

# Sixpence Early Learning Fund

2016-2017 Evaluation Report  
September 2017



**Collaborate. Evaluate. Improve.**

*Interdisciplinary Center for Program Evaluation*



Sixpence



# SIXPENCE EARLY LEARNING FUND 2016-2017 Annual Report

In 2006, the Nebraska Legislature passed LB1256 establishing the Nebraska Early Childhood Education Endowment Grant Fund to serve vulnerable young children, prenatally to age 3. This public-private partnership, known as Sixpence, funds grants to school districts across Nebraska to provide programs and services for infants, toddlers, and their families who are most at risk of school failure. The purpose of the Sixpence Programs is to help promote children’s opportunities to experience positive environments that provide for their healthy growth and development during their earliest years. Sixpence builds community level partnerships that focus on meeting the developmental needs of very young children and supporting parents as their child’s first and most important teacher, helping to ensure their child’s success in school and later in life.

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

The map below shows the programs across Nebraska that the Sixpence Early Learning Fund supports, by type.



GRANTEES TYPE

Home-based	Combination Home-/Center-based
Center-based	Child Care Partnership

9/20/2016

This evaluation report is presented in two sections. The first section provides the program description, participant demographics, program quality measures, and child and family outcomes for the original Sixpence programs. The second section describes the CCP program and the results of the first year of the implementation.

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# SIXPENCE PROGRAMS

## What is Sixpence?

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In the 2016-2017 program year, the Sixpence Early Learning Fund supported 31 school district grantees across the state. This was Sixpence's ninth year of serving young children in Nebraska. The majority (68%) of Sixpence Programs were in rural communities.

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

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

Most of the children (71%) participated in family engagement home-based services. These included year-round weekly individualized sessions in the family's home and in community locations, as well as group socializations, where families gathered to play, learn and build community. Fewer children (29%) participated in the center-based programs most of which provided full-day, year-round services. All of the center-based programs used strategies to engage parents in their child's education program and conducted home-visits twice a year with the family.

## CHILD AND FAMILY DEMOGRAPHICS

### Who were the children and families served?

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In 2016-2017, Sixpence served 1,110 children and 956 families across 31 grantees. This year, 71 mothers were served prenatally and had their babies prior to June 30, 2017.

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

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



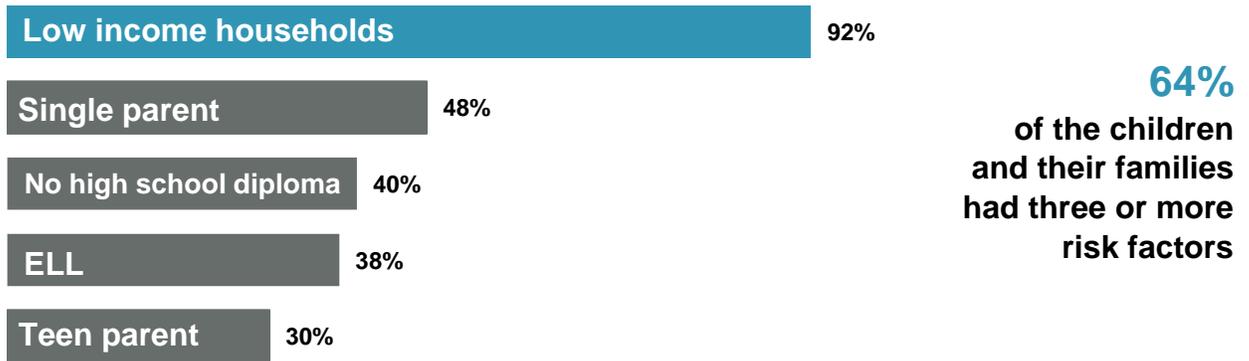
Sixpence Programs serve infants and toddlers (birth to age three) who are most at risk of failure in school. The children served must have at least one of the five qualifying risk factors:

- ▶ Poverty, as defined by Federal guidelines for free or reduced lunch

- ▶ Born prematurely, with typical or low birth-weight
- ▶ English is not the primary language spoken in the home (ELL, English Language Learner)
- ▶ Parents who are younger than 20
- ▶ Parents who have not completed high school

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

**Low income was the leading risk factor for Sixpence families.**

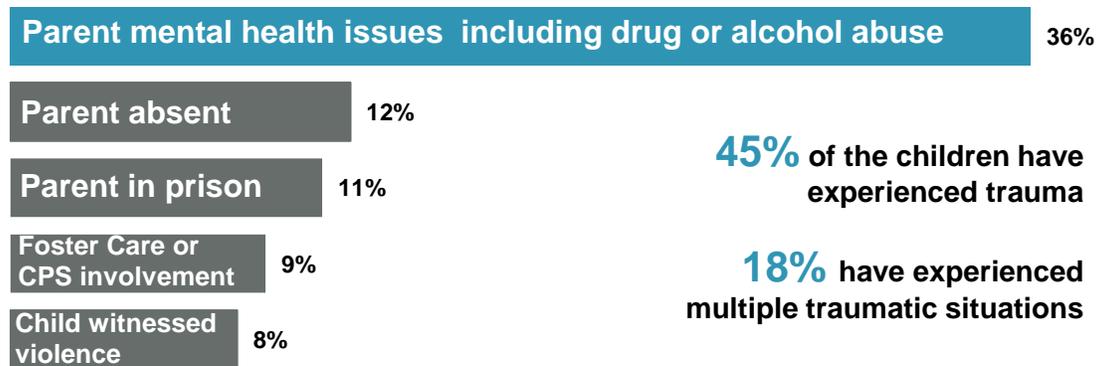


n=1,110

Of the five qualifying risk factors to participate in Sixpence, premature birth or low birth weight was the least common, with 10% of the children meeting this criteria. Most (64%) of the children served in Sixpence had three or more risk factors.

Additional risk factors relating to child trauma were collected in the spring from 854 families.

**The most common trauma for Sixpence children was having a parent with mental health issues including drug or alcohol abuse.**

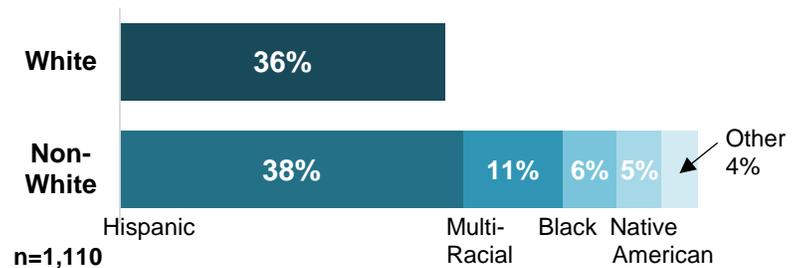


n=854

## Child Demographics

Sixpence served slightly more males (52%) than females (48%). A total of 13% of the children received special education services through Nebraska's Early Development Network. The majority of the children (70%) were under the age of one at the time of entry into Sixpence.

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



## What was the retention rate of families in the program?

**The Sixpence retention rate was 83%**

Sixpence has a strong record of retaining families in the program. In 2016-2017, 83% of the families stayed in the program through June 30, 2017, or until their child aged out of the program. Of the 193 children who left the program prematurely, most (57%) 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 a family move (39%), poor attendance (13%), and family issues that made it difficult to participate (11%).



**“What I like most is being able to learn about my child's development. I like knowing if she is on track with her development. I also enjoy the group meetings we have with special guests and receiving new books.”**

**A parent reflects on Sixpence**

## EVALUATION FINDINGS

A comprehensive evaluation process was conducted to monitor the implementation of the Sixpence programs and assess progress towards identified program outcomes. Information was collected and reported uniformly across programs. Data was 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 there is fall and spring data, we report change over time. We also analyze the data in order to determine the relationship of family risk factors, and family home language on child and family outcomes.

### Analyses

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



## PROGRAM QUALITY OUTCOMES

### What was the quality of center-based services?

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

#### Classroom Assessment Scoring System (CLASS) Results

CLASS scoring was based on a one-hour videotape of classroom interactions. Both the Infant and Toddler CLASS rate 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 7 indicating highest quality. The quality program benchmark is a score of 5 or higher. The CLASS results for 12 classrooms are presented below.

#### Sixpence center-based teachers consistently created emotionally supportive and caring environments in their classrooms.

Engaged Support for Learning was of moderate quality.



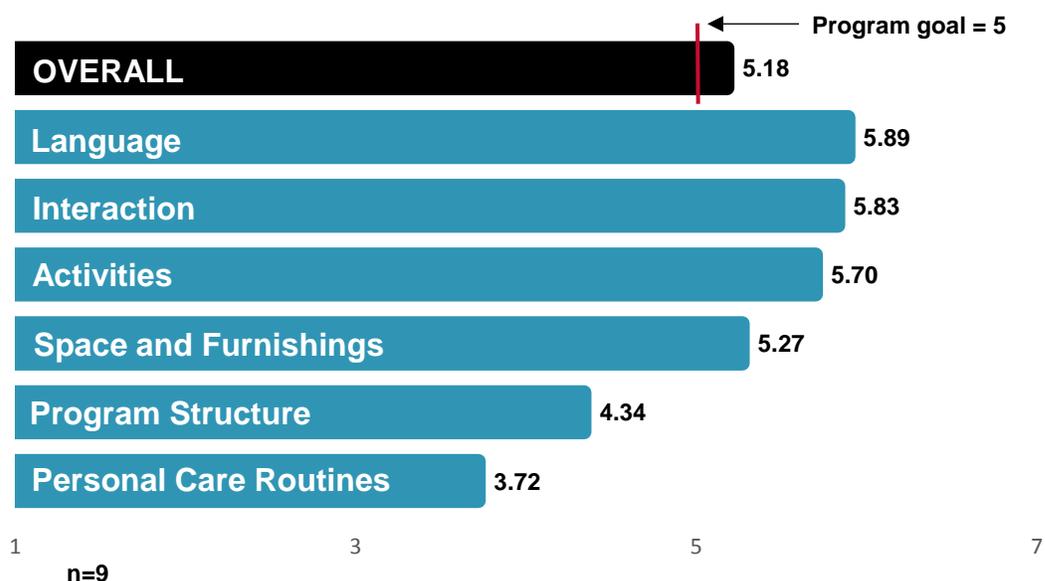
Sixpence classrooms demonstrated high quality in the area of teacher-child relationships. The teachers were consistently warm, responsive, flexible, and supportive towards children with 100% of the classrooms meeting the program quality benchmark. This is an increase over the previous year when 94% of classrooms met the benchmark. High quality in this domain indicates Sixpence classrooms created an environment of mutual respect between teachers and children and in peer to peer interactions. Overall, engaged support for learning was in the moderate range; almost a third (29%) of the classrooms met the program benchmark of 5 in this area. This is a decrease from the previous year when 67% of the classroom met the quality benchmark.

**In the area of social-emotional support, 100% of classrooms met the quality benchmark**

## Infant/Toddler Ratings Scales-revised (ITERS-R) Results

The ITERS-R assessment was conducted in classrooms with a new teacher or a new setting, or in classrooms that had not met the quality benchmark in the previous year. The ITERS-R is based on a three-hour, in-person observation. Scoring is based on a 7-point scale with 7 indicating highest quality. The following graph shows ITERS-R subscale and overall averages for nine classrooms. The program goal is a score of 5 overall.

**Most Sixpence classrooms met or exceeded the Sixpence program goal. Personal Care Routines and Program Structure are areas for improvement.**



On average, Sixpence classrooms continued to rate highly on the ITERS-R and consistently demonstrated high quality practices in almost every subscale, with the exception of Program Structure and Personal Care Routines.

The majority (67%) of classrooms met the program benchmark for the ITERS-R for the Overall score. The majority of classrooms demonstrated high-quality practices in the areas of Language (78%), Activities (78%), Interaction (89%), and Space and Furnishings (78%). High-quality ratings in these areas indicate many teachers engaged children in interactions to foster understanding and language development, interacted with children in a responsive manner, encouraged peer to peer interactions, and provided adequate space and furnishings for daily routines and activities. Less than half (44%) of programs demonstrated high quality practices in Personal Care Routines. This area measures how classrooms utilized hygienic, healthful and safe practices during daily routines such as mealtime, naptime, and diapering/toileting. Few programs (22%) demonstrated quality practices in the area of Program Structure, which assesses the daily schedule, the amount of time children engage in both free play and group activities, and provisions for children with disabilities during classroom activities.

