



SIXPENCE EARLY LEARNING FUND

# 2022-2023 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 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.

*"I really appreciate how much this program has enriched my children, as well as improved my knowledge of how to effectively stimulate their learning."*

~ A Sixpence parent





# SIXPENCE PROGRAMS

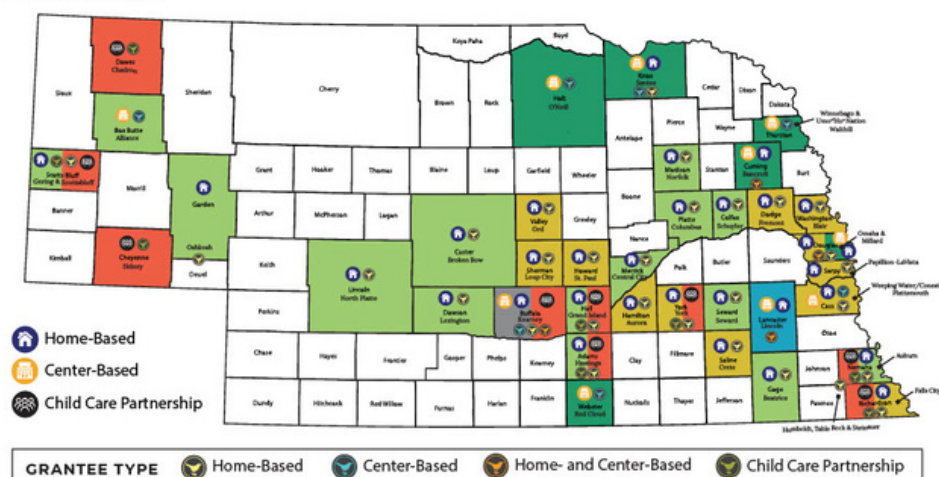
## What is Sixpence?

In the 2022-2023 program year, the Sixpence Early Learning Fund expanded from 31 to 42 school district grantees across the 40 Nebraska counties. This was Sixpence's 15th year of serving young children and their families in Nebraska. Sixpence grantees implemented one of the following models:

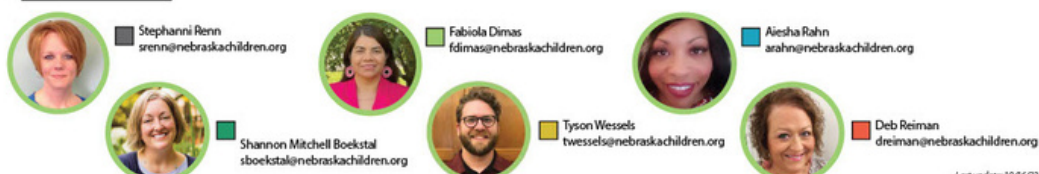
-  **CENTER-BASED CARE (11)**
-  **FAMILY ENGAGEMENT HOME-BASED SERVICES (27)**
-  **COMBINATION OF FAMILY ENGAGEMENT HOME-BASED SERVICES & CENTER-BASED CARE (4)**

The majority of the children (66%) 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. About a third of the children (34%) 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



Last update: 10/16/23

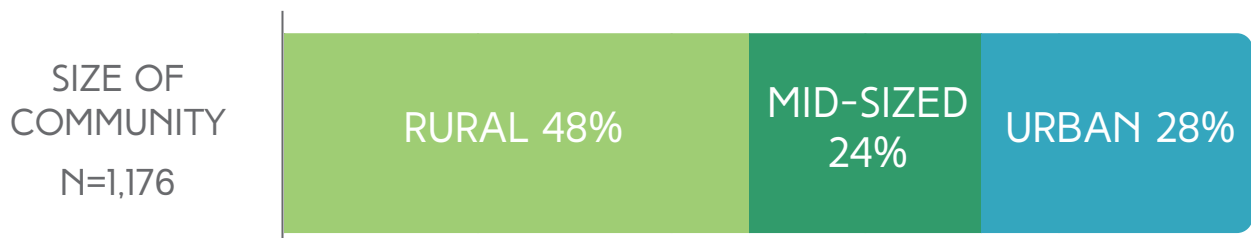
# Child and Family Demographics

## WHO WERE THE CHILDREN AND FAMILIES SERVED?

In 2022-2023, Sixpence served 1,176 children and 1,004 families across 42 grantees. In addition, 83 mothers whose babies were born prior to June 30, 2022 were served prenatally.

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.



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

- Low income, as defined by federal guidelines for free or reduced lunch
- English is not the primary language spoken in the home (ELL, English Language Learner)
- Parents who are younger than 20

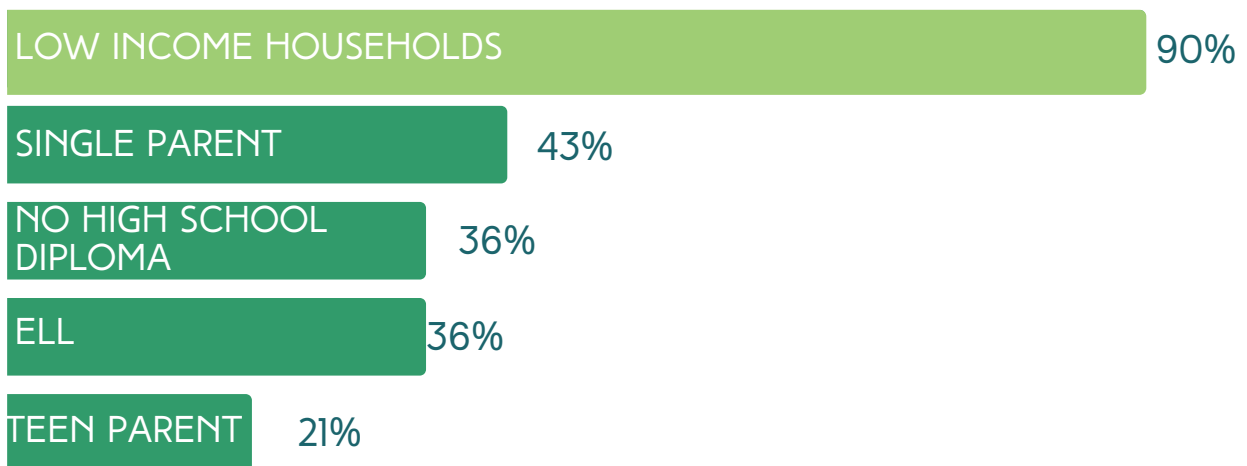
- Parents who have not completed high school
- Child born prematurely, with typical or low birth weight

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.

## ALMOST ALL CHILDREN BELONG TO LOW INCOME HOUSEHOLDS

*Almost half the children are in single parent families*

N=1,176

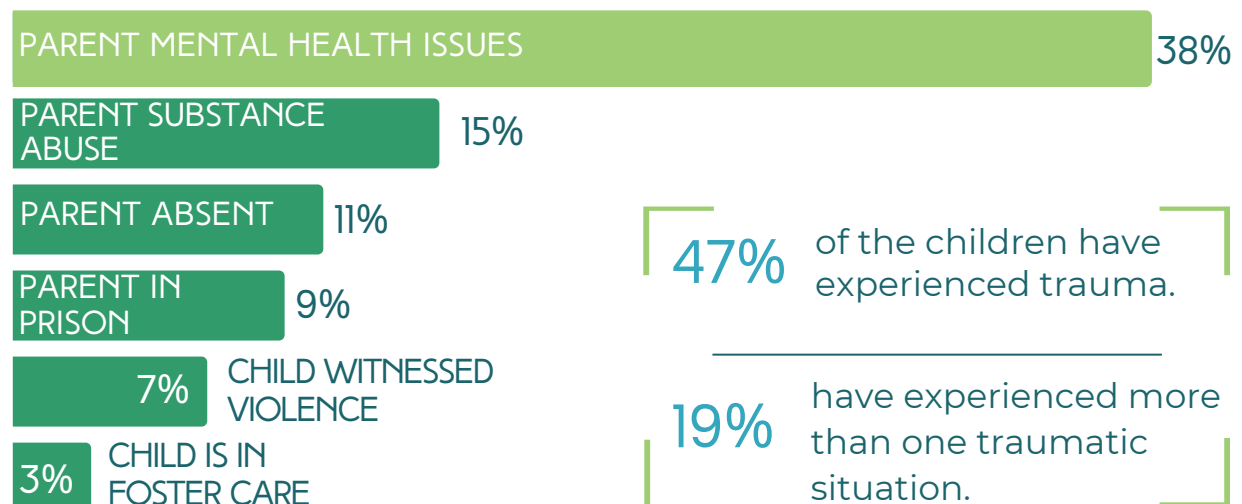


Of the five qualifying factors to participate in Sixpence, premature birth or low birth weight was the least common, with 14% of the children meeting this criterion. The majority (74%) of the children

served in Sixpence had three or more stressors. Additional stressors relating to child trauma were collected in the spring from 876 families.

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

N=876



It is encouraging to note that 80% of parents with mental health issues and 60% with substance abuse issues have received treatment

services. Of note, 122 Sixpence parents have been a ward of the state and 12 parents still have this status.

## CHILD DEMOGRAPHICS

MOST CHILDREN IN SIXPENCE IDENTIFIED AS HISPANIC OR WHITE.



Sixpence served more males (54%) than females (46%). A total of 12% of the children received special education services through Nebraska's Early Development

Network. The majority of the children (71%) were under the age of one at the time of entry into Sixpence. The average age of entry is eight 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 2022-2023, 86% of the children stayed in the program through June 30, 2022, or until they aged out of the program. Of the 168 children who left the program prematurely, the majority (52%) 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 (27%). Dropping from the program due to poor attendance increased from 15% last year to 27% 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 towards identified program outcomes. Information was collected and reported uniformly across programs. Data were shared with programs throughout the year to support program improvement.

The findings are reported in four areas: Program Quality Outcomes, Child Outcomes, Health Outcomes, and Family Outcomes. For each outcome, we report the percentage meeting the Sixpence program goal. We also report the percentage of scores that fell in the below-average, average, and above-average ranges. When data have been collected at two points in time, we report change over time.

“

*I like that the program helps with development and understanding my child. It is helping me grow as a parent, and I love to see my child grow and learn.*

~A Sixpence parent

”

## Program Quality Outcomes

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

The Sixpence evaluation uses the Infant/Toddler Environmental Rating Scale – Third Edition (ITERS-3) and the Classroom Assessment Scoring System (CLASS) to assess classroom quality. The ITERS-3 is an in-person observation that assesses classroom quality with a focus on classroom structure, activities, and play materials and is used with new teachers. The CLASS, which can be conducted

in-person or through a video recording of the classroom activities, focuses exclusively on classroom interactions that build positive relationships, promote language development, and support learning.

Generally, new teachers were assessed using the ITERS-3. A random sampling of half of the veteran Sixpence teachers (or a minimum of two classrooms for smaller programs) were assessed using the CLASS.



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Some veteran teachers' ITERS scores were used for the following reasons: students being too old for the Toddler CLASS when they were completed, CLASS was not completed as part of the site's evaluation, or sites preferred to use the observation they received through Step Up to Quality.



## 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 highest quality. The quality program benchmark is a score of five or higher. The CLASS results for 14 classrooms are presented on the following page. There were two Infant CLASS observations completed. Their results will not be listed due to too small of a sample size.

Sixpence classrooms demonstrated high-quality in teacher-child relationships, as measured in the Emotional & Behavioral Support Domain. The teachers were consistently warm, responsive, flexible, and supportive toward children with 100% of the toddler classrooms meeting the program quality benchmark (5.00). High-quality in this domain indicates Sixpence classrooms created an environment of mutual respect between teachers and children and in peer-to-peer interactions. Overall, Engaged Support for Learning was in the moderate range, with all classrooms meeting the program benchmark of 3.25 in this area. The graph on the following page reflects these results.

