SIXPENCE EARLY LEARNING FUND 2024-2025 ANNUAL REPORT



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In 2006, the Nebraska Legislature passed LB1256, establishing the Nebraska Early Childhood Education Endowment Grant Fund to support vulnerable young children from prenatal stages through age three. This public-private partnership, known as Sixpence, provides grants to school districts across Nebraska to deliver services to infants, toddlers, and their families who face risk factors such as low income.

Sixpence programs are designed to support the healthy growth and development of young children during their earliest years. By building strong community-level partnerships, Sixpence helps meet the developmental needs of very young children and empowers parents in their role as their child's first and most influential teacher, laying the foundation for success in school and beyond.

For its first ten years, the Sixpence model included home-based family engagement services, center-based



I love that I am not completely alone in this parenting journey. I know I can count on this program and my daughter's amazing teacher to help me out with any

and all questions

I may have.

66 -

~ A Sixpence parent

infant/toddler care, or a combination of both. Local school district staff, in collaboration with community partners, administer these programs.

In 2015, the Nebraska Legislature passed LB547, which allocated funding to support partnerships between school districts and local child care providers to improve the quality of early care in communities. This initiative, known as Sixpence Child Care Partnerships (CCP), was launched in fall 2016. This year's report includes descriptions and outcomes for both Sixpence program models.

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

SIXPENCE PROGRAMS

What is Sixpence?

In the 2024–2025 program year, the Sixpence Early Learning Fund supported 51 programs across 42 school districts, with grantees, in 34 Nebraska counties. This was Sixpence's 17th year of serving young children and their families in Nebraska. Sixpence grantees implemented one of the following models:

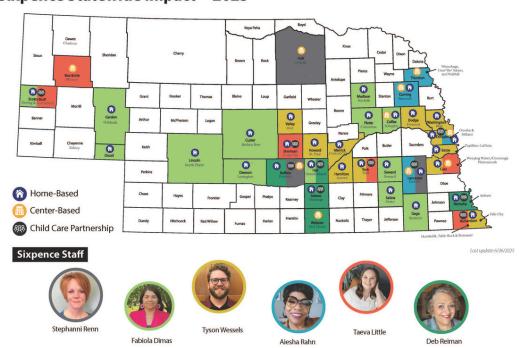




Most of the children (64%) participated in home-based family engagement services. These services were offered year-round and included individualized sessions held at least three times per month in the family's home or community settings. Families also took part in group socialization events designed to promote play, learning, and community building.

The remaining 36% of children were enrolled in center-based programs, which primarily offered full-day, year-round services. All center-based programs actively involved parents in their child's education and conducted home visits twice a year.

Sixpence Statewide Impact—2025



Child and Family Demographics

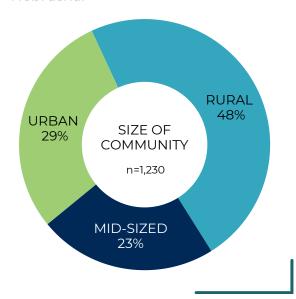
WHO WERE THE CHILDREN AND FAMILIES SERVED?

In 2024-2025, Sixpence served 1,230 children and 1,073 families across 42 grantees. In addition, 99 mothers whose babies were born before June 30, 2025, were served prenatally.

Sixpence programs support families with infants and toddlers (from prenatal stages through age three) who face stressors and challenges

NEARLY HALF OF SIXPENCE FAMILIES LIVE IN RURAL COMMUNITIES.

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





that may negatively affect their children's future academic performance. To qualify for participation, families must meet at least one of the following criteria:



PARENTS WHO HAVE NOT COMPLETED HIGH SCHOOL



CHILD BORN PREMATURELY, WITH TYPICAL OR LOW BIRTH WEIGHT



PARENTS WHO ARE YOUNGER THAN 20



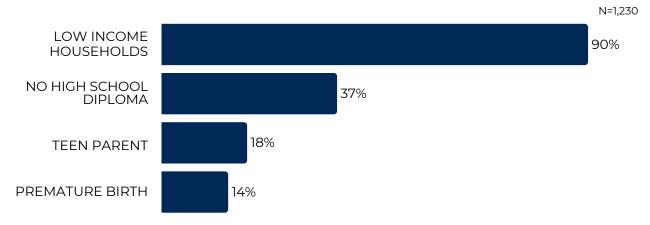
FEDERAL GUIDELINES FOR FREE OR REDUCED LUNCH

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

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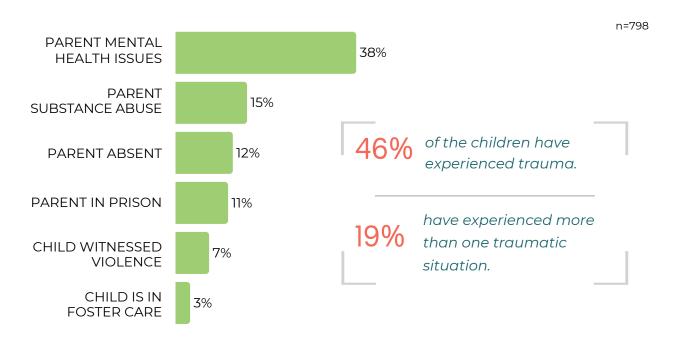
QUALIFYING RISK FACTORS

Almost all children belong to low income households



In addition to the qualifying factors, data on trauma-related stressors were collected from 798 families during the spring. These insights offer valuable context for understanding the challenges children may face and inform the program's efforts to support developmental outcomes. By identifying complex family circumstances, the program can better tailor services to meet individual needs and promote more effective, responsive support for children and families.

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



MOST CHILDREN IN SIXPENCE IDENTIFIED AS HISPANIC OR WHITE



Sixpence served more males (54%) than females (46%). The proportion of children who received special education services through Nebraska's Early Development Network increased to 21% this year from 14% in the 2023-2024 reporting year. The majority of children (72%) were under the age of one at the time of entry into Sixpence. The median age of entry was four months.

WHAT WAS THE RETENTION RATE OF FAMILIES IN THE PROGRAM?



Sixpence has demonstrated strong family retention. During the 2024–2025 program year, 85% of children remained enrolled through June 30, 2025, or until they aged out of the program. Among the 184 children who exited early, the majority (62%) withdrew during their first year of service. This suggests that families



who stay for at least one full year are more likely to remain in the program until their child ages out.

The most common reasons for early withdrawal were:

- Family relocation (30%)
- Family withdrew for unknown reasons (18%)
- Poor attendance (16%)

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Evaluation Findings

A comprehensive annual evaluation was conducted to monitor the implementation of Sixpence programs and assess progress toward established outcomes. Data were collected and reported consistently across all programs. Throughout the year, findings were shared with programs to support continuous improvement. The evaluation focused on four key areas: Program Quality Outcomes, Child Outcomes, Health Outcomes, and Family Outcomes.

For each outcome area, we report the percentage of participants meeting the Sixpence program goal. Additionally, we present the distribution of scores across the below-average, average, and above-average ranges. When data were collected at multiple time points, we also report changes over time to highlight progress.

Program Quality Outcomes

WHAT WAS THE QUALITY OF CENTER-BASED SERVICES?

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

I love how my son's teachers know each of their children individually and are able to cater to their individual needs. I love that literacy is a focus as they are always providing books to take home to promote reading

beyond school.

~ A Sixpence parent

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

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

CLASSROOM ASSESSMENT SCORING SYSTEM (CLASS) RESULTS

CLASS ratings were completed during a typical morning of classroom activities across staff members. Reliable evaluators rated four cycles of 15-20 minute increments. 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 support language development.

Scoring is based on a 7-point scale, with 7 indicating the highest quality. The program benchmark is a score of five or higher in the Emotional Support domain and 3.25 or higher in the Engaged Support for Learning domain in the Toddler CLASS. The

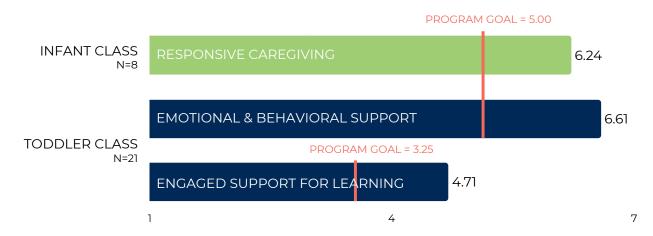
results for 8 infant classrooms and 21 toddler classrooms are shown below.