## What was the quality of family engagement services?

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The *Home Visit Rating Scales-Adaptive and Extended* (HOVRS-A+ v.2.1) assesses the quality of family engagement sessions based on a video recording of a home visit. HOVRS-A+ v.2.1 is scored on a 7 point scale, with 7 indicating high quality home visitation practices. The HOVRS-A+ v.2.1 results are reported in two domains. The first, Home Visit Practices, measures the home visitor's responsiveness to the family and how the visitor facilitates parent-child interaction, builds relationships with the family, and uses non-intrusive approaches. The second domain, Family Engagement, measures parent-child interaction, and the level of parent and child engagement within the activities of the home visit.

In 2016-2017, 40 of the 51 Sixpence home visitors were assessed. Those who did not have the HOVRS-A+ had previously demonstrated high quality home visit practices (a score of 6.0 or higher) for two consecutive years. The results of the HOVRS-A+ v.2.1 indicated the majority (75%) of home visitors met the program quality benchmark (a score of 5.0 or higher) in the area of home visit practices signifying incorporation of best practices during their sessions. Family engagement during home visits was high, with the majority of families (93%) highly engaged. The quality of home visit practices was high even with the exclusion of a subset of veteran home visitors (22%) who previously demonstrated high quality home visit practices.

### **Most home visitors consistently used best practices to support families.**

**Nearly all families were highly engaged during home visits.**

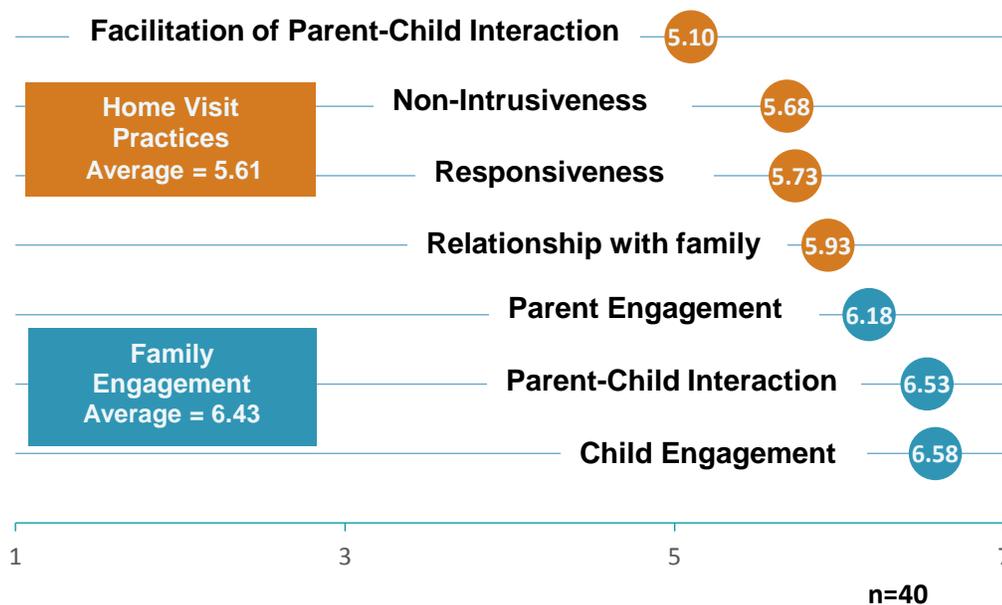


As shown in the following chart, the average scores in 2016-2017 for the Home Visit Practices and Family Engagement domains exceeded the program quality benchmark of 5.0. The Home Visit Practice score was 5.61 and the Family Engagement score was 6.43.

In the Home Visit Practices domain, on average all subscales met the quality benchmark. Home visitors showed the greatest strength in building relationships with families. A high rating on this scale indicates the home visitor and family are frequently engaged in warm, positive behaviors during the home visit. Relatively low ratings were in the home visitor’s facilitation of parent-child interactions.

In the Family Engagement domain, on average all subscales met the quality benchmark. The greatest strength was in the area of Child Engagement. A high rating on this scale indicates that the child frequently displayed behaviors that indicate engagement and interest in the home visit.

**Home Visitors engage in high-quality practices.  
Families were highly engaged during home visits.**



“This program involves children in so many different activities, which is great. Kids learn by doing and having positive experiences and this program does that plus more. These ladies are amazing.”

A parent reflects on Sixpence



## CHILD OUTCOMES

### What were the children’s language outcomes?

Three standardized assessments were administered to monitor the children’s language outcomes. For children ages 8 months and older whose primary language is English, parents completed the Developmental Assessment of Young Children, 2<sup>nd</sup> edition, (DAYC-2), a measure of Receptive and Expressive language. Children ages 8 to 30 months whose primary home language is Spanish were given the MacArthur-Bates Communicative Development Inventories (CDI), a parent report assessment measuring language production and comprehension. The Peabody Picture Vocabulary Test–IV (PPVT-IV), a direct child assessment measuring vocabulary, was administered to children at age 3 whose primary language was English and for all children in center-based services, regardless of language.

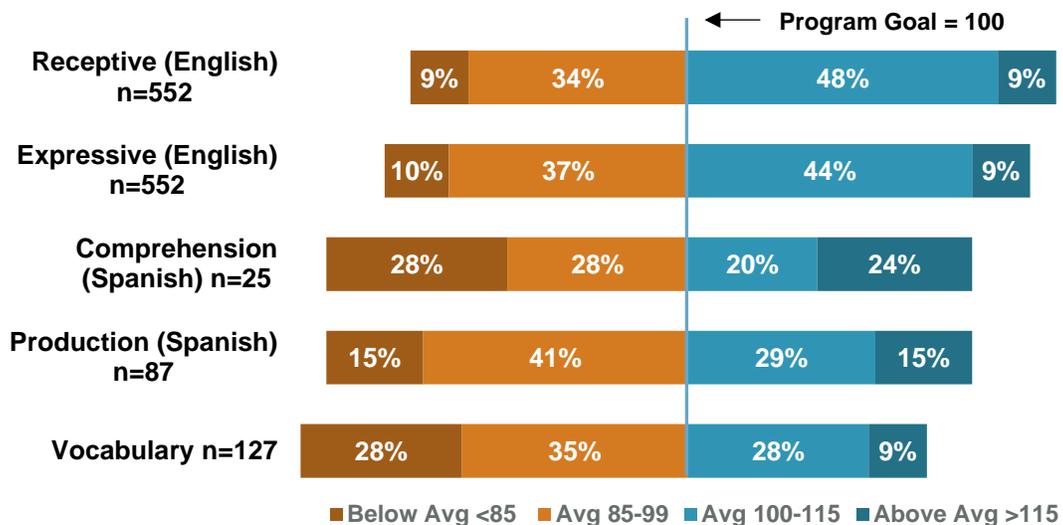
The results are reported in two ways. The first section shows language outcomes in the spring, reporting the percentage of children who met the program goal. The second section shows how average scores changed from fall to spring for children who had the assessment at two points in time.

### What were the language results after a minimum of six months in Sixpence?

The chart below presents the language outcomes for the children in four quartiles. The percentage indicated on the color bar indicates the percentage of children who scored in that range. Blue shades indicate the percentage of children meeting the goal. Orange shades indicate the percentage of children who did not meet the goal. The Sixpence program goal is a standard score of 100, which is the midpoint of the average range.

### Over half of the children met the program goal for Expressive and Receptive language in English by spring.

Just over a third of the children met the program goal for vocabulary.

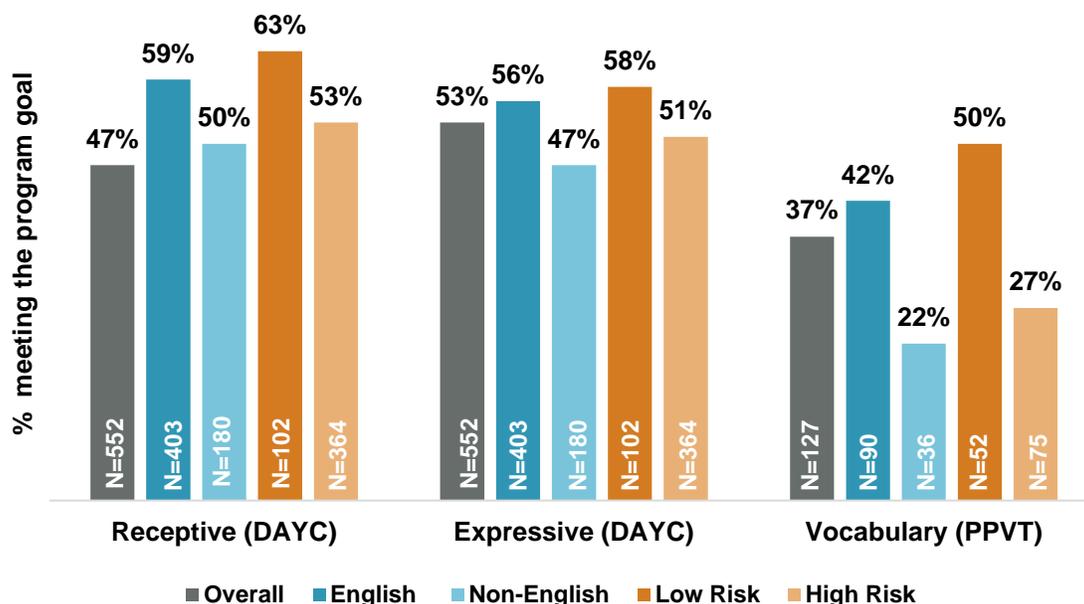


The majority of children met the program goal of scoring at or above the national average on the two scales of the DAYC-2: Receptive language (57%) and Expressive language (53%). Less than half of the children (44%) met the program goal on the MacArthur Spanish language assessment in both Comprehension and Production. Fewer children had these assessments completed because of the age limits. The Comprehension scale is for ages 8 to 18 months. The Production scale is for 8 to 30 months. Just over a third of the children (37%) met the program goal on the PPVT-IV vocabulary assessment.

An additional analysis was done to compare the English language outcomes based on home language and risk factors. It is important to note that a number of children whose home language is not English were assessed with the DAYC-2 and the PPVT-IV which are English language assessments. Although program staff have the option to substitute the MacArthur Spanish language assessment for the DAYC-2 for children ages 8 to 30 months, they may decline to do so because the family also uses English and/or the child communicates well in English. For the PPVT-IV, 29% of the children assessed have a primary home language that is not English. For the DAYC-2, the rate is 27%. Low risk is defined as having up to two risk factors. High risk is defined as three or more.

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

**By spring, children with fewer risk factors or whose home language is English met the program goal at a higher rate (ranging from 7 to 23 percentage points) than those with 3 or more risk factors or whose home language is not English.**



Across all three scales, Sixpence children who have fewer risk factors and/or use English as the primary home language had a higher rate of meeting the program goal, which is a standard score of

100, the mid-point of average. On both DAYC-2 scales, these children exceeded national norms, as more than 55% were at or above the national average. Children with low-risk had the strongest outcome on Receptive language where 63% met the program goal.