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

*All classrooms met the program goal in both Toddler CLASS Domains.*



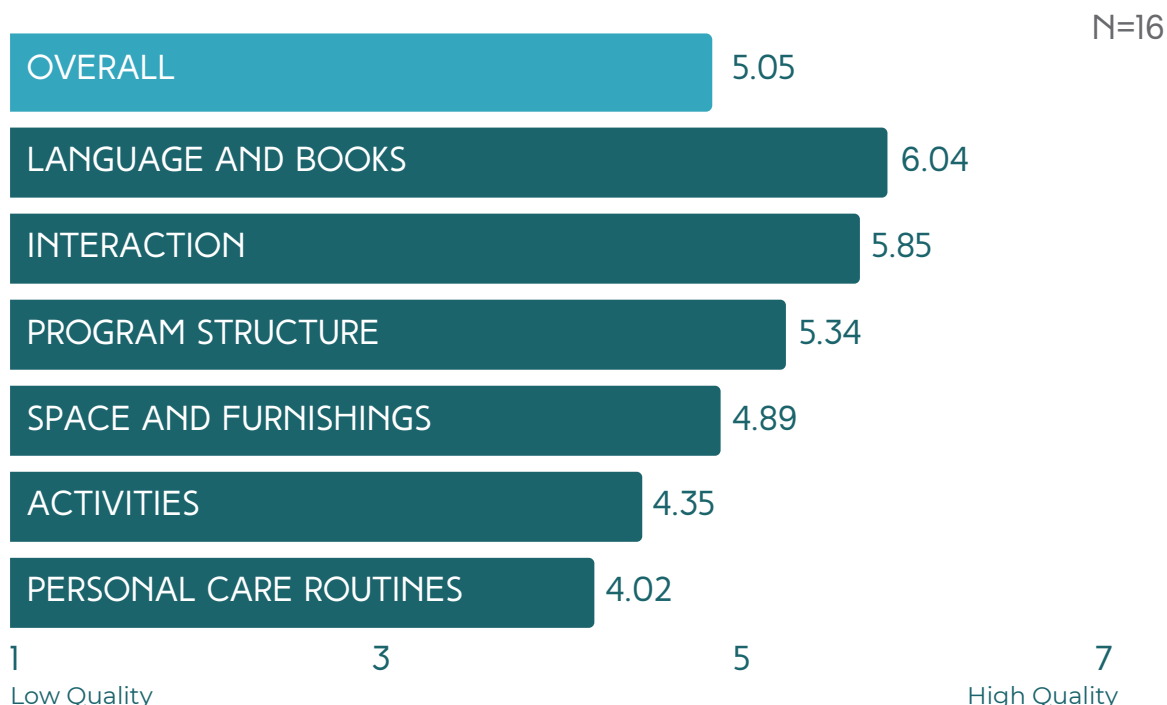
## INFANT/TODDLER RATINGS SCALES-REVISED (ITERS-3) RESULTS

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.

“What I like most about this program is the teachers. They provide a safe place for my child to learn and grow. They teach many activities that helps with learning development.”  
~A Sixpence parent”



SIXPENCE CLASSROOMS HAVE HIGH-QUALITY PRACTICES OVERALL, WITH STRENGTHS IN PROGRAM STRUCTURE, INTERACTING WITH CHILDREN, SUPPORTING LANGUAGE DEVELOPMENT, AND CLASSROOM SPACE AND FURNISHINGS.



On average, Sixpence classrooms rated in the high-quality range on the ITERS-3 and consistently demonstrated high-quality practices in almost every subscale, except for Space and Furnishings, Activities, and Personal Care Routines. Average overall ratings (5.05) met the program benchmark. Most classrooms also met or exceeded a score of 5 in the areas of Language and Books (88%) and Interaction (81%). Sixty-nine percent met the program benchmark in Program Structure. Ratings in these areas indicate 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. Twenty-five percent of the classrooms scored a 5 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.





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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 2022-2023, HOVRS data were available for 67 family

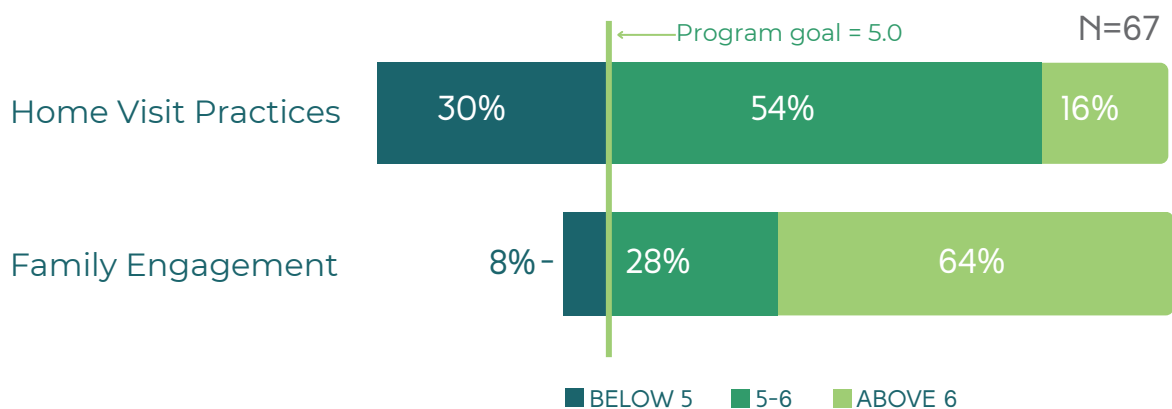


engagement specialists. Some of the veteran specialists (n= 50) were exempt from submission due to reaching the highest quality benchmark (overall score of a 5.5 on the Home Visit Practices scale of the HOVRS and a score of at least a 5.0 on all subscales of the Home Visit Practices scale). The HOVRS data for the exempt specialists' most recent submission were included for this analysis.

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 (84%) of the family engagement specialists met the program goal (a score of 5.0 or higher) in Home Visit Practices, signifying implementation of high-quality home visitation practices during their sessions. Family engagement during home visits was high; almost all 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 2022-2023. The average Home Visit Practices score was 5.3 and the average Family Engagement score was 6.2.

In the Home Visit Practices domain, the average ratings on all subscales met the Sixpence quality benchmark. Family engagement specialists showed the greatest strength in their Responsiveness to

Family Strengths and Cultures. A high rating on this scale indicates the family engagement specialist plans with caregiver input and identifies and adapts to the family's strengths, values, interests, and goals for supporting child development.

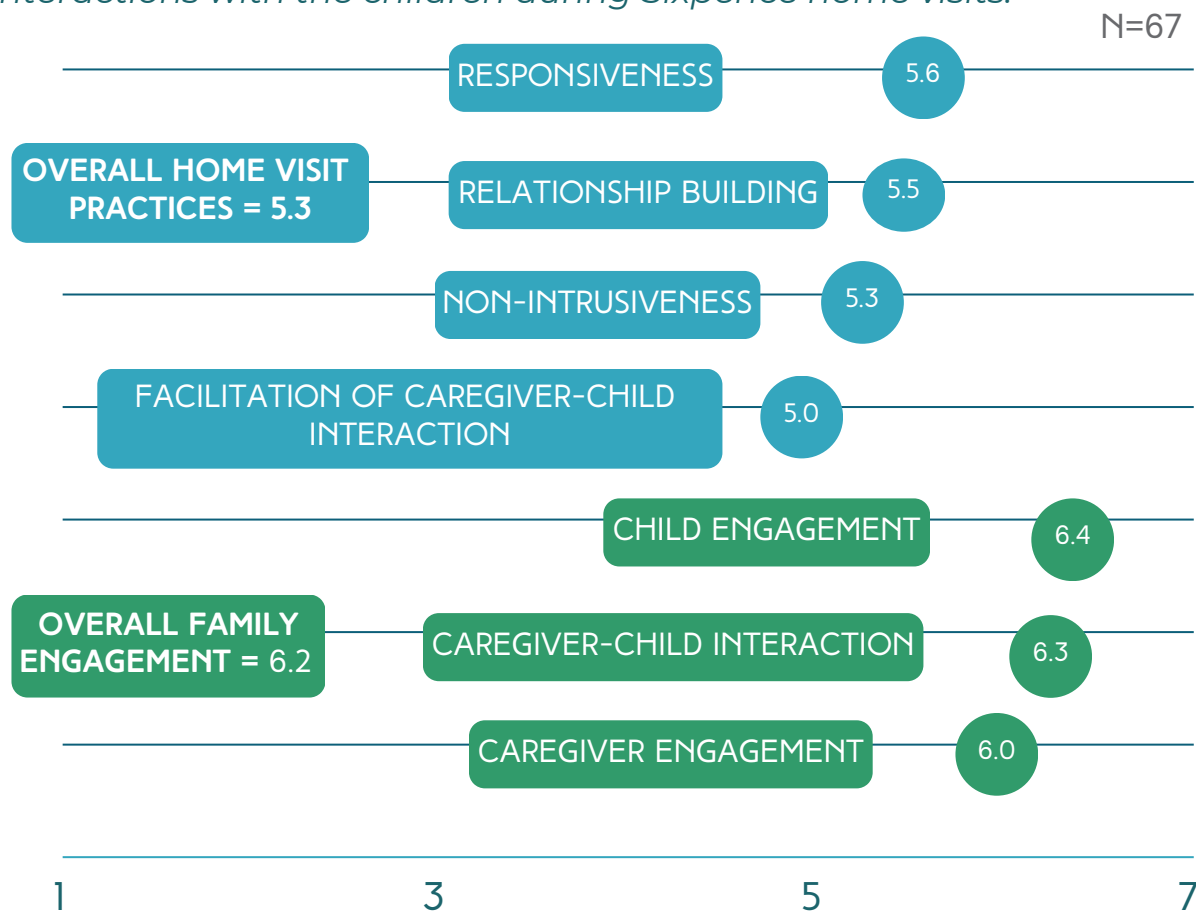
In the Family Engagement domain, the average ratings on all subscales were above the Sixpence quality benchmark indicating that caregivers and children were highly engaged during Sixpence home visits. The greatest strength was child engagement. High-quality ratings in the Child Engagement domain indicates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

92% of caregivers were highly engaged during home visits.



## FAMILY ENGAGEMENT SPECIALISTS WERE HIGHLY RESPONSIVE TO FAMILIES.

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



## 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?

Three standardized assessments

were administered to monitor the children's language outcomes.

For children ages 16 months and older whose primary language is English, classroom providers and home visitors, with parent input, completed the Developmental Assessment of Young Children, 2nd edition, (DAYC-2), a measure of Receptive and Expressive language. Children ages 16 to 30 months whose primary home language is Spanish were given the MacArthur-Bates Communicative

Development Inventories (CDI), a parent report assessment measuring language production. The Peabody Picture Vocabulary Test–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 regularly hearing and/or speaking English.

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

“*I love how involved the program is in helping my child and how involved I am getting in my child's education.*”  
~A Sixpence parent

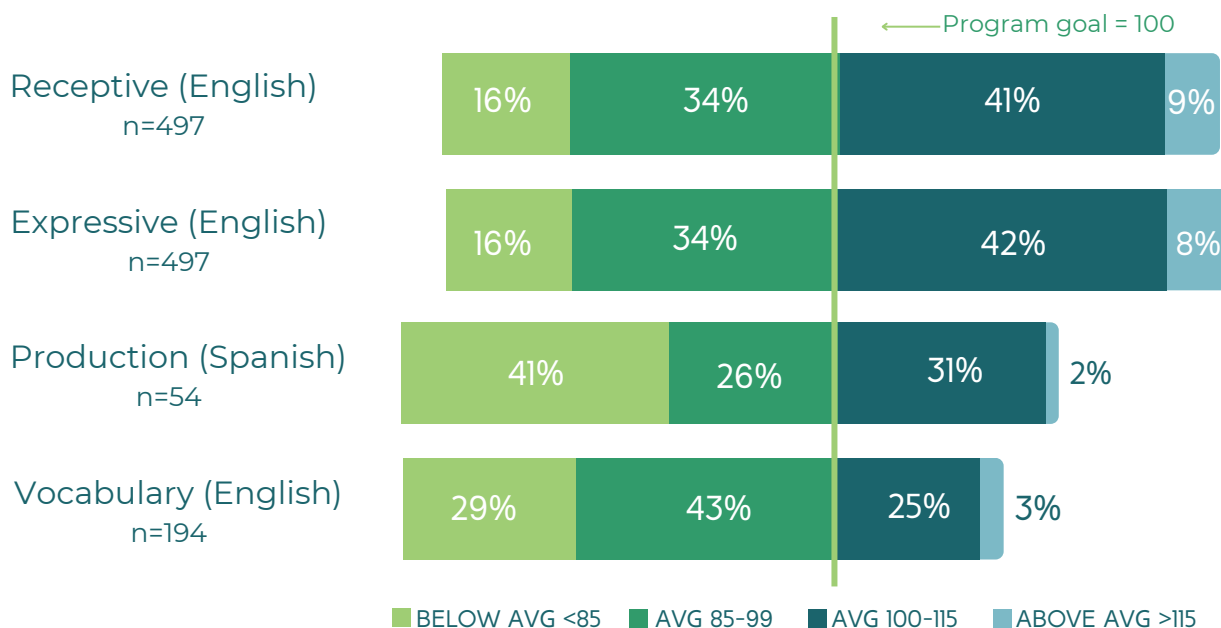
## LANGUAGE RESULTS AFTER A MINIMUM OF SIX MONTHS IN SIXPENCE

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.