Classrooms demonstrated high quality in teacher-child relationships, as measured in the Responsive Caregiving (infant) and Emotional & Behavioral Support (toddler) domains. Teachers consistently demonstrated warm interactions with children and were responsive and supportive, with 100% of the classrooms meeting the program quality benchmark (5.00). High-quality scores in this domain indicate that teachers created classroom environments characterized by genuine relationships and mutual respect between teachers and children.

Overall, Engaged Support for Learning was in the moderate range, with most classrooms (95%) meeting the program benchmark of 3.25.

CLASS OBSERVATIONS SHOWED SIXPENCE CENTER-BASED TEACHERS CONSISTENTLY PROVIDED CARING AND SUPPORTIVE CLASSROOM ENVIRONMENTS

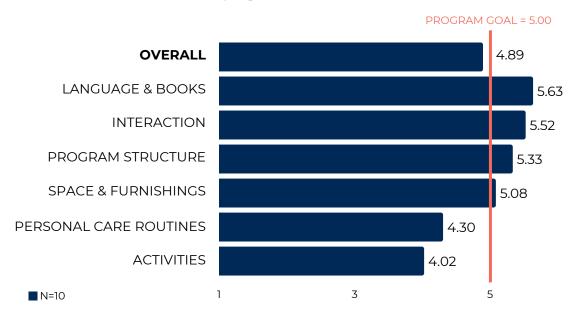
All classrooms met the program goal in Emotional Support



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SIXPENCE CLASSROOMS HAVE HIGH-QUALITY PRACTICES OVERALL MEASURED ON THE ITERS-3

Observations found strengths in supporting language development and reading, interactions with children, and program structure



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

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

Sixpence classrooms were rated in the mid-to-high quality range on the ITERS-3, with most classrooms scoring in the high range across multiple subscales. Average overall ratings (4.89) fell below the program benchmark, while 60% of classrooms met the benchmark. The majority of classrooms met or exceeded a score of 5.0 in the areas of Language and

Books (80%), Space and Furnishings (70%), Interaction (70%), and Program Structure (70%).

Ratings in these areas indicate that teachers promoted literacy by offering a variety of books and reading with children, used their interactions to foster understanding and language development, followed a daily schedule, allowed a balance of free play and group activities, interacted with children in ways that were responsive to their needs, and encouraged peer-to-peer interactions. The results in Space and Furnishings indicate that Sixpence rooms were well-maintained, comfortable, and provided enough space and furniture for children to engage in activities and routines.

Twenty percent of the classrooms scored a 5.0 or above in Activities, which measures access to a variety of learning materials and interactions while using those materials.

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 they build relationships with the family, the specialists' effectiveness at facilitating and promoting positive caregiverchild 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, as well as the level of caregiver and child engagement within the activities of the home visit.



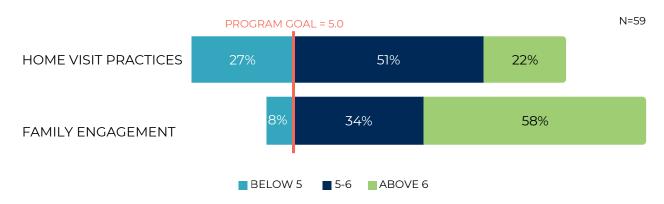
In 2024-2025, HOVRS data were available for 59 family engagement specialists. Some of the veteran specialists (n=37) were exempt from submission due to reaching the highest quality benchmark (overall score of 5.5 on the Home Visit Practices scale of the HOVRS and a minimum score of 5.0 on all subscales of the Home Visit Practices scale). HOVRS data for the exempt specialists' most recent submission were included in this analysis.

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

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

Almost all families were highly engaged during home visits



In 2024–2025, 73% of family engagement specialists met the program goal for Home Visit Practices, achieving a score of 5.0 or higher. This indicates that high-quality home visitation practices were consistently implemented during their sessions. Family engagement during these visits was also strong, with 92% of families receiving scores of 5.0 or higher, reflecting a high level of participation and interaction.

Average scores for both Home Visit Practices and Family Engagement domains met or exceeded the program benchmark of 5.0. The average score for Home Visit Practices was 5.4, while Family Engagement averaged 6.1, demonstrating strong performance across both areas.

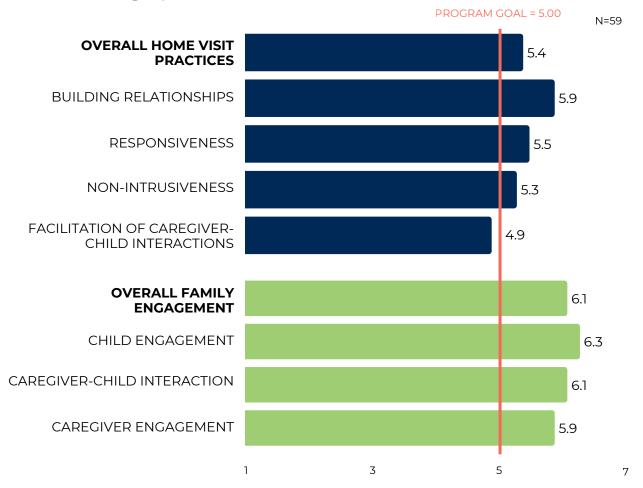
In the Home Visit Practices domain, average ratings across all subscales met the Sixpence quality benchmark, except for Facilitation of Caregiver• 92% of caregivers
were highly engaged
during home visits.

Child Interactions. Family
Engagement Specialists
demonstrated their greatest strength
in Building Relationships with
Families. A high score in this area
reflects warm, respectful, and
developmentally focused interactions
between the specialist and the family.

In the Family Engagement domain, average ratings on all subscales exceeded the Sixpence quality benchmark, indicating strong engagement from both caregivers and children during home visits. The highest-rated area was Child Engagement, where high scores signify that children were actively interested, participated consistently, and initiated interactions throughout the visit.

FAMILY ENGAGEMENT SPECIALISTS HAD STRONG RELATIONSHIPS WITH FAMILIES

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



[Our home visitor] cares about the parents just as much as the children and frequently checks in on us to make sure we're also doing okay, outside of parenthood as well. She makes sure our family unit is doing well and advocates for us to take care of our own mental and physical health as well. She provides resources for so many things and is so knowledgeable. She makes visits and socials so much fun and my kids love her as much as we do!

66 ---

~ A Sixpence parent

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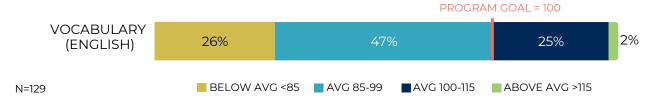
Child Outcomes

WHAT WERE THE CHILDREN'S LANGUAGE OUTCOMES?

The **PPVT-5** is a nationally normed assessment, where scores are distributed so that 70% of children fall in the average range, 15% below average, and 15% above average. Among this year's group of 3-year-olds, 72% scored in the average range for vocabulary. However, only 2% scored above average—well below the national expectation—and 26% scored below average, notably higher than expected. Just over one-quarter of children (27%) met the program's goal of achieving a standard score of 100. Overall, these results differ from the typical distribution seen in norm-referenced assessments, indicating that this group's vocabulary outcomes diverge from national patterns.

MOST CHILDREN (72%) WERE IN THE AVERAGE RANGE FOR VOCABULARY

In the 2024-2025 year, more children fell below average than was expected.



Some Sixpence programs participated in a nine-month pilot of the **Nebraska Growing Readers** (NGR) program, which distributed books to families with young children and early childcare providers across the state. Communication skills of children served by Sixpence home visiting whose families participated in the pilot were measured in the fall and spring using the **Early Communication Indicator** (ECI). The ECI is a play-based observation that measures the frequency of four communication skills—gestures, vocalizations,

The proportion of NGR families that reported reading with children for more than an hour per day increased from 4.7% to 8.5%.

single-word utterances, and multiple-word utterances. An overall weighted score is generated based on each skill's difficulty. Each child's weighted score is compared to the benchmark for their age at the time of the observation. A total of 74 children participated in ECI pre- and post-testing, and 106 families completed a retrospective program survey.