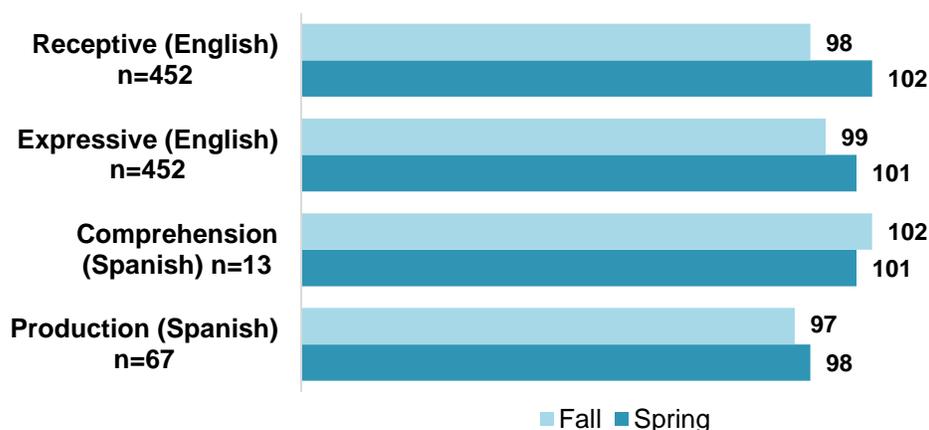
Overall, vocabulary outcomes lag behind the outcomes for Receptive and Expressive language, but the trends for each subgroup were similar. Children with fewer risk factors had the best outcomes. The greatest gaps between groups appear in the vocabulary results. Children whose primary language is English met the program goal at a much higher rate (44% vs. 22%) than their peers who do not have English as the primary language in the home. The difference was even greater when results were compared by risk factors. Children with fewer risk factors met the program goal at a higher rate (50% vs. 27%) than peers with more risk factors.

It is noteworthy that far more Sixpence children met the program goal for Expressive and Receptive language than they did for vocabulary. These results may reflect differences in the scales themselves. Moreover, the assessments measure different aspect of children's language skills. In addition, the results may be influenced by the age at the time of assessment. The DAYC-2 results include a broad range of children aged eight months to age 3, with more children being assessed at the younger ages. The PPVT-IV only reports children's competencies at age 3. Scores tend to be higher for babies and this in part reflects the limited number of skills needed to score in the typical range. As the child becomes older, the range of skills that reflect typical development expands. In addition, the effects of their experiences are more likely to influence language skills over time (Hart & Risley, 1995).

### How did children's language skills change from fall to spring?

An analysis was done to measure children's language development over time on the DAYC-2 English language assessment and on the Spanish MacArthur. Since the PPVT-IV is only completed at age 3, there is no data to track change over time; however, the overall average was 94. The following chart shows the average scores at fall and spring.

**Average scores increased on all scales, except for Spanish production, from fall to spring.**



For every area except Spanish production, the spring average scores were above the mid-point of average. Spanish production was two points below the mid-point. The average changes from fall to spring ranged from 1 to 4 points.

### **Did language skills change significantly over time and did child risk and family home language predict outcomes?**

To determine if the changes in Receptive and Expressive language from fall to spring were significant, an HLM analysis was done that compared change scores across the 31 Sixpence programs. This methodology was chosen because it controls for the variability from program to program and for the shared variance within the same program. HLM was also used to determine the impact of child risk factors and family home language on the language outcomes. The analysis could not be completed for the MacArthur because of the small sample size.

#### **Receptive Language – English**

Approximately 14% of the variability in Receptive language was due to the program site, indicating that the Receptive language scores were different across sites. A significant change in the Receptive language scores from fall to spring was found when controlling for low/high risk and for home language status ( $p < .01$ ). Risk was also a significant predictor of Receptive language scores. Children with three or more risk factors scored significantly lower on Receptive language than children with only one or two risk factors ( $p < .001$ ). Children at higher risk scored 3.5 points lower on average than lower risk children (2 or fewer risk factors).

Family home language did not predict Receptive language outcomes,

#### **Expressive Language – English**

Approximately 10% of the variability in Expressive language was due to the program site, indicating that the expressive language scores were different across sites. A significant change in the expressive language scores from fall to spring was found when controlling for low/high risk and for home language status ( $p < .05$ ).

Risk was also a significant predictor of Receptive language scores. Children with three or more risk factors scored significantly lower on Receptive language than children with only one or two risk factors ( $p < .01$ ). Children at higher risk scored 2.2 points lower on average than lower risk children (2 or fewer risk factors)

Family home language did not predict Expressive language outcomes.

A survey of literacy practices in the home found the following:

**78% of parents read to their children at least 3 times a week**

**38% read to their children every day**

**83% of families have more than 10 children's books in their home.**

**57% of parents play games with their children every day.**

**Receptive and Expressive  
English language scores  
improved significantly  
from fall to spring**

**Children with three or more  
risk factors had  
significantly  
lower scores than children  
with fewer risk factors**

**Family home language  
did not predict  
Receptive or Expressive  
language scores**

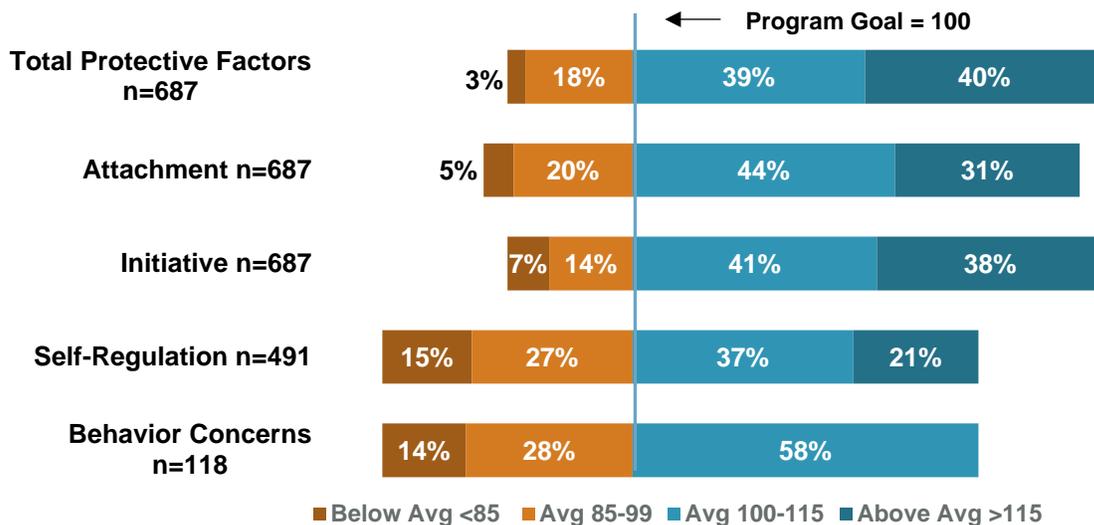
## What were the social-emotional outcomes of the children?

Parents or classroom teachers completed the Devereux Early Childhood Assessment (DECA), a standardized social-emotional assessment that measures children’s Total Protective Factors overall and in three subscales: Initiative, Attachment, and Self-Regulation. Fewer children have a score for Self-Regulation because it is for children ages 18 months and older. The Behavior Concerns score is only for children age 3 and older.

### What were the social-emotional outcomes after a minimum of six months in Sixpence?

The chart below presents the social-emotional outcomes for the children in four quartiles. The percentage indicated on the color bar indicates the percentage of children who scored in that range. Blue shades indicate the percent of children meeting the goal. Orange shades indicate the percentage of children who did not meet the goal. The Sixpence program goal is a standard score of 100, which is the midpoint of the average range.

**Most of the children met the program goal for social-emotional competencies across all areas by spring.**  
**Fewer children met the goal in Behavior Concerns and Self-Regulation.**



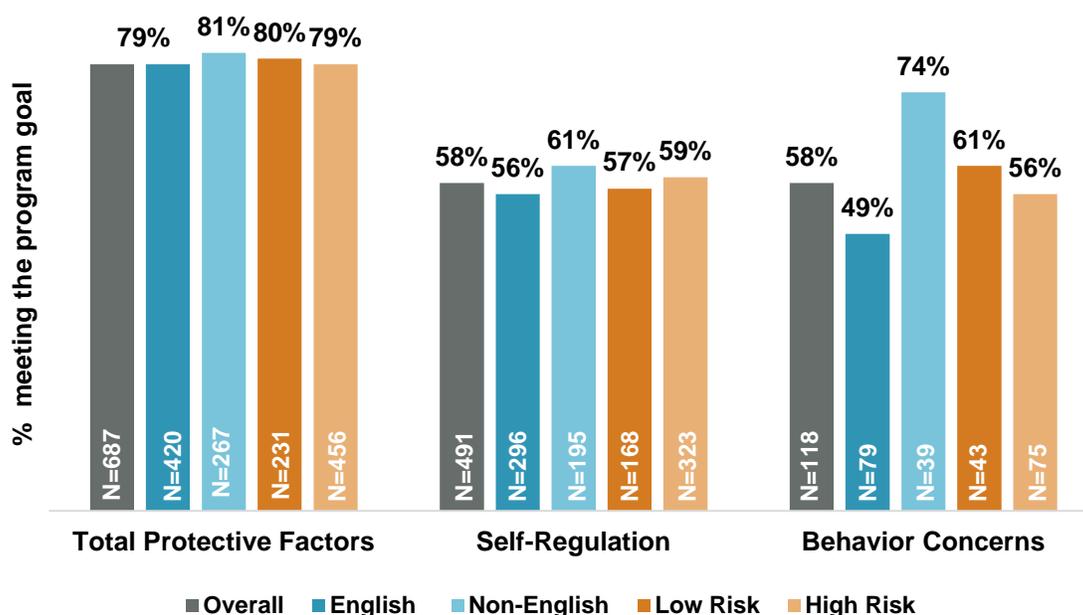
By spring, large percentages of children met the program goal for social-emotional skills. In the areas of Attachment, Initiative, and Total Protective Factors, 75% to 79% of the children scored at the mid-point of average or above. More than half (58%) of the children met the program goal for Self-Regulation and Behavior Concerns. It is notable that 15% and 14% of the children scored in the below average range for these two scales, respectively. Programs may want to consider providing additional support for the children whose results indicate poor self-regulation skills and/or

**By spring**  
**79%**  
**of the children**  
**met the program goal**  
**for social-emotional**  
**competencies**

elevated negative behaviors. (For Behavior Concerns, scores below 85 indicate concerning behaviors outside the typical range.)

The following chart compares the percentage of children meeting the program goal based on primary home language and risk factors for Total Protective Factors, Self-Regulation, and Behavior Concerns. Results across groups for Attachment and Initiative were similar to Total Protective Factors so they are not included in the chart.

**Children whose primary home language is not English met the program goal at a higher rate than children whose primary home language is English for Self-Regulation and Behavior Concerns.**



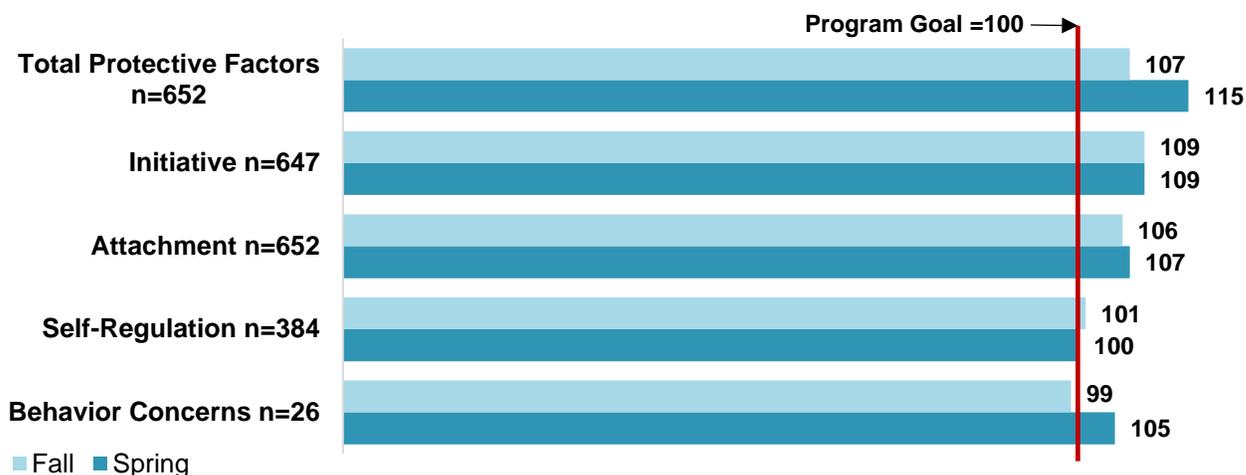
For Total Protective Factors, the children met the program goal at a similar rate regardless of home language or risk factors. In the area of Self-Regulation, there was some variability based on home language. The majority (61%) of the children whose primary home language is not English met the program goal, which is a rate that is five points higher than the English home language group. Results were similar across children with low risk and children with high risk.

