

SIXPENCE EARLY LEARNING FUND

# 2023-2024 ANNUAL REPORT



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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



*I enjoy home visits and learning more about my daughter and knowing that if I need services for help or anything, that I can count on Sixpence to lead me in the right direction and not let me stray in parenthood blindly.*

~ A Sixpence parent

home-based services, center-based infant/toddler care, or a combination of the two. Local school districts' staff 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.

The first section of the report includes evaluation data for traditional Sixpence, and the second section includes data for Sixpence CCP.

# SIXPENCE PROGRAMS

## What is Sixpence?

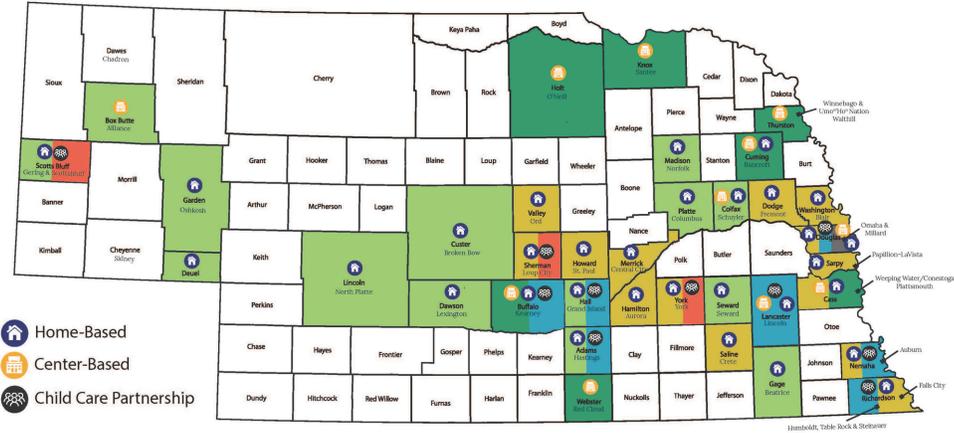
In the 2023-2024 program year, the Sixpence Early Learning Fund had 51 programs in 42 school district grantees across the 40 Nebraska counties. This was Sixpence’s 16th year of serving young children and their families in Nebraska. Sixpence grantees implemented one of the following models:

-  CENTER-BASED CARE (11)
-  FAMILY ENGAGEMENT HOME-BASED SERVICES (26)

The majority of the children (64%) participated in family engagement home-based services. These included year-round, at least three times per month, 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. Slightly more than a third of the children (36%) 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.

Sixpence Growth Map



### Sixpence Staff

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# Child and Family Demographics

## WHO WERE THE CHILDREN AND FAMILIES SERVED?

In 2023-2024, Sixpence served 1,254 children and 1,082 families across 42 grantees. In addition, 107 mothers whose babies were born before June 30, 2024, were served prenatally.

Sixpence Programs serve families with infants and toddlers (prenatally to age three) who experience stressors and challenges that may negatively impact their academic performance in school. The families and children served must meet at least one of the following qualifications to participate:

-  PARENTS WHO HAVE NOT COMPLETED HIGH SCHOOL
-  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
-  LOW INCOME, AS DEFINED BY FEDERAL GUIDELINES FOR FREE OR REDUCED LUNCH

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

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.

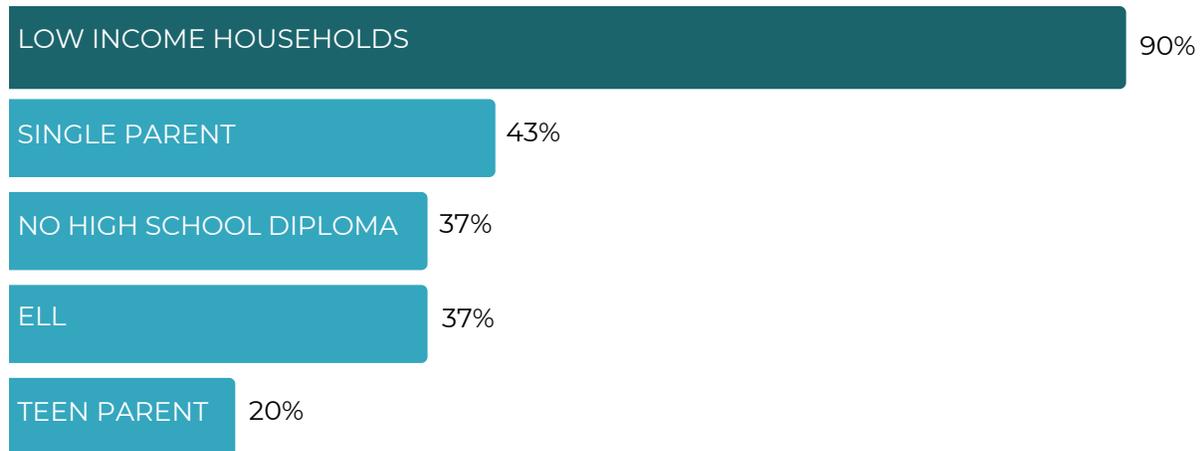
## NEARLY HALF OF SIXPENCE FAMILIES LIVE IN RURAL COMMUNITIES.



## ALMOST ALL CHILDREN BELONG TO LOW INCOME HOUSEHOLDS

*Almost half the children are in single parent families*

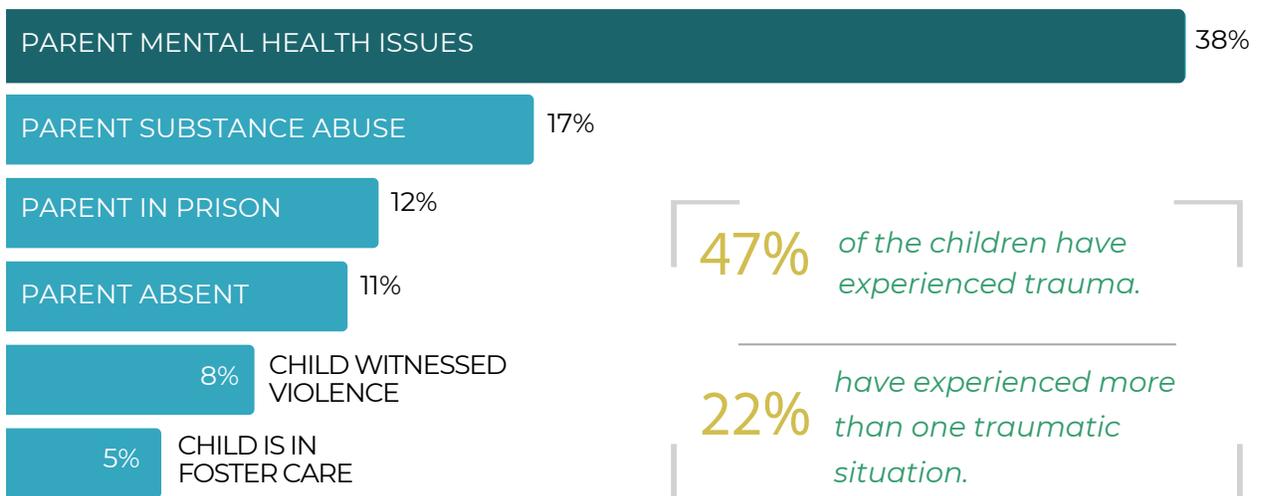
n=1,254



Of the five qualifying factors to participate in Sixpence, premature birth or low birth weight was the least common, with 13% of the children meeting this criterion. Over half (58%) of the children served in Sixpence had three or more stressors. Additional stressors relating to child trauma were collected in the spring from 799 families.

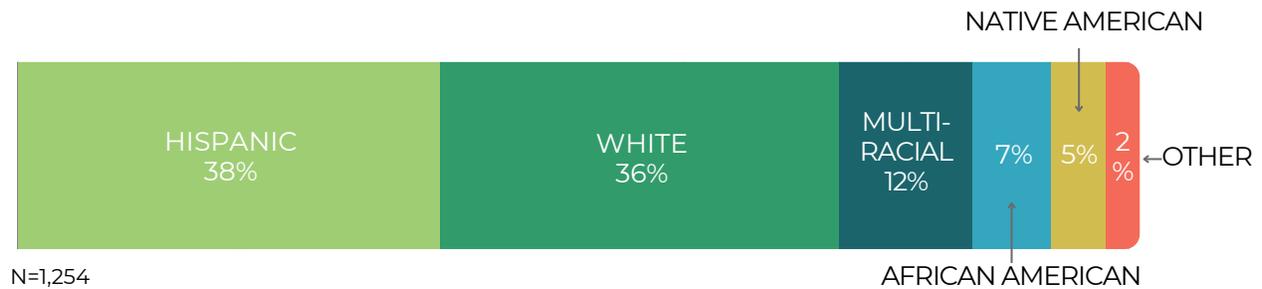
## THE MOST COMMON TRAUMA FOR SIXPENACE CHILDREN WAS HAVING A PARENT WITH MENTAL HEALTH ISSUES

n=799



While the proportion of parents with mental health issues rose to 38% this year from 29% last year, it is encouraging that 82% of parents with mental health issues and 64% with substance abuse issues have received treatment services.

## MOST CHILDREN IN SIXPENCE IDENTIFIED AS HISPANIC OR WHITE



Sixpence served more males (53%) than females (47%). A total of 14% of the children received special education services through Nebraska’s Early Development Network. The majority of the children (68%) were under the age of one at the time of entry into Sixpence. The median age of entry was five months of age.

### 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 2023-2024, 86% of the children stayed in the program through June 30, 2024, or until they aged out of the program. Of the 175 children who left the program prematurely, the majority (68%) 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 (30%) or poor attendance (17%). Dropping from the program due to poor attendance decreased from 27% last year to 17% this year.



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## Evaluation Findings

An annual comprehensive evaluation process was conducted to monitor the implementation of the Sixpence programs and assess progress toward 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.

## Program Quality Outcomes

### WHAT WAS THE QUALITY OF CENTER-BASED SERVICES?

The Sixpence evaluation uses the Classroom Assessment Scoring System (CLASS) and the Infant/Toddler Environmental Rating Scale, Third Edition (ITERS-3) to assess classroom quality. The CLASS, which

“  
*I love the size of class my child is a part of. I know she is getting the attention and love that is needed at such a young age. I love how much she is growing with her vocabulary, too, because of this program.*  
~ A Sixpence parent

can be conducted in-person or through a video recording of the classroom activities, focuses exclusively on classroom interactions that build positive relationships, promote language development, and support learning. The ITERS-3 is an in-person observation that assesses classroom quality with a focus on classroom structure, activities, and play materials.