There were statistically significant changes in children's use of single words and multipleword combinations from pre- to post-testing as measured by the ECI. Children's (n=74) average use of single words increased from 7.3 to 10.2 (p = 0.002), and average use of multiple words increased from 4.1 to 7.3 (p = 0.002). There were no statistically significant changes in gestures, vocalizations, or the percentage of children meeting the ECI benchmark.



Analysis of marginal effects of the NGR program found that each additional 10 children's books in the family home was associated with a 4.0 percentage point increase in the child's likelihood of meeting the overall ECI benchmark at post-assessment (p=0.019), which indicated that increasing children's access to books at home had a meaningful impact on their early communication skills. *Note: the ECI will be added for all children in the 2025-2026 evaluation year.* The full analysis can be found in the NGR Evaluation Report, accessible here: bit.ly/NGR-Impact

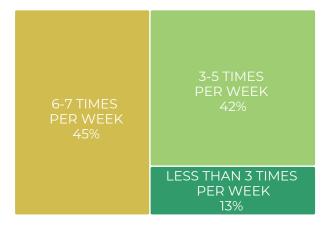
HOME LITERACY PRACTICES

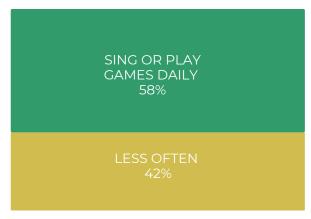
MOST FAMILIES READ BOOKS WITH THEIR CHILDREN SEVERAL TIMES PER WEEK

N=798

MOST FAMILIES SING OR PLAY GAMES WITH THEIR CHILDREN EVERY DAY

N=798











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WHAT WERE THE CHILDREN'S SOCIAL-EMOTIONAL OUTCOMES?

Parents or classroom teachers completed the Devereux Early Childhood Assessment (DECA), a standardized tool that evaluates children's social-emotional development. It measures Total Protective Factors and includes three subscales: Initiative. Attachment. and Self-Regulation. The Self-Regulation subscale is only completed for children aged 18 months and older, so fewer children have scores in this area. There is also an additional subscale. Absence of Behavioral Concerns, which is only completed for children aged three years and older.

The Devereux Early Childhood Assessment (DECA) yields T-scores for each scale, which are standardized with a mean of 50 and a standard deviation of 10, allowing comparison to national norms for the child's age group. Scores from 41–59 fall in the typical range, 60 and above indicate a strength area, and 40 or below suggest a concern area where support may be needed.

By spring, **69%** of children met the program goal for Total Protective Factors

I like the fact that my daughter gets to be around kids in her age group and she learns not only with them but from them as well.

66 -

~ A Sixpence parent

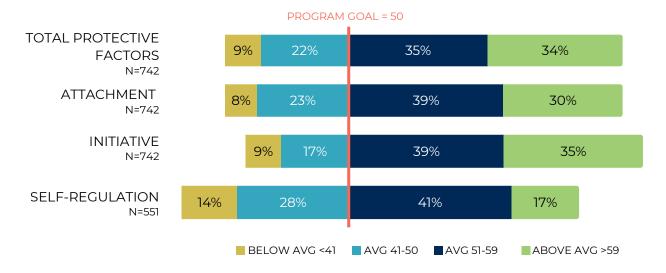
SOCIAL-EMOTIONAL OUTCOMES AFTER A MINIMUM OF SIX MONTHS IN SIXPENCE

The chart on the following page displays social-emotional outcomes for children divided into four quartiles. The percentages shown on each color bar represent the proportion of children who scored within that range. Bars to the right of the orange line indicate the percentage of children who met the program goal. The Sixpence program defines its goal as a t-score of 50, which is the midpoint of the average range.

By spring, many of the children met the program goal for social-emotional skills. Children showed the greatest strength in the Initiative subscale, with 74% meeting the program goal. Across all areas, Sixpence children outperform national norms, with a third or more scoring above average in total protective factors and initiative.

MORE THAN 70% OF CHILDREN MET THE PROGRAM GOAL FOR SOCIAL-EMOTIONAL COMPETENCIES ACROSS ALL AREAS BY SPRING

Children showed the greatest strength in Initiative with 74% meeting the goal



When children turn three, the DECA measures Behavior Concerns. A total of 176 children were assessed in this area, and most (79%) did not have behavior concerns.

CHANGE IN SOCIAL-EMOTIONAL SKILLS OVER TIME

A total of 704 children had the socialemotional assessments at two points in time, with a minimum interval of six months. The chart on the next page 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, with the exception of self-regulation. Average scores remained stable over time in all areas.

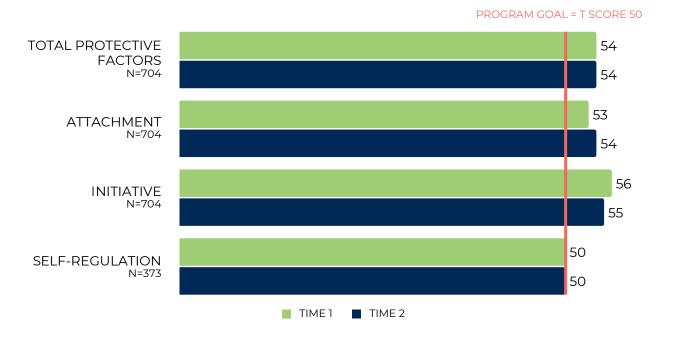
A paired sample t-test was performed to compare the DECA scores from time 1 to time 2. Significant increases were only found in the area of Attachment, and the effect size (Cohen's d) suggests a small, meaningful change in this area.

- Attachment: [diff = 0.75, t(703)=
 -2.178; p=.015*, d= -08.]
- Initiative: [diff = -0.42, t(703)= 1.182;
 p=0.12, d = -.04]
- Self-Regulation: [diff = 0.10, t(372)=
 -0.206; p=0.42, d = 0.01]
- Total Protective Factors [diff = -0.28, t(703)= 0..839; p=0.20, d =-0.03]
 *significant at p < .05

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

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CHILDREN CONSISTENTLY ACHIEVED SOCIAL-EMOTIONAL COMPETENCIES ACROSS MOST AREAS



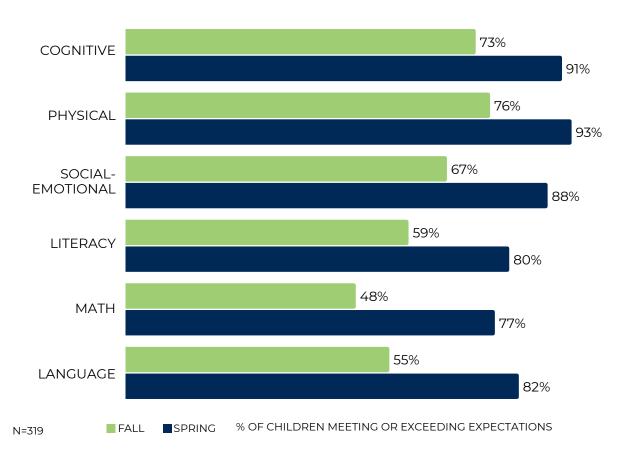


WHAT WERE THE CHILDREN'S DEVELOPMENTAL OUTCOMES?

Teaching Strategies GOLD is an authentic developmental assessment adopted by the Nebraska Department of Education to evaluate all children receiving services in school district-funded programs. It measures progress across key developmental domains: cognitive, language, physical, social-emotional, literacy, and math. TS GOLD outlines widely held expectations for each age group, based on evidence-based developmental milestones.

Assessments are conducted continuously throughout the year. For this report, we analyzed data from the fall 2024 and spring 2025 checkpoints to track children's progress toward meeting these expectations. During the 2024–2025 school year, 718 children had GOLD assessment data for both fall and spring. For this analysis, we focused on the 319 children who remained in the same age band across both checkpoints to ensure valid comparisons.

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



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By spring, a higher proportion of children scored within the widely held expectations, defined as the typical or above-average range, across all developmental domains. Notably, over 90% of children met expectations in both the cognitive and physical domains.

The most significant improvements were observed in Language (scores increased from 55% in the fall to 82% in the spring) and Mathematics (scores rose from 48% to 77% over the same period).



