

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

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

Sixpence family engagement practices are high quality with most home visits (96%) meeting the program quality benchmark. The greatest strength is in the area of Child Engagement. Most (83%) 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: The Sixpence program goal is that children will acquire language and social-emotional skills at the mid-point of average or higher. Almost half (48%) of the children met this goal for Expressive language and 45% met the goal for Receptive language in English. Over a third (40%) met the goal for Vocabulary. For Spanish speaking children, over a third (39%) met the goal for Production. Language scores did not change significantly over time. Home language and risk factors predicted language outcomes, such that children whose home language was not English and children from families at higher risk had significantly lower language scores. Gender was 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 and Self-Regulation increased significantly over time. ELL children had significantly higher Self-Regulation scores than children whose home language was English. On average, girls scored significantly higher than boys in Total Protective Factors and in Initiative.

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

Health Outcomes: Health outcomes continue to be very positive with nearly every child meeting Sixpence health indicators. Most notably, 99% of the children have a medical home and 97% of families have health insurance. The rate of exposure to cigarette smoke fell below the program goal, with 88% of the children living



in a smoke-free environment. Prenatal outcomes indicate that nearly all (97%) of the mothers received prenatal care and most (91%-97%) abstained from risky behaviors while pregnant. A majority (88%) of the mothers breastfed their babies but just a handful continued for at least six months. The majority (85%) of the women did not smoke during pregnancy, but this fell short of the program goal of 90% abstaining.

Next Steps: Consider ways to support breastfeeding practices so that more mothers nurse their babies through six months of age. In addition, consider implementing additional supports to encourage smoking cessation.

Family Outcomes: Parents demonstrated positive relationships with their children with most (63%) scoring in the high range for this area on the parent-child interaction assessment. About a third of families (31%-33%) scored in the high range for promoting learning and supporting confidence through play. Parent-child interaction scores increased significantly over time. Family risk factors and home language made a difference on parent-child interaction scores.

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

Sixpence parents who entered the program without a high school diploma, made great strides in reaching this goal. Most (66%) of the mothers obtained their high school diploma or were on track to meet this goal by the end of the program year. Just under half (41%) of fathers had similar success.

Sixpence Child Care Partnerships

Program Description: The Child Care Partnerships, a collaboration of school districts and local child cares, served 55 child care programs across nine communities. A total of 27 child care centers and 28 family child care homes participated. Demographics were reported for 672 children. About 15% of the children received a child care subsidy, which is an indicator of family low income. The providers received coaching two to four times a month. Coaches also offered trainings in high quality early childhood practices throughout the year.

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

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Assessment	Authors	Scoring	Subject	Content
Program Quality Measures				
ITERS-3 Infant/Toddler Environment Rating Scale – Third Edition	Harms, Cryer, Clifford, & Yazejian, 2017	Scale 1-7 1 = inadequate 3 = minimal 5 = good 7 = excellent	Infant/Toddler classroom	Classroom layout, health & safety, play activities, teacher-child interactions, & program structure
FCCERS-R Family Child Care Environment Rating Scale – Revised	Harms, Cryer & Clifford, 2007	Scale 1-7 1 = inadequate 3 = minimal 5 = good 7 = excellent	Family Child Care home provider	Layout, health & safety, play activities, teacher-child interactions, & program structure
Toddler CLASS Infant CLASS Classroom Assessment Scoring System	LaParo, Hamre, & Pianta, 2012 Hamre, et.al., 2014	Scale 1-7 1-2 = low range 3-5 = mid range 6-7 = high range	Infant or Toddler classroom	Emotional support, & instructional support (Toddler only)
HOVRS-A+ v.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				
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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