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

## CLASSROOM ASSESSMENT SCORING SYSTEM (CLASS) RESULTS

CLASS ratings were completed during 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 the highest quality. The quality program benchmark is a score of five or higher in the Emotional Support domain and a 3.25 or higher in the Engaged Support for Learning domain in the

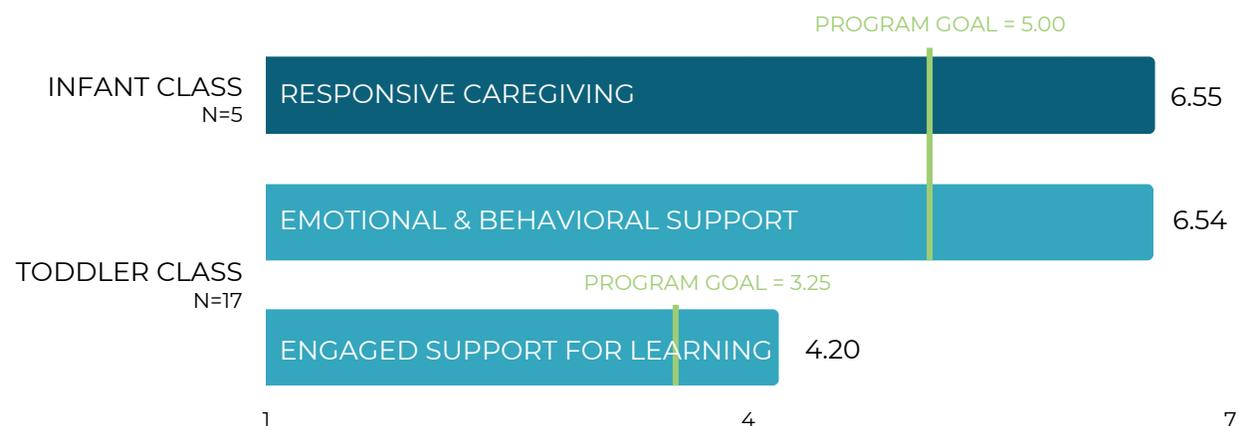
Toddler CLASS. The CLASS results for 5 infant classrooms and 17 toddler classrooms are presented below.

Sixpence classrooms demonstrated high quality in teacher-child relationships, as measured in the Responsive Caregiving (infant) and Emotional & Behavioral Support (toddler) domains. The teachers were consistently warm, responsive, flexible, and supportive toward children, with 100% of the classrooms meeting the program quality benchmark (5.00). High quality in this domain indicates a classroom 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 most classrooms (88%) meeting the program benchmark of 3.25.

## SIXPENCE CENTER-BASED TEACHERS CONSISTENTLY CREATED EMOTIONALLY SUPPORTIVE AND CARING ENVIRONMENTS IN THEIR CLASSROOMS

*All classrooms met the program goal in Emotional Support*



## INFANT/TODDLER RATINGS SCALES-REVISED (ITERS-3) RESULTS

The ITERS-3 assessment is based on a three-hour, in-person observation, and is scored on a 7-point scale, with 7 indicating highest quality. The following graph shows ITERS-3 subscale and overall averages for seven classrooms. The program goal is a score of 5 overall.

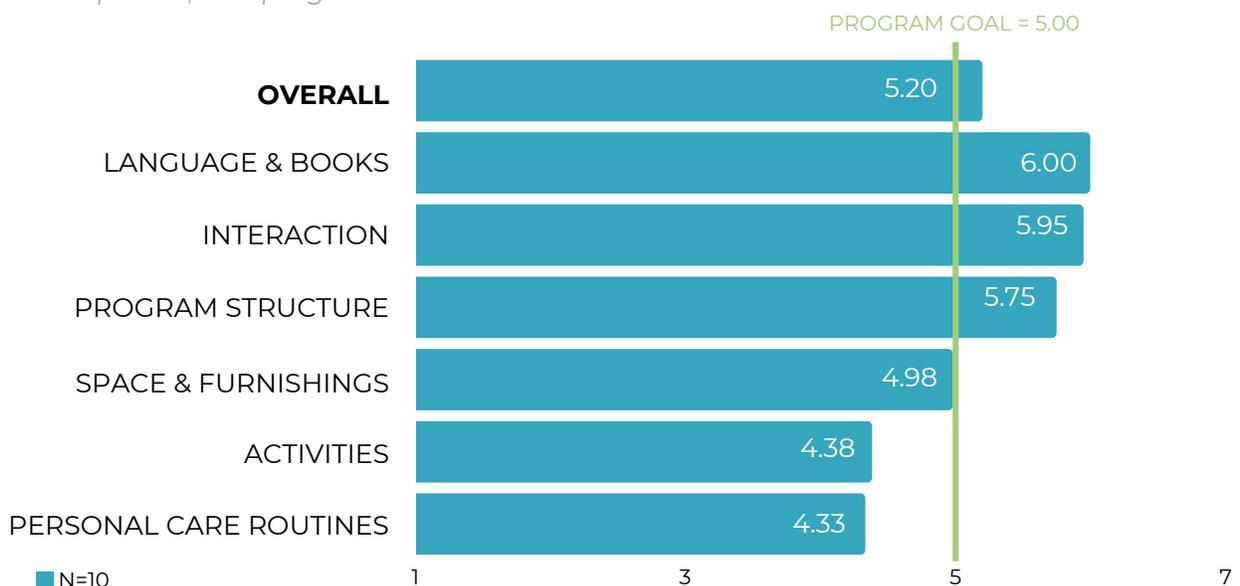
Sixpence classrooms rated in the mid-to-high-quality range on the ITERS-3 and frequently demonstrated high-quality practices in several subscales. Average overall ratings (5.20) met the program benchmark, while 50% of classrooms met the benchmark. The majority of classrooms met or exceeded a score

of 5.0 in the areas of Language and Books (90%) and Interaction (80%). Ninety percent met the program benchmark in Program Structure.

Ratings in these areas indicate that teachers engaged children in interactions to foster understanding and language development, interacted with children in a responsive manner, followed a daily schedule, allowed a balance of both free play and group activities, and encouraged peer-to-peer interactions. Forty percent of the classrooms scored a 5.0 or above in Activities, which measures access to a variety of learning materials and interactions while using those materials. The results in Personal Care Routines exceeded the national average.

### SIXPENCE CLASSROOMS HAVE HIGH-QUALITY PRACTICES OVERALL

*Observations found strengths in interacting with children, supporting language development, and program structure*



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## WHAT WAS THE QUALITY OF FAMILY ENGAGEMENT SERVICES?

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

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

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

During 2023-2024, HOVRS data were available for 59 family engagement specialists. Some of the veteran specialists (n= 29) were exempt from



submission due to reaching the highest quality benchmark (overall score of 5.5 on the Home Visit Practices scale of the HOVRS and a score of at least 5.0 on all subscales of the Home Visit Practices scale). The HOVRS data for the exempt specialists' most recent submission were included in this analysis.

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

# MOST OF THE FAMILY ENGAGEMENT SPECIALISTS MET THE PROGRAM GOAL FOR QUALITY HOME VISIT PRACTICES

*Almost all families were highly engaged during home visits*



Many (75%) of the family engagement specialists met the program goal (a score of 5.0 or higher) in Home Visit Practices, signifying the implementation of high-quality home visitation practices during their sessions. Family engagement during home visits was high; almost all families (93%) were highly engaged (a score of 5.0 or higher) during the home visit.

The average scores for the Home Visit Practices and Family Engagement domains met or exceeded the program goal of 5.0 in 2023-2024. The average Home Visit Practices score was 5.4, and the average Family Engagement score was 6.3.

In the Home Visit Practices domain, the average ratings on all subscales met the Sixpence quality benchmark, except in the area of Facilitation of Caregiver-Child Interactions. Family Engagement Specialists showed the

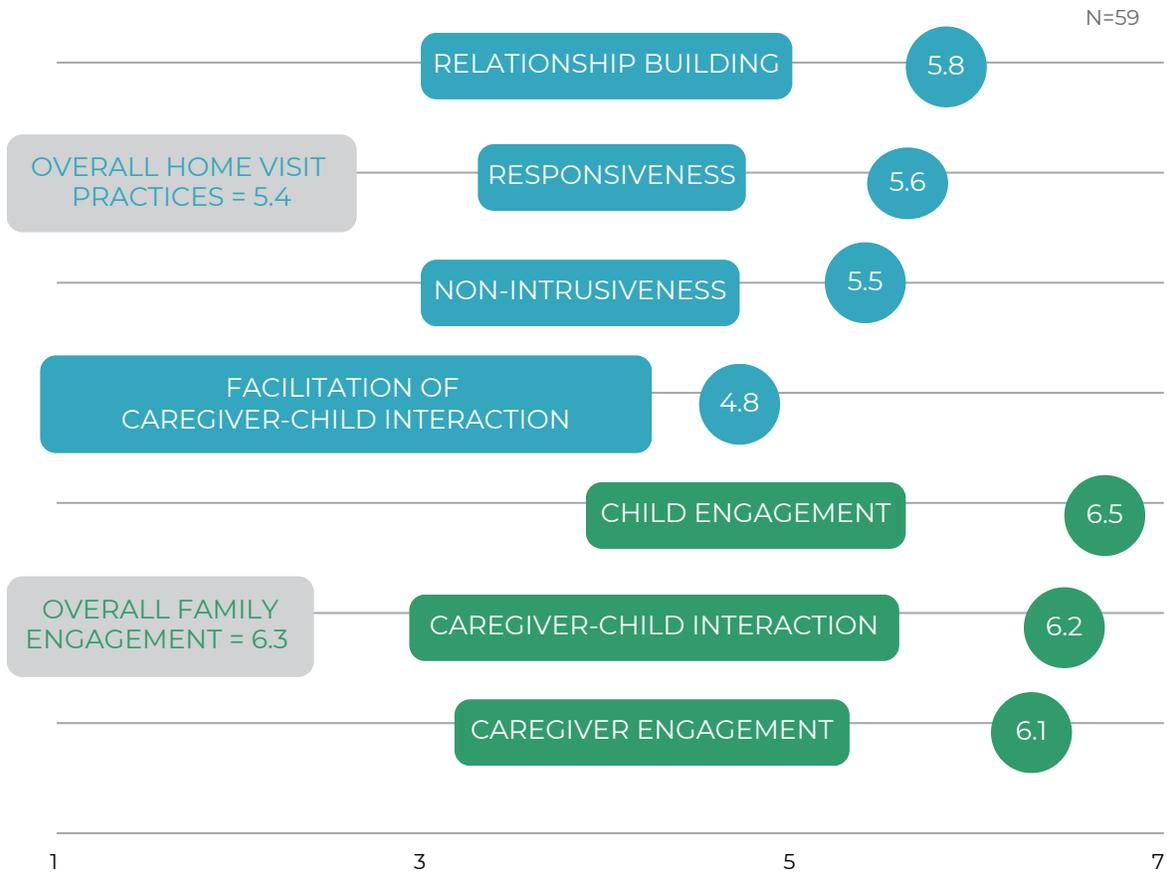
greatest strength in their Building Relationships with Families. A high rating on this scale indicates the family engagement specialist interacts with the family with warmth, respect, and interest, focusing on child development.

In the Family Engagement domain, the average ratings on all subscales were above the Sixpence quality benchmark, indicating that caregivers and children were highly engaged during Sixpence home visits. The greatest strength was child engagement. High-quality ratings in the Child Engagement domain indicate that the child is interested, participates, and initiates interactions throughout the home visit.