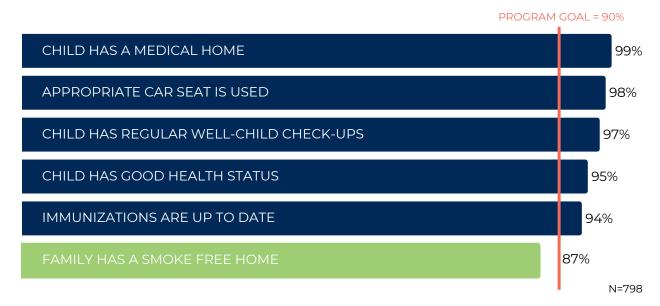
Health Outcomes

WHAT WERE THE CHILDREN'S HEALTH OUTCOMES?

In the spring, health and risk factor updates were collected for 798 families. The program goal is for 90% of Sixpence children to meet each of the health indicators. The graph below shows the six health indicators and the results for Sixpence children and families.

MOST CHILDREN MET EVERY SIXPENCE HEALTH INDICATOR

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



Results from the assessment show that Sixpence families consistently make healthy choices for their children across nearly all categories.

- Nearly all families (99%) reported having a regular medical provider for check-ups and immunizations, rather than relying on emergency rooms for routine care.
- Most children (94%) are up to date on their immunizations, significantly higher than Nebraska's statewide rate of 61.2% for children at 24 months (America's Health Rankings, 2025).
- The only area falling short of the goal was exposure to cigarette smoke: while 87% of Sixpence homes are smoke-free, 13% (103 homes) are not. This rate has remained stable since last year.
- Additionally, while the majority of children were reported to be in good health, 5% had a chronic medical condition such as asthma.

It helps my child be more confident and helps me to have a check system to ensure we are on the right path.

~ A Sixpence parent

ACCESS TO HEALTH INSURANCE

A survey of Sixpence families' access to health insurance found that the number of families with health insurance increased slightly from 95% last year to 96% this year.

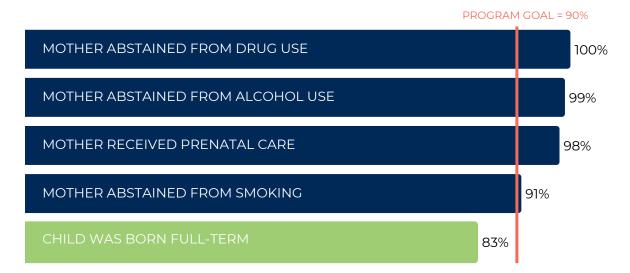
- 96% OF FAMILIES REPORTED HAVING INSURANCE
- 74% OF FAMILIES UTILIZED MEDICAID
- OF FAMILIES HAD PRIVATE INSURANCE
- OF FAMILIES USED A
 COMBINATION OF PUBLIC
 AND PRIVATE INSURANCE



99

THE MAJORITY OF MOTHERS MET THE PROGRAM GOAL IN ALL AREAS

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



MATERNAL HEALTH PRACTICES AND BIRTH OUTCOMES

Results show that Sixpence mothers consistently engaged in positive health practices to support the birth of healthy babies. All mothers (100%) reported abstaining from drug use, and nearly all (99%) abstained from alcohol. For the first time, the proportion of mothers who abstained from smoking reached the Sixpence benchmark at 91%. However, the percentage of babies born full-term declined from 98% last year to 83% this year.

Most (95%) new mothers initiated breastfeeding. This is slightly higher than the rate for Nebraska mothers, which is 91% (CDC, 2025). At six months, 22% of mothers were still breastfeeding, more than double





last year's rate of 10%; however, this proportion is significantly lower than the rate of Nebraska mothers who are still breastfeeding at six months (72%; CDC, 2025).

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 caregiver playing with their child. Scores are based on the observed interactions and are reported on a 5-point scale, with 5 indicating high quality.

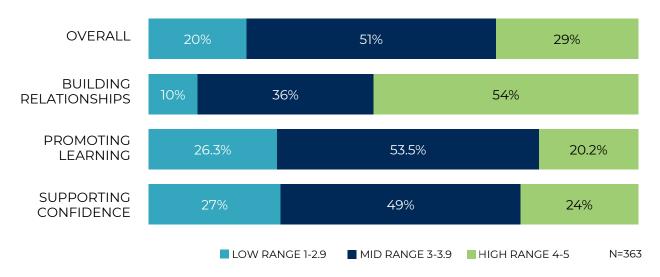
CAREGIVER-CHILD INTERACTIONS AFTER A MINIMUM OF SIX MONTHS IN SIXPENCE

KIPS observations are conducted for children in home-based settings, with

one assessment completed per family. Results are reported only for children who have been enrolled in the program for more than six months. The following chart presents the caregiver-child interaction results in the spring for 363 families. Low-range scores are 1-2.9, mid-range scores are 3-3.9, and high-range scores are 4-5.

Sixpence families demonstrated the strongest skills in Building Relationships with their children, with more than half (54%) 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.

MORE THAN HALF OF FAMILIES (54%) EXHIBITED HIGH-RANGE RELATIONSHIP-BUILDING SKILLS WITH THEIR CHILDREN DURING PLAY



■■■ 25

Fewer families scored in the high range in Promoting Learning (20%) and in Supporting Confidence (24%).

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.

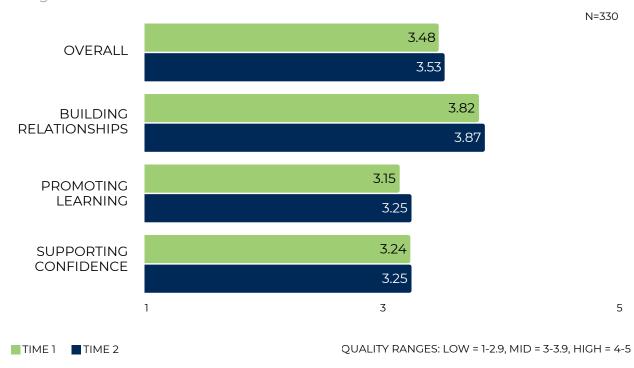
CHANGE IN CAREGIVER-CHILD INTERACTIONS OVER TIME

A total of 330 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 subscales, average scores remained fairly stable over time.

AVERAGE BUILDING RELATIONSHIPS SCORES APPROACHED THE HIGH QUALITY RANGE IN 2024-2025

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 only found in the area of Promoting Learning, and the effect size (Cohen's d) suggests a small, meaningful change in this area.

- Supporting confidence: [diff = 0.01, t(329)= .172; p=0.43, d=0.01]
- Promoting learning: [diff = 0.10, t(329)= 2.264; p=0.01*, d=-0.14]
- Building relationships: [diff = 0.05, t(329)= 1.12; p=0.13, d=0.03]
- Overall KIPS [diff = 0.05, t(329)=
 1.39 p=0.08, d=0.08]

*significant at p < .05

HOW DID SIXPENCE IMPACT PARENTS' EDUCATIONAL OUTCOMES?

Sixpence tracks the educational outcomes of parents who enter the program without a high school diploma. Based on information collected about families when they

Results indicate that the majority (58%) of mothers obtained their high school diploma or were still on track to meet this goal. Fewer fathers (33%) had similar success.



enroll in Sixpence, 426 children served by Sixpence had mothers who did not have a high school diploma. By June, of the 251 mothers who reported on their educational status, 43% had earned their diploma or GED, and 15% were still enrolled in high school or working towards a GED. Some mothers (42%) were no longer pursuing any education. At the time of their enrollment in Sixpence, 311 children had fathers who did not hold a high school diploma. By June, of the 182 fathers who reported on their educational status, 28% had attained their diploma or GED, 5% were still working toward a diploma, and 67% were no longer pursuing any education.

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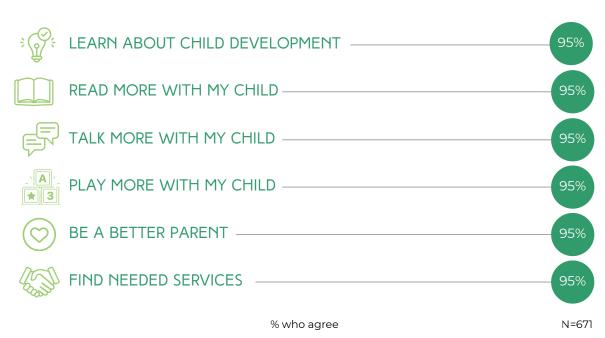
WHAT DID PARENTS THINK ABOUT SIXPENCE?

