

Sixpence Grant Program



Evaluation Guidebook

Revised August 2020



Interdisciplinary Center for Program Evaluation

Collaborate. Evaluate. Improve.

Sixpence Data Collection Changes

August 2020

As always, the Evaluation Guidebook contains the essential updated information. For your convenience, the updates in the Guidebook are **bolded and highlighted in red**. PLEASE review the revised Guidebook, available on the www.unmc.edu/sixpence site, before each data collection period. Please toss out the old version of the Guidebook, as the instructions as well as the forms are no longer applicable. The fall data collection will be from when you receive the data packets until beginning November, 2020. The spring data collection will be from the beginning of March when you receive the data until mid-April, 2021. **Please pay close attention to emails and deadlines for updating program information, rosters and returning the data!** Thank you for your support of the Sixpence evaluation. Questions? Please contact Lisa Alvarez, lavarez@unmc.edu, 402-559-2131.

Below is a summary of the changes for this year and where the change appears in the Guidebook:

1. The FRIENDS Protective Factors Survey (PFS) will no longer be collected
2. Program Information Update forms will be emailed to Lisa Alvarez and Karen Pinkelman page 4
3. The Parent Satisfaction Survey is now electronic page 9
4. The Program Measures page has updates page 10
5. Note that the new active date on the website is 1/1/5050 page 35

*****Please Note: MMI will send data packets to the program in fall and spring indicating which children and families need which assessments.*****

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Key Contacts (Table of Contents)

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Sixpence Home Visitation and Center-Based Programs Data Collection Process **(Table of Contents)**

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

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

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

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

IMPORTANT INFORMATION!

How to get started.....

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

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

Program Director – Responsible for all Sixpence program level data submissions to the Sixpence team (for example staff changes, a change in email or mailing addresses). Updates should be sent using the program data form as soon as they occur.

Email to Lisa Alvarez lavarez@unmc.edu AND **Karen Pinkelman**
kpinkelman@nebraskachildren.org

Responsible for verification of Rosters and Data Checklist List. Must sign off on data checklist before returned to MMI each evaluation period

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

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

Program Data Entry Designee – Person who will be sent the log on credentials for the www.unmc.edu/sixpence website. This person will be responsible to ensuring that the program roster is up to date at all times, rosters for verification will be sent to this person and the program director. Roster transfer requests will be submitted by data entry designee with input and approval from home visitors and/or classroom teachers of child and/or family

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

2. **Step Two: Program director completes the program information electronic form and emails Lisa Alvarez lavarez@unmc.edu AND Karen Pinkelman kpinkelman@nebraskachildren.org**
3. **Step Three:** Have your families sign the Authorization for Sharing Information form. Keep a copy for your program. Email to lavarez@unmc.edu , Fax (402-559-5850) or mail (address on Page 2) a copy of the form to the evaluation team at MMI, UNMC **as soon as possible**.
4. **Step Four:** Program data entry designee signs on to the Sixpence Evaluation website: www.unmc.edu/Sixpence and inputs all demographic intake information including family and child information for each family. Maintain accurate information about each family and child at all times.
(Please do not send working copy of intake information forms to MMI)
5. **Step Five:** When a family stops participating in the Sixpence program **exit the child from the website as soon as possible**.

Sixpence Evaluation Calendar **(Table of Contents)**

Program outcome data is collected once a year, generally in fall or winter. **Most child and family data is collected at baseline when the child enrolls in the program and then annually each spring.** The PPVT, collected at age 3, and Results Matter, collected fall and spring each year, are two exceptions.

PLEASE NOTE: MMI will send data packets to the program in fall and spring to indicate which children and families need which assessments.

When to submit	Demographics	Program Outcomes	Child Outcomes	Family Outcomes	Health Outcomes
At Enrollment	<ol style="list-style-type: none"> Authorization for Sharing Information (email, mail or fax to MMI, keep a copy for program) Sixpence Intake Information (input data on Sixpence Evaluation website) 				Birth: Prenatal Health Indicators (submit when child is born and intake is completed for unborn intakes/that you worked with prenatally**set unborn at intake to YES)
Fall	Review and update child rosters on the Sixpence Evaluation website, due in August.	ITERS or infant or Toddler CLASS (Center-based only)	<ol style="list-style-type: none"> Results Matter Assessment (every fall) BASELINE child data (DECA, DAYC-2, & Spanish MacArthur) is only collected in the fall for NEWLY enrolled children or children who were too young for the assessment the previous spring. 	Baseline family data: KIPS (Parent Engagement and some Center-based programs) is collected in the fall for NEWLY enrolled families and for families whose child was too young for the assessment in the previous spring.	
Winter	Review and update child rosters on the Sixpence Evaluation website, due in February	HOVRS (Parent Engagement only)			
Spring			<ol style="list-style-type: none"> Results Matter Assessment Devereux Early Childhood Assessment (DECA) (8 months & older) www.e-deca2.org Developmental Assessment of Young Children (DAYC-2) (16 months & older) OR Mac-Arthur Spanish Short Form (16-30 months) 	<ol style="list-style-type: none"> Spring Family Interview Parent Satisfaction Survey(electronic) KIPS (Parent Engagement & some Center-based programs) 	Child Health Outcomes are measured on the Spring Family Interview
Ongoing	Submit program information update form anytime there are changes to staffing or contact information to lavarez@unmc.edu and kpinkelman@nebraskachildren.org	Submit child/family transfer form anytime child or family intakes need to be reassigned to lavarez@unmc.edu	Peabody Picture Vocabulary Test, 4th ed. (PPVT-4) given at age 3		