**93%** of caregivers were highly engaged during home visits.

## FAMILY ENGAGEMENT SPECIALISTS HAD STRONG RELATIONSHIPS WITH FAMILIES

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



“

*I love the opportunity to have my children socialize and engage with other kids in the program. I love getting to discuss parenting and life with my coordinator and being able to have someone in my corner to help my family out when needed.*

~ A Sixpence parent

”

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## Child Outcomes

Child outcome data is collected utilizing a pre/post model. Pre data is pulled forward from the previous spring and includes baseline catch up that is done in the fall. The post data is collected the following spring. After being used as post data, the spring data becomes the pre data for the next year.

### WHAT WERE THE CHILDREN'S LANGUAGE OUTCOMES?

One standardized assessment, The Peabody Picture Vocabulary Test-V (PPVT-V), a direct child assessment measuring vocabulary, was administered by a certified speech pathologist to children at age three 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

“

*My child has learned a lot and interacts with other children.*

~ A Sixpence parent

”

regularly hearing and/or speaking English. The PPVT-5 was administered to monitor the children's language outcomes.

Of note, in the 2024-2025 year, a new to the program language assessment, the Early Communication Indicator (ECI) will be piloted in 16 sites.

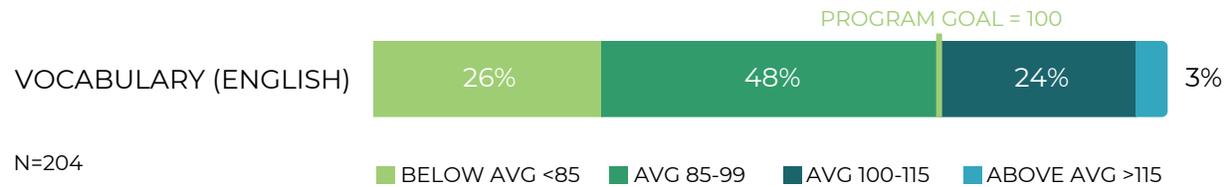
### LANGUAGE RESULTS AFTER A MINIMUM OF SIX MONTHS IN SIXPENCE

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. Green 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.

The results show language outcomes on the PPVT-5 at 3 years of age and report the percentage of children who met the program goal.

## THE MAJORITY OF THE CHILDREN (72%) WERE IN THE AVERAGE RANGE FOR VOCABULARY

Fewer children (27%) met the program goal for vocabulary



The PPVT-5 is an assessment 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. Overall, at age 3, 72% of children scored in the average range for vocabulary. A smaller percentage of children (3%) than expected scored in the above-average range than is found in a nationally normed sample and more than was expected (26%) scored in the below-average range. Slightly more than one-quarter (27%) of the children met the program goal of 100. The children's vocabulary results did not match the expected distributions of a norm-referenced assessment.

## HOME LITERACY PRACTICES

MOST FAMILIES READ BOOKS WITH THEIR CHILDREN SEVERAL TIMES PER WEEK



MOST FAMILIES SING OR PLAY GAMES WITH THEIR CHILDREN EVERY DAY



66%

of families have more than 10 children's books in their home

83%

of families have 50% or more of their books in their home language

2%

of families report they have no books in their home language

## MANY CHILDREN MET THE PROGRAM GOAL FOR SOCIAL-EMOTIONAL COMPETENCIES ACROSS ALL AREAS BY SPRING

*Children showed the greatest strength in Initiative with 73% meeting the goal*



### 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 as this area is completed for children ages 18

months and older. There is one additional subscale, the Absence of Behavior Concerns, which is only for children ages three and older.

### SOCIAL-EMOTIONAL OUTCOMES AFTER A MINIMUM OF SIX MONTHS IN SIXPENCE

The chart above 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. Green 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.

By spring, **68%** of children met the program goal for Total Protective Factors

By spring, large percentages of children met the program goal for social-emotional skills. Children showed the greatest strength in the Initiative subscale, with 73% meeting the program goal. Across all areas, Sixpence children outperform national norms, with a third or more scoring above average in all areas except self-regulation. This is an increase from last year when a quarter of children were above average in all areas. In Total Protective Factors, which is a composite across all areas, 35% of the children scored above average.

When children turn three, the DECA measures Behavior Concerns. A total of 171 children were assessed in this area, and most (80%) did not have behavior concerns.

### CHANGE IN SOCIAL-EMOTIONAL SKILLS OVER TIME

A total of 725 children had the social-emotional 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.



“

*I love getting the one-on-one time and help from our Sixpence person. I love that when I need help my person is always willing to try their hardest to help out.*

~ A Sixpence parent

”

On average, Sixpence children scored above the national mean for social-emotional competencies at time 1 and time 2. Average scores remained stable over time in all areas.

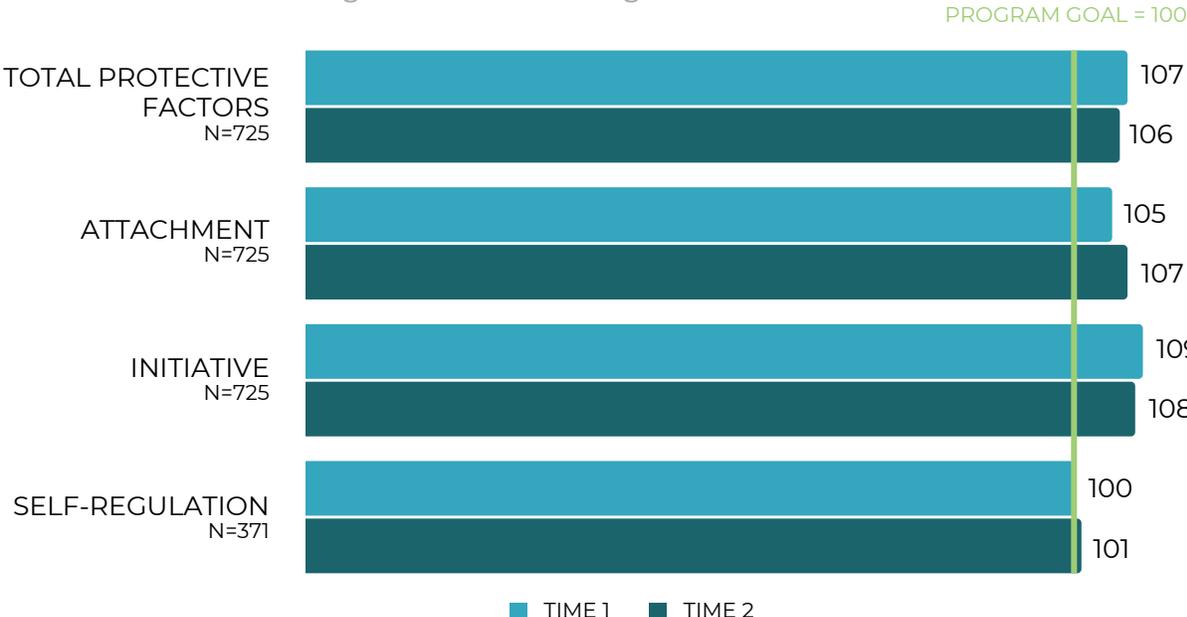
A paired sample t-test was performed to compare the DECA scores from time 1 to time 2. Significant increases were only found in the area of Attachment, and the effect size (Cohen's d) suggests a small, meaningful change in this area.

Attachment: [diff = -1.03,  $t(724) = -2.872$ ;  $p = .004^*$ ,  $d = -0.107$ ]; Initiative: [diff = 0.36,  $t(724) = 0.965$ ;  $p = 0.335$ ,  $d = 0.036$ ]; Self-Regulation: [diff = -0.15,  $t(370) = -0.291$ ;  $p = 0.771$ ,  $d = -0.015$ ]; and Total Protective Factors [diff = 0.15,  $t(724) = 0.411$ ;  $p = 0.681$ ,  $d = 0.015$ ]  
\*significant at  $p < .05$

These results are shown on the graph on the following page.

# OVER TIME, CHILDREN REMAINED ON TARGET FOR SOCIAL-EMOTIONAL COMPETENCIES

*Attachment and Self-Regulation showed slight increases*

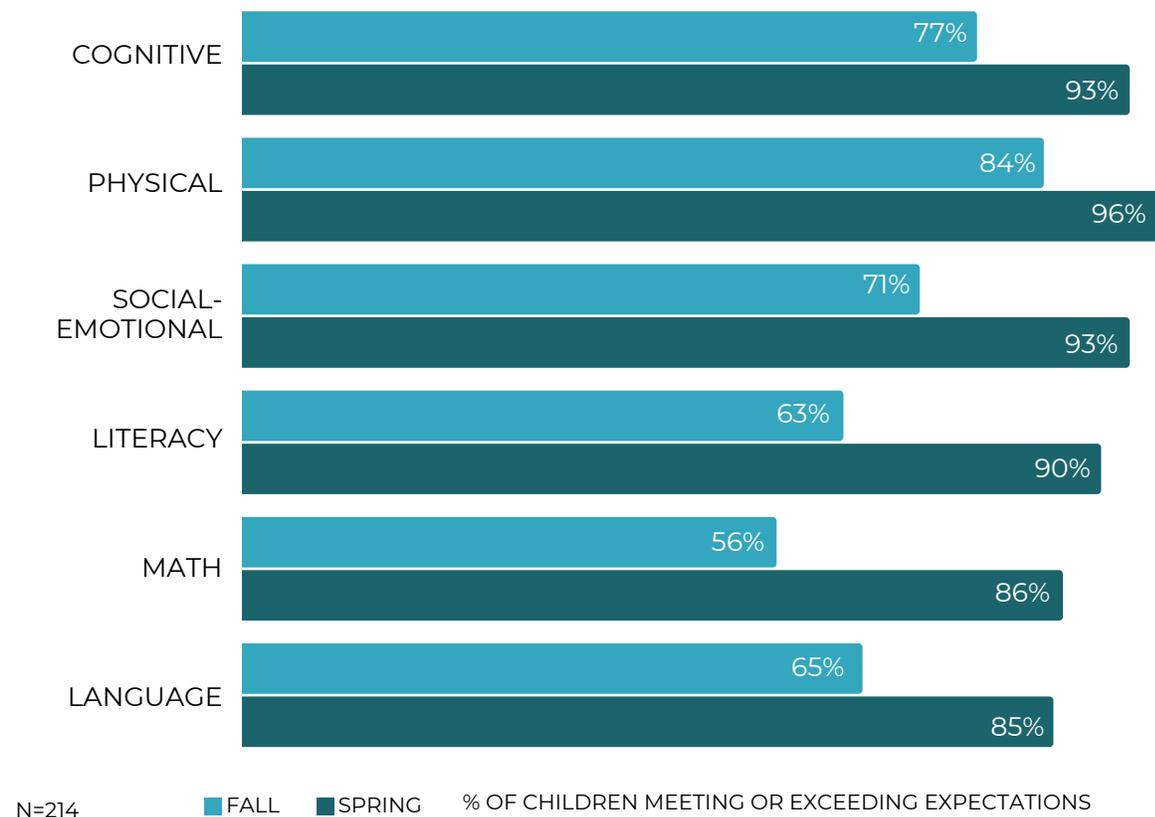


## WHAT WERE THE CHILDREN'S DEVELOPMENTAL OUTCOMES?

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 evidence 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 toward achieving widely held expectations. A total of 638 children had GOLD assessment data during the 2023-2024 school year. For purposes of this analysis, only children who remained in the same age band across both times, fall and spring, were compared. This sample included 214 children.