The greatest difference between groups was in the area of Behavior Concerns based on children’s home language. Most (74%) of the children whose primary home language is not English met the program goal. This rate is much higher (74% vs. 49%) than the English home language group. A comparison of the results based on risk factors also showed a difference but it was much smaller than the different outcomes based on primary language. Children at low risk met the program goal at a rate of 61%. Children at high risk met the goal at a rate of 56%.

**How did children’s social-emotional skills change from fall to spring?**

An analysis was done to measure children’s social-emotional development over time. A total of 647 children had fall and spring assessments. The chart below shows the change over time across the five areas.

**Sixpence children were on target for social-emotional competencies.  
Sixpence averages were at or above national averages.**



On average, Sixpence children scored above the national mean for social-emotional competencies in all but Behavior Concerns at fall and in every area by spring. Strongest results were in Total Protective Factors where the average scores increased by eight points from fall to spring. Behavior Concerns had a six point increase. The remaining subscales were stable over time.

**Did social-emotional skills change significantly over time and did child risk and family home language predict outcomes?**

An HLM analysis was done that compared change scores across the 31 Sixpence programs. This methodology was chosen because it controls for the variability from program to program and for the shared variance within the same program. It was also used to measure the impact of child risk and family home language. The analysis could not be completed for the Behavior Concerns subscale because of the small sample size.

**Total Protective Factors**

Approximately 26% of the variability in Total Protective Factors was due to the program site, indicating that the scores were different across sites. A significant change was found in the Total Protective Factors scores when controlling for low/high risk and for family home language ( $p < .001$ ).

Neither risk nor family home language predicted Total Protective Factors scores.

**Total Protective Factors  
improved significantly  
from fall to spring**

**Risk factors and  
family home language  
did not predict  
Total Protective Factor  
outcomes**

### Attachment

Approximately 10% of the variability in attachment was due to the program site, indicating that the scores were different across sites. A significant change in the attachment scores from fall to spring was found when controlling for low/high risk ( $p < .01$ ). Risk was also a significant predictor of Attachment scores. Children with three or more risk factors scored significantly lower on Attachment than children with only one or two risk factors ( $p < .05$ ). Children at higher risk scored 1 point lower on average than lower risk children.

Family home language did not predict Attachment scores.

### Initiative

The analysis did not find significant changes from fall to spring for this subscale. Risk factors and family home language did not predict Initiative scores.

### Self-Regulation

Approximately 21% of the variability in Self-Regulation was due to the program site, indicating that the scores were different across sites. There was no significant change in scores from fall to spring. Family home language was a significant predictor of Self-Regulation scores. Children with a home language that was not English scored significantly higher than children whose home language was English ( $p < .001$ ). They scored 2.83 points higher on average than children whose primary home language was English.

Risk factors did not predict Self-Regulation scores.

**Children with three or more risk factors had significantly lower Attachment scores**

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

**“Sixpence offers lots of opportunities and gives so much help and information. I am becoming a better parent because of this program.”**

**A parent reflects on Sixpence**



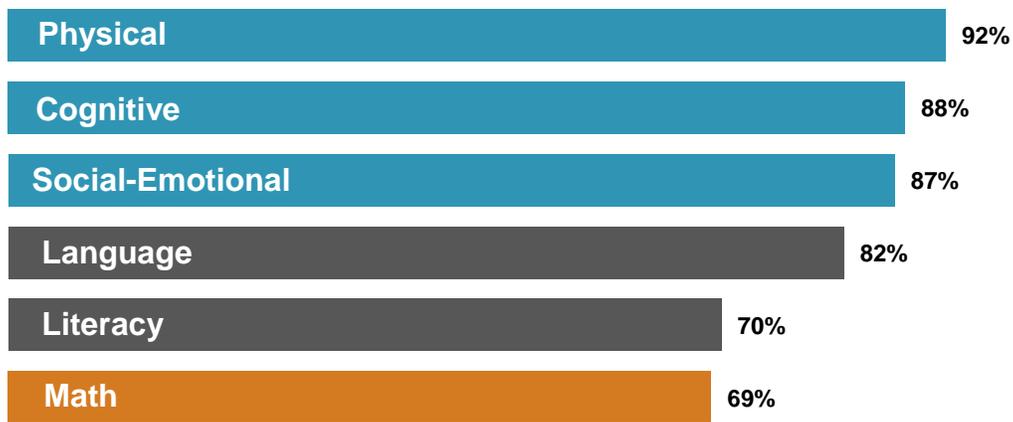
## What were the children’s developmental outcomes?

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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 in this assessment include: cognitive, language, fine motor, social-emotional, literacy, and math. TS GOLD established widely held expectations for each age group. These expectations include the skills that children at a given age group would obtain based on research in the field. Assessments were completed on an ongoing basis. For this report, spring checkpoint data were analyzed to monitor children’s progress towards achieving widely-held expectations. Data for this report was collected for all children [i.e., typically developing (83%) and those with IFSPs (13%)]. A total of 644 children had assessment data collected in the spring.

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

Lower percentages of children were meeting expectations in math and literacy.



n=644

#### % of Children meeting Widely Held Expectations

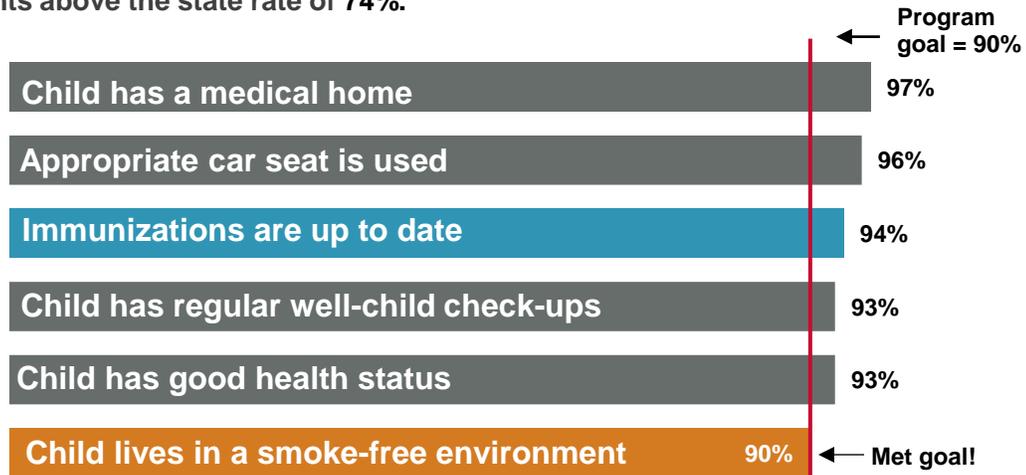
The majority of the children were meeting widely-held expectations across all developmental areas. Strengths were in the areas of physical, cognitive, and social-emotional competencies. Fewer children met expectations in math and literacy.

## HEALTH OUTCOMES

### What were the children’s health outcomes?

**Nearly all of the children met every Sixpence health indicator.**

Sixpence immunization rates were 3 percentage points above the previous year and 20 points above the state rate of 74%.



n = 854

In the spring, health and risk factor updates were collected for 854 families. Results indicate that in every category, Sixpence families made healthy choices for their children. Nearly every family had a consistent medical provider who they saw for regular checkups and immunizations, as opposed to using the emergency room for routine health needs. While most of the children were in good health, 7% had a chronic medical condition such as asthma. This is the first year since collecting smoke exposure data that Sixpence met the goal of 90% of children being in a smoke-free environment. Nearly all (94%) of the Sixpence children are up to date with their immunizations. This is much higher than the Nebraska rate of 74% (Centers for Disease Control, 2015).

“The thing I like most about this program is being able to interact with other moms and asking questions when I have a problem.”

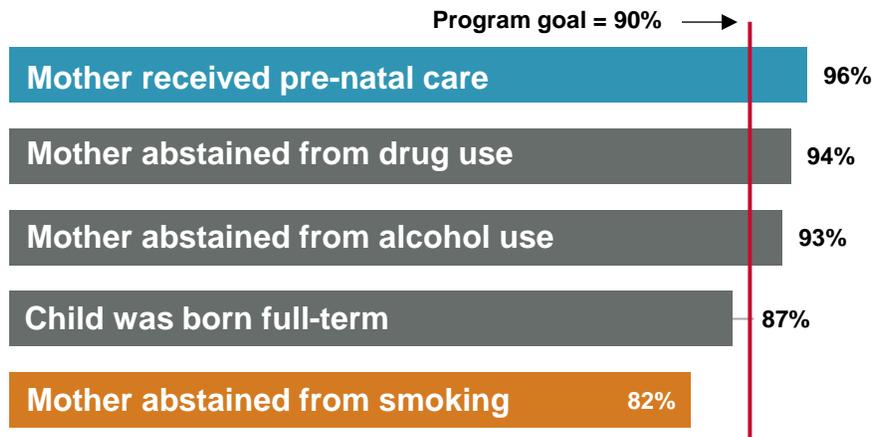
A parent reflects on Sixpence



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

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**Nearly all of the pregnant mothers received consistent prenatal care.**  
The rate of abstaining from smoking increased 8 percentage points over the previous year.



n=54

During the program year, 71 babies were born to mothers participating in Sixpence. A total of 54 mothers completed the prenatal health survey.

Results indicate that Sixpence mothers engaged in a number of healthy practices to promote the health of their infant. Nearly all Sixpence mothers received consistent pre-natal care. Most (93%) of the mothers abstained from risky behaviors while pregnant. Most (87%) of the babies were born full-term with healthy birth weights. The area of prenatal health that falls farthest below the program goal is the rate of mothers (82%) who abstain from smoking while pregnant. However, smoking abstinence rates have risen over the previous year when only 74% abstained.

Most (87%) new mothers served by Sixpence initiated breast feeding, which surpassed the rate for Nebraska mothers which was 81% (National Center for Chronic Disease Prevention and Health Promotion, 2016). At the spring family survey, 12 mothers reported that they were still breast feeding their babies who ranged in age from 1 to 15 months. For mothers who had finished nursing, very few (6%) reported nursing their babies for at least six months. This is much lower than the Nebraska rate, where 50% of the mothers breast feed their babies for six months (National Center for Chronic Disease Prevention and Health Promotion, 2016).

**87%**  
**of the mothers initiated  
breast feeding  
but most weaned their  
babies before  
six months of age**

## FAMILY OUTCOMES

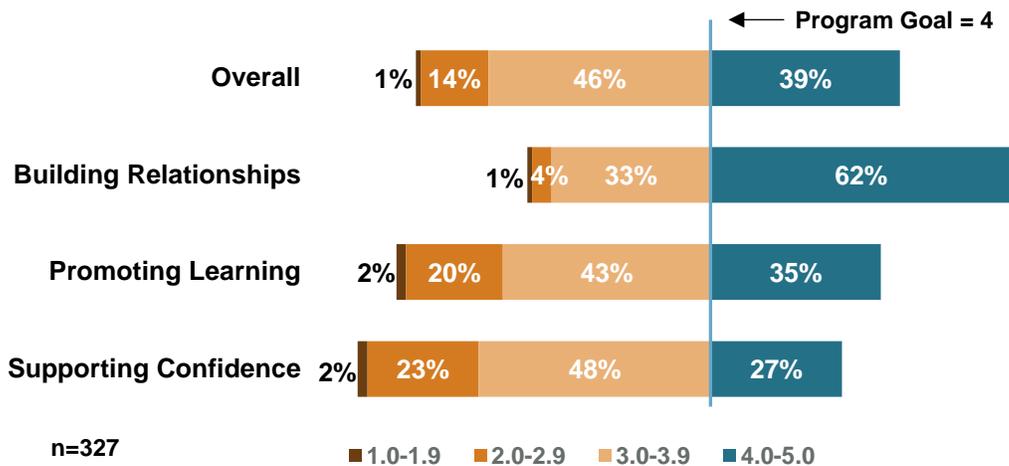
### What were the outcomes for parenting practices?