Evaluation Plan TableOfContents

This plan includes when data are collected, the measure, and who collects the data. "Parent" may include foster parents, grandparents, and legal guardians. Provider is program staff. **Unless otherwise indicated, data is collected at baseline and then each spring.**

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

Required Evaluation Processes **(TableOfContents)**

A. Child and Family Demographic and Risk Factor Data:

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

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

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

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

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

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

B. Child Assessments:

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

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

- Developmental Assessment of Young Children, 2nd Ed. (DAYC-2) (Minimum age – **16 months**)
- MacArthur-Bates Communication Development Inventories- Spanish Short Form (ages **16-30 months**)
- Peabody Picture Vocabulary Test, 4th Ed. (PPVT-4) (age 3)

DAYC-2: For children whose primary language is English, the home visitor or teacher completes the communication sections of the DAYC-2 based on parent report, observation, and/or direct assessment. For more information about the assessment, go to:

<http://www.proedinc.com/customer/productview.aspx?id=5157>.

MacArthur-Bates CDI Spanish Short Form: For children whose first and primary language is Spanish, the parent educator or classroom teacher will work with the parent to complete the MacArthur-Bates CDI Spanish survey, which takes 15-30 minutes. For more information about the assessment go to:

<http://www.brookespublishing.com/resource-center/screening-and-assessment/cdi/>

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

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

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

C. Family Measures:

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

C.1 Keys to Interactive Parenting Scale (KIPS). This evaluation will be completed for parent engagement programs and some center-based programs. The KIPS is a structured observation tool of parent-child interaction for children ages 4 months and older, whose parents speak English or Spanish. The parent-educator will videotape the parent and child during free play interactions for approximately 6-8 minutes. The video clips will be uploaded to a secure site by the program data manager. For families with more than one child enrolled in Sixpence, submit only ONE video of the parent interacting with one child, preferably the older Sixpence child. See the [Box Instructions](#) on page 21 for video submission instructions. For more information about the assessment go to <http://comfortconsults.com/>

C.2 Parent Satisfaction Survey. The survey asks parents to rate how the program staff have helped them support their child's development and their satisfaction with the program. To maintain parent confidentiality; your program will provide parents a link to the survey via text or email.

Link: [Sixpence Parent Satisfaction Survey](#)

D. Health/Risk/Family Indicators:

Timeline: Spring of each year.

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

Timeline: When baby is born.

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

E. Program Measures:

Center-Based Programs

Timeline: These assessments will be completed in the fall.

E. 1 Infant Toddler Environmental Rating Scale (ITERS). An MMI evaluator will complete the ITERS, for new teachers and debrief with the program staff. **After initial ITERS, in subsequent years the classroom will have a CLASS assessment (see below).**

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

Home-Based Programs

Timeline: This observation completed in the winter.

New Home Visitors – **Will submit a HOVRS video, if hired before November 1.** The following fall, home visitors hired in the spring will be videotaped and submit the HOVRS.

E.3 Home Visit Rating Scales (HOVRS). The HOVRS is an observational measure that evaluates the effectiveness of the home visit, e.g., responsiveness to the family. All home visitors from each program will have a home visit videotaped for evaluation by the evaluation team. The home visitor will make a 30-minute video of a home visit session that includes planning with the parent and other typical home visit activities and submit it to the program evaluator. **Once the home visitor achieves the quality benchmark score of at least 5.5 in ALL areas on the home visit practices scale, the home visitor will be required to perform a self-reflection with their supervisor on a 30-minute video of themselves. The education specialist will contact the home visitor with more information on the reflection process and documentation expectations.**

For more information go to: **<https://www.youtube.com/watch?v=F5D89cxhDoo&feature=youtu.be>**

Parent Authorization And Intake Forms

English & Spanish versions



Authorization for Sharing Information (Table of Contents)

Project Name: _____

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

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

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

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

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

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

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

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



PRENATAL Health Indicators for Sixpence Projects [Table of Contents](#)

Mother's Name: _____

Baby's Name: _____

Program _____

Date: _____

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

Check the correct answer to each indicator.

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

Autorización para Compartir Información (Table of Contents)

Nombre del Proyecto: _____

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

El Proyecto Early Childhood Endowment recolecta la siguiente información.