In the spring, 671 families completed a satisfaction survey. Using a 4-point Likert scale, parents rated their level of agreement with ten statements about their experience in the Sixpence program. They also responded to two open-ended questions about the program's strengths and areas for improvement. The survey was anonymous, and not all respondents answered every question.

This year's survey had a return rate of 63%. Parent satisfaction with the program increased, with overall satisfaction rising from 93% last year to 96% this year. A summary of the results is provided below



MY SIXPENCE PROVIDER HELPED ME...



96% of parents have a strong positive relationship with their Sixpence provider and are very satisfied with Sixpence.

Families participating in Sixpence were asked two open-ended questions about their experiences with the program. Many shared their appreciation for the support they received and described the positive impact the program has had on their families. They also offered suggestions for how the program could continue to grow and better meet their needs.

POSITIVE IMPACTS REPORTED BY FAMILIES

Child Development Support:

Families valued access to highquality childcare, engaging learning activities, educational resources, and materials that promoted children's social, emotional, and academic growth.

This program greatly
benefits the
community in so
many ways. It has
helped both of my
children grow in all
aspects. I would
recommend the
program to anyone.

~ A Sixpence parent

I enjoy the teaching moments and the learning opportunities I am given to better help my child.

~ A Sixpence parent

Parenting Education &

Confidence: Parents appreciated education and support that empowered them with knowledge and confidence in their parenting.

- Strengthened Relationships & Community: Parents reported that social events strengthened parent-child relationships and built a sense of community among families.
- Supportive Relationships & Communication: Families highlighted open communication with teachers and home visitors, supportive relationships, and nurturing environments that fostered family comfort and growth.
 - Health & Community
 Connections: Families benefited
 from health information, family
 events such as family nights and
 group activities, and connections
 to community resources

CONSIDERATIONS FOR PROGRAM IMPROVEMENT

Expanded Services

Families requested more home visits, learning activities, social events, and materials to address needs, as well as program expansion for older children.

Scheduling Flexibility

Participants asked for expanded childcare hours and more varied times for events and visits to better support working families.

Communication & Organization

Families wanted clearer, more consistent communication from the program, particularly regarding child development progress, potty training, and daily updates, as well as ideas to support learning at home.

A lot of people do not know this program exists so getting the word out to have more people know about the program and join would be good.

~ A Sixpence parent

Additional Supports

Survey participants expressed interest in more adult education, family supports, and language/interpretation services for families.



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.

Demographic surveys were completed on 59 CCP sites. These childcare programs reported serving 1,201 children. Of these, 880 were infants or toddlers.



During the 2024-2025 program year, 85 childcare programs participated in CCP. Of these, 39 were childcare centers, and 46 were family childcare home providers. Two sites exited early, creating a 98% retention rate.

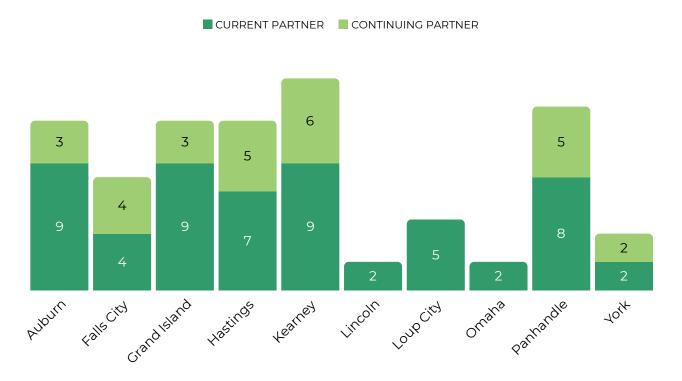
CCP included trainings for the providers, coaching support twice per month, and provider collaboration meetings that brought together providers, coaches, and other program partners in the community. Providers received specific support to participate in the Nebraska Department of Education's Step Up To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

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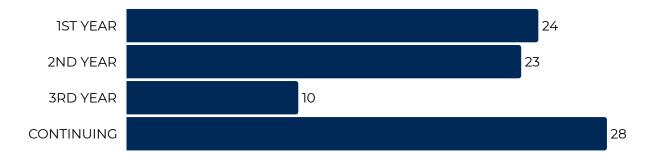
CCP sites are categorized in one of two ways: sites within their first three years are current partners; sites that continued their partnership with CCP after three years are continuing partners. Data in this report includes child and provider demographics for all sites that completed demographic surveys. Program quality data are reported according to current sites' years of participation in CCP. This report includes only the observation results for current partners from the 2024-2025 program year; observations were not collected for continuing partners.

This year, ten communities received CCP grants: Auburn, Falls City, Grand Island, Hastings, Kearney, Lincoln, Loup City, Omaha, Panhandle, and York.

NUMBER OF SITES BY COMMUNITY



NUMBER OF SITES BY YEARS OF PARTICIPATION IN CCP



Provider and Child Demographics

WHO WERE THE PROVIDERS IN CCP?

The childcare programs completed a demographic survey, which included information about the educational background of the directors, teachers, and home providers. A total of 59 demographic surveys were completed from both centers and family childcare homes.

Of the 31 directors and home childcare providers with post-high school education, the majority (68%) had a degree in education, child development, family studies, or sociology.

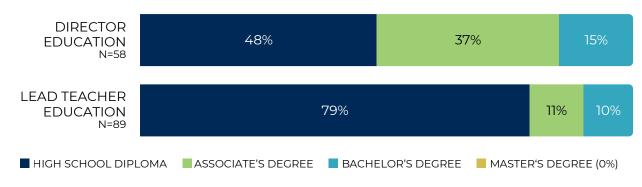
Educational information was collected for 93 lead teachers who worked in center-based programs. Of the 19 teachers with post-high school



education, the majority (79%) had a degree in child development, education, or human services.

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

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



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

T.E.A.C.H scholarships help early care and education professionals work toward a degree in early childhood education. In the 2024-2025 year:

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

Teacher turnover is a challenge in early childhood programs. Information about teachers' years of employment at centers can show the stability of staff over time. Length of service was reported for 93 teachers across the 26 childcare centers that completed the survey. The results show that 31% of lead teachers were new this year, and 33% were in their first or second year at the center. This

64% of lead
teachers have been
at their center for less
than three years

indicates a fairly high turnover rate, with 64% of lead teachers being relatively new.

CHILD DEMOGRAPHICS

CCP childcare programs reported the demographics for a total of 1,201 children across 59 sites. Of these, 880 were infants or toddlers. A goal of CCP is to partner with childcare providers that serve the most vulnerable children to prepare them for success in school and life. The challenges include:

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

THE LARGEST GROUP OF CHILDREN SERVED WERE WHITE



All of the CCP sites are willing to enroll children who receive state childcare subsidies, which is an indicator of low income. A total of 21% of the children across CCP qualify for a subsidy. Currently, 33 sites (56%) report serving children who receive a subsidy. Of note, in eight 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 eighteen sites, which represents thirty-one percent of the 59 sites that completed demographic surveys. The number of ELL children served at each center ranged from one to ten.

CCP served more males (54%) than females (46%). A total of 39 infants and toddlers received special education services through Nebraska's Early Development Network. An additional 48 children were referred for evaluation.



EXPULSION FROM CHILD CARE

CCP coaches track the number of children asked to leave their childcare site due to challenging behavior or an inability to serve the child and meet his or her special needs. This count includes if the child was asked to leave for the rest of the day or multiple days, as well as counting each time a child was asked to leave. During the 2024–2025 program year, three childcare sites reported a total of five child expulsions.

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Evaluation Findings

WHAT WAS THE QUALITY OF THE CCP CHILDCARE PROGRAMS?

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

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



A third measure of quality was to track programs' progress in the Nebraska Department of Education (NDE) Step Up to Quality initiative. This program supports childcare programs in accessing resources to enhance the quality of their services.

CHILDCARE CENTER ENVIRONMENT QUALITY

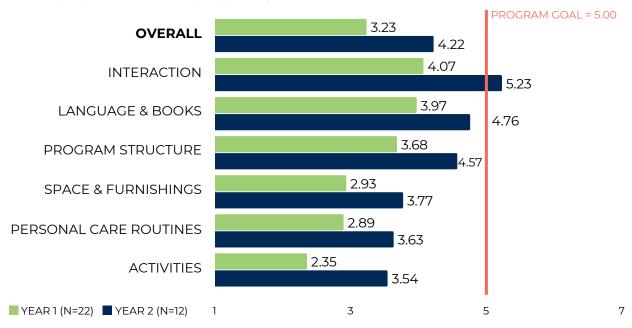
External reliable observers used the Infant/Toddler Environment Rating Scale-Third Edition (ITERS-3) assessment to measure program quality in participating centers. The ITERS-3, based on a three-hour, inperson observation, is scored on a 7point scale, with 7 indicating the highest quality. A score of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

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

There were 22 ITERS observations of classrooms in their first year of CCP and twelve in their second year. Their results are on the following page.