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

### What were the parent-child interaction results after a minimum of six months in Sixpence?

The chart below presents the parent-child interaction results in the spring for 327 families. The program goal is a score of 4.

**The majority of families met the program goal in Building Relationships. Fewer families met the goal in Supporting Confidence.**



Sixpence families demonstrated strong skills in building relationships with their children. The majority (62%) met the program goal by spring. Areas for improvement include Promoting Learning and Supporting Confidence where 35% and 27% of the families met the goal respectively.

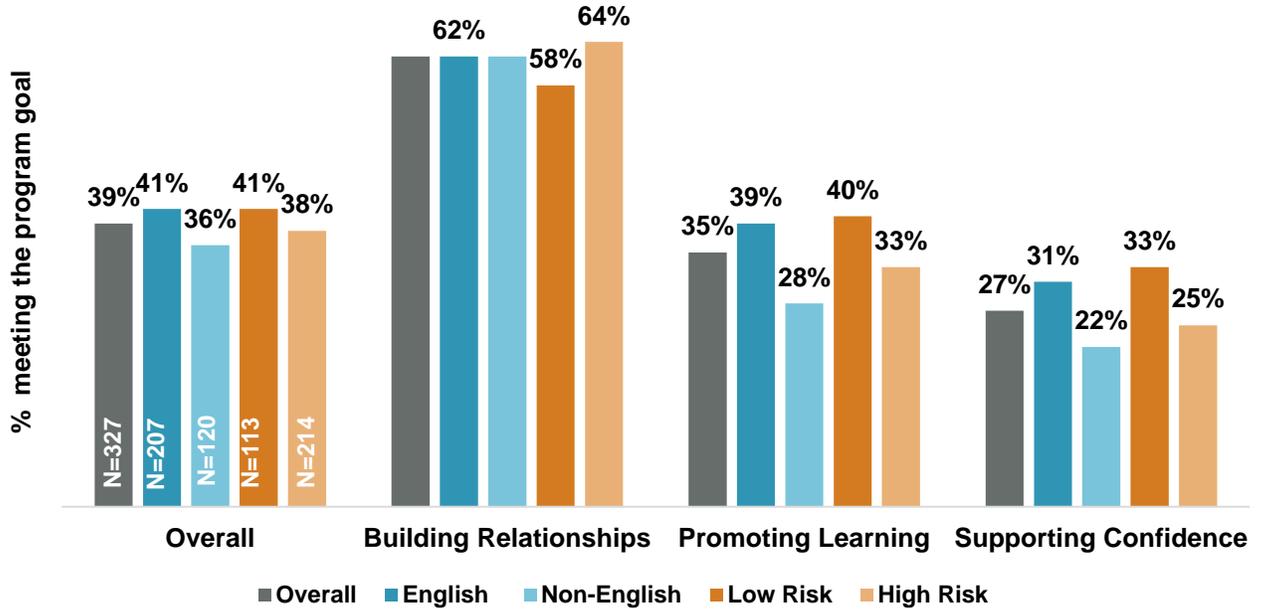


“I like that this program encourages a positive interaction between parents and children. This program gives me new ideas on things to do with my kids.”

A parent reflects on Sixpence

The following chart compares the percentage of parents meeting the program goal based on primary home language and risk factors for KIPS Overall, Building Relationships, Promoting Learning, and Supporting confidence.

**In most areas, families whose primary language is English and those with fewer risk factors met the program goal for parent-child interactions at a higher rate. However, parents whose primary language was not English met the program goal in Building Relationships at a higher rate.**

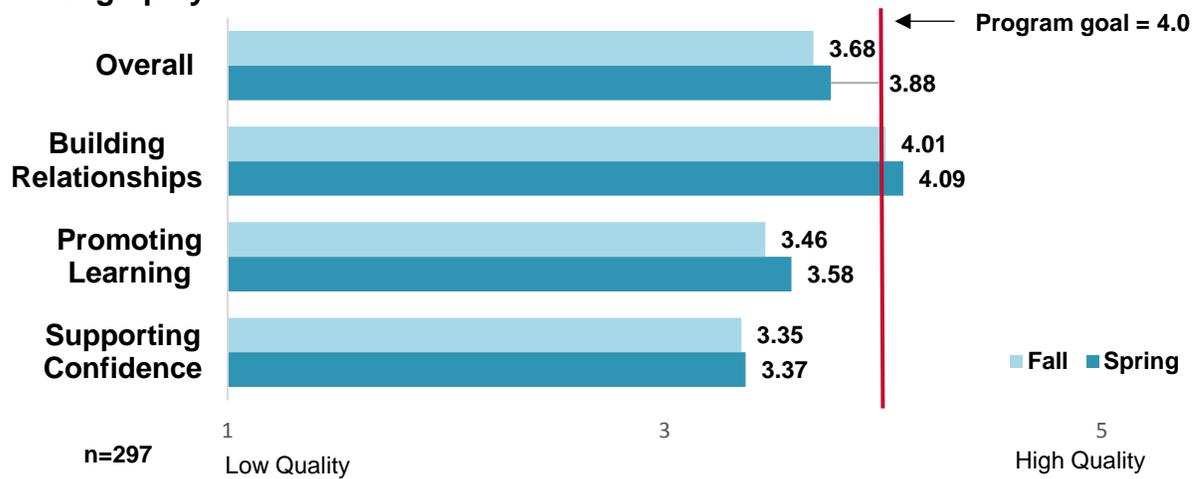


For KIPS Overall, slightly more parents met the program goal if they were low risk and had English as the primary language in the home. These results were similar for the subscales of Promoting Learning and Supporting Confidence. For Building Relationships, there was no difference in meeting the program goal based on home language. However, parents with three or more risk factors met the program goal at a slightly higher rate than all other subgroups.

**How did parent-child interactions change from fall to spring?**

An analysis was done to measure parent-child interactions over time. A total of 297 families had fall-spring KIPS. The following chart shows the change over time across the three subscales and Overall.

**Sixpence families demonstrated consistent parent-child interactions across time. Their greatest strength was in building relationships with their children through play.**



Sixpence families demonstrated strong skills in building relationships with their children. Average scores exceeded the program goal in this area. Overall average KIPS scores approached the program goal of a 4.0. Parents demonstrated more moderate skills in the other subscales, but average scores were still in the upper range of “good” quality.

**Did parent-child interaction change significantly over time and did child risk and family home language predict outcomes?**

An HLM analysis was done that compared change scores across the 31 Sixpence programs. This methodology was chosen because it controls for the variability from program to program and for the shared variance within the same program. It was also used to measure the impact of child risk and family home language.

**Overall**

Approximately 4% of the variability in Total Protective Factors was due to the program site, indicating that there was minimal variability in scores across sites. No significant change was found in the KIPS Overall scores when controlling for low/high risk and for family home language. Family home language was a significant predictor of Overall scores. Families with English for a home language scored significantly higher ( $p < .05$ ), averaging .13 points higher.

Risk factors did not predict KIPS Overall outcomes.

**Building Relationships**

Approximately 2% of the variability in Total Protective Factors was due to the program site, indicating that there was minimal variability

**Parent-child interaction scores did not change significantly from fall to spring**

**Home language was a significant predictor of Promoting Learning and Supporting Confidence scores.**

**Risk was a significant predictor of Promoting Learning**

in scores across sites. No significant change from fall to spring was found for Building Relationships. Neither family home language nor risk factors predicted outcomes in this subscale.

### **Promoting Learning**

Approximately 7% of the variability in Promoting Learning was due to the program site, indicating there was small variability in scores across sites. No significant change was found in the Promoting Learning scores when controlling for low/high risk and for family home language. Family risk and family home language were significant predictors of Promoting Learning scores. Families with low risk averaged .17 points higher ( $p < .05$ ). Families whose home language was English, averaged .21 points higher ( $p < .01$ ).

### **Supporting Confidence**

Approximately 25% of the variability in Supporting Confidence was due to the program site, indicating that scores were different across sites. No significant change was found in Supporting Confidence when controlling for low/high risk and for family home language. However, family language was a significant predictor of Supporting Confidence scores. Families with English for a home language scored significantly higher ( $p < .001$ ), averaging .29 points higher.

## **What were the outcomes for parents' protective factors?**

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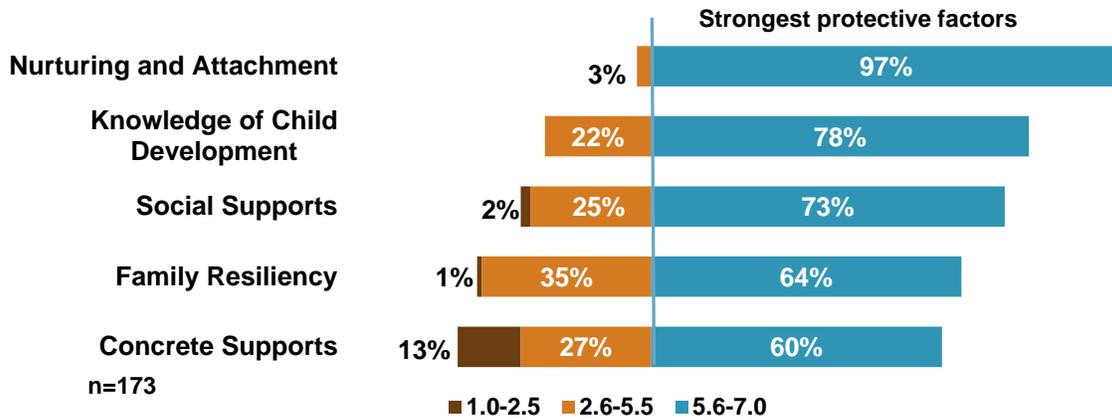
Families new to Sixpence completed the FRIENDS Protective Factors Survey (PFS), a broad measure of family well-being. The survey assesses five areas: Family Resiliency, Social Supports, Concrete Supports such as access to housing, Knowledge of Child Development, and Nurturing and Attachment. The PFS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

### **What were the parents' protective factor results with a minimum of six months in Sixpence?**

The following chart shows how parents scored on the PFS by grouping their results in the low, middle, and upper range of the assessment. The blue bands indicate the percentage of parents who scored in the upper range of the scale, from 5.6-7. A total of 173 parents completed the PFS with at least six months of service.

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

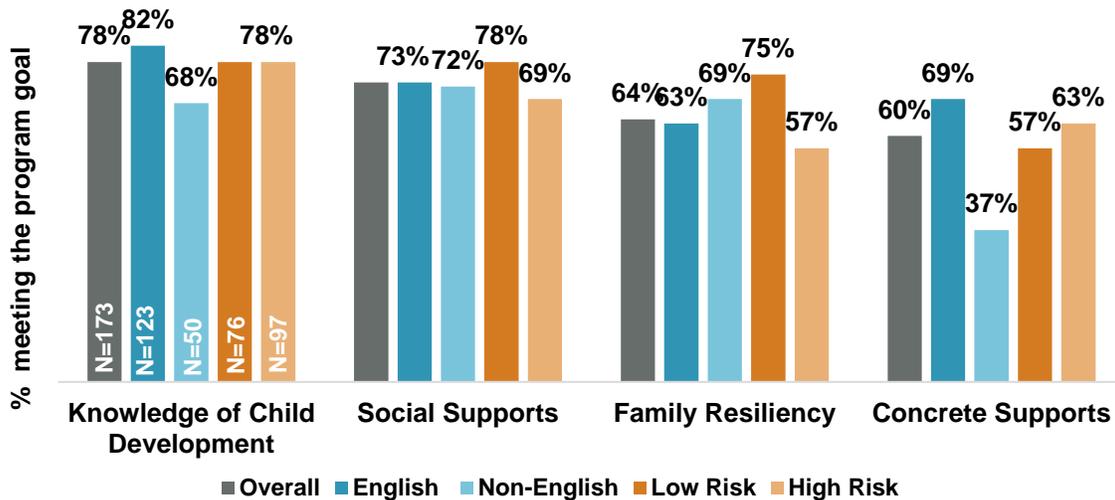
Results were not as strong in the areas of Family Resiliency and Access to Concrete Supports.