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

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

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

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

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

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

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



Intake Form (Complete on-line) (Table of Contents)

For Sixpence program use only – Do Not Send to UNMC all information must be entered on the website

Mother or Guardian Name: _____ Date: _____

Father or Guardian Name: _____

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

Primary home address: _____

Primry phone number: _____

For Sixpence program use only – Do Not Send to UNMC all information must be entered on the website

Parent Educator/Teacher: _____ Phone number: _____

Endowment Site Name: _____

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

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

Mother Father

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> no formal schooling |
| <input type="checkbox"/> | <input type="checkbox"/> less than 8 th grade |
| <input type="checkbox"/> | <input type="checkbox"/> 9 th grade |
| <input type="checkbox"/> | <input type="checkbox"/> 10 th grade |
| <input type="checkbox"/> | <input type="checkbox"/> 11 th grade |
| <input type="checkbox"/> | <input type="checkbox"/> 12 th grade |
| <input type="checkbox"/> | <input type="checkbox"/> High school diploma |

Mother Father

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> GED |
| <input type="checkbox"/> | <input type="checkbox"/> some training beyond high school but not a degree |
| <input type="checkbox"/> | <input type="checkbox"/> one-year vocational training certificate |
| <input type="checkbox"/> | <input type="checkbox"/> two-year college degree |
| <input type="checkbox"/> | <input type="checkbox"/> four-year college degree |
| <input type="checkbox"/> | <input type="checkbox"/> some graduate college coursework |
| <input type="checkbox"/> | <input type="checkbox"/> graduate college degree |

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

Free: ☐ Yes ☐ No Reduced: ☐ Yes ☐ No

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

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

Forma de Admisión **(Table of Contents)**

For Sixpence program use only – Do Not Send to UNMC all information must be entered on the website

Nombre de la Madre/Custodio: _____ Fecha: _____

Nombre del Padre/Custodio: _____

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

For Sixpence program use only – Do Not Send to UNMC all information must be entered on the website

Domicilio Principal: _____

Número de Teléfono Principal: _____

Maestro: _____ Teléfono: _____

Nombre del Sitio Becario: _____

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

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

Madre Padre

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

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

Madre Padre

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

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

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

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

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

Data Collection Supplemental Information

DAYC-2 [\(Table of Contents\)](#)

We ask that you complete this assessment with all **children 16 months and older**. A protocol will be included for all children active in Sixpence that fall within this range; however, the DAYC-2 is only used with children for whom English is their primary language. If you have children for which English or Spanish are not their family's primary language, please mark the child's label as ELL and return with your completed protocols. See instructions below if child's primary language is Spanish **.

Before administering the DAYC-2, each home visitor must view a brief overview of the assessment and administration guidelines. **If the assessment is incomplete, the protocol will be sent back for completion and may delay the return of your site's data.**

The recorded overview can be available with the following link: https://youtu.be/ENtZ_-qjRyA

The DAYC-2 can be completed based upon home visitor observations, parent interview, and direct assessment.

All items should be completed with parent input.

The following criteria must be used to establish a basal and ceiling when administering the DAYC-2. Please refer to the recorded overview for specific examples.

*A **basal** is established when the child receives a score of 1 on three consecutive items. Begin testing at the entry point indicated for the child's chronological age. If the child does not score 1 on each for the first three items administered starting from the entry point, the examiner should test backward until the child scores 1 on three items in a row. The **ceiling** occurs when three consecutive items receive a score of 0.*

Contact for questions about administration and scoring of the DAYC-2:

Sarah Baird (sarah.baird@unmc.edu 402-559-4210)

****Child's primary language is Spanish**

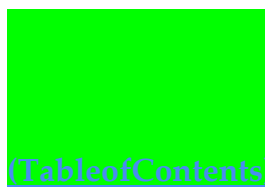
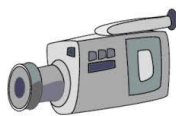
Download and print the MacArthur that is used for the age of the child found at: www.unmc.edu/sixpence

Remove the label from the DAYC-2 and affix it to the MacArthur you can just return the unused assessment with your data)

MacArthur LI use for child 16 months – 18 months

MacArthur LII use for child 16 months – 30 months

NOTE: If the Spanish speaking child is older than 30 months they will not complete either assessment



KIPS TIPS for Filming the Play Session

Filming the Play Session:

[Example Instructions to the Caregiver and Child]

“For this play session, you and your child can play as you usually do when you have a few minutes together. Do whatever is comfortable for you. You don’t need to do anything special. I am not filming your child’s behavior. I simply want to film the way you and your child usually play together.”

“Your child can move freely about the room and I will follow both of you. It isn’t necessary for your child to stay in one place for the entire video.”