ITERS SCORES IMPROVED IN YEAR TWO FOR ALL SUBSCALES





Results indicate that the quality of classrooms is the greatest in Program Structure, Language and Books, and Interaction, with Interaction meeting the program goal in Year 2. Program Structure looks at schedules and transitions in the classroom and how free play and group play activities are facilitated. Areas for setting goals may be Space and Furnishings, Activities, and Personal Care Routines.

FAMILY CHILDCARE ENVIRONMENT QUALITY

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

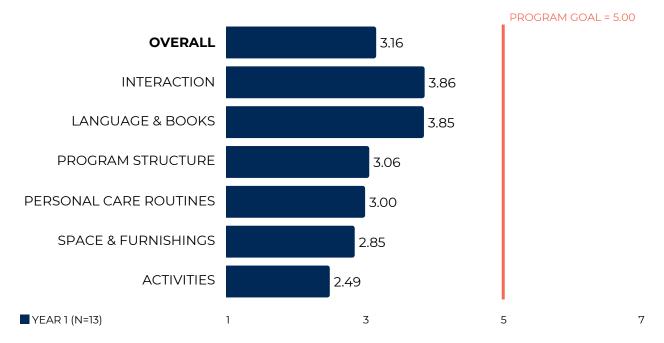


is based on a 7-point scale, with 7 indicating the highest quality. A score of 5 on the combined overall scale is considered high quality. Six subscales assess classroom practices, including measures of teacher-child interactions, the quality of play materials and activities, and the quality of the space and furnishings.

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BASELINE FCCERS WERE IN THE MID-QUALITY RANGE

The strongest areas were Interaction and Language & Books.



The graph above shows the FCCERS-3 subscale and overall averages for the year 1 (n=13) home-based childcare programs. Four providers were in Year 2, and three providers were in Year 3. Year 2 and 3 results are not included due to the small sample size.

The FCCERS-3 results show that program quality is greatest in the areas of Language and Books, Interaction, and Program Structure. The lowest area across all programs was Personal Care Routines. This subscale includes handwashing, diapering procedures, clean-up practices before and after meals, and safety practices. This may be an area for goal setting in the 2025-2026 program year.

QUALITY OF INTERACTIONS

The quality of interactions in both center-based and home-based CCP sites was measured with CLASS (Classroom Assessment Scoring System). CLASS ratings were completed during a typical morning of classroom activities across staff members. Reliable evaluators rated four cycles of 15-20 minute increments.

Both the Infant and Toddler CLASS assess teacher-child relationships based on social-emotional supports. The Toddler CLASS has an additional domain, which measures how teachers engage children in discovery, promote critical thinking, and provide rich language experiences.

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

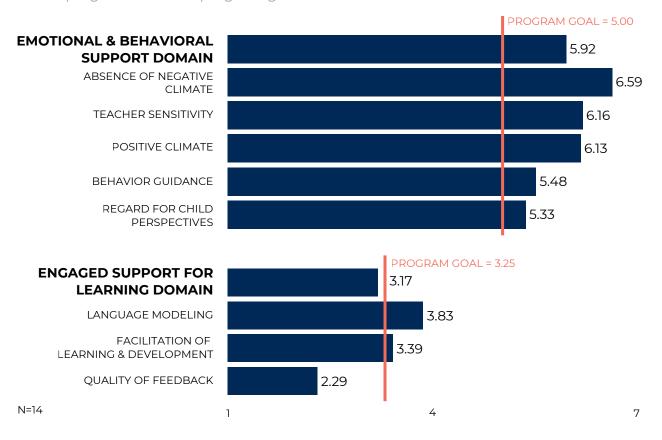
Infant CLASS was used in classrooms where most of their children were under 15 months of age. Four Year 2 programs received Infant CLASS. These results are not included due to the small sample size.

Toddler CLASS was used in classrooms where most children were 15 months to 3 years of age and with all home-based providers. Fourteen programs observed were in year 2, and four were in year 3. The Year 3 Toddler CLASS results are not included due to the small sample size. Year 2 Toddler CLASS results are below.

CCP sites demonstrated high quality in teacher-child relationships, as measured in the Emotional and Behavioral Support domain. Teachers were consistently warm, responsive,

CCP TODDLER TEACHERS AND HOME PROVIDERS CONSISTENTLY CREATED EMOTIONALLY SUPPORTIVE ENVIRONMENTS

Year 2 programs met the program goal in most Toddler CLASS dimensions.



flexible, and supportive of children. High quality in this domain indicates that CCP providers created an environment of mutual respect between providers and children and in peer-to-peer interactions.

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

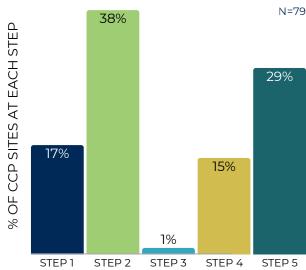


PROGRESS IN STEP UP TO QUALITY

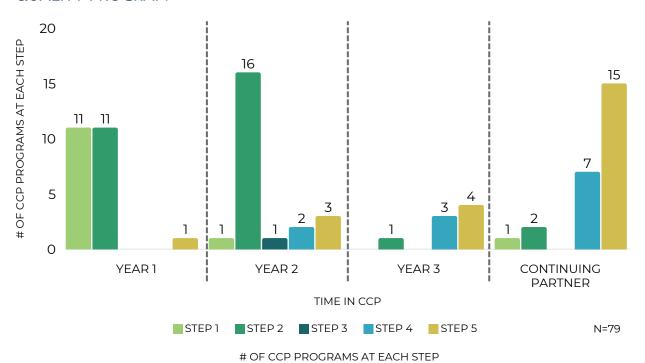
Step Up To Quality (SUTQ) is a fivestep pathway to increasing quality in early childhood settings. It includes training, coaching, self-study, external evaluation, and a record-keeping system. CCP providers are expected to enroll in SUTQ and achieve Step 3 within three years.

The chart below shows the SUTQ ratings for the 79 programs in CCP that had received ratings as of July 2025. While 85 programs participated in CCP this year, six left before ratings were completed. Forty-five percent of programs were at Step 3 or higher, which is the goal of CCP. Because 68% of programs are within their first three years and almost a third (29%) were in their first year, it would be expected that the majority of sites would not yet have reached Step 3.

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



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



The graph above shows SUTQ ratings by number of years in CCP. Programs have made progress in working through the SUTQ steps. Most (88%) programs that have been in CCP for 3 or more years (n=33) have reached Step 3 or above. 88% of continuing partners (n=25) achieved a Step 3 or higher, with 60% receiving a Step 5.

WHAT DID PROVIDERS THINK ABOUT THEIR EXPERIENCE IN CCP?

Providers completed a survey about working with their coach and the support they received this past year. The chart on the next page highlights some of the survey responses, reporting the percentage of respondents who strongly agree with the statement. A total of 98 providers

The CCP program has aided my center's ability to properly and safely serve our families and their children by way of engagement and guidance received from our coach, as well as training opportunities.

~ A CCP director

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

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

N=98

81%

I FEEL CONFIDENT IN MY ABILITY TO CREATE A SAFE AND NURTURING ENVIRONMENT.

78%

THE COACHING AND SUPPORT I RECEIVE HELP ME IMPROVE THE QUALITY OF MY CHILDCARE PROGRAM.

77%

MY CHILDCARE IS INCLUSIVE AND WELCOMING TO ALL CHILDREN.

71%

THE FEEDBACK FROM COACHING AND OBSERVATIONS HELPS ME IMPROVE MY PRACTICES.

% OF PROVIDERS WHO STRONGLY AGREE

In addition to the responses reported in the graph, most strongly agree that they have access to the training and resources needed to meet SUTQ standards (68%) and that their childcare uses evidence-based curriculum (65%). Sixty-seven percent strongly agree that the CCP program values their contributions. Most providers said they regularly engage with families to support their child's development (63% strongly agree). Sixty percent of responders strongly agree that CCP supports them in maintaining accurate records and sound business practices, and 48% strongly agree that CCP encouraged them to collaborate with other childcare providers and community organizations.