HALF OF THE CHILDREN MET THE PROGRAM GOAL FOR ENGLISH RECEPTIVE (50%) AND EXPRESSIVE LANGUAGE (50%).

*Fewer children (28%) met the program goal for Vocabulary.*



The strongest outcomes were in English Receptive and Expressive Language, with 50% of the children meeting the program goal of scoring at or above the national average score of 100. These outcomes are within what is predicted on any norm-referenced assessments based on a standard score and conforming to bell shape curve distribution. (The assessments are normed with 70% of the children scoring in the average range and 15% of the children scoring in the below-average and above-average ranges.) Overall, 75% scored in the average range for Receptive Language and 76% for Expressive Language.

Across all language assessments, smaller percentages of children than expected scored in the above-average range than is found in a

nationally normed sample. The strongest results were in Receptive Language, with nine percent of the children demonstrating above-average skills; however, this is below national norms of 15%. On the Spanish language assessment, one-third (33%) of the children met the program goal for Production and 41% of the children scored in the below-average range. Child outcomes on this assessment do not match the distribution expected of a norm-referenced tool. This year, under a third (29%) of the children met the program goal on the vocabulary assessment, which is administered at age three. Twenty-nine percent scored in the below-average range. The children's vocabulary results did not match expected distributions of a norm-referenced assessment.

## AVERAGE ENGLISH LANGUAGE SCORES NEARLY MET THE PROGRAM GOAL AND INCREASED SLIGHTLY OVER TIME.

*Spanish Production scores dropped from time 1 to time 2.*



Average scores showed mild increases over time for English Receptive and Expressive skills and fell just below the program goal. Average Spanish language production scores decreased slightly from time 1 to time 2. It should be noted that the sample size was small, with only 31 children assessed in this area.

A paired sample t-test was performed to compare the language scores from time 1 to time 2. Significant increases were found for the Receptive English language assessment; however, the effect sizes (Cohen's d) suggest small,

meaningful change. Receptive:  $[t(387) = -2.75; p < .001, d = -0.23]$ . There were no significant changes in Expressive English language assessment:  $[t(387) = -0.97; p = 0.05, d = -0.08]$  or Spanish Production assessment:  $[t(30) = 1.3; p = .10, d = 0.23]$ .

“*The staff feel like a part of the family, and genuinely care about you as a family.*

~ A Sixpence parent

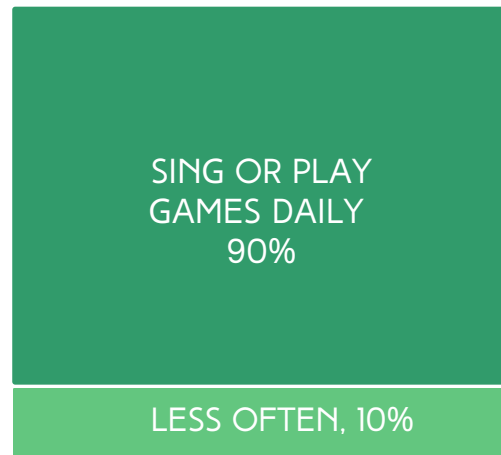


## HOME LITERACY PRACTICES

MOST FAMILIES READ BOOKS WITH THEIR CHILDREN SEVERAL TIMES PER WEEK. N=738



MOST FAMILIES SING OR PLAY GAMES WITH THEIR CHILDREN EVERY DAY. N=739



91%

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



82%

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



3%

of families report they have **no books** in their home language

“

*It is very encouraging and allows me to do more one-on-one things with my children. Sixpence allows my child to be loved and cared for by people in our community in a safe environment.*

~ A Sixpence parent

”





## WHAT WERE THE CHILDREN'S SOCIAL-EMOTIONAL OUTCOMES?

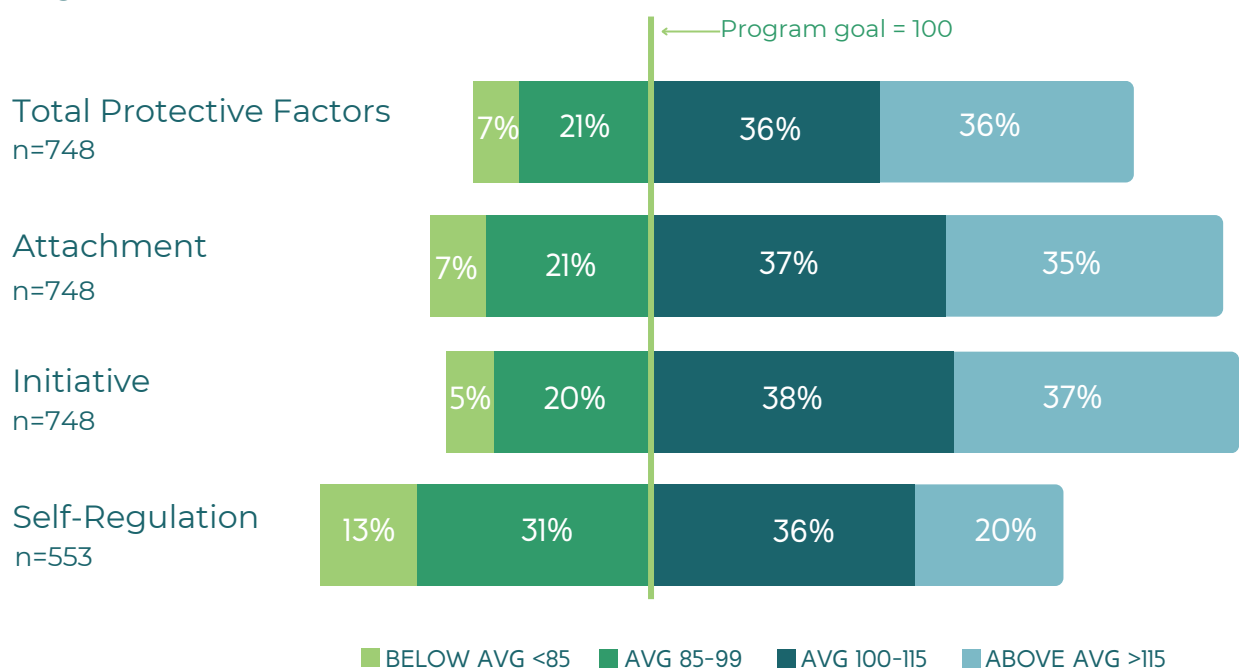
Parents or classroom teachers completed the Devereux Early Childhood Assessment (DECA), a standardized social-emotional assessment that measures children's Total Protective Factors overall and in three subscales: Initiative, Attachment, and Self-Regulation. Note that fewer children have a score for Self-Regulation 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 age three and older.

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

The chart below presents the social-emotional outcomes for the children in four quartiles. The percentage indicated on the color bar indicates the percentage of children who scored in that range. Blue shades indicate the percentage of children meeting the goal. 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.

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

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



By spring, large percentages of children met the program goal for social-emotional skills. Children showed the greatest strength in the Initiative subscale with 75% meeting the program goal. Children showed less strength in the Self-Regulation subscale but still the majority (56%) met the goal in this area. Across all areas, Sixpence children outperform national norms, with a quarter or more scoring above average in all areas except self-regulation. In Total Protective Factors, which is a composite across all areas, 36% of the children scored above average.

When children turn three, the DECA measures Behavior Concerns. A total of 170 children were assessed in this area and most (78%) did not have behavior concerns.

### CHANGE IN SOCIAL-EMOTIONAL SKILLS OVER TIME

A total of 685 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.

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

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



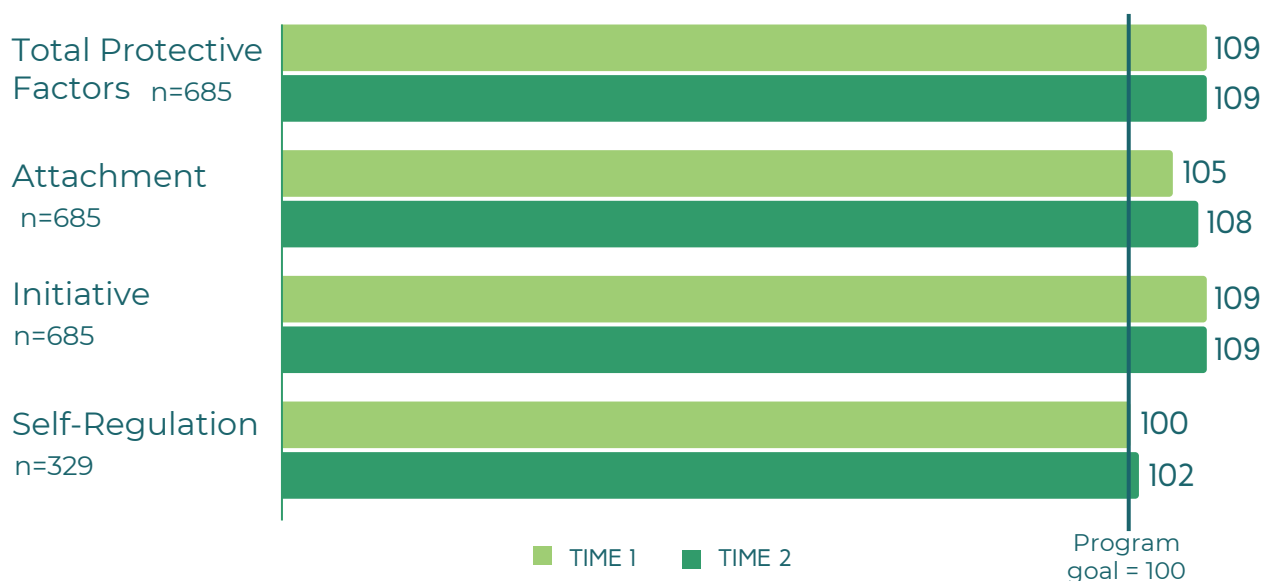
Initiative.

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 sizes (Cohen's *d*) suggest small, meaningful change in this area. These results are shown on the graph on the following page.

Attachment:  $t(684) = -3.951$ ;  $p < .001$ ,  $d = -.0151$ ; Initiative:  $t(684) = 1.16$ ;  $p = .123$ ,  $d = 0.044$ ; Self-Regulation:  $t(328) = -.367$ ;  $p = .357$ ,  $d = 0.020$ ; and Total Protective Factors  $t(684) = .332$ ;  $p = .370$ .