- Film for 6-8 minutes of play
- Keep both the caregiver and child in the frame whenever possible. For KIPS, you need to see their facial expressions to assess nonverbal behaviors.
- Request that the TV be turned off during filming.
- The child should not be using an electronic device like an iPad for example.
- Film only one child if possible
- Check for appropriate lighting and sound.
- If the child tries to involve you in play, gently direct him/her back to the caregiver.
- Avoid talking, nodding, and laughing. If you don’t react, the caregiver and child will more likely ignore you. **Please do not talk with the caregiver during filming.**
- If the family needs to stop filming for caregiving tasks (e.g. changing a diaper, getting a drink, feeding the child, or using the toilet), you may stop filming. Begin again when the caregiver and child return to play and complete the session.
- What NOT to film: meal times or cooking
- If the child becomes upset during play, let the caregiver handle the situation. **Stop recording if the situation becomes out of control, or if the caregiver requests you to stop. We do not want this to be a negative experience for anyone involved, especially for the child.**

Finishing Up:

- One KIPS per family
- Upload videos to the Box using the following naming convention:
 - CHILDIDProgramSiteHomeVisitorName
- Please indicate if the video is in Spanish!
- Email scanned copy of completed KIPS List Report to lalvarez@unmc.edu
- **KIPs will not be checked in or scored until the videos are uploaded to the Box AND the completed KIPs List Report has been emailed to lalvarez@unmc.edu**

Uploading to 'The Box' [\(Table of Contents\)](#)

- Here is an example to walk you through the process of uploading videos to 'The Box.' First, you need to sign up for a free personal account at www.box.com. This process will ONLY work with an account created with the email we sent your invite to. Invites are sent to the Sixpence Data Manager.
- In this example, the UNMC account invited the Gmail account to the folder *MMI Education*, just like we have invited you to your folder. It is that invite that links you to the UNMC-MMi account and allows you to be an editor to the folder and upload larger files. If you are not linked to our account and you attempt to upload videos, you will receive a message that your file is too large to upload.
- To start the upload process, log in to your account:

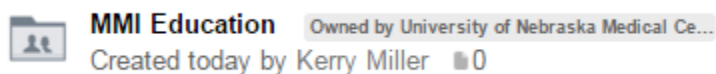
Sign In to Your Account

Email Address

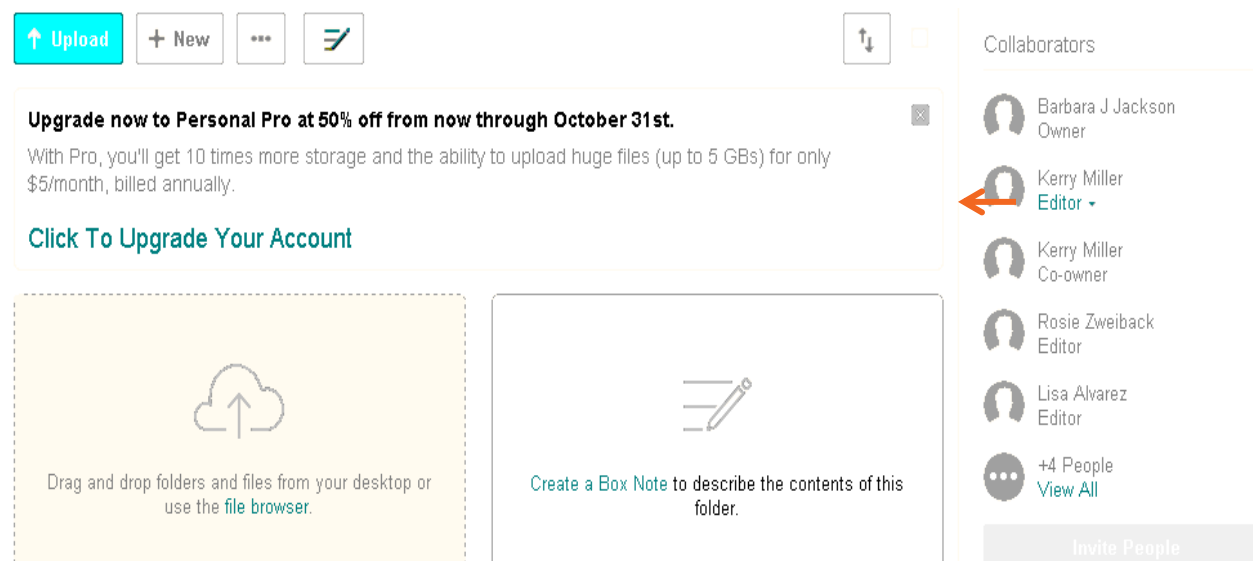
Password

SIGN IN

- Once you log in, you will see the folder that we invited you to. For this example, the folder is titled *MMI Education*:



- Once you click on your folder, it will open and the inside of the folder will look like this:



- Your name should be listed as an editor on the right hand side under collaborators.
- Drag your file into the box on the left-hand side and drop the file in the folder. Your video(s) will upload.
- Please contact Lisa Alvarez with any questions: lavarez@unmc.edu, 402-559-2131

WHAT TO RETURN TO MMI FALL AND SPRING [\(TableofContents\)](#)