Three open-ended questions asked providers about support from CCP, ways the CCP partnership could be improved, and anything else respondents would like to share. Respondents reported that **CCP supported their programs** in the following ways:

Professional support. Many providers expressed gratitude for the coaching and training they received through CCP: "My coach has supported me through all my wins and losses. She encourages me when things get tough and inspires me to keep going." The providers often indicated that they had a better understanding of safety procedures and their importance. Providers also noted that they were able to gain ideas about how to better support the children, families, and staff at their centers regarding fun, developmentally appropriate activities and better knowledge of child development. These growth areas coincided with a

better understanding of how to work with children in times of emotional dysregulation. One provider commented, "It has helped myself and the program by giving us the resources to be confident in our abilities to foster growth in the children enrolled."

Financial Support and Assistance.

Several providers noted how the CCP program's financial support aided in the purchase of age-appropriate materials and learning opportunities that providers wouldn't have otherwise been able to supply the children at their centers. One provider said, "... I have also been granted items and supplies to increase the quality of my program that I would not be able to afford on my own. I feel like I can offer a better-quality program at an affordable cost to the parents because of the financial help the program has helped me with." Suggestions for further financial communication and assistance included expanding this support to cover additional provider training. ensuring staff have the resources and knowledge needed to sustain highquality care.

Resources. Providers mentioned how CCP played a pivotal role in enhancing access to essential resources by offering support for them in areas such as materials, curriculum, training, and community



connections. One provider said, "They have taught me how to find the right resources to ensure that I am teaching the children in the right way."

When providers were asked about ways they would like to see CCP improve, many providers expressed satisfaction with the current program. One provider noted, "The program has become a valuable resource in that they provide encouragement, support, and all the resources we need to continue to improve our program and professional growth for the staff and myself." Providers offered the following suggestions for improvement: financial assistance, more targeted training opportunities, and expansion of support.

•

Training opportunities. Providers expressed the need for further training on challenging behaviors and how to communicate with caregivers about them. Another idea mentioned, "More online readings that we can do on our time, as it's hard to find time as a mom to set aside to attend in-person or virtual trainings."

Expansion of support. There were suggestions to expand program opportunities to include children over the age of three. Other suggestions included providing take-home resources to the families and adding translation services for trainings and meetings to meet the needs of all participants.

The final question of the survey looked for providers to share any other thoughts or ways the CCP program has impacted them. The majority of providers' responses echoed the sentiment of gratitude for the program and the support that their CCP coach provided. Providers acknowledged their own growth and learning through the support given by CCP.

WHAT DID COACHES THINK ABOUT CCP?

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

Coach successes. Multiple coaches shared successes with provider ratings for Step Up to Quality. Many participants noted that providers they supported earned Step 4 or Step 5 ratings during the year and had plans to maintain or grow their high-level ratings. One coach shared, "We had 7 programs that either submitted [SUTQ] for the first time or resubmitted, and all of them either maintained or hit a 4 or 5." Coaches also took pride in providing more high-quality materials for childcare providers, increasing the number of CCP-supported bilingual providers, and working with providers to develop goals for continued growth. Some coaches noted successes related to Environmental Rating Scales (ERS) observations, including score increases and adding a bilingual observer for the Family Child Care Environment Rating Scale (FCCERS-3).

Coaching motivation. When asked what keeps them engaged and motivated in their roles as coaches, many participants discussed their relationships with providers and the success stories they get to be part of.

One participant said, "I would say the relationships that we build with the directors and the family childcare providers, and then some of the lead teachers as well." Participants noted the impact of seeing CCP providers demonstrate more confidence in their work and become leaders at their programs. Some shared about feeling proud when they think about the positive effects of their work on families.

Changes in coaching. When asked about the evolution of their work over time, participants discussed the addition of new tools and strategies to support in-depth conversation and reflection during coaching sessions. Some participants shared that they introduced Finely Attuned Interactions (FAN) into their coaching or attended training to improve their



use of the approach. One coach said, "Something that has changed for me [is that] I started implementing FAN because I went through that training. So that's helped me a ton with my coaching." Another participant introduced discussion cards and dice into sessions to start conversations and increase the use of open-ended questions.

Working with providers.

Participants discussed the strategies they use to build and sustain relationships with providers, including spending time in the buildings and classrooms they support, being upfront and honest, getting to know providers as people, and looking for positive feedback that they can share about what providers are doing well. One participant described their approach to feedback: "Giving them lots of positives. That's always been my focus as a coach because I'm very Pyramid Model-based."

When asked how they know if a provider is ready for reduced coaching intensity or transition out of CCP, participants discussed the role of formal observation data and interactions with providers in their decision-making processes. Some participants noted that providers communicate about their coaching needs during sessions. One participant noted that they can tell it

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is time to reduce coaching when they are out of feedback for the provider to work on and the provider no longer has questions. A few participants said they know the provider is ready for reduced coaching when that provider demonstrates more independence in their work and leadership among peers. One participant shared, "I know when they're ready, when they become a resource for other people, for other providers."

Barriers. Coaches shared barriers related to staff retention and engagement. Staff changes, especially in lead teacher and director roles, created challenges. One coach noted, "One of the classrooms is changing the lead teacher, it feels like every month. So just trying to navigate that [is a barrier]." Some participants were frustrated with low engagement, noting difficulties in supporting programs where staff were unwilling to engage in conversations or attend training, or where directors demonstrated a lack of buy-in with CCP.

Financial benefits. Coaches described financial benefits for providers and their communities, including the ability to pay for professional development training and provide coverage for staff attending, purchasing new materials for classrooms, and access to scholarships. Some participants discussed the impact of gap payments, noting that both families



and programs benefit when such payments allow children to stay enrolled.

Literacy and family engagement.

When asked about CCP early literacy and family engagement, participants discussed specialized training for providers and efforts to provide more books to programs and families. Coaches said that some providers participated in training events focused on developing family engagement activities and home lesson plans, and programs also had opportunities to share their ideas for engagement. Some participants reported that they assisted with planning activities for the Week of the Young Child. Participants also discussed providing more books for classrooms and families receiving books for their home libraries. One participant shared, "We try to give a book a month to each family that's in our CCP programs." Some coaches noted that funding from Nebraska Growing Readers supported the home-book initiatives.

Transition to school. Coaches shared ways that they help providers prepare children for the transition to preschool. Their efforts included meeting with providers, teachers, and school administrators, as well as developing and sharing forms, informational materials, and templates for paperwork. One participant discussed the transition support in their community: "But then we decided to bring all of our CCP programs in and have them fill out transition templates for the public school system, and 3 years ago we opened it up to everybody in [the community], and we've had really good participation in that this year. I think we had over 300."

Step Up to Quality coach. A few participants discussed their collaborative relationships with Step Up to Quality coaches. Most said they worked well with the coach and appreciated the opportunity to collaborate. Describing their experience, one participant said, "I've worked with two, actually, and it has always gone pretty good." One participant noted that it can be challenging if the collaborating coaches have different philosophies.

Support and development of coaches. When asked about the support they receive as coaches, participants discussed opportunities for collaboration, regular check-ins,

This is the #1 program for childcare to help us improve our quality of care, which all children deserve.... I have helped so many families over the last 5 years, thanks to the help from Sixpence CCP.

~ A CCP Provider

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and reflective supervision. Many participants talked about the support they receive through comparing programs and sharing feedback with other coaches, although it was noted that scheduling time to meet can be challenging.

Many participants appreciated the reflective supervision they received. Participants described how it helped them share their emotions, work through challenges, and change their perspectives. One participant discussed the use of FAN in their reflective supervision sessions and said the approach allowed for external processing and grounding. Some participants expressed a preference for a more practice-based approach to supervision.

Some participants shared ways that CCP could better support their work. Suggestions included providing more time for coach connection and collaboration, providing a centralized place to share and access information and resources, and better communication.

WHAT DID COORDINATORS THINK ABOUT CCP?

In addition to coach focus groups, CCP coordinators were also offered the opportunity to share their feedback. Seven of the nine active CCP coordinators participated in one of two focus groups. A summary of their feedback is reported below.

Tracking and supporting progress.