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

*Attachment and Self-Regulation showed slight increases.*



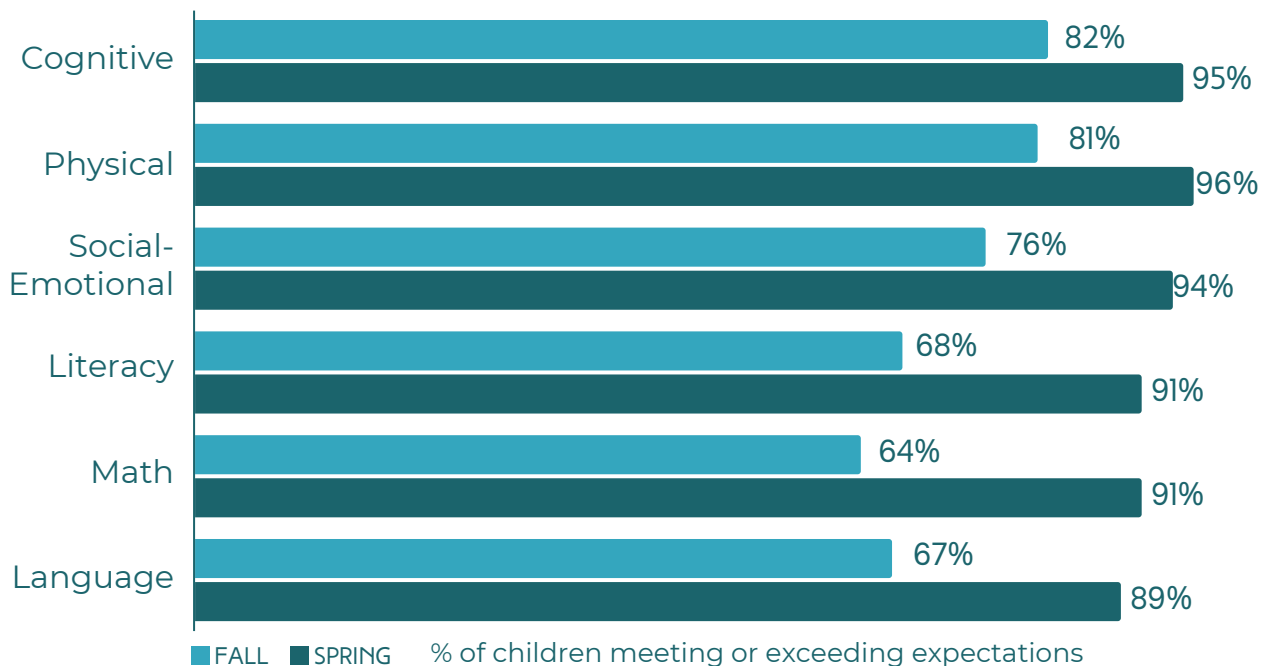
## WHAT WERE THE CHILDREN'S DEVELOPMENTAL OUTCOMES?

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 towards achieving widely held expectations. A total of 317

children had GOLD assessment data during the 2022-2023 school year. For purposes of this analysis, only children who remained on the same age band across both times, fall and spring, were compared. This sample included 830 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

except language. Children made the greatest gains in math. In the fall, 64% scored in the typical and above range, and by spring, 91% scored in this range.

## Health Outcomes

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

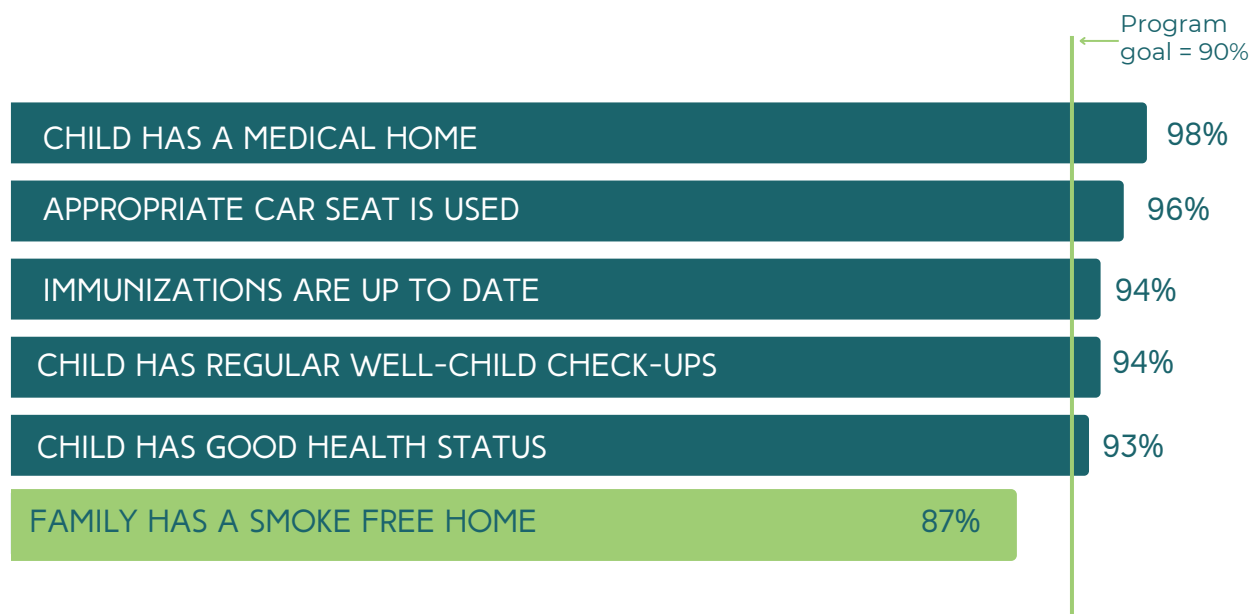
In the spring, health and risk factor updates were collected for 849 families. The program goal is for 90% of Sixpence children to meet the health indicators. The graph on the following page shows the six health indicators, and the results for Sixpence children and families. expectations across every area



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

N=876

*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 (94%) 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-six percent of Sixpence homes are smoke-free, but 14% (116 family homes) are not. While most of the children were in good health, seven percent had a chronic medical condition such as asthma.

### ACCESS TO HEALTH INSURANCE

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

98% of families report having insurance

78% of families utilize Medicaid

11% of families have private insurance

8% of families use a combination of public and private insurance



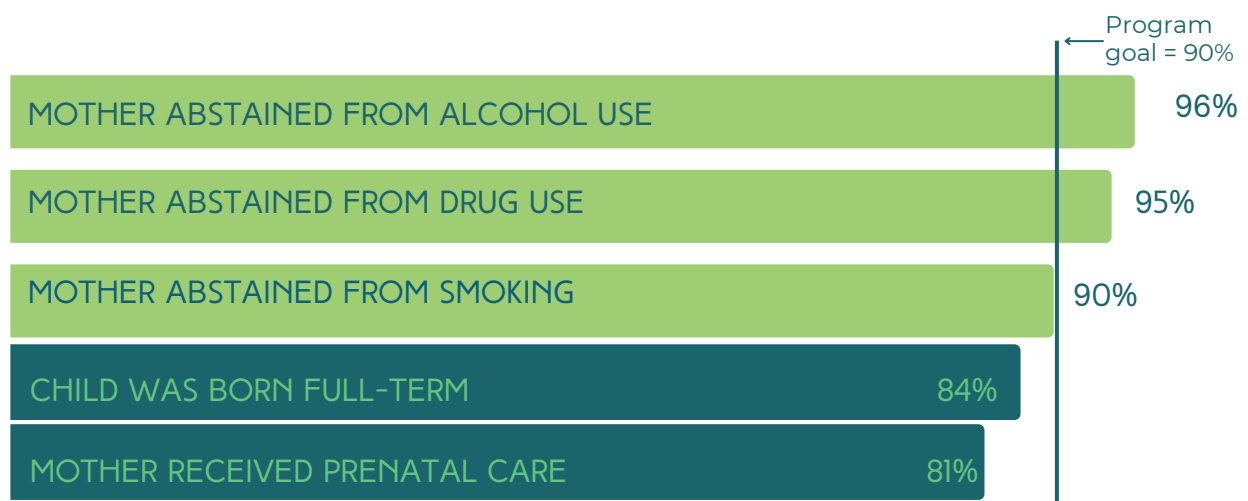
## WHAT WERE THE HEALTH OUTCOMES FOR PREGNANT MOTHERS AND NEWBORN BABIES?

Over the program year, 87 babies were born to mothers participating in Sixpence. A total of 83 mothers completed the prenatal health

survey. The program goal is to have 90% of mothers meet the prenatal care benchmarks.

### THE MAJORITY OF MOTHERS ABSTAINED FROM ALCOHOL AND DRUG USE.

*Mothers receiving prenatal care rates fell below the program goal.*



Results indicate that Sixpence mothers engaged in a number of positive practices to ensure the arrival of a healthy baby. Nearly all Sixpence mothers abstained from alcohol (97%) and drug use (95%). The proportion of the mothers who received prenatal care this year (81%) decreased from last year (97%) and the babies born full-term (84%) fell below the program goal.

Most (88%) new mothers initiated breastfeeding. This is slightly higher than the rate for Nebraska mothers, which is 86% (CDC, 2022). Just 16% 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).

 88% of the mothers initiated breastfeeding. 16% of mothers nursed for at least six months.

# Family Outcomes

## WHAT WERE THE OUTCOMES FOR CAREGIVER-CHILD INTERACTIONS?

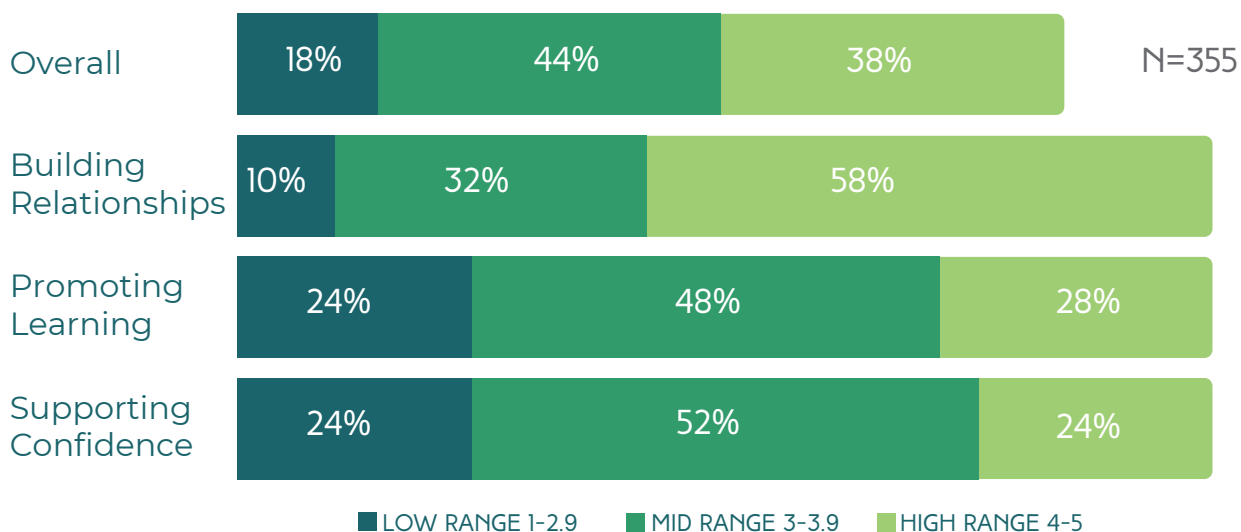
The Keys to Interactive Parenting Scale (KIPS) measures parenting behaviors Overall and across three areas: Building Relationships, Promoting Learning, and Supporting Confidence, based on a video recording of a parent playing with his or her child.

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

THE MAJORITY OF FAMILIES (58%) DEMONSTRATED STRONG SKILLS IN BUILDING RELATIONSHIPS WITH THEIR CHILDREN THROUGH PLAY.



Sixpence families demonstrated the strongest skills in Building Relationships with their children, with the majority (58%) 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.