MMI Mailing Address Send via USPS or FEDEX (Return in Self-Addressed Stamped Envelopes that are provided in packets, if at all possible)

Fall

(NOTE!! Due to Baseline Collection Only children listed on Checklist report are assessed in the Fall)

Complete Online

- ☐ Results Matter TS Gold Checkpoint (end of October)
- ☐ DECA www.e-deca2.org ***

Mail to MMI

- ☐ Checklist Report
- ☐ DAYC-2 [instructions!](#)
- ☐ MacArthur [instructions!](#) **

Upload to Box

- ☐ KIPS

Send Electronically

- ☐ KIPS Checklist
- ☐ Authorization for Sharing

Spring

(NOTE!! Follow Checklist Report to ensure that you using the correct assessments for each child)

Complete Online

- ☐ Results Matter TS Gold Checkpoint (end of May)
- ☐ DECA www.edeca2.org ***
- ☐ Parent Satisfaction Survey(provide link to Parents)
[Link: **Sixpence Parent Satisfaction Survey**](#)

Mail to MMI

- ☐ Checklist Report
- ☐ DAYC-2 [instructions!](#)
- ☐ MacArthur [instructions!](#) **
- ☐ Spring Family Interview

Upload to Box

- ☐ KIPS

Send Electronically

- ☐ KIPS Checklist
- ☐ Authorization for Sharing

Click [here](#) to return to Top of Document

**available to download in Spanish at www.unmc.edu/sixpence

***available to download in Spanish at www.edeca-2.org



Sixpence Step

By Step

Collection Guide

TABLE OF CONTENT	
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Glossary of Main Menu

[Return to Main Menu](#)

Enter New Family Information – takes you to the family intake form, you must enter a family intake before you can enter a child intake or an unborn intake, note that if you are using an admin signon, you must be sure to assign the family intake to the correct home visitor/teacher manually (there will be a drop down with available choices for your program)

Family Search- the drop down gives you options for searching for family records, if you use the is option, that means that it must match exactly, including capitalization and spelling

View All Program Records- This option will list all family intakes for your program/user (depending on if you are using a user signon or an admin signon)

List Active Family Records- This option lists all family intakes that have either an active child intake or an active unborn intake or both

List Active Child Records- Lists all active child and unborn intakes

List Exited Child Records – lists all exited intakes, very useful if you have a child that exits the program and then returns, note that you can reactivate by updating the exit date to 1/1/**5050**

Documents- Note that there is a wealth of information under this tab, be sure to check it out!!

Link to UNMC Sixpence WebSite



Sixpence
EARLY LEARNING FUND

SingaSongofSixpence Website [SingaSongofSixpence Website](#)

Evaluation Guidebook [Evaluation Guidebook](#)

Program Information Form [Program Information Update](#)

User Id

Password

Type the text on the left into the space below.

[Get a New Image](#) [Visual Help...](#) [Why...](#)

Family Guide to Program Evaluation [Family Guide to Program Evaluation](#)

Guia Familiar para la Evaluacion del Programa [Guia Familiar para la Evaluacion del Programa](#)

[Return to Main Menu](#)

How to enter new family: click on enter new family information

[Return to Main](#)

Menu



MENU	
Enter New Family Information	NOTE!!!!!!! 1. Unborn child intakes are entered on Unborn form, Please don't enter on child intake!!
Family Search (Edit, View or Add data)	
View All Program Records	
List Active Family Records	
List Active Child Records	
List Exited Child Records	
Documents	
Logout	

Add family information from Intake Information sheet, please ensure Consent Obtained is checked. Consent form needs to be emailed to Lisa Alvarez lalvarez@unmc.edu, Fax (402-559-5850) as soon as possible

[Main Menu](#) [Log Off](#) ***Navigating away from this page will cause information entered to be lost***

Family Intake Information *** Required Information

FAMILY INFORMATION

Family Last Name***

Mother's First Name

Father's First Name

Mother's Last Name

Father's Last Name

ADDRESS INFORMATION

Home Address

City

State

Postal Code

Phone Number

PROGRAM INFORMATION

Program Name

☐ Consent Obtained

☐ Opt Out Home Survey

☐ Opt Out KIPS

☐ Opt Out MacArthur

☐ Opt Out PPVT

DEMOGRAPHIC INFORMATION

Marital Status

Home Language

Mother's Education

Father's Education

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

☐ Free Lunch?

☐ Reduced Lunch?