## BY SPRING, HIGH PERCENTAGES OF CHILDREN WERE MEETING OR EXCEEDING WIDELY HELD EXPECTATIONS ACROSS ALL DEVELOPMENTAL AREAS



Results found that more children scored within the widely held expectations (the typical or above range) by the spring in all areas of development. Ninety percent or more of children met widely held expectations in the areas of language and mathematics; however, children made the greatest gains in these two areas, language (65% to 85%) and mathematics (56% to 86%).



## Health Outcomes

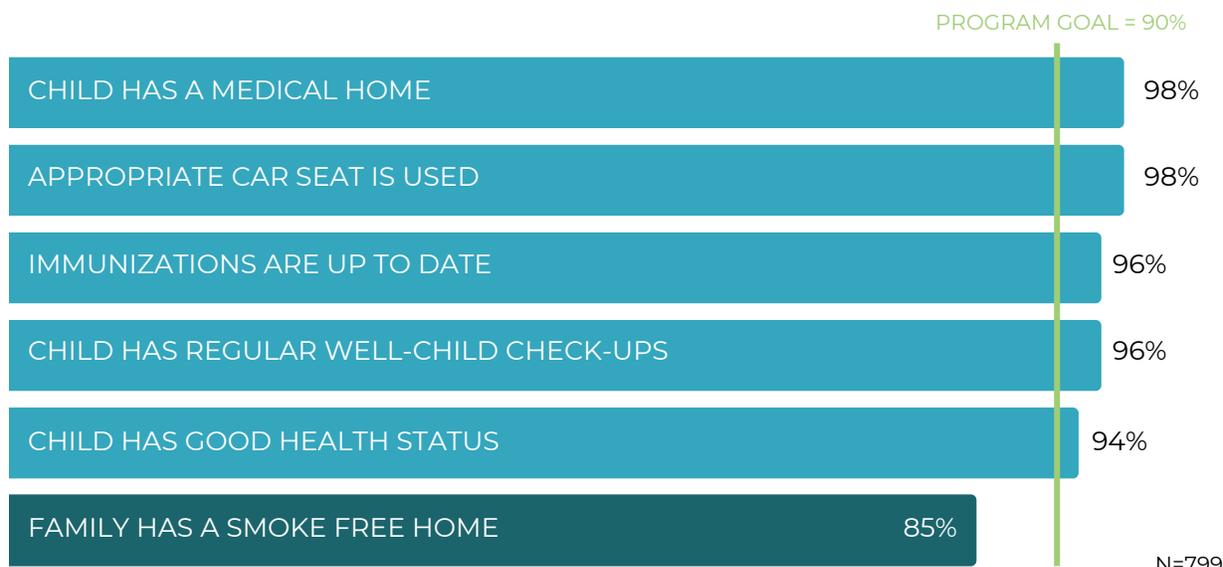
### WHAT WERE THE CHILDREN'S HEALTH OUTCOMES?

In the spring, health and risk factor updates were collected for 799 families. The program goal is for 90% of Sixpence children to meet each of

the health indicators. The graph below shows the six health indicators and the results for Sixpence children and families.

### MANY OF THE CHILDREN MET EVERY SIXPENCE HEALTH INDICATOR

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



Results indicate that in all but one category, Sixpence families consistently made healthy choices for their children. Nearly every (98%) 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 (96%) Sixpence children are up to date with their immunizations. This is much higher than the Nebraska rate of 77.3% (America's Health Rankings, 2023).

The only area that fell short of the goal was child exposure to cigarette smoke. Eighty-five percent of Sixpence homes are smoke-free, but 15% (120 family homes) are not. The number of smoke-free homes remained stable from last year. While



most of the children were in good health, six percent had a chronic medical condition such as asthma.

## ACCESS TO HEALTH INSURANCE

A survey of Sixpence families' access to health insurance found that the number of families with health insurance decreased from 98% last year to 95% this year.

95% OF FAMILIES REPORT HAVING INSURANCE

76% OF FAMILIES UTILIZE MEDICAID

12% OF FAMILIES HAVE PRIVATE INSURANCE

7% OF FAMILIES USE A COMBINATION OF PUBLIC AND PRIVATE INSURANCE

## WHAT WERE THE HEALTH OUTCOMES FOR PREGNANT MOTHERS AND NEWBORN BABIES?

Over the program year, 107 babies were born to mothers participating in Sixpence. A total of 91 mothers completed the prenatal health survey. The program goal is to have 90% of mothers meet the prenatal care benchmarks.



# THE MAJORITY OF MOTHERS MET THE PROGRAM GOAL IN ALL AREAS

*Mothers receiving prenatal care rates increased from 81% last year to 98% this year*



Results indicate that Sixpence mothers engaged in a number of positive practices to ensure the arrival of a healthy baby. Nearly all Sixpence mothers abstained from drug (98%) and alcohol use (96%). The proportion of mothers who received prenatal care this year increased (98%) from last year (81%), and the number of babies born full-term (92%) increased from last year (84%).

Most (90%) new mothers initiated breastfeeding. This is slightly higher than the rate for Nebraska mothers, which is 86% (CDC, 2022). Just 10% of mothers reported that they continued to breastfeed until their baby was at least six months old. This proportion is significantly lower than the rate of Nebraska mothers who are still breastfeeding at six months (55%; CDC, 2022).



 **90%** of mothers initiated breastfeeding.

 **10%** of mothers nursed for at least six months.

# Family Outcomes

## WHAT WERE THE OUTCOMES FOR CAREGIVER-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 video recording of a parent playing with his or her child. Scores are based on his or her child. Scores are based on a 5-point scale, with 5 indicating high quality.

## CAREGIVER-CHILD INTERACTIONS AFTER A MINIMUM OF SIX MONTHS IN SIXPENCE

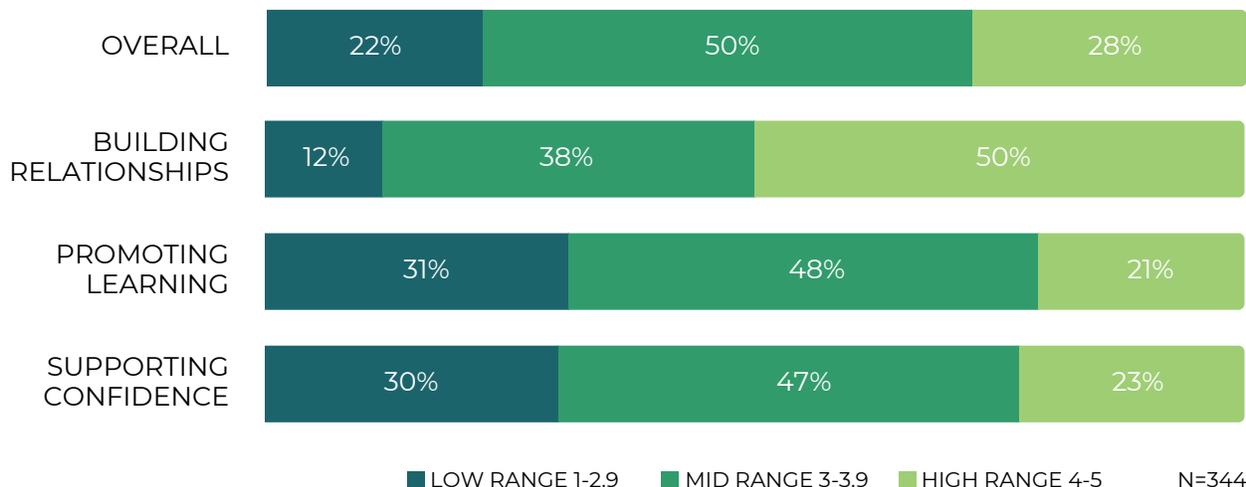
The following chart presents the caregiver-child interaction results in the spring for 344 families. High range



scores are 4-5, mid-range scores are 3-3.9, and low-range scores are 1-2.9.

Sixpence families demonstrated the strongest skills in Building Relationships with their children, with the majority (50%) 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.

### HALF OF FAMILIES (50%) DEMONSTRATED STRONG SKILLS IN BUILDING RELATIONSHIPS WITH THEIR CHILDREN THROUGH PLAY





A paired sample t-test was performed to compare the KIPS scores from time 1 to time 2. Significant increases were found across all areas of the KIPS; however, the effect sizes (Cohen's d) suggest no meaningful change.

Supporting confidence: [diff = 0.07,  $t(300) = 1.42$ ;  $p = 0.16$ ,  $d = 0.082$ ];  
Promoting learning: [diff = -0.02,  $t(300) = -0.38$ ;  $p = 0.71$ ,  $d = -0.022$ ];  
Building relationships: [diff = 0.01,  $t(300) = 0.209$ ;  $p = 0.83$ ,  $d = 0.012$ ]; and  
Overall KIPS [diff = 0.02,  $t(300) = 0.56$ ;  $p = 0.576$ ,  $d = 0.032$ ].

### HOW DID SIXPENCE IMPACT PARENTS' EDUCATIONAL OUTCOMES?

Sixpence tracks the educational outcomes of parents who enter the program without a high school diploma. Based on information collected about families when they enroll in Sixpence, 457 children served by Sixpence had mothers that



did not have a high school diploma. By June, of the 245 mothers who reported on their educational status, 46% had earned their diploma or GED, and 10% were still enrolled in high school or working towards a GED. Some mothers (44%) were no longer pursuing any education. At their enrollment in Sixpence, 304 children had fathers who did not have a high school diploma. By June, of the 168 fathers who reported on their educational status, 28% had attained their diploma or GED, 4% were still working toward a diploma, and 69% were no longer pursuing any education.



Results indicate that the **majority (56%) of mothers** obtained their high school diploma or were still on track to meet this goal. **Fewer fathers (32%)** had similar success.

## WHAT DID PARENTS THINK ABOUT SIXPENCE?

In the spring, 715 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. The survey is collected anonymously.

The survey return rate increased substantially this year from 30% last year to 66% of families this year. The results of the survey are below.



### MY SIXPENCE PROVIDER HELPED ME...



% who agree

n=715

**93%** of parents have a strong positive relationship with their Sixpence provider and are very satisfied with Sixpence.

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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 responses were:

▶ Parents praised the **program staff's patience, communication, and efforts to build relationships**. Many parents described their **children's excitement** to see staff members at morning drop-offs or program events.

▶ Participants **enjoyed socialization events and family field trips**, as they provided opportunities for children to develop interpersonal skills. Parents appreciated the **opportunities to interact with other parents**.

“

*My daughter adores her teachers. She comes home telling stories about what they did at school. It makes me happy to know my daughter is safe and happy at school.*

~ A Sixpence parent

”

▶ Many respondents appreciated the information they received about **child developmental milestones, age-appropriate activities to do at home, and parenting strategies**.

About 30% of the parents who responded to the survey offered suggestions to improve the Sixpence program. The following are the most common recommendations:

▶ Offer **more activities**, including opportunities for **parent-child engagement or peer interactions at socialization events**. Some parents also asked for age-appropriate options for younger children.

▶ Provide more socializations and **diversify the event schedule** so working parents can attend.

▶ Change the program requirements. Suggestions included **extending participant limits** so children can continue an additional year, relaxing attendance requirements in the summer, and altering **the surveys or assessments**.