Slightly over one-quarter (28%) of the families scored in the high range in Promoting Learning and in Supporting Confidence. Promoting Learning includes how parents talk with their children to build vocabulary and promote engagement, how parents

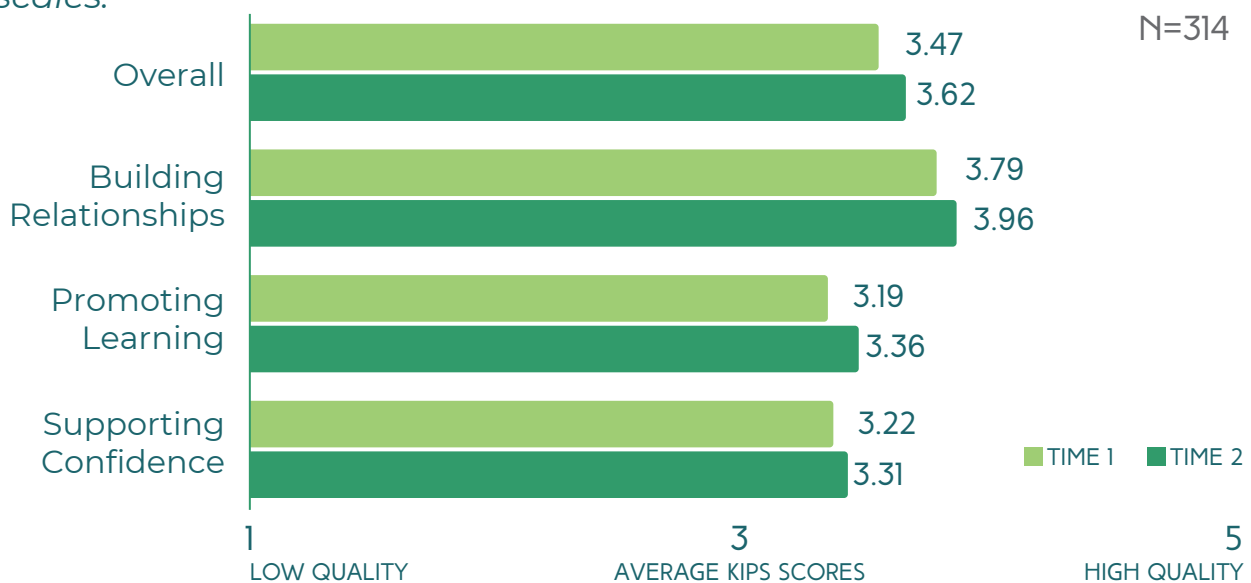
extend children’s learning by offering slight challenges during play, and the consistency of setting limits when needed. Supporting Confidence assesses how parents give directions that encourage child choice, provide supportive feedback, and promote problem-solving and curiosity. Of note is that about a quarter of the families scored in the low range in both areas. Program staff may want to provide additional support to families to strengthen their skills in these areas.

## CHANGE IN CAREGIVER-CHILD INTERACTIONS OVER TIME

A total of 314 families had the assessments at two points in time with a minimum interval of six months. The following chart shows the change over time across the three subscales and Overall. Sixpence families demonstrated strong skills in building relationships with their children. Average scores approached the high range in this area. Across all scales of the tool, average scores remained fairly stable over time.

### AVERAGE BUILDING RELATIONSHIPS SCORES APPROACHED THE HIGH QUALITY RANGE.

*caregiver-child interactions remained consistent over time across all scales.*



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 small, meaningful change.

Supporting confidence: [ $t(313) = -1.79$ ;  $p < .05$ ,  $d = -0.101$ ]; Promoting learning: [ $t(313) = -3.14$ ;  $p < .001$ ,  $d = 0.177$ ]; Building relationships: [ $t(313) = -3.42$ ;  $p < .001$ ,  $d = 0.193$ ]; and Overall KIPS [ $t(313) = -3.42$ ;  $p < .01$ ,  $d = -0.193$ ]

## HOW DID SIXPENCE IMPACT PARENTS' EDUCATIONAL OUTCOMES?

Sixpence tracks the educational outcomes for parents who enter the program without a high school diploma. Based on information collected about families when they enroll in Sixpence, 415 children served by Sixpence had mothers that did not have a high school diploma. By June, of the 249 mothers who reported on their educational status, 49% had earned their diploma or GED and 21% were still enrolled in high school or working towards a GED. Some mothers (31%) were no longer pursuing any education. At their enrollment in Sixpence, 291 children had fathers that did not have a high school diploma. By June, of the 165 fathers who reported on their educational status, 36% had attained their diploma or GED, 7% were still working toward a diploma, and 57% were no longer pursuing any education.

Results indicate that the **majority (70%) of mothers** obtained their high school diploma or were still on track to meet this goal. **43% of fathers** had similar success.



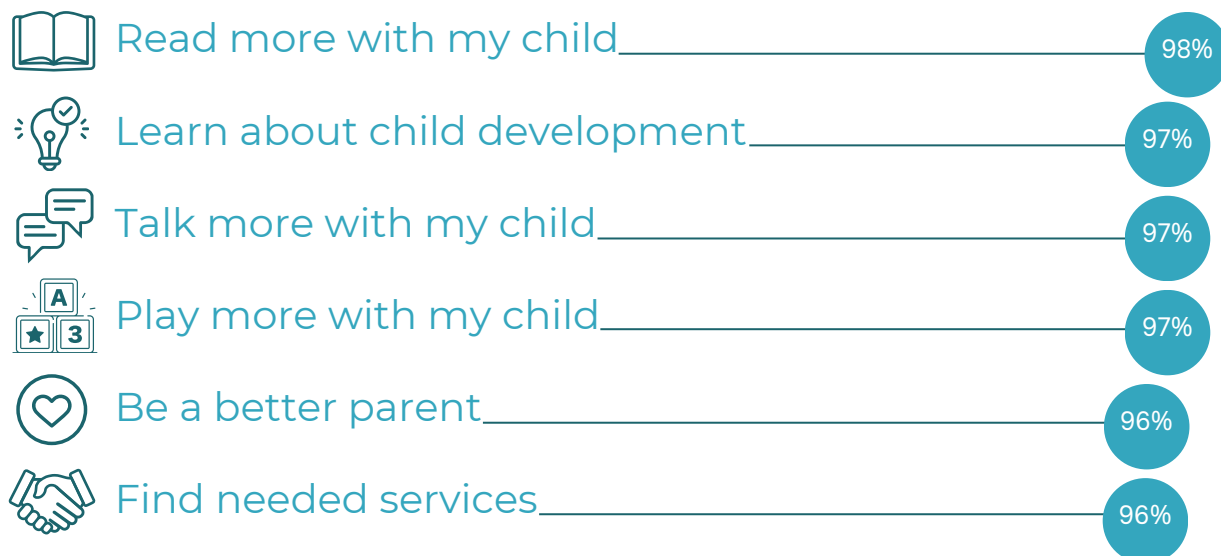
## WHAT DID PARENTS THINK ABOUT SIXPENCE?

In the spring, 303 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.

Less than 30% of Sixpence parents completed the survey online. The results of the survey, as well as an analysis of the open-ended response questions parents answered, can be found on the following page.

## MY SIXPENCE PROVIDER HELPED ME...




N=322



% who agree




### 97% of parents have a strong positive relationship with their Sixpence provider and are very satisfied with Sixpence.

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

-  The **relationship they have with their home visitor or their child's teacher**. Sixpence families highlighted the support and care they feel from their provider. The positive relationships have been key to parent satisfaction with Sixpence.
-  The **learning activities provided for their children and their family**. Parents appreciate the high-quality opportunities to support their child's learning and development.
-  The **help and support the program provides in building positive caregiver-child relationships**. They noted the support comes in many forms, from setting goals for their

child to creating a sense of 'extended family' for single parents. Ninety-five percent of families indicated that their Sixpence provider "cares about me and my child."

About 20% of the parents who responded to the survey offered suggestions to improve the Sixpence program. The following are the most common recommendations:

-  Offer **more varied activities, including more family events and parenting classes**.
-  Increase scheduling flexibility for the **program services and consider adding more services**.
-  Increase **the number and length of home visiting sessions each month**.



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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 included trainings for the providers, coaching support three to four times per month, and shared learning meetings that brought together providers,

coaches, and other program partners in the community.

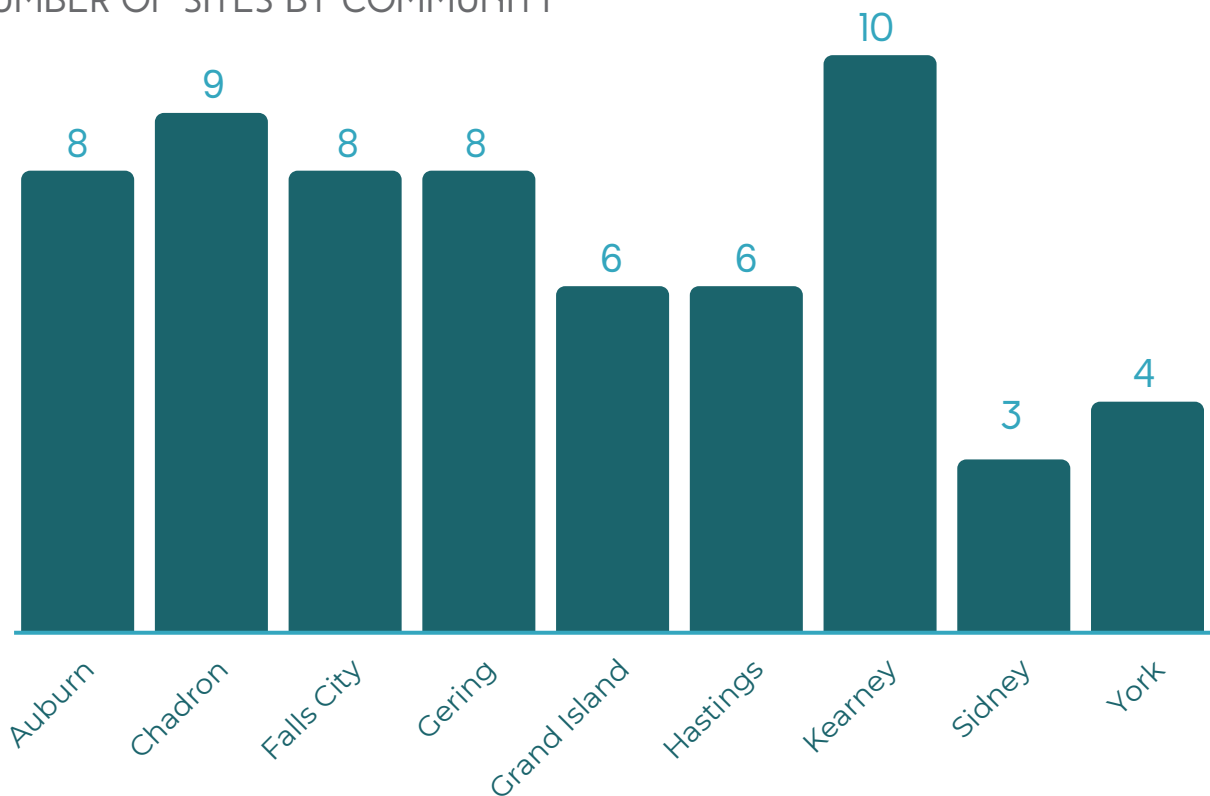
Providers received specific support to participate in the Nebraska Department of Education's Step Up To Quality (SUTQ) initiative. This initiative helps early childhood providers recognize and improve quality care. Participation in SUTQ with attainment of at least Step 3 by the end of the third year of participation is a requirement of the CCP grant; however, during COVID-19, this requirement was amended to give programs an extra year to meet the goal.

Data in this report include child and provider demographics. Program quality data are reported according to how many years the program has been in CCP. Only the observation results from the 2022-2023 program year are included in this report.

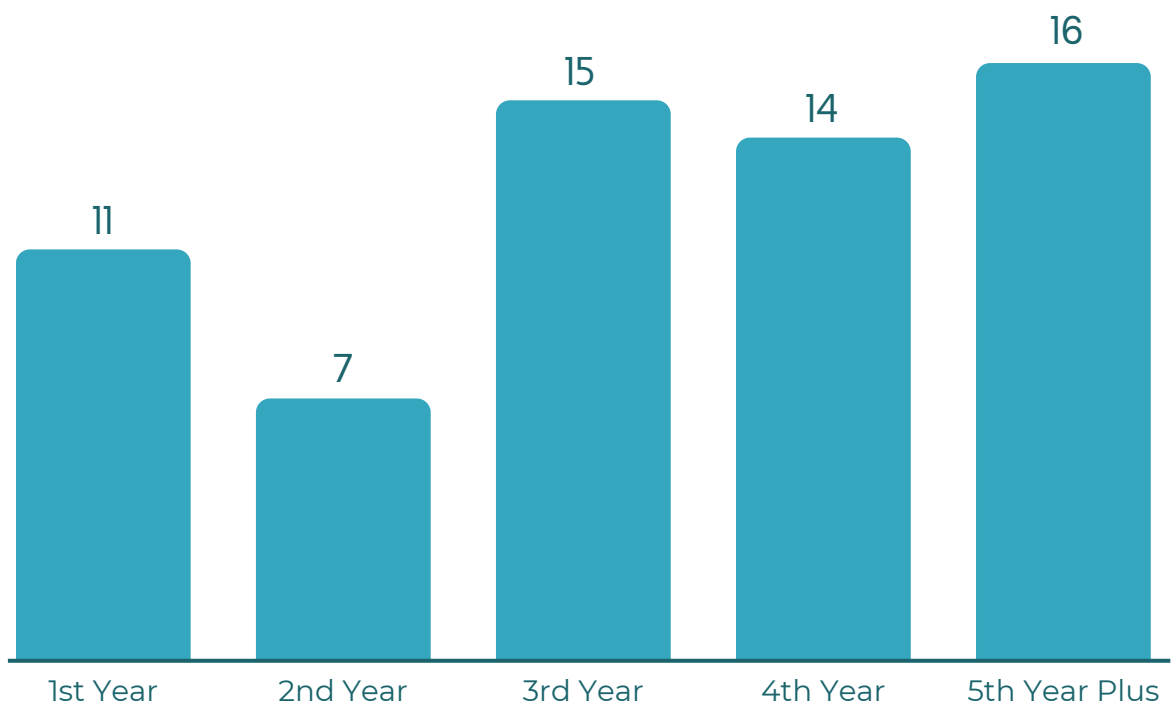
This year, nine communities received CCP grants: Auburn, Chadron, Falls City, Gering, Grand Island, Hastings, Kearney, Sidney, and York. The number of sites in each community as well as the number of sites in each year of CCP are reported on the following page.