☐ Teen Parent

[Return to Main Menu](#)

Add Child, click on View All Program Records

[Return to Main Menu](#)

[Main Menu](#) [Log Off](#)***Navigating away from this page will cause information entered to be lost***

Child Intake Information *** Required Information

[CLICK HERE TO ENTER UNBORN CHILD INTAKE](#)

CHILD INFORMATION

Check if child in program due to Expansion?	<input type="checkbox"/>	State Identification Number	NE
Child First Name***	Lesli	Child Last Name***	Renn
Unborn at Intake	<input type="checkbox"/>		
Age at Intake (months,unborn=0)	4	Child Birth Date	March 3 2017
Child Gender***	Female		
Child Ethnicity	White(not Hispanic)		
Child Premature/Low Birth Weight?	<input checked="" type="checkbox"/>		
Exit?	<input type="checkbox"/>		
Exit Date	choose month day year		
Exit Reason			
Exit Reason Other			

EDUCATOR AND SITE INFORMATION

Teacher Name***	User
Service Type	Home Based

FAMILY INFORMATION


Family Last Name:	Renn		
Entry Date:	7/6/2018		
Mother's First Name:	Stephanni	Mother's Last Name:	Renn
Father's First Name:	Jeffry	Father's Last Name:	Olson

ADDRESS INFORMATION

Home Address:	123 Happy Drive
City:	Crete
State:	NE
Postal Code:	68333
Phone Number:	4022395920

[Insert Data](#)

To add unborn, again go to View All Program Records



MENU	NOTE!!!!!!!!!!
Enter New Family Information	1. Unborn child intakes are entered on Unborn form,Please don't enter on child intake!!
Family Search (Edit, View or Add data)	
View All Program Records	
List Active Family Records	
List Active Child Records	
List Exited Child Records	
Documents	
Logout	

[Return to Main](#)

[Menu](#)

In View All Program Records, click on Add Unborn

[Return to Main Menu](#)

Family Search Result

	Record ID	Family Name	Address	City	State	Phone Number
[View] [Edit] [Add Child] [Add Unborn]	108018	Renn	123 Happy Drive	Crete	NE	4022395920
[View] [Edit] [Add Child] [Add Unborn]	108019	Smith	456 sunshine dr	dorchester	ne	4021234567
[View] [Edit] [Add Child] [Add Unborn]	108020	White	789 Rainbow Ave	Stromsburg	NE	4022395920

Enter all information highlighted in **RED**. Enter information **along with exit date and reason**. Note, you will need to update when the child is born.

[Main Menu](#) [Log Off](#)***Navigating away from this page will cause information entered to be lost***

Unborn Intake Information *** Required Information

INFORMATION

Check if twin(or multiple) ☐

Child Last Name***

Renn

Anticipated Birth Date

July 6 2018

EDUCATOR AND SITE INFORMATION

Teacher Name***

User

Service Type

Home Based

!!!Update The Following Fields When Child is born!!!

Birth Date

choose month day year

Child First Name

Exit?

☐

Exit Date

choose month day year

Exit Reason

Exit Reason Other

!!!Enter Child Intake when Child is born!!!

FAMILY INFORMATION

Family Last Name: Renn

Entry Date: 7/6/2018

Mother's First Name: Stephanni

Mother's Last Name: Renn

Father's First Name: Jeffry

Father's Last Name: Olson

ADDRESS INFORMATION

Home Address: 123 Happy Drive

City: Crete

State: NE

Postal Code: 68333

Phone Number: 4022395920

[Return to Main Menu](#)

To add the unborn, click on all active child records

[Return to Main Menu](#)



Look under child search results, find unborn and click update

MENU

Enter New Family Information

Family Search (Edit, View or Add data)

View All Program Records

List Active Family Records

List Active Child Records

List Exited Child Records

Documents

Logout

NOTE!!!!!!!

1. Unborn child intakes are entered on Unborn form,Please don't enter on child intake!!

unborn

[Main Menu](#) [Log Off](#)

Active Child Search Result

		Family ID	Family Name	Child ID	Child First Name	Child Last Name
[View]	[Edit]	108018	Renn	108021	Lesli	Renn
[View]	[Edit]	108019	Smith	108023	Bayli	Smith
[View]	[Edit]	108020	White	108024	mitchell	White

Unborn Child Search Result

		Family ID	Family Name	Child Last Name
[View]	[Update]	108018	Renn	Renn

[Return to Main Menu](#)



Return to Main Menu

Complete RED text and click update to exit the unborn intake, note that you must complete a child intake after exiting the unborn intake

[Main Menu](#) [Log Off](#)***Navigating away from this page will cause information entered to be lost***

Update Unborn Child Record *** Required Information

UNBORN CHILD INFORMATION

Family Last Name***

Entry Date	07/06/2018
------------	------------

Expansion No ▾

Child's Last Name	Renn
-------------------	------

Unborn at Intake Yes ▾

Intake Age (months)	0
---------------------	---

!!!Update The Following Fields When Child is born!!!

Actual Birth Date

Child First Name	Julia
------------------	-------

Exit No ▼

Exit Date

Exit Reason Child born/Intake will be completed

Exit Reason Other	
-------------------	--

!!!Enter Child Intake when Child is born!!!!