▶ Provide more information on **concrete supports** (e.g., transportation, food at events, clothing, and diapers).

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# SIXPENCE CHILD CARE PARTNERSHIPS

## What are Sixpence Child Care Partnerships?

Child Care Partnerships (CCP) are a collaboration between school districts and local childcare 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 of the community for quality care, developed goals and strategies to create effective partnerships, and selected supportive services to provide to the local childcare programs. Whenever feasible, school districts provided the opportunity for all existing childcare 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 greatest number of at-risk infants and toddlers. CCP childcare programs reported serving 1,081 children across 53 sites. Of these, 765 were infants or toddlers.

During the 2023-2024 program year, 63 childcare programs participated in



CCP. Of these, 29 were childcare centers, and 34 were family childcare home providers. Sites were successfully retained in the program; no sites exited CCP early.

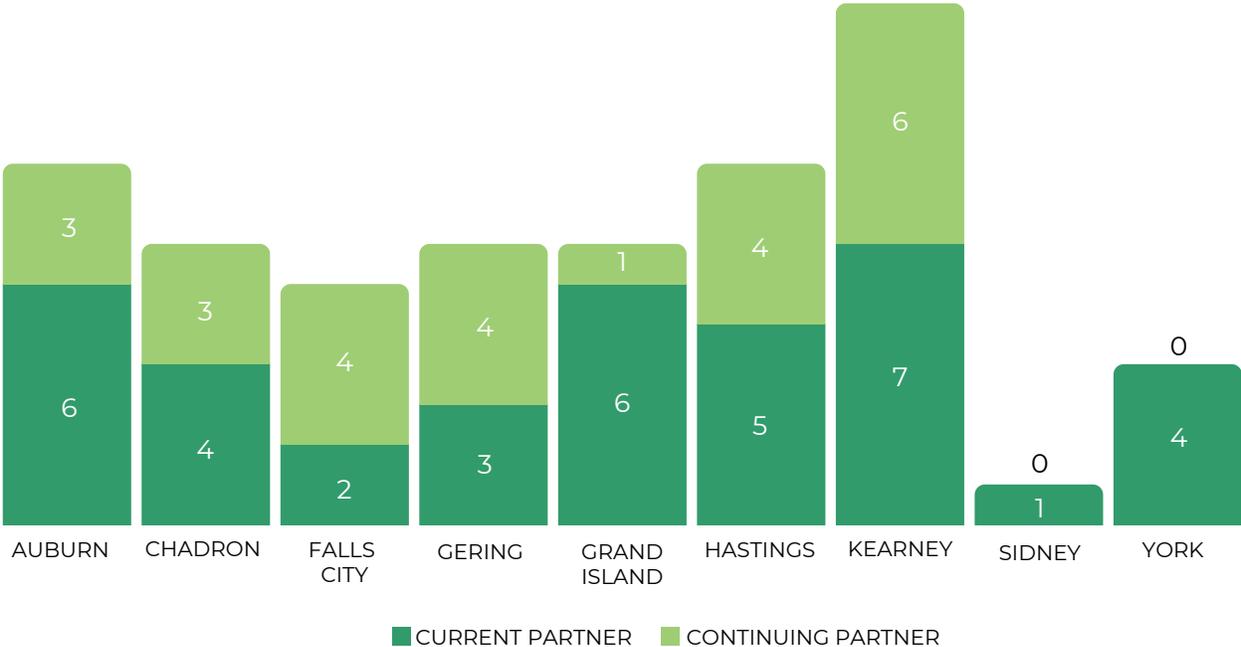
CCP included trainings for the providers, coaching support three to four times per month, and provider collaboration meetings that brought together providers, coaches, and other program partners in the community. Providers received specific support to participate in the Nebraska Department of Education's Step Up To Quality (SUTQ) initiative. This initiative helps early childhood providers recognize and improve quality care. Participation in SUTQ with attainment of at least Step 3 by the end of the third year of participation is a requirement of the CCP grant.

CCP sites were categorized in a new way for the 2023-2024 program year: sites within their first three years are current partners; sites that continued their partnership with CCP after three years are continuing partners. Data in this report include child and provider demographics for all sites that completed demographic surveys. Program quality data are reported according to how many years current

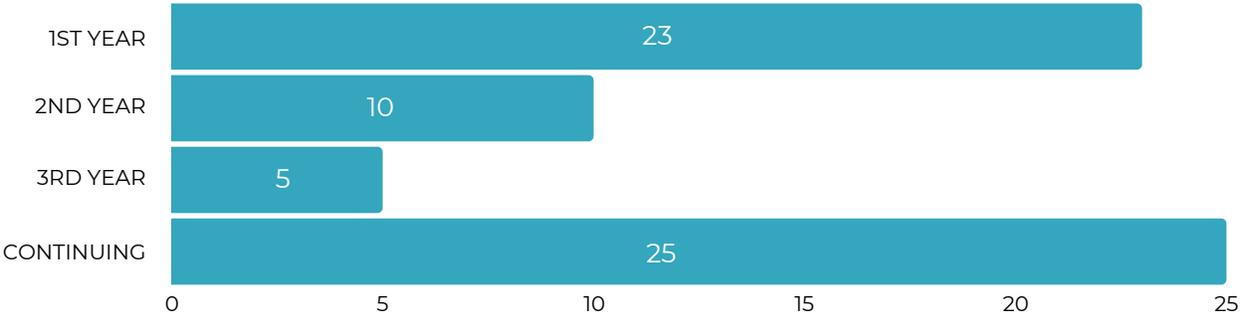
partners have been in CCP. This report includes only the observation results for current partners from the 2023-2024 program year; observations were not collected for continuing partners.

This year, nine communities received CCP grants: Auburn, Chadron, Falls City, Gering, Grand Island, Hastings, Kearney, Sidney, and York.

NUMBER OF SITES BY COMMUNITY



NUMBER OF SITES BY YEAR IN CCP



# Provider and Child Demographics

## WHO WERE THE PROVIDERS IN CCP?

The childcare programs completed a demographic survey which included information about the educational background of the directors, teachers, and home providers. A total of 53 demographic surveys were completed from both centers and family childcare homes.

Of the 53 directors and home childcare providers with post-high school education, the majority (69%) had a degree in education, child development, psychology, or sociology.

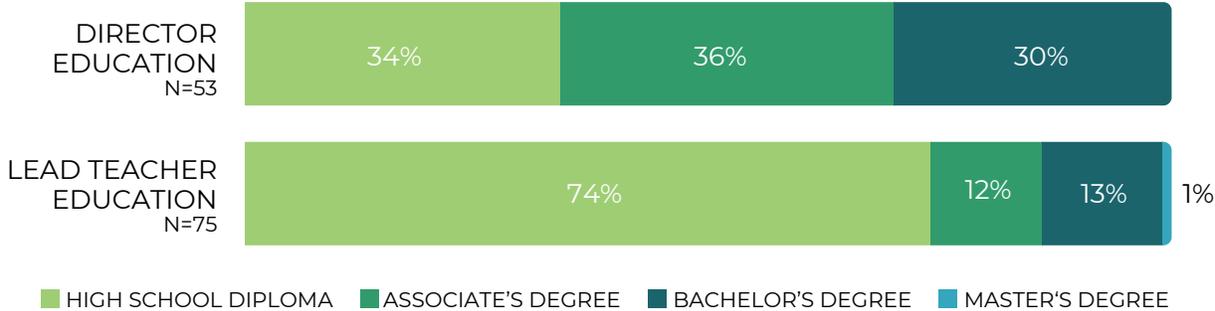
Education information was collected for 75 lead teachers who worked in center-based programs. Of the 20 teachers with post-high school



education, the majority (70%) had a degree in child development, education, or human services.

## THE MAJORITY OF THE CENTER DIRECTORS AND HOME PROVIDERS HAD A TWO- OR FOUR-YEAR COLLEGE DEGREE

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



In their year-end reports, CCP staff collect information on how many childcare providers participated in the T.E.A.C.H. scholarship as well as how many received their Child Development Associate (CDA), associate's degree, or bachelor's degree in the past year.

T.E.A.C.H scholarships help early care and education professionals work toward a degree in early childhood education. In the 23-24 year:

-  **CCP CHILDCARE PROVIDERS PARTICIPATED IN THE T.E.A.C.H. SCHOLARSHIP**
-  **CHILDCARE PROVIDERS EARNED THEIR CDA**
-  **CHILDCARE PROVIDER EARNED AN ASSOCIATE'S DEGREE**
-  **CHILDCARE PROVIDER EARNED THEIR BACHELOR'S DEGREE**

Teacher turnover is a challenge in early childhood programs. Information about how long teachers have worked in a center can show the stability of staff over time. Length of service was reported for 75 teachers across the 23 child care centers that completed the survey. The results show that 24% of lead teachers were new this year, and 32% were in their first or second year at the center. This



**56%** of lead teachers have been at their center for **less than three years**

indicates a fairly high turnover rate with 56% of lead teachers being relatively new.

### CHILD DEMOGRAPHICS

CCP childcare programs reported the demographics for a total of 1,081 children across 53 sites. Of these, 765 were infants or toddlers. A goal of CCP is to partner with childcare providers that serve the most vulnerable children to prepare them for success in school and life.. The challenges include:

-  **LOW INCOME, AS DEFINED BY FEDERAL GUIDELINES FOR FREE OR REDUCED LUNCH**
-  **BORN PREMATURELY, WITH TYPICAL OR LOW BIRTHWEIGHT**
-  **ENGLISH IS NOT THE PRIMARY LANGUAGE SPOKEN IN THE HOME (ELL, ENGLISH LANGUAGE LEARNER)**
-  **PARENTS WHO ARE YOUNGER THAN 20**
-  **PARENTS WHO HAVE NOT YET COMPLETED HIGH SCHOOL**



## THE LARGEST GROUP OF CHILDREN SERVED WERE WHITE



All of the CCP sites are willing to enroll children who receive state childcare subsidies, which is an indicator of low income. A total of 23% of the children across CCP qualify for a subsidy. Currently, 32 sites (60%) report serving children who receive a subsidy. Of note, in seven sites, at least half of the enrolled children receive the childcare subsidy.

CCP sites reported that seven percent of the children they serve are English Language Learners (ELL), meaning their family's home language is not English. The ELL children are enrolled in eighteen sites which represents thirty-four percent of the 53 sites that completed demographic surveys. The number of ELL children served at each center ranged from one to eight.

CCP served more males (55%) than females (45%). A total of 34 infants and toddlers received special education services through Nebraska's Early Development Network. An additional 41 children were referred for evaluation.



## EXPULSION FROM CHILD CARE

CCP coaches track the number of children asked to leave their childcare site due to challenging behavior or an inability to serve the child and meet his or her special needs. This count includes if the child was asked to leave for the rest of the day or multiple days, as well as counting each time a child was asked to leave. During the 2023-2024 program year, five childcare sites reported expelling children six times.

# Evaluation Findings

## WHAT WAS THE QUALITY OF THE CCP CHILD CARE PROGRAMS?

The evaluation team used three metrics to assess the quality of the childcare programs participating in CCP. The first metric utilized a standardized observational environmental rating tool to measure the quality of center-based and home-based sites. All programs must receive these observations as their baseline observation, generally within two months of a program joining CCP. Programs can choose to receive these observations for subsequent years in CCP.