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## NUMBER OF SITES BY COMMUNITY



## NUMBER OF SITES BY YEAR IN CCP



CCP SITES MUST MAINTAIN AT LEAST A STEP 3 AND BE WORKING TOWARDS STEPS 4 AND 5 TO CONTINUE PARTNERING BEYOND THE INITIAL THREE-YEAR PROGRAM TERM.

## Provider and Child Demographics

### WHO WERE THE PROVIDERS IN CCP?

During the 2022-2023 program year, 62 childcare programs participated in CCP. Of these, 28 were childcare centers and 34 were family childcare home providers. CCP successfully retained sites in the program; no sites exited CCP early.

The childcare programs completed a demographic survey which included information about the educational background of the directors, teachers, and home providers.



A total of 49 demographic surveys were completed from both centers and family childcare homes.

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

N=49



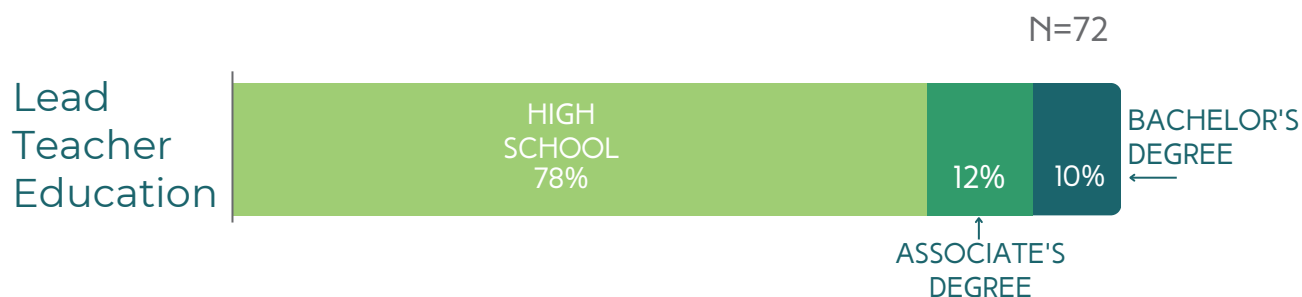
Of the 29 directors and home childcare providers with post-high school education, the majority (76%) had a degree in education, child development, psychology, or sociology.

Education information was collected for 72 lead teachers who worked in center-based programs.

“*I love how much focus is placed on education and enforcing positive family values.*”

~ A Sixpence parent

## MOST LEAD TEACHERS' HIGHEST LEVEL OF EDUCATION WAS A HIGH SCHOOL DIPLOMA.



Of the 16 teachers with post-high school education, the majority (69%) had a degree in child development, education, or human services.

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. Eight CCP childcare providers participated in the scholarship in the 22-23 year. **Nine childcare providers earned their CDA, two earned an associate's degree, and six earned their bachelor's degree.**



**56%** of lead teachers have been at their center for **LESS THAN THREE YEARS**

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 72 teachers across the 21 child care centers that completed the survey. The results show that 27% of lead teachers were new this year, and 29% were in their first or second year at the center. This indicates a fairly high turnover rate with 56% of lead teachers being relatively new.



**8** CCP CHILDCARE PROVIDERS PARTICIPATED IN THE T.E.A.C.H. SCHOLARSHIP



**9** CHILDCARE PROVIDERS EARNED THEIR CDA



**2** CHILDCARE PROVIDERS EARNED AN ASSOCIATE'S DEGREE



**6** CHILDCARE PROVIDERS EARNED THEIR BACHELOR'S DEGREE

## CHILD DEMOGRAPHICS

CCP childcare programs reported the demographics for a total of 1,003 children across 49 sites. Of these, 751 were infants or toddlers. A goal of CCP is to partner with childcare providers that serve children who face challenges that could lead to poor performance in school. The challenges include:

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

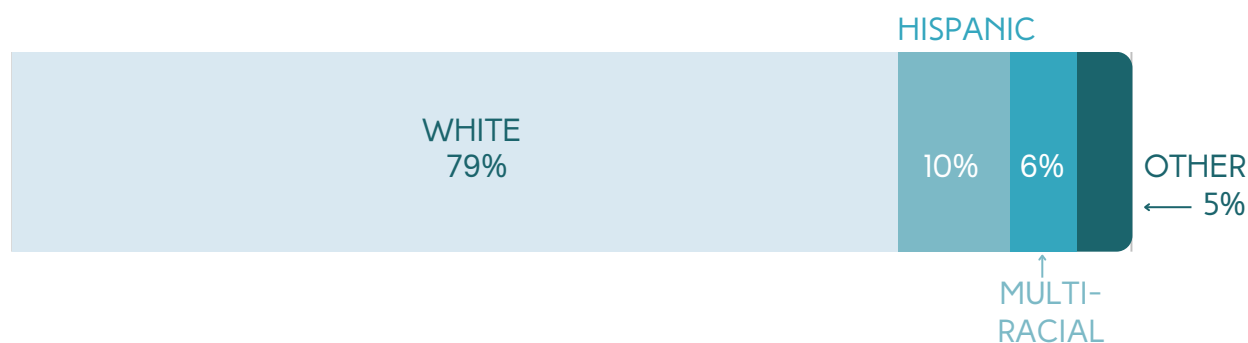
All of the CCP sites are willing to enroll children who receive state

childcare subsidies, which is an indicator of low income. A total of 21% of the children across CCP qualify for a subsidy. Currently, 31 sites (63%) 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 eight 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 seventeen sites which represents thirty-five percent of the 49 sites that completed demographic surveys. The number of ELL children served at each center ranged from one to eight.

CCP served more males (53%) than females (47%). A total of 66 infants and toddlers received special education services through Nebraska's Early Development Network. An additional 83 children were referred for evaluation.

## THE LARGEST GROUP OF CHILDREN SERVED WERE WHITE.





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## 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 2022-2023 program year, nine childcare sites reported expelling 27 children.

## 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. The evaluation plan includes baseline collection of this data, generally within two months of a program joining CCP, and then conducting the observation each year in the program.

A second standardized observation measure was added this year to measure the quality of interactions in CCP programs.



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 PROGRAM QUALITY BASED ON YEARS OF PARTICIPATION IN CCP

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

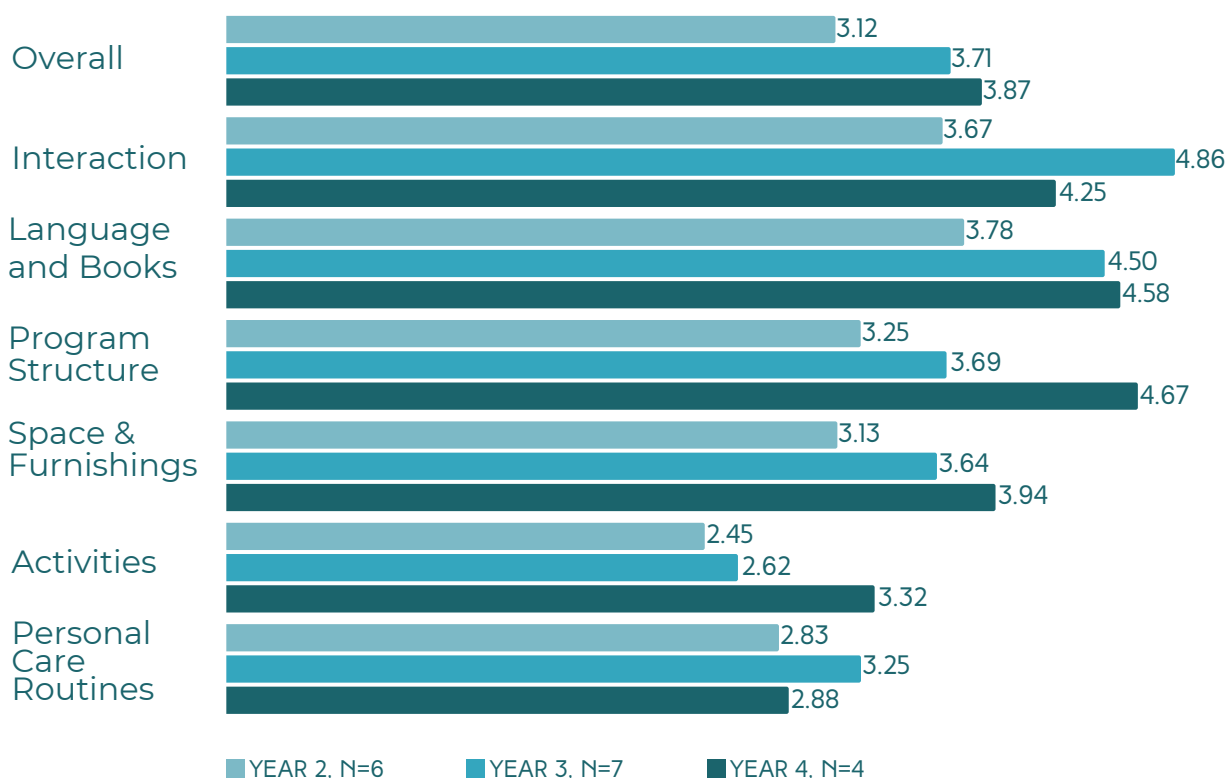
activities, and the quality of the space and furnishings.

Observations were completed on a sampling of one classroom per center. The following graph shows ITERS-3 subscale and overall averages for the classrooms observed this year. Results are broken out by how many years the center has participated in CCP.

There were no center-based classrooms in their first year of CCP. Six classrooms were in their second year of participation, seven classrooms were in their third year, and four were in their fourth year. There was one classroom observed in Year 5, but results are not included due to the small sample size.

## CLASSROOMS IN YEAR 3 SHOW HIGHER-QUALITY PRACTICES THAN YEAR 2 CLASSROOMS.

*Strongest practices were in the areas of Program Structure, Language & Books, and Interaction.*



Results indicate that classrooms in Year 3 demonstrate higher quality than classrooms in Year 2. In Year 2, sites' average scores did not exceed a 4, and 50% of the classrooms' average scores were below a 3. The

seven classrooms in Year 3 that were observed demonstrated stronger skills across all areas. Areas for goal setting may be Space and Furnishings, Activities, and Personal Care Routines.