EDUCATOR AND SITE INFORMATION

Service Type

Last Name	User
-----------	------

Phone Number	402-559-2131
--------------	--------------

Site	Test Site	Classroom	101 - S Renn
------	-----------	-----------	--------------

Update

You can check your work by clicking on List All Active Children

If done correctly, on under Active

<i>MENU</i>
Enter New Family Information
Family Search (Edit, View or Add data)
View All Program Records
List Active Family Records
List Active Child Records
List Exited Child Records
Documents
<input type="button" value="Logout"/>

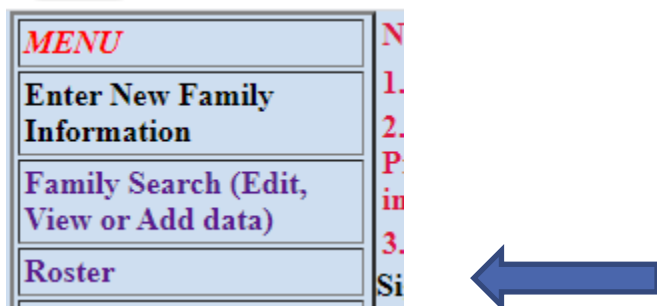
NOTE!!!!!!!

1. Unborn child intakes are entered on Unborn form, Please don't enter on child intake!!

If done correctly, on under Active Child your entry should now be listed Search Result.

Return to Main Menu

To print a roster, return to Main Menu. Click Roster



Enter the Teacher/Home Visitor's last name in search box

Home Visitor/Teacher

Search Form Signed on as admin.... Create

Search is case sensitive

Home Visitor/Teacher Name

The roster will be displayed if you have access to the roster. You can print the roster by opposite click of mouse and selecting print.

Roster

Search Result

If you do not see a roster listed, you do not have access to the roster requested

Sixpence Child ID	Service Type	Last Name	First Name	Gender	Birthdate
-------------------	--------------	-----------	------------	--------	-----------

Return to Main Menu

How to exit a child: Start at main menu, select list all Active Child Records.



Select Edit for the child you wish to exit.

[Main Menu](#) [Log Off](#)

Active Child Search Result

		Family ID	Family Name	Child ID	Child First Name	Child Last Name
[View]	[Edit]	108018	Renn	108021	Lesli	Renn
[View]	[Edit]	108018	Renn	108025	Julia	Renn
[View]	[Edit]	108019	Smith	108023	Bayli	Smith
	[Edit]	108020	White	108024	mitchell	White

Unborn Child Search Result

Family ID	Family Name	Child Last Name
-----------	-------------	-----------------

Complete fields in RED, it must be complete. Select Update, if you do not click Update your information will not be saved.

CHILD INFORMATION

Family Last Name***	<input type="text" value="White"/>	Expansion	<input type="text" value="No"/>	State Identification Number	<input type="text"/>
Entry Date	<input type="text" value="07/06/2018"/>	Child's First Name	<input type="text" value="mitchell"/>	Child's Last Name	<input type="text" value="White"/>
Unborn at Intake	<input type="text" value="No"/>	Birth Date	<input type="text" value="June"/>	<input type="text" value="14"/>	<input type="text" value="2017"/>
Intake Age (months)	<input type="text" value="18"/>	Ethnicity	<input type="text" value="White(not Hispanic)"/>		
Gender	<input type="text" value="Male"/>				
Premature/Low Birth Weight?	<input type="text" value="No"/>				

Complete the following section to exit a child(fields in RED)

Exit Date

Exit Reason

Exit Reason Other

ENTER 1/1/5050 TO REACTIVATE

Remove reason to reactivate

Additional comment needed

Family issues

EDUCATOR AND SITE INFORMATION

Last Name	User	First Name	Test
Phone Number	402-559-2131	Classroom	101 - S Renn
Site	Test Site		
Service Type	<input type="text" value="Home Based"/>		



After clicking Update, you should be back on the home screen. Notice, the screen will confirm that the data has been updated. To check your work, click List Active Child Records. You will no longer see Mitchell White.

MENU

Enter New Family Information

Family Search (Edit, View or Add data)

View All Program Records

List Active Family Records

List Active Child Records

List Exited Child Records

Documents

NOTE!!!!!!

1. Unborn child intakes are entered on Unborn form, Please don't enter on child intake!!

The data for this client has been updated.

You should notice Mitchell White is no longer on the roster.

[Return to Main Menu](#)

[Main Menu](#) [Log Off](#)

Active Child Search Result

		Family ID	Family Name	Child ID	Child First Name	Child Last Name
[View]	[Edit]	108018	Renn	108021	Lesli	Renn
[View]	[Edit]	108018	Renn	108025	Julia	Renn
[View]	[Edit]	108019	Smith	108023	Bayli	Smith

Unborn Child Search Result

Family ID	Family Name	Child Last Name
-----------	-------------	-----------------

To **reactivate** Mitchell White, start on the main menu, click List Exited Child Records.




Select Edit

[Return to Main Menu](#)

[Main Menu](#) [Log Off](#)

Exited Child List Search Result

	Family ID	Family Name	Child ID	Child First Name	Child Last Name	
	[Edit]	108020	White	108024	mittchell	White


Unborn Child Search Result

	Record ID	Family Name	Child Last Name
[View] [Update]	108018	Renn	Renn

Enter
When
you will
way to the bottom, the year **5050** will be below 1990. Click update.