Sixpence families had strong protective factors across all subscales after six months in the program. 97% of all families had scores in the upper range for Nurturing and Attachment. Most parents demonstrated strong protective factors in the areas of Knowledge of Child Development and Access to Social Supports, scoring 78% and 73% respectively. While a majority of parents scored in the upper range of Family Resiliency and Concrete Supports, over a third of them fell in the mid-range or below. Programs may want to these two areas of the PFS tool to help improve protective factors.

The following chart compares the percentage of parents meeting the program goal based on primary home language and risk factors for all of the PFS subscales with the exception of Nurturing and Attachment. Since nearly all families scored in the upper range on this subscale, comparing the results by risk factors and home language did not show any differences.

**Families whose home language was English had a higher rate in meeting the program goal in Knowledge of Child Development and Concrete Supports but non-English language families met the goal more often in Family Resiliency.**

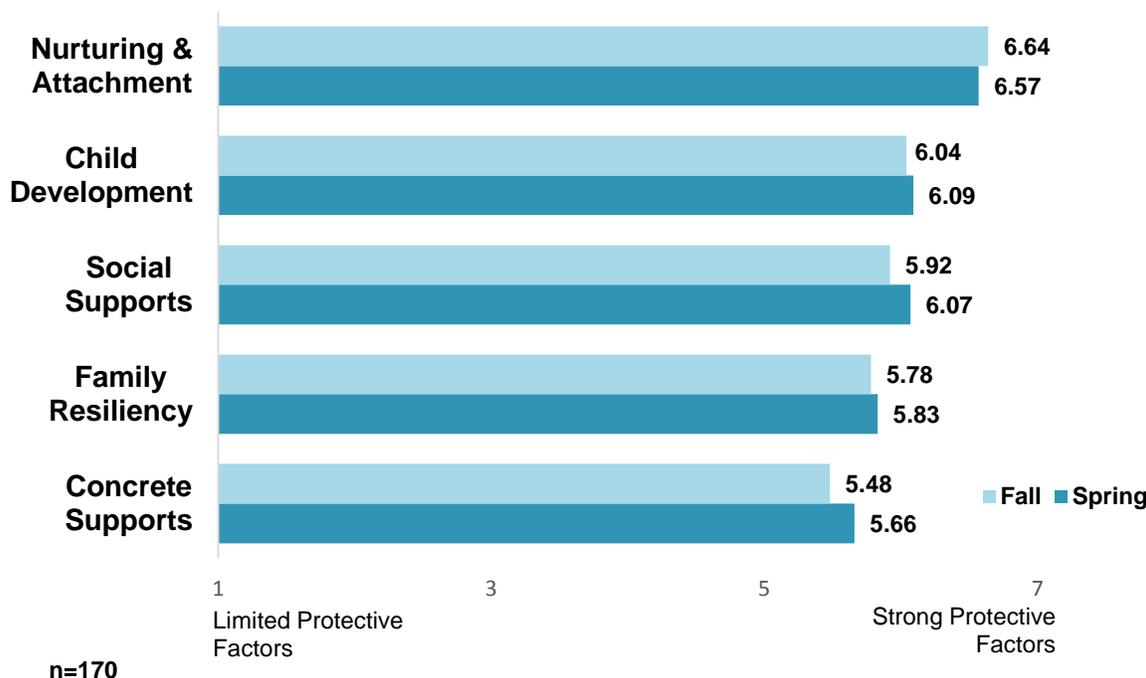


Comparing the percentage of families scoring in the upper range of the tool based on home language and risk showed that home language did not follow the same trends across all subscales. Families where English is the primary home language scored in the upper range more frequently in the areas of Knowledge of Child Development and access to Concrete Supports. Non-English families had higher PFS scores for Family Resiliency. In the case of risk factors, families at low risk had higher scores for Social Supports and Family Resiliency. However, in the area of Concrete Supports, high risk families demonstrated greater protective factors. Parent outcomes in Knowledge of Child Development did not vary based on risk.

### How did parent protective factors change from fall to spring?

An analysis was done to measure protective factors over time. A total of 170 families completed the PFS in the fall and spring. The following chart shows average scores on each subscale over time.

**On average, Sixpence families demonstrated strong protective factors across all areas, particularly in Nurturing and Attachment.**  
 Protective factors remained stable over time.



The results indicate that Sixpence families' protective factors remain stable over time. While there were small changes on average from fall to spring, overall score averages did not vary by more than .18, which is a small difference on a 7 point scale.

## Did parent protective factors change significantly over time and did child risk and family home language predict outcomes?

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

### Family Resiliency

Approximately 3% of the variability in Family Resiliency was due to the program site, indicating that there were minimal differences in scores across sites. No significant change was found in Family Resiliency scores over time when controlling for low/high risk and for family home language. Family risk was a significant predictor of Family Resiliency scores. Families with low risk scored significantly higher ( $p < .001$ ), averaging .49 points higher.

Home language did not predict Family Resiliency outcomes.

### Nurturing and Attachment

No significant change from fall to spring was found for Nurturing and Attachment. Neither home language nor risk factors predicted outcomes in this subscale.

### Social Supports

Approximately 1% of the variability in Social Supports was due to the program site, indicating that there were minimal differences in scores across sites. No significant change was found in Social Supports scores over time when controlling for low/high risk and for family home language. Family risk was a significant predictor of Social Supports scores. Families who were low risk scored significantly higher ( $p < .01$ ), averaging .35 points higher. Family home language was a significant predictor of Social Supports scores. Families whose home language was English scored significantly higher ( $p < .05$ ), averaging .27 points higher.

### Knowledge of Child Development

Approximately 9% of the variability in Knowledge of Child Development was due to the program site, indicating that there were some differences in scores across sites. No significant change was found over time when controlling for low/high risk and for family home language. Family home language was a significant predictor of Knowledge of Child Development scores. Families whose home language was English scored significantly higher ( $p < .05$ ), averaging .24 points higher.

Family risk did not predict Knowledge of Child Development outcomes.

### Concrete Supports

Approximately 7% of the variability in Concrete Supports was due to the program site, indicating that there were some differences in scores across sites. No significant change was found in Concrete Supports scores over time when controlling for low/high risk and for family home language. Family home language was a significant predictor of Concrete Supports. Families whose home language was English scored significantly higher ( $p < .001$ ), averaging 1.30 points higher.

Family risk did not predict Concrete Supports outcomes.

**Protective Factor Scores did not change significantly from fall to spring**

**Home language was a significant predictor of Social Supports, Knowledge of Child Development, and Concrete Supports**

**Risk was a significant predictor of Family Resiliency and Social Supports**

## How did Sixpence impact parents' educational outcomes?

Sixpence tracks the educational outcomes for parents who enter the program without a high school diploma. By June, of the 343 mothers who reported on their educational status, 51% had earned their diploma or GED and 21% were still enrolled in high school or working towards a GED. Just over a quarter (29%) were no longer pursuing any education. By June, of the 309 fathers who reported on their educational status, 39% had attained their diploma or GED, 9% were still working toward a diploma, and 52% were no longer pursuing any education.

Results indicate that the **majority (72%) of mothers** obtained their high school diploma or were still on track to meet this goal. Nearly **half (48%) of the fathers** had similar success. This is the highest rate for both mothers and fathers since the evaluation has tracked parental educational outcomes.

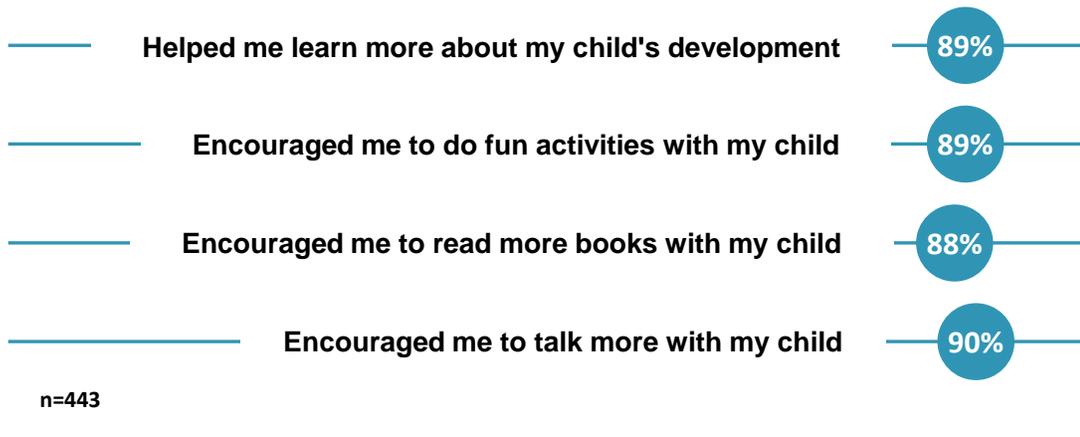
## What did parents think about Sixpence?

In the spring, parents were given a satisfaction survey. Using a 4 point Likert scale, parents rated how much they agreed or disagreed with ten statements about their Sixpence experience that included their satisfaction with Sixpence, what they learned, their parenting practices, and their relationship with the Sixpence provider. There were also two open-ended questions about the program's strengths and suggestions to improve it.

Parents completed the survey anonymously and mailed it directly to the evaluation team at the Munroe-Meyer Institute. We received 443 surveys which is a return rate of 40%.

Parents reported that their home visitor or their child's teacher helped to increase their knowledge about their child and positively influenced how they interact with their child. In addition, they rated their program and their service provider very positively.

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



**83%** of parents strongly agree that Sixpence has made them a better parent.

**95%** of parents strongly agree that their Sixpence provider cares about them and their child.

**85%** of parents strongly agree that their provider could help them find vital services such as transportation or medical care if they needed them.

**95%** of parents are very satisfied with Sixpence.

An analysis of time in program indicated that parent satisfaction with Sixpence did not depend on how long families were enrolled. New families were just as enthusiastic about their Sixpence experience as those who had been participating for over two years.

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:

- **19%** described the way **the providers care about them and their children**. They appreciate the supportive teachers and home visitors.
- **19%** emphasized **the opportunity to learn and grow** as parents.
- **18%** valued **the activities they do with their children** as part of Sixpence.
- **12%** mentioned Sixpence's **focus on their children's social-emotional development** and the way it **has enhanced their relationship with their children**.

About a quarter of the parents who responded to the survey offered suggestions to improve the Sixpence program:

- **22%** would like **more classes for parents**. They suggested topics such as cooking classes and nutrition, behavior management strategies, breastfeeding support, and English language classes. They would also like **more resources** such as education toys, diapers, and more child care.
- **16%** would like to see **more social activities and support groups**. They enjoy the opportunities to socialize with other parents.
- **15%** requested **more parent-child outings** and activities including holiday celebrations and outdoor play.
- **13%** focused on **center-based services**. They requested that the centers provide more hours of service each day, more snack times, and fewer days out of school.

**“The teachers genuinely love and care for every student in their class. They advocate for my son and he knows how much he is cared for and wanted by the entire school.”**

**A parent reflects on Sixpence**



# CHILD CARE PARTNERSHIPS

## What are the Child Care Partnerships?

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

In this first year of implementation, five communities were awarded CCP grants: Falls City, Kearney, Chadron, Gering, and Sidney.

CCP included trainings for the providers, on-site coaching support three to four times per month, and shared learning meetings that brought together providers, coaches and other program partners in the community. Providers received specific support to participate in the Nebraska Department of Education's Step Up To Quality (SU2Q) initiative. This initiative helps early childhood providers and educators recognize and improve quality. Participation in SU2Q with attainment of at least Step 3 by the end of the three year grant term is a requirement of CCP.