## FAMILY CHILD CARE HOME PROGRAM QUALITY BASED ON YEARS OF PARTICIPATION IN CCP

The quality of family child care programs was assessed using the Family Child Care Environment Rating Scale-3rd Edition (FCCERS-3), which focuses on Activities, Interactions, and Program Structure. The assessment consists of a three-hour, in-person observation. Scoring is based on a 7-point scale with 7 indicating highest quality. A score of 5 on the combined overall scale is considered high-quality. There are six subscales that assess classroom practices that include measures of

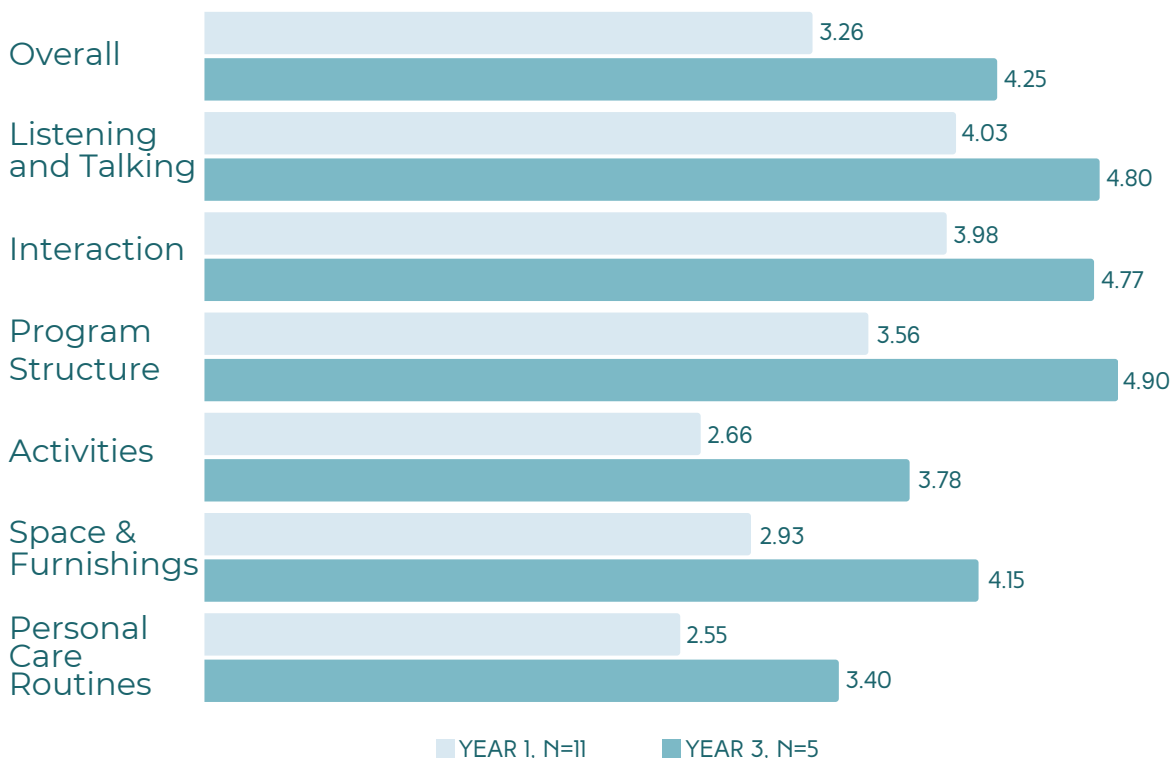
teacher-child interactions, the quality of play materials and activities, and the quality of the space and furnishings.

The following graph shows FCCERS-3 subscale and overall averages for the home childcare programs observed this year.

Results are broken out by how many years the provider has participated in CCP: eleven providers were in Year 1, and five providers were in Year 3. There was one Year 2 provider and one Year 6 provider observed. Their results are not included due to the small sample size.

### HOME PROVIDERS WITH THREE YEARS IN CCP DEMONSTRATE HIGHER QUALITY PRACTICES ACROSS ALL SUBSCALES.

*Strongest practices for all providers were in the areas of Listening & Talking, Interaction, and Program Structure.*



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The FCCERS-3 results show that program quality is greatest in the areas of Language, Interaction, and Program Structure. Year 3 scores were higher than Year 1 scores. The lowest area across all programs, regardless of years in CCP, 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 FOR SITES IN CCP THREE OR MORE YEARS

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, Engaged Support for Learning, which measures how teachers engage children in discovery, promote critical thinking, and provide rich language experiences. Scoring is

based on a 7-point scale, with seven indicating highest quality. The quality program benchmark is a score of 5.00 or higher in the Emotional and Behavioral Support domain 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. Toddler CLASS was used in classrooms where most children were 15 months to 3 years of age and with all home-based providers. To receive a CLASS observation, the program had achieved a Step 3 or higher in SUTQ. The CLASS results for three center-based classrooms and thirteen home-based providers are presented on the following page. All classrooms and providers observed with CLASS have been in CCP for three or more years. Three classrooms were observed using Infant CLASS. Their results 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. The program goal in this domain is 5.00. Teachers were consistently warm, responsive, flexible, and supportive towards children. High-quality in this domain indicates 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. The program goal for this domain is 3.25. All classrooms and providers observed met the domain benchmarks.

### PROGRESS IN STEP UP TO QUALITY

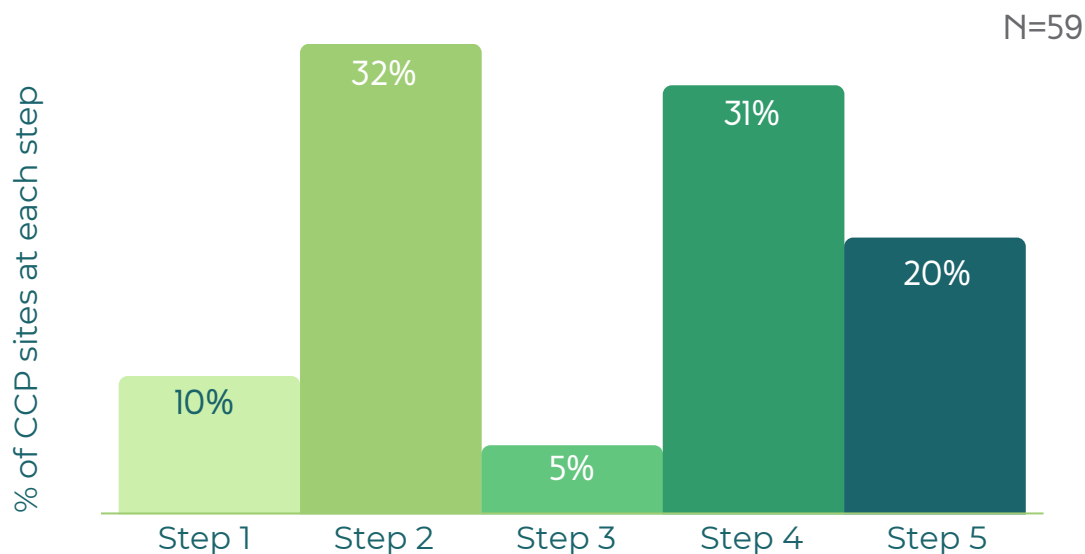
Step Up To Quality (SUTQ) is a 5-step pathway to increase quality in early childhood settings. It includes training, coaching, self-study, external evaluation, and a record-keeping system. CCP providers are expected to enroll in SUTQ and to achieve a Step 3 within three years. However, because of the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

The following chart shows the SUTQ ratings for the 59 programs in CCP that had received ratings as of July 2023. While 62 programs participated in CCP this year, three left before ratings were completed.

“  
*My children's teacher is amazing, and they love her!*  
~ A Sixpence parent”



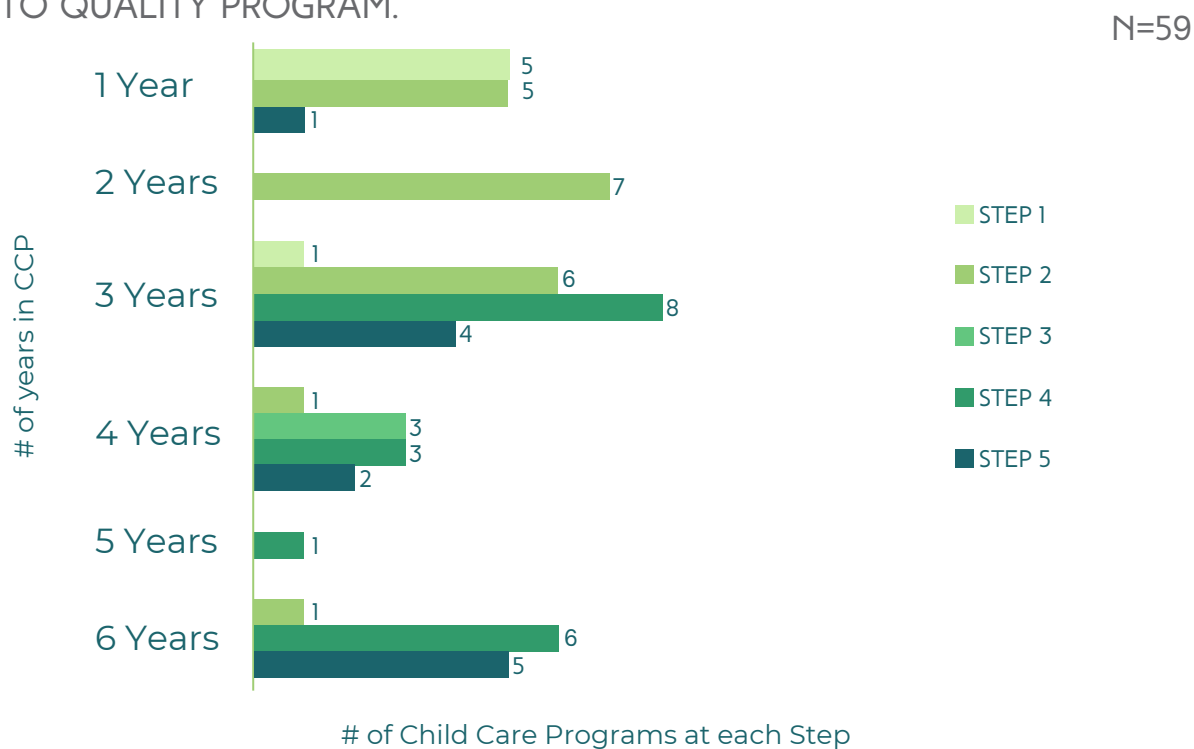
## OVER HALF OF THE CCP CHILDCARE PROGRAMS WERE AT STEP 3 OR HIGHER.



Fifty-six percent of programs were at Step 3 or higher, which is the goal of CCP.

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

## CHILD CARE PROGRAMS ARE MAKING PROGRESS THROUGH THE STEP UP TO QUALITY PROGRAM.



Programs have made progress in working through the SUTQ steps. Most (78%) programs that have

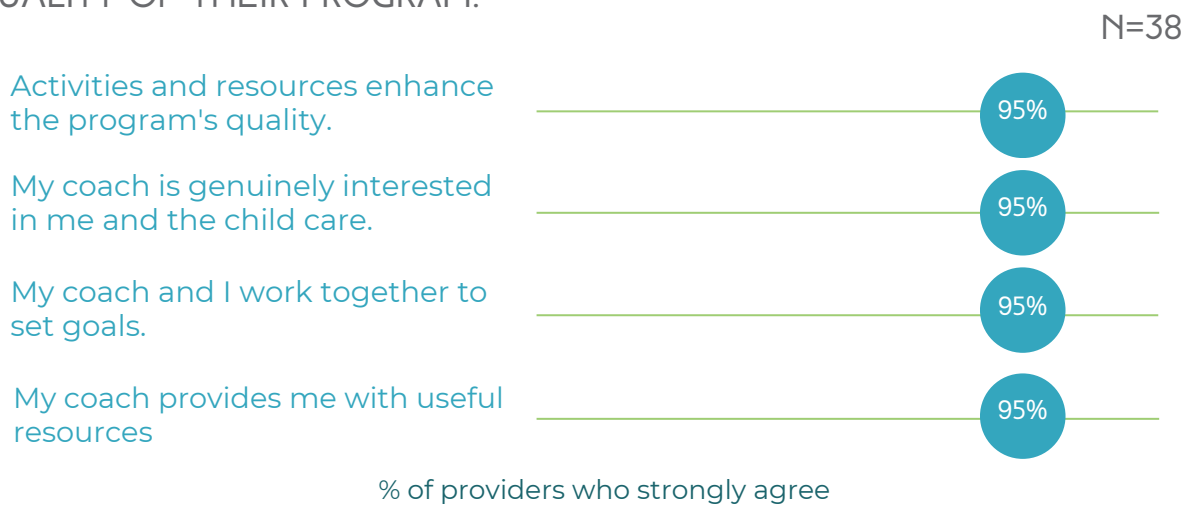
been in CCP for 3 or more years (n=41) have reached Step 3 or above.