A second standardized observation measures the quality of interactions in CCP programs. Programs can choose to receive these observations starting their second year of CCP.

A third 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 childcare programs in accessing resources to enhance the quality of their services.

## CHILDCARE CENTER ENVIRONMENT QUALITY

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 the highest quality. A score of 5 on the combined overall scale is considered high quality. There are six subscales that assess classroom practices, which include measures of teacher-child interactions, the quality of play materials and activities, and the quality of the space and furnishings.

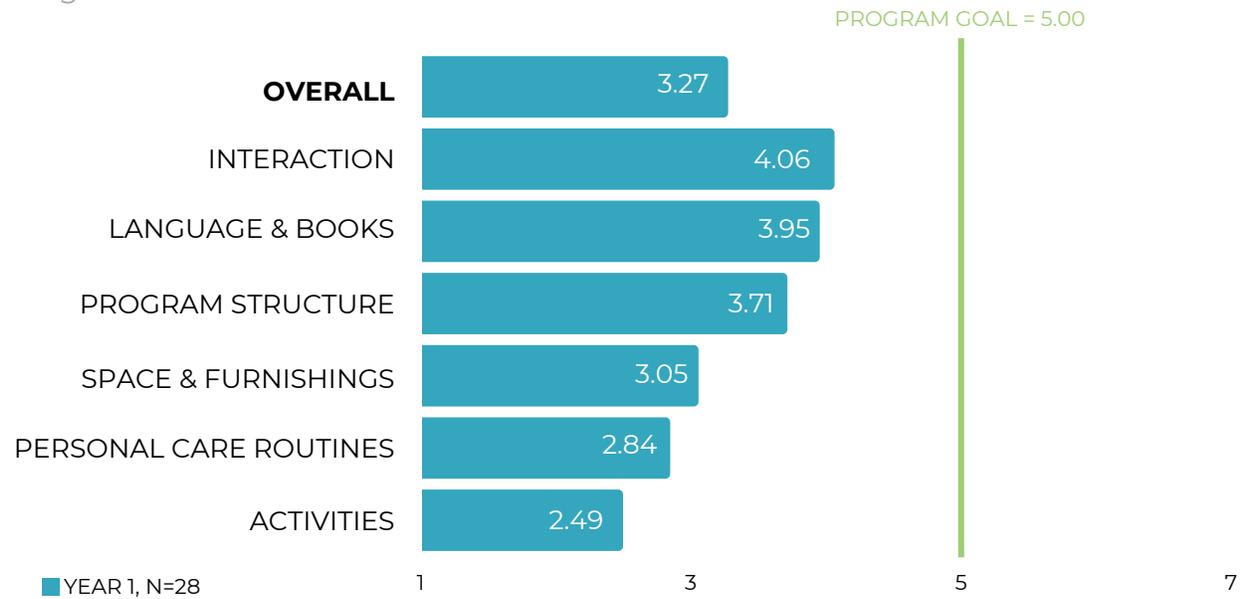
For center-based programs, observations were completed on a sampling of two classrooms per center. The following graph shows ITERS-3 subscale and overall averages for the classrooms observed this year.

There were 28 ITERS observations of classrooms in their first year of CCP. No classrooms were in their second year of participation, and two observations were completed on classrooms in their third year. Their results are not included due to the small sample size.



## BASELINE ITERS SCORES FELL INTO THE MID-RANGE

*The strongest practices were in the areas of Language & Books, Interaction, and Program Structure*



Results indicate that classrooms' quality is the greatest in Program Structure, Language and Books, and Interaction. Program Structure looks at schedules and transitions in the classroom and how free play and group play activities are facilitated. Areas for setting goals may be Space and Furnishings, Activities, and Personal Care Routines.

### FAMILY CHILDCARE ENVIRONMENT QUALITY

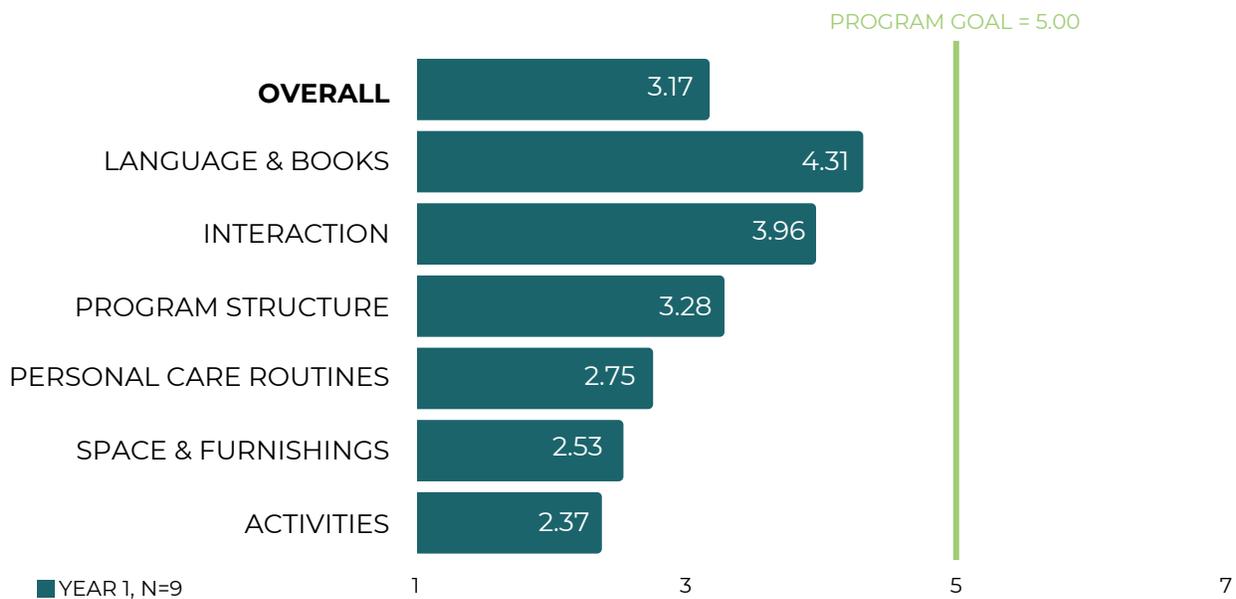
The quality of family childcare programs was assessed using the Family Child Care Environment Rating Scale-3rd Edition (FCCERS-3). The assessment consists of a three-hour, in-person observation. Scoring is based on a 7-point scale, with 7



indicating the highest quality. A score of 5 on the combined overall scale is considered high quality. Six subscales assess classroom practices, including measures of teacher-child interactions, the quality of play materials and activities, and the quality of the space and furnishings.

## BASELINE FCCERS SCORES FELL WITHIN THE MID-RANGE

*The strongest practices for all providers were in Language & Books, Interaction, and Program Structure*



The graph above shows the FCCERS-3 subscale and overall averages for the home-based childcare programs observed this year. Nine providers were in year 1, and three providers were in year 2. Year 2 results are not included due to the small sample size.

The FCCERS-3 results show that program quality is greatest in the areas of Language and Books, Interaction, and Program Structure. The lowest area across all programs was Personal Care Routines. This subscale includes handwashing, 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.

### QUALITY OF INTERACTIONS

The quality of interactions in both center-based and home-based CCP sites was measured with CLASS (Classroom Assessment Scoring System). CLASS ratings were completed during 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, which measures how teachers engage children in discovery, promote critical thinking, and provide rich language experiences.

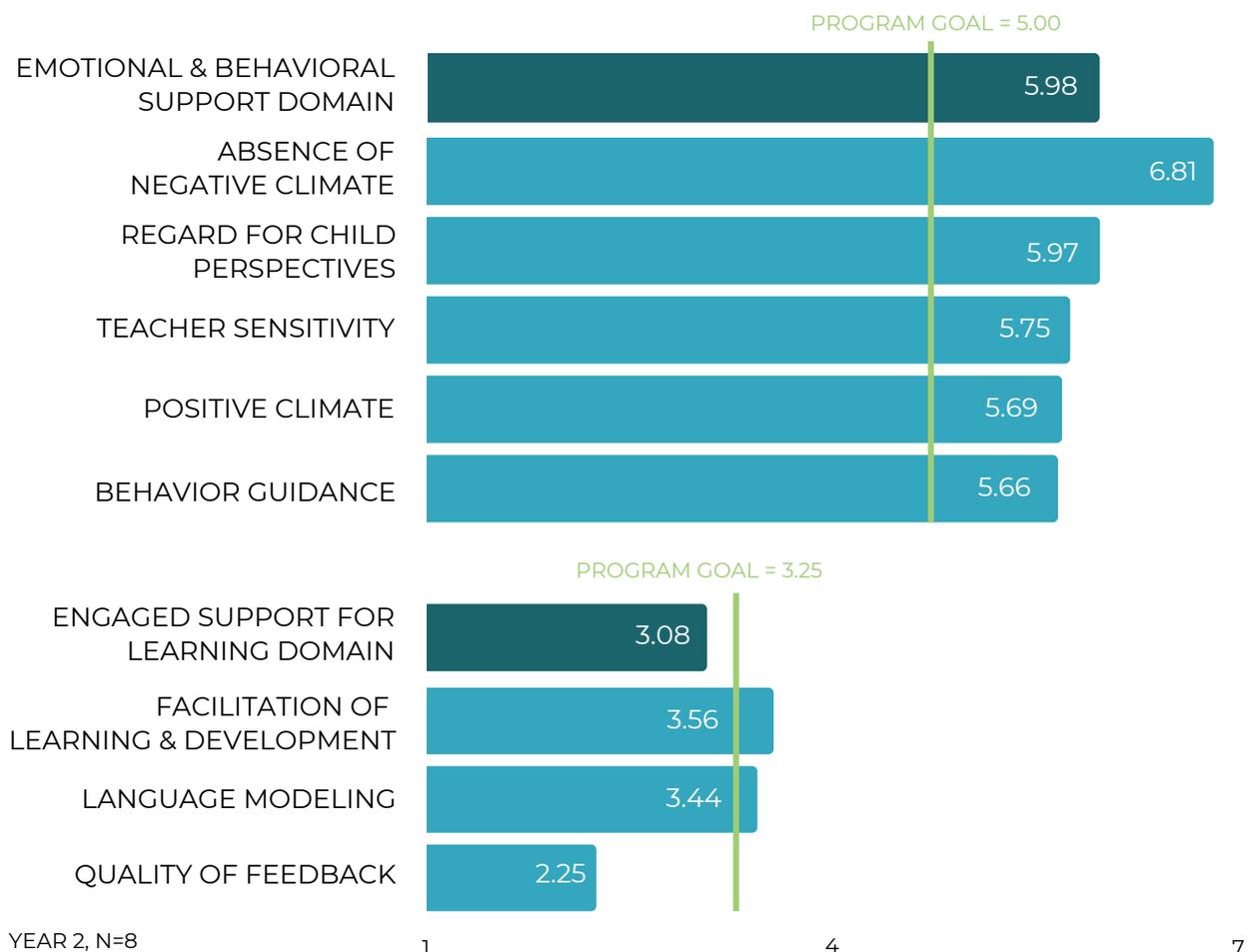
Scoring is based on a 7-point scale, with seven indicating highest quality. The program benchmark is a score of 5.00 or higher in the Responsive Caregiving (infant) and Emotional and Behavioral Support (toddler) domains and 3.25 in the Engaged Support for Learning domain.