## CHILD AND PROVIDER DEMOGRAPHICS

### Who were the children and providers participating in CCP?

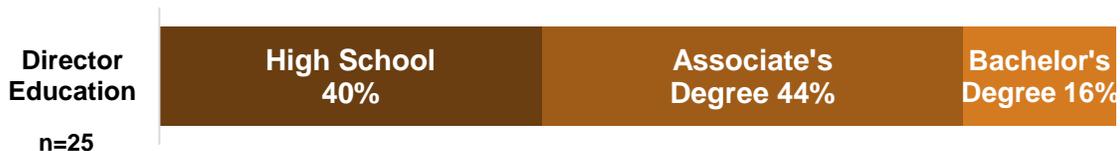
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#### Provider Demographics

During the 2016-2017 program year, 27 child care programs participated in CCP. Of these, 10 were child care centers and 17 were family child care home providers. By June, 24 programs remained in the program which is a retention rate of 89%. Providers that left the partnership had closed.

Providers completed a demographic survey which included information about the educational background of the directors, teachers, and home providers. A total of 25 demographic surveys were completed from both centers and family child care homes.

**The director's highest level of education varied, but an associate's degree was the most common.**



Most (71%) of the directors with post high school education had a degree in education, human services, or psychology.

For center-based programs, lead teacher education information was collected for 36 teachers. 8% had an associate's degree and 92% had a high school diploma.

Data was also collected about the length of time lead teachers had been at the center. Teacher turnover is a challenge in early childhood programs. Information about how long teachers have worked in a center can show stability of staff over time. Length of service was reported for 38 teachers across the ten child care centers participating in CCP. The majority (53%) of lead teachers had been at the center three or more years.

- 13% were in their first year of service
- 34% had been at the center 1 to 2 years
- 21% had been at the center 3 to 5 years
- 8% had been at the center 6 to 10 years
- 24% had been at the center more than 10 years

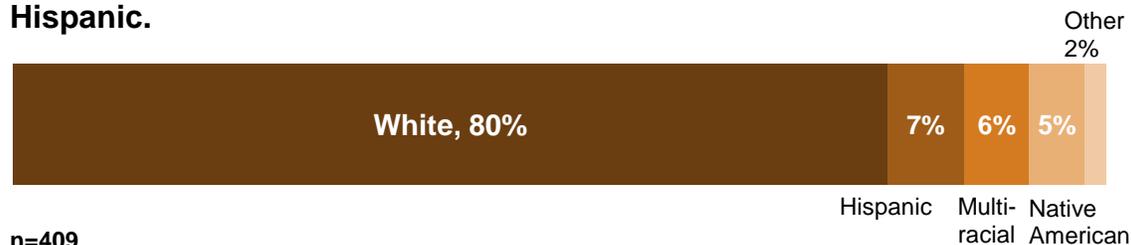
### Child Demographics

CCP child care programs served 437 children. A goal of CCP is to partner with child care providers that serve children who are most at risk of failure in school. The risk factors include:

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

Nearly half (47%) of the children had at least one of the risk factors and 21% qualified for child care subsidy which is an indicator of low-income. Child care programs completed a demographic survey that reported the race and ethnicity of 409 children.

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



CCP served slightly more males (52%) than females (48%). A total of 7% of the children received special education services through Nebraska's Early Development Network. An additional 6% of the children were referred for evaluation. The majority of the children (63%) were toddlers. 37% were infants.

## EVALUATION FINDINGS

### What was the quality of the CCP child care programs?

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The evaluation team used two metrics to assess the quality of the child care programs participating in CCP. The first metric utilized a standardized observational environmental rating tool to measure the quality of the child care centers and family child cares at baseline. Most of the assessments were collected in the fall of 2016, at baseline, before the coaching intervention and training began. A second measure of quality was to track how the programs progressed in the Nebraska Department of Education (NDE) Step Up to Quality initiative. This program supports child care programs in accessing resources to enhance the quality of their services.

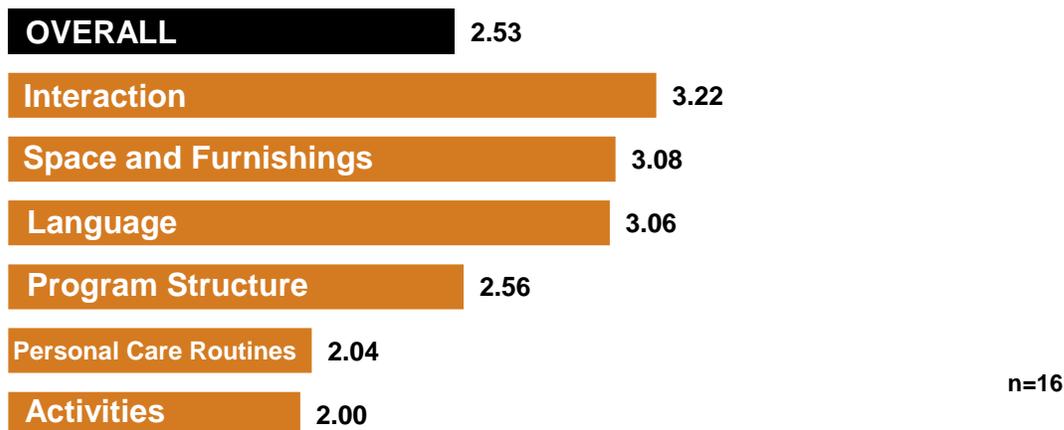
#### What was the quality of the child care programs at baseline?

##### Infant/Toddler Ratings Scales-revised (ITERS-R) Results

An external reliable observer used the ITERS-R assessment to measure program quality in one infant and one toddler classroom in participating centers. The ITERS-R is based on a three-hour, in-person observation. Scoring is based on a 7-point scale with 7 indicating highest quality. The following graph shows ITERS-R subscale and overall averages for 16 child care center classrooms in 10 centers.

#### Center-based classrooms showed greatest strength in the areas of teacher-child Interactions and Space and Furnishings.

The Overall score fell in the lower range of quality.



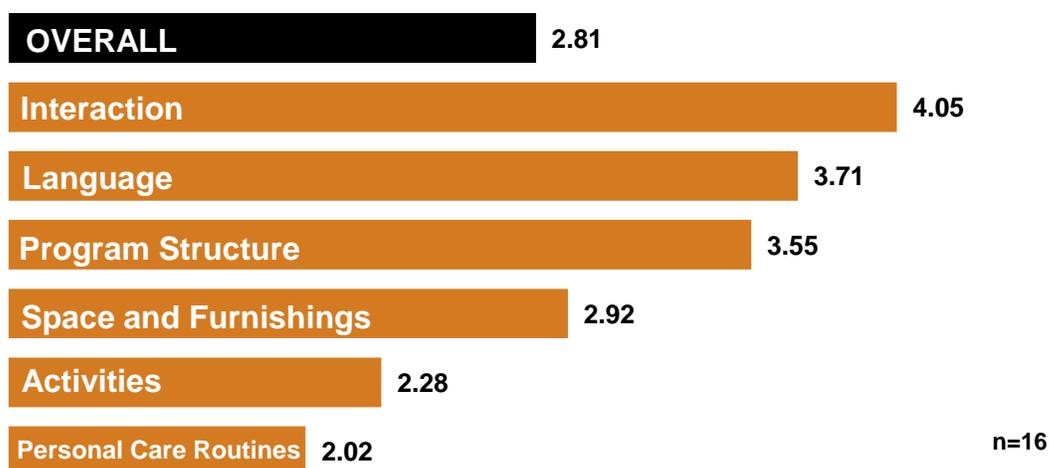
The ITERS-R results at baseline indicate that classrooms are in the early stages of implementing quality practices. An overall score of 2.53 is in the lower quality range of the scale. Overall scores ranged from a low of 1.16 to a high of 4.7. The average scores for Interaction, Space and Furnishings, and Language are approaching the mid-point of the quality rating scale. However, the other three subscales and the overall average fell below a score of 3. An area for particular focus is Activities.

The tool assesses the quality of 10 types of activities essential for the healthy development of infants and toddlers in the child care center environment. Sample activities include fine motor toys, active physical play, blocks, music and movement and art. Personal Care Routines also fell in the low quality range. This item assesses healthful practices at meal time, nap time, and diapering. It also considers safety practices and greeting and departure routines.

### Family Child Care Environmental Rating Scale-revised (FCCERS-R) Results

The quality of family child care programs was assessed using the Family Child Care Environmental Rating Scale (FCCERS-R), which assesses program quality with a focus on activities, interactions, and program structure (Harms, Cryer, & Clifford, 2007). A baseline FCCERS-R was collected for family child care programs in the fall of 2016. The assessment consists of a three-hour, in-person observation. Scoring is based on a 7-point scale with 7 indicating highest quality. The following graph shows FCCERS-R subscale and overall averages for 16 family child care programs.

**Family child care providers showed the greatest strengths in the areas of Interactions, Language, and Program Structure.**  
**The Overall score fell in the lower quality range.**



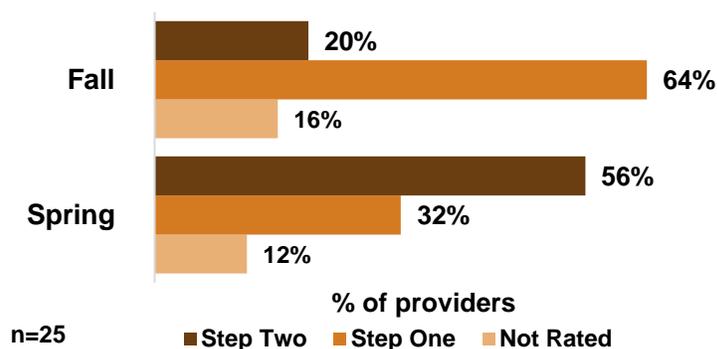
The FCCERS-R results at baseline indicate that on average family care providers are in the early stages of implementing quality practices. The average overall score of 2.81 is in the lower range of quality. Overall scores ranged from 1.94 to 5.33 across the 16 providers. The strongest scores that fell in the mid-range of the assessment were in the areas of Interaction, Language, and Program Structure. Interaction and Language are essential to building warm and caring relationships with the children. Strong scores in these scales indicate practices that support the children’s development through communication and meaningful play interactions. Program Structure provides the ideal balance of free play and group activities. Caregivers with strong scores in Program Structure create a secure environment for children based on predictability of routines as well as flexibility to follow child interest. Coaches and providers may want to focus on improving Personal Care Routines and Activities. These areas, like the ITERS-R, set quality standards for safe and healthful practices, as

well as guidelines for the array of materials and activities young children should have available throughout the day.

### How did child care providers progress in Step Up To Quality?

Step Up To Quality (SU2Q) is a 5-step pathway to increase quality in early childhood settings. It includes training, coaching, self-study, external evaluation, and a record-keeping system. CCP providers are expected to enroll in SU2Q and to achieve a Step 3 within three years. The following chart shows how the providers progressed from fall to spring.

**Providers made progress in increasing quality.  
By spring, more than half had reached Step 2 for SU2Q.**



At the start of the CCP grant term, 64% of the providers were at Step 1. This indicates that they had completed the orientation and application process. About a third (32%) were at Step 2. This meant they had completed the training requirements, an assessment of their program across five areas, and the Coach Interest Questionnaire. By spring, 57% were at Step 2, demonstrating a commitment to meeting the SU2Q requirements. It is important to note that while 12% of programs were not rated on SU2Q in the spring, all of them were enrolled in the initiative. They will be rated when their provisional licenses expire and they are fully licensed, sometime within the first 12 months of their participation in CCP.

### What did providers think about their experience in CCP?

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At the end of the first year of the program, providers were asked to complete a survey about working with the coach and fulfilling the expectations of the grant. There were 10 questions that asked providers to rate the degree to which they agreed or disagreed with statements about their experience in CCP. There were also three open-ended questions. The following chart highlights

some of the responses to the survey, reporting the percentage of respondents who strongly agree with the statement.

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



Overall, the providers had very positive reviews of the CCP experience. In addition to the responses reported above, most strongly agree (81%) or agree (19%) that they are comfortable talking with their coach and that their coach is genuinely interested in them and the children in their care. Most appreciate that the coach provides them with useful resources about child development (77% strongly agree, 23% agree). Slightly lower percentages of providers report that the coach helps them find useful resources in their community (69% strongly agree, 23% agree, 8% disagree). 50% of the providers strongly agree and 39% agree that the goals of the grant can be accomplished within the required timelines. Only 11% of the providers reported that the goals of the grant cannot be achieved in the time allowed.