1/1/**5050** to reactivate.
you click on the year,
need to scroll all the

CHILD INFORMATION

Family Last Name***	<input type="text" value="White"/>	Expansion	<input type="text" value="No"/>	State Identification Number	<input type="text"/>
Entry Date	<input type="text" value="07/06/2018"/>	Child's Last Name	<input type="text" value="White"/>		
Child's First Name	<input type="text" value="mittchell"/>	Birth Date	<input type="text" value="June 2017"/>		
Unborn at Intake	<input type="text" value="No"/>	Ethnicity	<input type="text" value="White(not Hispanic)"/>		
Intake Age (months)	<input type="text" value="18"/>				
Gender	<input type="text" value="Male"/>				
Premature/Low Birth Weight?	<input type="text" value="No"/>				
Exit Date	<input type="text" value="August 23 2018"/>	ENTER 1/1/5050 TO REACTIVATE 			
Exit Reason	<input type="text" value="Remove reason to reactivate"/>				
Exit Reason Other	<input type="text"/>				

EDUCATOR AND SITE INFORMATION

Last Name	User	First Name	Test
Phone Number	402-559-2131	Classroom	101 - S Renn
Site	Test Site		
Service Type	<input type="text" value="Home Based"/>		

[Return to Main Menu](#)

Screen should take you back to main menu, you should see confirmation if done correctly. Check your work by clicking List Active Child Records. Child should be back in your roster.

MENU	NOTE!!!!!!!
Enter New Family Information	1. Unborn child intakes are entered on Unborn form, Please don't enter on child intake!!
Family Search (Edit, View or Add data)	The data for this client has been updated.
View All Program Records	
List Active Family Records	
List Active Child Records	
List Exited Child Records	
Documents	
Logout	

[Main Menu](#) [Log Off](#)

Active Child Search Result

		Family ID	Family Name	Child ID	Child First Name	Child Last Name
[View]	[Edit]	108018	Renn	108021	Lesli	Renn
[View]	[Edit]	108018	Renn	108025	Julia	Renn
[View]	[Edit]	108019	Smith	108023	Ba li	Smith
[View]	[Edit]	108020	White	108024	m hnell	White

Unborn Child Search Result

Family ID	Family Name	Child Last Name
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To transfer a child to a different roster, complete the form found under documents on the website and email to lalvarez@unmc.edu

Information UPDATES	
Program Information Form	Program Information Form
Child/Family Transfer Form	Child/Family Transfer Form

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Evaluation Plan [\(Table of Contents\)](#)

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

The **continuous improvement process** for the Sixpence CCP Grant program evaluation will include:

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

	Assessments	Timing	Who Collects and submits data?
Program Outcomes			
1. Does the program improve childcare quality?	Infant-Toddler Environment Rating Scale-Revised (ITERS-3) Family Child Care Environment Rating Scale-Revised (FCCERS-R)	Baseline/Prior to Coaching or Purchases & Annually	MMI, a local NDE approved evaluator, or SU2Q
Provider and Coach Outcomes			
2. What impact does the program have on providers?	Survey of provider satisfaction with program.	Spring	Sixpence Grant Coaches or Program Coordinator distribute. Providers return surveys. Survey is also available online.
3. What feedback do coaches have about the Sixpence CCP Program?	Focus groups with coaches .	Spring	MMI conducts Focus groups
Implementation Information			
4. Training Data	# of trainings offered and % of providers in attendance	Spring	Year-end reporting
5. Coaching Dosage	# of sessions per provider	Spring	Year-end reporting via monthly coaching reports
6. Demographic Survey	Survey collects information about the education level of directors, teachers, and providers and demographic information on the infants and toddlers enrolled in the program.	At the beginning of coaching a new program and annually in the fall.	Sixpence Grant Coaches or Program Coordinator

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

Evaluation Time-line and Key Questions

Required Evaluation Processes [\(Table of Contents\)](#)

A. Program Outcome Data:

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

A.1 Center-based child care providers. At each center, an external evaluator will assess one infant and one toddler classroom using the **ITERS-3**. The observations will be conducted by an external reliable observer who is not the coach or program coordinator for that center. The scored ERS protocol will be sent to MMI for entry into the secure database. MMI will upload the scoresheet and summary report to Box for coaches to review. Feedback will be provided by the Sixpence Grant Coach assigned to the area or the Program Coordinator.

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

B. Provider and Coach Outcome Data:

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

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

B.2 Focus Groups. MMI evaluators will conduct focus groups with coaches to collect feedback about the program.

C. Implementation Data:

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

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

C.2 Coaching dosage. Coaches will track and report the number of coaching sessions with each provider and submit monthly to CCP TA Specialist.

C.3 Demographic survey. Coaches will work with providers to complete demographic information. Coaches will submit to MMI via Box.