Infant CLASS was used in classrooms where most of their children were under 15 months of age. One classroom was observed using Infant

CLASS. Their results are not included due to the small sample size. Toddler CLASS was used in classrooms where most children were 15 months to 3 years of age and with all home-based providers. Eight programs observed were in year two, and three were in year three. The Toddler CLASS results for six center-based classrooms and two home-based providers in year two of CCP are presented below. Year three observations are not included due to the small sample size.

### CCP TEACHERS AND PROVIDERS CONSISTENTLY CREATED EMOTIONALLY SUPPORTIVE AND CARING ENVIRONMENTS

*All classrooms and providers met the program goal in Emotional & Behavioral Support*

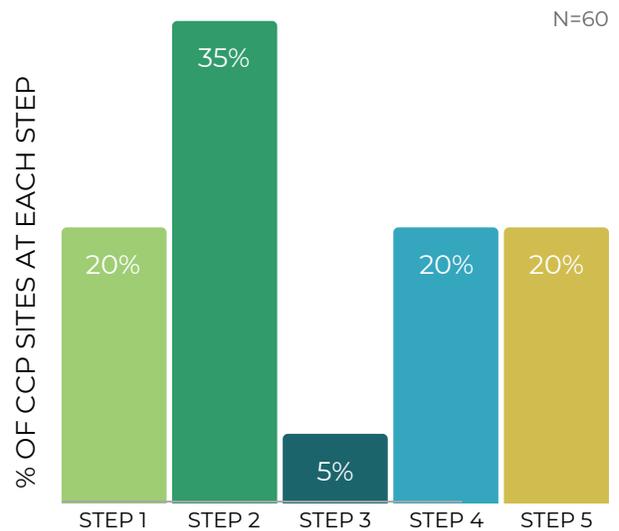


CCP sites demonstrated high quality in teacher-child relationships, as measured in the Emotional and Behavioral Support domain. Teachers were consistently warm, responsive, flexible, and supportive of children. High quality in this domain indicates that CCP providers created an environment of mutual respect between providers and children and in peer-to-peer interactions.

The Engaged Support for Learning domain measures how teachers promote higher-order thinking skills, provide feedback to encourage children’s persistence, and build language and vocabulary skills. Quality of Feedback, which measures how teachers provide feedback that encourages children’s persistence and expands their learning, could be an area of focus for the next program year.



## 45% OF CCP CHILDCARE PROGRAMS WERE AT STEP 3 OR HIGHER



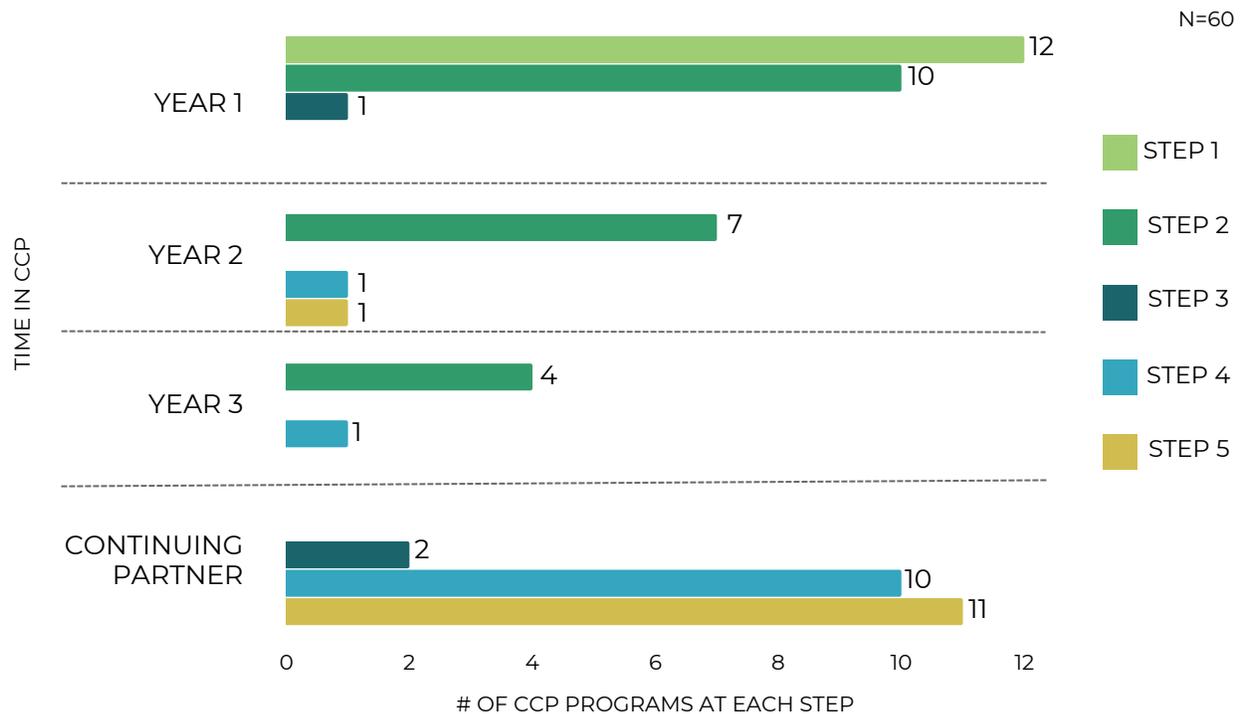
### PROGRESS IN STEP UP TO QUALITY

Step Up To Quality (SUTQ) is a five-step pathway to increasing 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 SUTQ and achieve Step 3 within three years.

The chart above shows the SUTQ ratings for the 60 programs in CCP that had received ratings as of July 2023. While 63 programs participated in CCP this year, three left before ratings were completed. Forty-five percent of programs were at Step 3 or higher, which is the goal of CCP. Because 62% of programs are within their first three years and over a third were in their first year, it would be expected that the majority of sites would not yet have reached Step 3.



## SIXPENCE CCP PROGRAMS MADE PROGRESS THROUGH THE STEP UP TO QUALITY PROGRAM



The graph above shows SUTQ ratings by number of years in CCP. Programs have made progress in working through the SUTQ steps. Most (86%) programs that have been in CCP for 3 or more years (n=28) have reached Step 3 or above. 100% of continuing partners (n=23) achieved a Step 3 or higher, with 48% receiving a Step 5.

### WHAT DID PROVIDERS THINK ABOUT THEIR EXPERIENCE IN CCP?

Providers completed a survey about working with their coach and the support they received this past year. The chart on the next page highlights some of the responses to the survey, reporting the percentage of respondents who strongly agree with the statement. A total of 78 providers

“  
*I have learned to be a better director for my program because of the classes that I have taken. Without our coach's support, to take these classes, I would not have learned as much as I have.*  
 ~ A CCP director

responded to the survey. Overall, the providers had very positive reviews of the CCP experience.

## PROVIDERS STRONGLY AGREE THAT CCP COACHES ENHANCED THE QUALITY OF THEIR PROGRAM

N=78



% OF PROVIDERS WHO STRONGLY AGREE

In addition to the responses reported in the graph, most strongly agree that they worked with their coach to set goals (90%), and their coach provided them with useful child development resources (90%). Ninety percent strongly agree that they are a better childcare provider because of CCP. Most providers said their coach helped them find useful resources in their community (83% strongly agree). Eighty-two percent of responders strongly agree that the

program provided useful resources about childcare business practices, and 78% strongly agree CCP helped them engage with families.

Three open-ended questions regarding support from CPP, ways the CCP partnership could be improved, and anything else respondents would like to share were also on the survey. Respondents reported that **CCP supported their programs** in the following ways:



**Professional support.** Many providers detailed how their coaches shared their expertise in giving activity suggestions, providing guidance on curriculum and materials, and problem-solving on multiple issues. As one participant explained, *“My coach has been a sounding board for many struggles in my day-to-day. She has been a resource when I just needed a*



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*listening ear.*” Through these efforts by CCP coaches, participants expressed gratitude for how they have helped their capacity to be successful at work.

### **Educational training and resources.**

Many participants shared the value of their coach, who helped them find training opportunities, online resources, and events to grow their knowledge of best practices. As one provider disclosed, *“CCP has supported us by helping us get necessary trainings and resources to enhance learning and the environment in the classroom.”* These not only helped with their interaction with children but also with parents and staff.

**Financial resources.** Respondents commented about the improved quality and impact of the materials that were provided through CCP funds. These items include a variety of toys, classroom supplies, organizational furniture, and books. One provider shared that in addition to providing materials, *“[They] helped us to replace and repair our fence for our infant and toddler area.”* The participants also shared how CCP has provided funds for available training—even in some instances providing childcare at no cost—and memberships to agencies that help improve the quality of their programs.



When asked about **improvements**, most participants shared their satisfaction with the current program. Some improvements that participants suggested were:

**More training.** Several participants commented on the need for specified types of training. One participant wanted more opportunities for training around infant classrooms, and another requested more training on childcare business practices. Other suggestions were training focused on lesson planning ideas and a mindfulness class to help model the social and emotional strategies they practice in their classrooms.

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**More relationship building.** Some participants expressed the need for more types of relationship-building or networking. One participant wanted CCP to assist more parent partnerships and parent communication. Another echoed that, asking to strengthen connections with families through effective communication and collaboration strategies and allowing for parent workshops and information sessions. Also requested were ways to help families better understand the work that childcare facilities are participating in.

**More frequent coaching visits.** A few providers requested more visits from coaching. One participant specified more one-on-one coaching time. Another asked to create a set schedule of visits to ensure more frequency.

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

**Program quality.** Most respondents shared how the program had improved their own quality of work and childcare facility. Many praised the coaches they had worked with for their excellent support. They also noted how many of the resources they received were helpful and leveled up their programs. The

connections made through the program were often noted as the best, amazing, and incredible.

## WHAT DID COACHES THINK ABOUT CCP?

All of the active CCP coaches participated in one of two focus groups. One community was not represented due to transitioning to a new coach. A summary of their feedback is reported below.

## THE COACHING EXPERIENCE

**Coach successes.** Many coaches discussed providers' successes with expanding their programs and progressing in Step Up to Quality. Several coaches shared about providers who reached Step 5 in the past year, noting the challenge associated with reaching the top step and all the hard work providers had to put in to achieve that goal. Coaches also took pride in their work with staff, sharing their efforts to expand training opportunities and maintain connections with CCP veterans while building relationships with new participants. One participant shared, *"One of our long-time partners resubmitted, and they finally got a step 5 as a center, which is challenging. We've added three programs last year, and we're going to add at least one, maybe three this year. So, we're staying connected with our veterans, and we keep adding new programs."*

**Changes in Coaching.** Some coaches described changes in their coaching approaches and strategies. Some coaches increased opportunities for staff's collaborative problem-solving. One participant described the collaborative process: *"I sat down with them, and we kind of grouped them, the infant teachers, the toddler teachers, and we're able to bring them all together and let them collaborate and solve some of their internal problems together. But they found that very helpful. And it's something that we're going to continue and maybe change how we start with the program, too."* One coach added reflective coaching to

their practices, and another shared that they changed their approach to be more flexible so they could individualize coaching to meet each provider's needs. Participants also discussed the potential for greater program reach through adding a bilingual coach.