## 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 following chart highlights some of the responses to the survey, reporting the percentage of respondents who strongly agree with the statement. A total of 38 providers responded to the survey.

### 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 in the graph, most strongly agree that they would recommend this program to another child care provider (95%) and that they are a better child care provider because of the program (95%). Most providers said they worked with their coach to set goals for their program (95% strongly agree). Eighty-four percent of responders strongly agree that the program helped them find useful resources in their community, and 84% strongly agree CCP helped them engage with families. Most respondents

also strongly agree that their coach provided useful resources regarding child care business practices (95%).

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 respondents discussed their coaches being genuinely

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interested in their work and well-being. One provider noted their coach has supported them by, “being a support for me to mentally process my struggles and finding ways to overcome the obstacles as a childcare provider.”


Respondents also cited times when their coach has supported them in growing quality in the classroom and providing best practices for the children and families.


 **Educational resources.** Many providers expressed their appreciation for the various training opportunities they received to help them become better providers. One provider shared that CCP “pays me for my extra training hours, so I feel like a professional and not just a volunteer.” Others discussed the value of the additional training that their coaches suggested to help them continue to grow.

 **Financial resources.** Several respondents appreciated the financial resources provided that went toward the purchase of materials for the classrooms, such as toys, shelves, activities for children, books, or curriculum for the program. Financial resources also supported families by providing scholarships for families to continue bringing their

children to the program. One provider expressed gratitude for the assistance of the coach in helping her apply for a grant to update the playground.

The most common suggestions to improve CCP services were:

 **Additions to coaching.** A few providers suggested providing hands-on coaching within the classrooms so that staff receive direct contact from the coach. One provider suggested more time being spent discussing the Environmental Rating Scale tools so that providers are not as discouraged by the items that are out of their control. Another suggestion was to have quarterly discussions on what the providers are doing to implement what is being learned through their training.

 **Additional resources.** One respondent suggested offering various options for continuing education. Another would like additional resources they can share with families that discuss what their program is doing for the children.

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

 **Program quality.** Respondents expressed how CCP has

changed their programs for the better. Providers feel confident in their abilities to provide a quality program for children and families.

*“This partnership has been invaluable to me and my program! CCP has totally changed the dynamics of my family childcare. I went from adequate to amazing. My skills have improved vastly, and I was the first in my area to reach Step 5 in SUTQ. I no longer have days where I ask myself, “Why did I choose this job?” and I look forward to talking with others about how they can have a high-quality program too.*

*~ A CCP Provider*

## WHAT DID COACHES THINK ABOUT CCP?

All of the CCP coaches participated in one of two focus groups. A summary of their feedback is reported below.

### THE COACHING EXPERIENCE

**Coaches experienced many successes in the past year.** Many coaches noted partners with improved SUTQ ratings at their

sites and discussed programs’ plans to reapply for higher ratings. One coach noted, “For me, that’s really exciting because they’re not just settling with a 3, and that’s our goal is to get them to 3. It’s not going to be every center or individual who wants to go further, but it is kind of exciting to see those that are starting to understand why Step Up to Quality is important.” Several grantees were able to partner with new centers or providers, including one coach, who increased from zero family partners to three in one year. Coaches noted additional successes such as adding CLASS videotaping and the pyramid model and partners successfully achieving step three in three years

### **There were barriers to achieving higher quality.**

Several coaches stated that a lack of interest in training is a barrier to achieving higher SUTQ ratings. One coach explained, “If they’re not motivated to go to training, they’re not going to do it. Even with us helping out hourly, we’re paying your registration.” Coaches also cited staffing shortages, teacher stress and mental health, and program requirements as barriers.

**Coaching intensity varied depending on sites’ needs.** When asked how they knew when coaching intensity could be reduced, some respondents said

they used milestones to help make their decisions.

Examples included programs reaching the highest SUTQ rating, achieving high CLASS or ERS scores, or completing two rounds of Sixpence CCP. Coaches said they rely on relationships with programs and communication from sites to help gauge levels of support. One coach noted: “With a relationship, they start to speak up and ask questions when they need support. We meet them where they are – some need more and some don’t.” Respondents noted that programs may need more support when they are preparing to submit ratings, training new staff, or considering expansion.



**There were several supports in place for coaches.**

Coaches identified the following essential supports for their work: coaching consultants, professional development opportunities, supervision from CCP administration, and collaboration with other coaches. One coach commented: “I think it’s helped us work more as a team (meeting and talking about multiple initiatives) for the centers in our area because some of us do the same centers. So [we] get to talk about that and to be able to support each other that way as coaches and then take that into the centers, and we’re all on the same page that way.” When asked if there was any additional support they would like to see, coaches stated they wanted a quicker turnaround of information and documents from CCP administration and more time to prepare for changes that affect coaches. Some individuals asked for more opportunities to network with other CCP coaches.

“We’ve had people that are practically helping us recruit for our programs because they have good relationships with us, and they want other people to have this experience. I think that that comes out of having a good relationship with the coach/coachee. That follow-through is a lot higher when the stronger relationship is there. They’re still holding up those best practices because the relationship is there, and they know that they can come back to communicate or for support or for the community of providers that they’ve been working with.

~A CCP Coach



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**There were challenges with coaching.** Most coaches discussed challenges caused by staff turnover. Examples included navigating administrative changes at centers, programs lowering capacity limits to address staffing shortages, sites losing Early Learning Guidelines credits, and managing mental health impacts on staff and coaches resulting from stress or trauma. Respondents also discussed barriers due to technology requirements for CLASS videotaping and limits on coaching times for those holding dual roles. Some coaches noted challenges in overcoming programs' reluctance to engage in training or to complete required materials for SUTQ.

## BUILDING AND MAINTAINING RELATIONSHIPS

**Building and sustaining relationships with providers was beneficial.** One coach discussed the power of meeting with programs in person and seeing what the providers go through. Other respondents noted that their strong relationships with veteran programs have helped with recruiting childcare providers to be part of CCP.

**Coaches had access to an Early Childhood Coach Consultant.** Many coaches met with their consultants on a monthly or bi-

monthly basis. Meeting topics included updates on local childcare initiatives, information about upcoming trainings, and opportunities for reflection. A few coaches shared that they had minimal contact with their consultants.

### **Feedback about collaborating with SUTQ coaches was mixed.**

Some coaches said they receive limited-to-no communication from the SUTQ coaches. Others said they learned a lot about the SUTQ process and requirements from the collaboration. Some individuals said they encourage individuals to request a particular SUTQ coach because of previous positive experiences working with that coach. Respondents whose programs did not use SUTQ coaches said the programs wanted to navigate the SUTQ process with people they already knew or did not want the stress of adding more people to their schedules.

### **Coaches' experience with reflective supervision varied.**

Many coaches received reflective supervision using the FAN (Facilitating Attuned Interactions) model. One coach noted that reflective supervision sessions helped them develop solutions and feel better about problem situations: "It's a way to talk about issues and have somebody sit there

and ask you questions about things in a very distinct way that makes you really think and makes you maybe step outside of your comfort zone as a coach sometimes and do the best practices that you know or maybe you're a little bit afraid to step into." Other individuals stated that opportunities for reflective supervision were inconsistent or unavailable. One coach said they wanted reflective supervision but did not have an administrator who could provide it.

“  
*I just feel  
wholeheartedly  
blessed that I am a  
part of this! This has no  
doubt changed the  
trajectory of my  
program and given me  
the confidence to be  
seen and heard as an  
advocate as well as a  
provider.*  
~A CCP Provider”

## COACHING WITH ADMINISTRATIVE DUTIES

In some communities, coaches are also the CCP administrators. Coaches discussed struggles to find time for both roles. Examples

included balancing program planning with coaching visits, running out of time to write notes, and pushing aside other duties when budgets are due. Some coaches mentioned that it can be hard to reach out for support. Individuals said that their supervisors and other staff are supportive when asked to help with tasks like scheduling meetings and preparing materials. One coach noted that it was helpful to reach out to other program coordinators because of their administrative expertise.



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## OUTLOOK ON COACHING

### CCP coaches were proud of the program's impact on providers and their communities.

Respondents noted that providers who went through the program appeared empowered to collaborate more with other providers, encourage others to become licensed, and grow their own professional skills. One coach discussed a provider's plan to work toward a bachelor's degree and teaching certificate: "I just think she's a natural leader, and it's just a natural progression for her. I think that we're gaining from her that relationship because she is an excellent resource for other home providers, but also, she's gaining from us because we're able to help encourage her to do more and see the possibilities for her and to see

her as a leader because she naturally doesn't see herself as a leader, but she certainly is." Other coaches talked about providers finishing their CDAs, advocating for childcare programs at City Council meetings, and applying for grants to grow capacity.

**“** *This program is amazing!!  
I recommend this  
program to any center I  
talk to! I feel as if our  
coach is like an added  
member to this team!!  
The staff is so  
comfortable talking to  
her and getting all the  
information she has to  
give us!!*

~A CCP Provider

**”**

## CONCLUSIONS AND IMPLICATIONS

### Sixpence


**Program Description:** Sixpence just completed its 15th year of implementation, serving 42 school district grantees located in 40 Nebraska counties. Most of the programs have adopted a family engagement model (27), with others serving children in center-based programs (11) or a

combination of both (4). A total of 1,176 children and 1,004 families were served in rural (48%), mid-sized (24%) and urban communities (28%). The majority (66%) of the children received family engagement services. Sixpence served families with multiple stressors, with 74% facing three or

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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, 52% 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 (92%) meeting the program quality benchmark. The greatest strength is in the area of child engagement. Most (70%) family engagement specialists met the quality indicator for home visit practices, and the average subscale scores met the quality indicator across all home visit practices. In this area, the greatest strength was in family engagement specialists' responsiveness to the families they serve.

 **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. 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 mid-point of average (standard score = 100) or higher. Half (50%) of the children met this goal for expressive language and receptive language in English. Less than a third (28%) met the goal for English vocabulary. For Spanish-speaking children, a third (33%) met the goal for language production. English receptive language scores increased significantly over time. Most (72%) of the children met the program goal for social-emotional total protective factors. Children made significant gains in attachment over time. Fewer children (56%) met the program goal in the area of self-regulation.

 **Next Steps:** Consider ways to support the promotion of language development for Spanish-speaking families.

 **Next Steps:** Consider ways to support the promotion of children's self-regulation skills.



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**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 86% of the families living in a smoke-free environment. Prenatal outcomes indicate that nearly all of the mothers abstained from alcohol (96%) and drug use (95%) while pregnant. Most (88%) of the mothers initiated breastfeeding but few continued for at least six months. Most (90%) of the women did not smoke during pregnancy. Mothers receiving prenatal care decreased to 81% from 97% last year and babies born full term declined from 100% last year to 84% this year.

■ ▶ **Next Steps:** Consider what supports are needed to ensure all mothers served prenatally receive prenatal care.

■ ▶ **Next Steps:** Consider ways to support breastfeeding practices so that more mothers nurse their babies for a longer duration.

**Family Outcomes:** Parents demonstrated positive relationships with their children with the majority (58%) scoring in the high range for this area on the caregiver-child interaction assessment. Slightly over one-quarter of the families (28%)

scored in the high range for promoting learning. Fewer (24%) scored in the high range for supporting confidence through play. Mild significant increases were seen across all areas measured by the KIPS over time.

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

Sixpence parents who entered the program without a high school diploma made great strides in reaching this goal. Most (70%) 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 (43%) had similar success.





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## Sixpence Child Care Partnerships

**Program Description:** The Child Care Partnerships, a collaboration of school districts and local childcare programs, served 62 child care programs across 9 communities. A total of 28 childcare centers and 34 family childcare homes participated. Demographics were reported for 1,003 children. About 21% of the children received a childcare subsidy, which is an indicator of low income. The providers 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:**

After a year in CCP, programs demonstrate higher quality practices. 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.

## REFERENCES

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# 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>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- 2nd edition	Voress & Maddox, 2013	Standard Score 85-115 Average range	8 to 36 months of age	Receptive and Expressive Communication
<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>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

## Parent Outcome Measures

<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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