A theme analysis was done of the responses of the three open-ended survey questions. In response to what they like most about the CCP program:

- **61%** of the responses **valued the program's focus on high quality care.** They were grateful for the support for the Step Up to Quality requirements, the new ideas and curriculum, and the funding for new materials.
- **19%** of the responses **mentioned the positive relationship they have with their coach.** They noted that their coach was supportive and that their students enjoy when the coach visits.
- **6%** of the responses **appreciated the opportunity to network with other providers.**

Only eight of the 26 respondents offered suggestions to improve coaching services. The highlights include:

- Increase the time spent with the coach, including progress monitoring visits to ensure accountability and to provide more time for goal setting.
- File weekly reports of the coaching sessions so they are available for reference.

- Have coaches serve as substitute teachers so the providers can attend the monthly meetings.

Providers gave feedback on how to improve the completion of the grant expectations:

- **44%** of the responses **identified a number of barriers** to meeting the grant expectations. These include too much paperwork, too many meetings, the lack of compensation for time spent outside of the center, and the lack of follow-through to find substitute teachers so providers can attend the meetings.
- **24%** would like more **time to meet the grant requirements**.
- Other suggestions include a template for the required forms, more weekday night evening classes instead of on Saturdays, and establishing more ways for the directors to work together.

## What did coaches think about their CCP experience?

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A focus group was conducted with the coaches from all of the communities in the project. They described the intervention, the benefits of the program, the challenges they have encountered and what they find to be most rewarding.

### Coaching Intervention

Coaches typically meet with their providers three to four times a month. Most coaches set a regular schedule for visits, but others have a more flexible approach because consistent coaching sessions weren't working. One community set up events in local parks for playground or water play. Coaches also use email, texting, and Facebook groups with pages for each center and their teachers as well as shared pages for all providers in the community to share ideas. They were careful to set ground rules for using social media so everyone understood it wasn't a forum to air grievances publicly. Some communities hold monthly or quarterly partner dinner meetings with a focus on professional development.

### Program Benefits

The coaches identified a number of aspects of CCP that have worked well. Overall, they have enjoyed building relationships with the providers. They help the providers understand that they are professionals and give them extra support. One coach summed up her efforts in the following way:

This program is doing so much for (child care providers) who do not have the means to improve the quality... With one center it has been a motivation to have someone to come in and bounce ideas off of and be a cheerleader. With one center it has been a matter of building them up. They have been so isolated and just work off of 20 years of experience without any education beyond them.... They are making a huge impact and they are professionals. And they are starting to get excited about learning more so they can do better for their kids.

Several coaches spoke about building up the providers' self-esteem. They emphasized that a strong relationship is essential so the providers feel comfortable to let the coach know what they need and how fast they should progress.

Coaches described ways they have improved community systems that support early childhood educators. In one community, the local chapter of the National Association for the Education of Young Children has switched to community-wide evening meetings so family child care providers can attend. Coaching helped keep a child care center open that was ready to shut its doors and it was the only center in the community. One coach worked collaboratively with the local community college and local high school students to help them get a CDA in early childhood education.

An important part of the CCP program is to strengthen the partnership of parents and child care providers. Coaches have helped centers implement developmental screenings like the Ages & Stages Questionnaire, which has brought the families a new awareness of services available in the community. They have increased family activities at home by sending home book bags. One center started a monthly lunch and learn with parents – they have had as many as 20 parents attend. The center asks the parents what they want from the center, they promote activities for the families and seek parent input for future activities and how the center can improve.

One coach explained that the project has transformed the community's view of family child care home providers. As they share with parents the curriculum in the child care program, families are realizing they don't need to move their children to a center-based program for preschool. Families are recognizing that the family child care home is high quality. This promotes continuity of care since the children can stay with the same family care provider from birth to age five. Because CCP is connected to the school district, parents see that their child can get quality education and preparation for kindergarten right where they are.

### **Challenges**

The coaches have encountered a few challenges with the program. Many spoke about the issue of director and staff turnover. One site is on its 3<sup>rd</sup> director in less than a year. Coaches noted that it is hard to keep starting over with each new hire. There have been some challenges with staff buy-in, especially if the director or another entity enrolled them in CCP without their full support or understanding of what coaching would entail. The amount of travel for training and meetings can be difficult. One coach spent 28 nights away from home in the first year. But coaches also noted that it is good to be included in what's going on around the state. The coaches have appreciated all the training they have received but some wish they had received ERS (Environmental Rating Scales) reliability training earlier in the program year.

### **Most Rewarding**

Overall, coaches have found their work to be personally rewarding. They shared that the centers and providers appreciate the coaching and support. They find many to be "grateful and excited". One coach noted, "It's pretty awesome when you see people in the community, like the parents who use the (child care) providers and they are just glad that their provider is in the program."

Coaches enjoy seeing the "lightbulb moments" that show they are on-board with the goals of the program. One described this experience:

I enjoy watching my directors and my teachers taking something they have learned at a training or at some conversation we have had and just running with it. Oh, my goodness the changes in just the thought process is amazing. I am so proud of these women and the work they are doing. They are working hard!

# CONCLUSIONS AND IMPLICATIONS

The conclusion is reported in two sections: **Sixpence** and **CCP**.

## Sixpence

**Program Description:** Sixpence is completing its 9<sup>th</sup> year of implementation. This year 31 school district grantees located in 31 Nebraska counties participated. Most the programs have adopted a family engagement model (24), with others serving children in center-based programs (4) or a combination of both (3). A total of 1,110 children and 956 families were served in rural (40%), mid-sized (29%) and urban communities (31%). The majority (71%) of the children received family engagement services. Sixpence served a high-risk population with 64% of the families having three or more risk factors; last year the rate was 61%. Poverty was the leading risk factor. Program retention rates were high with 83% of families staying in Sixpence through the end of the program year. Of children who exited prematurely, 57% left in the first year of participation.

**Program Outcomes:** The majority (67%) of classrooms met the overall quality benchmark for providing quality environments for infants and toddlers. For those programs that met this indicator last year, their performance on the CLASS suggested that teachers consistently created emotionally supportive and caring classrooms. Their use of effective strategies to engage the children in learning received a moderate rating.

**Next Steps:** Consider ways for center-based programs to enhance their Program Structure and Personal Care Routines. Encourage reflection about practices related to classroom daily schedules, time allotted for free play both indoors and outdoors, and the provision of group play activities which support play and learning. Increase focus on quality practices for health and safety.

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%) home visitors met the quality indicator for home visit practices and the average subscale scores met the quality indicator across all home visit practices. In this area, the greatest strength was in home visitors' development of relationships with the families they serve.

**Next Steps:** Continue to provide technical assistance to home visitors to support their practices in the facilitation of parent-child interactions during naturally occurring daily routines and activities. Encourage reflection on how home visit content can be generalized to encourage quality parent-child interactions during typical daily activities.

**Child Outcomes:** Overall, the majority (range of 69% to 92%) of the children were meeting widely-held expectations across all developmental areas (physical, social-emotional, cognitive, language, literacy, and math) with fewer children meeting these expectations in math (69%) and literacy (70%). Sixpence has set a high standard for the program goal, that children will acquire language skills at the midpoint of average or higher. The majority of the children met this goal for Receptive (57%) and Expressive (53%) language skills. Fewer met the goal for vocabulary (37%). For Spanish speaking children, almost half (48%) met the goal for Production and Comprehension. Receptive and Expressive language scores improved significantly from fall to spring. Children at higher risk scored significantly lower than children at lower risk.

Most (79%) of the children met the program goal for social-emotional protective factors. Total Protective Factors improved significantly from fall to spring.

**Next Steps:** Examine ways to enhance the learning environment for children with an emphasis on building language skills, particularly in the area of vocabulary acquisition.

**Health Outcomes:** Health outcomes continue to be very positive with nearly every child meeting Sixpence health indicators. Most notably, 97% of the children have a medical home. The rate of exposure to cigarette smoke has declined over the previous year, with 90% of the children living in a smoke-free environment. Prenatal outcomes indicate that all of the mothers received prenatal care and nearly all (93%) abstained from risky behaviors while pregnant. A majority (87%) of the mothers breast fed their babies but only 6% continued for six months. Of concern is that 22% of the women smoked during their pregnancy.

**Next Steps:** Consider new strategies to support smoking cessation for pregnant mothers and others in the family. Consider ways to support breast feeding practices.

**Family Outcomes:** Parents had positive relationships with their children and demonstrated stable parent-child interaction skills over time. Parents who were associated with lower risk factors (<3) or whose language was English demonstrated higher parent-interaction skills in Supporting Confidence. Risk was a significant predictor of Promoting Learning.

Parents in Sixpence had high levels of protective factors that remained stable over time. Sub-group comparisons found that home language was a significant predictor of Social Supports, Knowledge of Child Development, and Concrete Supports. Risk was a significant predictor of Family Resiliency and Social Supports.

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

Sixpence parents who entered the program without a high school diploma, made great strides in reaching this goal. Most (72%) of the mothers obtained their high school diploma or were on track to meet this goal by the end of the program year. Nearly half (48%) of the fathers had similar success.

## Child Care Partnerships

**Program Description:** The Child Care Partnerships, a collaboration of school districts and local child cares, served 27 child care programs across five communities. A total of 10 child care centers and 17 family child care homes participated. They served 437 children, 47% of whom had at least one of the qualifying risk factors and 21% received child care subsidy, which is an indicator of poverty. The participants received coaching three to four times a month. Coaches also provided trainings in high quality early childhood practices throughout the year.

**Child Care Program Outcomes:** At baseline, the child cares were in the lower quality range, based on a standardized early childhood observation tool. The greatest strengths were in the areas of supporting the children's language development and having high quality interactions through play and care routines. With coaching and support, 56% of the providers were at Step 2 in the Step Up To Quality rating system by spring.

Child care providers were highly satisfied with their experience in CCP. They had supportive relationships with their coaches. They felt CCP helped them build relationships with families and helped them set goals to improve their practices.

# ASSESSMENTS

Assessment	Authors	Scoring	Subject	Content
<b>Program Quality Measures</b>				
<b>ITERS-R</b> Infant/Toddler Environment Rating Scale - Revised	Harms, Cryer, & Clifford, 2006	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-R</b> Family Child Care Environment Rating Scale – Revised	Harms, Cryer & Clifford, 2007	Scale 1-7 1 = inadequate 3 = minimal 5 = good 7 = excellent	Family Child Care home provider	Layout, health & safety, play activities, teacher-child interactions, & program structure
<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.2</b> Home Visit Rating Scales – Adapted & Extended	Roggman, Cook, et. al., 2012	Scale 1-7 1 = needs training 7 = excellent	Home visitor	Home visit practices and family engagement during home visits
<b>Child Outcome Measures</b>				
<b>MacArthur-Bates CDI</b> Communications Development Inventories	Fenson, Marchman, et. al., 2007	Percentile Rank	8 to 30 months of age	Comprehension and production of language
<b>DAYC-2</b> Developmental Assessment of Young Children- 2 <sup>nd</sup> edition	Voress & Maddox, 2013	Standard Score 85-115 Average range	8 to 36 months of age	Receptive and Expressive Communication
<b>PPVT-IV</b> Peabody Picture Vocabulary Test	Dunn & Dunn, 2007	Standard Score 85-115 Average range	30 months of age and older	Receptive vocabulary
<b>DECA-IT</b> Devereux Early Childhood Assessment Infant/Toddlers	LeBuffe & Nagliere, 1999	Standard Score 41-59 Average range	4 months of age and older	Measures social-emotional protective factors & behavior concerns
<b>Parent Outcome Measures</b>				
<b>FRIENDS PFS</b> Protective Factors Survey	National Center for Community-Based Child Abuse Prevention, 2011	Scale 1-7 7 = highest rating, most protective factors	Parent Survey	Family resiliency, social supports, concrete supports, child development, nurturing & attachment
<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

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