**Relationships.** Participants discussed the benefits of building and sustaining relationships with providers, such as greater accountability, providers' trust in their coaches, and allowing providers to see coaches as resources who can support them. One coach described how developing strong relationships with providers sustains the program, as CCP participants network with other providers and encourage them to enroll.

**Challenges.** Many coaches cited staff turnover as a challenge to achieving higher quality for the programs they support. Losing directors and other staff can impact the points that a program gets for Step Up to Quality, making it difficult to move up or maintain ratings. Some centers also experience staff burnout from the additional trainings they take on to protect their ratings in case directors leave. Coaches described challenges related to staff motivation and openness to feedback. One coach noted, *"My biggest challenge is a provider that doesn't want to have*



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*an environment rating scale or a CLASS. And I know when I go in that I'm not going to change the way she interacts with children, which is frustrating."* Coaches also expressed frustration that some enrolled programs lose the motivation to maintain their Step Up to Quality ratings after they reach Step 3.

**Financial Impact.** Coaches described multiple financial benefits for providers and their communities, including scholarships that offset costs for families who would otherwise need to leave, free or reduced-price training for participants, training hour reimbursement for providers, and CCP-provided materials and resources. Participants noted how one program's enrollment could impact other childcare programs in a community, as they may be inspired to apply for future cohorts or hire providers who engaged in training at the participating program.

**Reducing Coaching Intensity.** Several coaches said they communicate with programs that have reached Step 3 to determine whether reducing or stopping coaching is appropriate. Some coaches said they prefer to wait until programs go further in Step Up to Quality so that the programs are more likely to keep progressing as coaching decreases. Most coaches agreed that they follow providers'

leads if providers want to stop coaching or seek support after a period of reduced intensity. However, some coaches noted that they have had to reduce intensity with programs reaching Step 3 or higher as new programs signed on. One coach said, *"I don't reduce my coaching intensity until they go for step 4 or 5. That's the way the program needs it to be to keep going. When I do discontinue with a partner, it's because they've told me they're done. I don't discontinue it just because they've met the grant requirements."*

## COACHING SUPPORTS

**Early Childhood Coach Consultants.** Opinions were mixed about the coaches level of connection with early childhood coach consultants. Some coaches described contact as low or minimal, with little communication unless they contacted the consultants. Others said their consultants offered many resources and tools, challenged them to grow as coaches, and brought them together for celebrations or meetings beyond Sixpence. One coach described the benefits of working with their consultant: *"I like the way she coaches me as a resource for me to use as a coach with my coachees. And I have utilized tools that she's used with me, and they've just worked wonderfully when I do my coaching."*

**Step Up to Quality Coach.** Most participants who worked with Step Up to Quality coaches felt the collaboration was beneficial. Participants said the Step Up to Quality coaches communicated well, showed openness to collaboration, and often met with them individually or with providers.

**Reflective Supervision.** Many coaches received reflective supervision using the FAN (Facilitating Attuned Interactions) model. Coaches typically appreciated the reflective supervision they received. Participants described how it helped them organize their thoughts, set goals, and process their emotions about their work. Many respondents said they try to apply the same skills and processes to their work with providers to help them explore and brainstorm.



**CCP Support.** Coaches described challenges in receiving effective support, such as scheduling conflicts with regular meetings, meeting cancellations, and difficulty explaining their roles to those who could provide support. One stated, *“I would like to see us coaches who actually do coaching for CCP getting to talk and having a scheduled time.”*

**COACHING WITH ADMINISTRATIVE DUTIES**

Coaches who also had administrative duties discussed the challenges of balancing both sets of responsibilities. One coach said they often prioritize administrative duties when there’s an issue, as those are less flexible. Another coach noted that—because they have a heavy coaching load—they meet less often with each provider and have started giving another team member more responsibilities. One participant explained that they manage both roles by splitting their schedule, so they coach in the morning and manage administrative tasks in the afternoon.

*“I would not be where I am without the partnership we have with CCP. I know that I speak for our teachers as well when I say that we are immensely grateful for this continued partnership!”*

~ A CCP Provider

# CONCLUSIONS & IMPLICATIONS

## Sixpence

**Program Description:** Sixpence just completed its 16th year of implementation, serving 42 school district grantees located in 40 Nebraska counties. Most of the programs have adopted a family engagement model (26), with others serving children in center-based programs (11). A total of 1,254 children and 1,082 families were served in rural (47%), mid-sized (23%) and urban communities (30%). The majority (64%) of the children received family engagement services. Sixpence served families with multiple stressors, with 58% facing three or more challenging factors.

Low income was the leading issue, with 90% of the families qualifying for free or reduced lunch. Program retention rates continue to be high, with 86% of families staying in Sixpence through the end of the program year. Of families who exited prematurely, 68% were in the first year of participation.

**Program Outcomes:** All of the classrooms met the program goal for Emotional and Behavioral Support. Their use of effective strategies to engage the children in learning received a moderate rating and met the program goal.



**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 (93%) meeting the program quality benchmark. The greatest strength is in the area of child engagement. Most (75%) 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 with the exception of Facilitation of Caregiver-Child Interaction. In this area, the greatest strength was in family engagement specialists' relationship-building with families.

▶ **Next Steps:** Continue to provide technical assistance to family engagement specialists to support their practices in the facilitation of caregiver-child interactions during naturally occurring daily routines and activities.

▶ **Next Steps:** Encourage reflection on how home visit content can be generalized to encourage quality caregiver-child interactions during typical daily activities.

**Child Outcomes:** The Sixpence program goal is that children will acquire language and social-emotional skills at the program goal/mid-point of average (standard score = 100) or higher. Less than a third (27%) met the goal for English vocabulary. Over half (68%) of the children met the program goal for social-emotional total protective factors. Children made significant gains in attachment over time.

“

*I have a better understanding about what my baby needs and know how to help her.*

~ A Sixpence parent

”

▶ **Next Steps:** Consider ways to support the promotion of children's vocabulary development, including through the promotion of high-quality caregiver-child interactions.

▶ **Next Steps:** Continue to support children's social emotional growth.

**Health Outcomes:** Health outcomes continue to be very positive, with nearly every child meeting Sixpence health indicators. Most notably, 98% of the families have a medical home and health insurance. The rate of exposure to cigarette smoke fell below the program goal, with 85% of the families living in smoke-free environments. Prenatal outcomes indicate that nearly all mothers received prenatal care (98%) and abstained from drug (98%) and alcohol use (96%) while pregnant. Most (90%) mothers initiated breastfeeding, but few (10%) continued for at least six months. Most (87%) of the women did not smoke during pregnancy. Many (92%) of the babies were born full term.

▶ **Next Steps:** Consider what supports are needed to decrease the number of mothers who smoke during pregnancy.

▶ **Next Steps:** Consider ways to support breastfeeding practices so that more mothers, who are served prenatally, nurse their babies for a longer duration.

**Family Outcomes:** Parents demonstrated positive relationships with their children, with half (50%) scoring in the high range for this area on the caregiver-child interaction assessment. Fewer of the families (21%) scored in the high range for promoting learning and supporting confidence (23%) through play.

 **Next Steps:** Identify additional strategies to strengthen caregiver-child interaction skills over time.

Sixpence parents who entered the program without a high school diploma made great strides in reaching this goal. Over half (56%) of the mothers obtained their high school diploma or were on track to meet this goal by the end of the program year. Fewer fathers (32%) had similar success.

## Sixpence Child Care Partnerships

**Program Description:** The Child Care Partnerships, a collaboration of school districts and local childcare programs, served 63 childcare programs across 9 communities. A total of 29 childcare centers and 34 family childcare homes participated. Demographics were reported for 1,081 children. About 23% of the children received childcare subsidy, which is an indicator of low income. The providers

“  
*I love the group activities with other families and meetings with just our Sixpence teacher. It provides time for us to be out of the house and helps the kids to be engaged in learning activities instead of being stuck in a house.*

~ A Sixpence parent

”

received coaching two to four times a month. Coaches also offered training in high-quality early childhood practices throughout the year.

### **Child Care Program Outcomes:**

Baseline ERS observations fell into the mid-range for Year 1 sites. Year 2 overall CLASS observation scores met the threshold for quality in all domains. With coaching and support, over half of the programs met the grant requirement of reaching Step 3 in the Step Up to Quality rating system. Childcare 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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**CCP Coaching Experiences:** Coaches expressed feeling overall successful in the coaching process. Several new partners were added last year, and many of their existing partners received higher ratings in SUTQ. Coaches have adapted their coaching sessions to meet partners' individual needs and have put in the effort to build genuine relationships. The financial benefits they can offer partners, such as scholarships and reimbursement for professional development, are impactful to both the partners and the community.

Along with collaborating with their fellow CCP coaches, coaches had several other supports available to them, such as Early Childhood Coach Consultants, SUTQ Coaches, and Reflective Supervision. Coaches who also have administrative duties said balancing their time was challenging, but they have found strategies that

“  
[My coach] has been amazing, and I am so glad she sought me out for this program. She has improved me, my daycare business, my daycare kiddos and their families, my own family, plus many home providers in our area!  
~ A CCP Provider  
”

overall enable them to meet both roles' responsibilities.

- ▣ **Next Steps:** Consider ways to establish consistent collaboration opportunities among the CCP coaches.

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## REFERENCES

America's Health Rankings (2023). Annual Report, Health of Women and Children-Nebraska summary. Retrieved from <https://assets.americashealthrankings.org/app/uploads/unitedstates-all-hwc2023.pdf>

Centers for Disease Control and Prevention (2022). Breast Feeding Report Card Ind2022. Retrieved from <https://www.cdc.gov/breastfeeding/pdf/2022-Breastfeeding-Report-Card-H.pdf>

# ASSESSMENTS

Assessment	Authors	Scoring	Subject	Content
<b>Program Quality Measures</b>				
<b>ITERS-3</b> 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
<b>FCCERS-3</b> Family Child Care Environment Rating Scale – Third Edition	Harms, Cryer, Clifford, & Yazejian, 2019	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
<b>Toddler CLASS</b> <b>Infant CLASS</b> 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)
<b>HOVRS-A+ v.3.0</b> Home Visit Rating Scales – Adapted & Extended	Roggman, Cook, et. al., 2019	Scale 1-7 1 = needs support 7 = excellent	Family engagement specialist	Home visit practices and family engagement during home visits
<b>Child Outcome Measures</b>				
<b>PPVT-V</b> Peabody Picture Vocabulary Test	Dunn, 2019	Standard Score 85-115 Average range	30 months of age and older	Receptive vocabulary
<b>e-DECA 2.0 (IT and P2)</b> Devereux Early Childhood Assessment Infant/Toddlers	LeBuffe & Nagliere, 2012	Standard Score 41-59 Average range	4 months of age and older	Measures social-emotional protective factors & behavior concerns
<b>Parent Outcome Measures</b>				
<b>KIPS</b> 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