When asked how they track and support provider progress toward SUTQ Step 3 and beyond, participants discussed their use of weekly or biweekly meetings, observation notes, and spreadsheets. Documentation was also discussed, with dates and other information tracked through spreadsheets and quarterly reports.

Proudest accomplishments.

Coordinators shared several accomplishments, such as programs reaching Step 5, bringing in new partners, supporting staff as programs transitioned and encountered difficulties, and adding new CCP coaches, including a bilingual coach. One participant shared about expanding the reach of

CCP in their area: "Being able to go out into four different cities, two different counties outside of our school district has been probably one of our biggest accomplishments this year."

Support and guidance. When asked about their support and guidance of the coaching staff, participants discussed flexibility and adaptability, time management, and communication. Participants noted that seasoned coaches have different needs than those who are just starting out, so they need to adapt the level of support, training topics, and meeting structures based on each coach's individual needs. Some participants also discussed carving out time specifically for their coordination tasks so they can provide undivided attention when meeting with coaches. Coordinators also emphasized the importance of maintaining consistent communication and being aware of what is happening at the sites. One coach noted that they collaborate with coordinators who have similar program make-ups when working to support coaches and providers.

Collaboration with districts and community partners. Coordinators discussed successes and challenges in building collaborative relationships with district leadership and community partners. Multiple coordinators discussed efforts to initiate communication and increase

awareness of CCP by meeting with district administrators, inviting administration to join in CCP meetings and observations, holding joint recruitment meetings with other community partners, and presenting at school board meetings. One participant discussed how they engage key players in the district: "I've had a school board member and the superintendent both attend home visiting with me, and they know they're welcome to go into any of the childcares." Some participants shared about the challenges they've experienced due to school turnover, as they have to rebuild relationships when the administration changes. One coordinator described their collaborative efforts as a work in progress while getting to know the community.

Challenges. Coordinators discussed challenges related to staff turnover, provider and/or community needs, and funding. Participants shared that



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It has been an absolute blessing to have the CCP program work with me and my childcare. I feel like my job matters, I have support in what I do..., and I have someone who believes in my goals as much as I do.

~ A CCP Provider

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loss of directors and trained staff can stall progress towards meeting grant requirements and achieving SUTQ growth. One participant reported that it also takes time to build relationships when new supervisors are hired. Coordinators also noted various needs specific to their supported communities, including too many interested providers for the available resources, stalled progress from low provider interest and enrollment, and providers with varied languages. Some participants also noted that federal grant delays and allocations have restricted their capacity and limited the resources they can use to support enrolled providers. One coordinator shared, "I intended on hiring a full-time coach because we, too, have a waiting list, and I'm going to settle for a part-time right now."

Connections with families, providers, and districts. Coordinators discussed their efforts to connect families, providers, and the school districts. This included having a staff member work out of the preschool building to improve the connection, sending home literacy and socialemotional resources to increase school readiness, and inviting providers, teachers, and principals to meet about data and child needs. Participants suggested some ideas for improving the transition from childcare to school, such as sharing school enrollment information with childcare programs, and creating transition events where families, providers, and teachers can share information and complete paperwork.

It has been a great experience. I strongly value the input and help my coach has given me. I love the fact other coaches offer support, too. It has allowed my program to get items that otherwise I wouldn't [have been] able to provide.

~ A CCP Provider



CONCLUSIONS & IMPLICATIONS

Sixpence

Program Description: Sixpence recently completed its 17th year of implementation, supporting 42 school district grantees. The majority of programs (32) utilized a family engagement model, while 19 provided center-based services. In total, 1,230 children and 1,073 families were served across rural (48%), midsized (23%), and urban (29%) communities. Most children (64%) participated in family engagement services. Sixpence continued to serve families experiencing multiple stressors, with 59% facing three or more significant challenges.

Low income was the primary concern, with 90% of families qualifying for free or reduced lunch. Program retention remained strong, with 85% of families continuing in Sixpence through the end of the program year. Among families who exited early, 62% did so during their first year of participation.

Program Outcomes: All of the classrooms met the program goal for Emotional and Behavioral Support. Providers' 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, such as open-ended questioning and linking classroom activities to children's experiences at home.

Sixpence family engagement practices demonstrate high quality, with 92% of home visits meeting established program benchmarks. Child engagement emerged as the strongest area of practice. Additionally, 83% of family engagement specialists met the quality indicators for home visit practices. Average subscale scores met quality standards across all areas except for Facilitation of Caregiver-Child Interaction. Within this domain, the most notable strength was the specialists' ability to build strong, supportive relationships with families.

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- Next Steps: Continue to provide technical assistance to family engagement specialists to support their practices in the facilitation of caregiver-child interactions during naturally occurring daily routines and activities.
- Next Steps: Encourage home visitors to reflect on the critical role caregiver-child interactions play in supporting healthy child development.

Child Outcomes: The goal of the Sixpence program is for children to achieve language and socialemotional skills at or above the program benchmark (*T*-score= 50). While only 27% of children met the benchmark for English vocabulary, nearly 74% reached the goal for overall social-emotional protective factors. Notably, children showed significant growth in attachment over time, highlighting progress in key areas of emotional development.

- Next Steps: Monitor and evaluate progress in language development more closely to inform individualized child needs.
- > Next Steps: Continue to support children's social-emotional growth, with a focus on strengthening self-regulation in children.



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~ A Sixpence parent

Health Outcomes: Health outcomes in the Sixpence program remain strong, with nearly all children meeting established health indicators. Notably, 99% of families reported having both a medical home and health insurance (96%). The percentage of families living in smoke-free environments reached 87%, slightly below the program goal. Prenatal outcomes were highly positive: all mothers (100%) abstained from drug use, nearly all (99%) abstained from alcohol use during pregnancy, and 97% received prenatal care. While 95% of mothers initiated breastfeeding, only 22% continued for at least six months. One area of concern is the decrease in fullterm births, which dropped from 92% last year to 83% this year.

- Next Steps: Consider what supports are needed to increase the number of families living in smoke-free environments, aiming to meet or exceed the program goal.
- Next Steps: Consider ways to support breastfeeding practices so that more mothers who are served prenatally nurse their babies for a longer duration.

Family Outcomes: Parents demonstrated positive relationships with their children, with half (54%) scoring in the high range for this area on the caregiver-child interaction assessment. Fewer of the families (20%) scored in the high range for promoting learning and supporting confidence (24%) through play.

- Next Steps: Identify and address barriers that may limit families' ability to engage in high-quality interactions, such as time constraints, stress, or lack of access to materials.
- Next Steps: Enhance caregiverchild interaction skills by offering targeted coaching, modeling, and feedback during home visit sessions.

Sixpence parents who entered the program without a high school diploma made progress toward achieving this milestone. By the end of the program year, over half of the mothers (58%) had either earned their high school diploma or were actively on track to do so. While fewer

I like how the program has helped me grow as a parent and individual person.

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~ A Sixpence parent

fathers reached this benchmark, nearly one-third (32%) demonstrated similar progress.

Sixpence Child Care Partnerships

Program Description: The Child Care Partnerships, a collaboration of school districts and local childcare programs, served 85 childcare programs across 10 communities. A total of 39 childcare centers and 46 family childcare homes participated. Demographics were reported for 1,201 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:

Baseline ERS observations fell into the mid-range for Year 1 and Year 2 sites. Year 2 overall CLASS observation scores met the threshold for quality in most domains. With coaching and support, over half of the programs met the grant requirement of reaching Step 3 in the Step Up to Quality rating system by their third year in CCP. 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.

CCP Coach Experiences: Coaches expressed feeling overall successful in the coaching process. Several new partners were added last year, and many of their existing partners received higher ratings in SUTQ. Coaches have adapted their coaching sessions to meet partners' individual needs and have put in the effort to build genuine relationships. The financial benefits they can offer partners, such as scholarships and reimbursement for professional development, are impactful to both the partners and the community.

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

CCP Coordinator Experiences:

Coordinators also expressed many successes with their coaches and childcare partners. New coaches were added, including CCP's first bilingual coach. Coordinators have finetuned their support and quidance of coaching staff, using different strategies depending on the tenure of the coach. They also value collaborating with other CCP grantees that have similar communities to theirs.

Many have been successful in collaborating with their school districts and community partners, while others continue to face challenges in this area. They have also achieved numerous successes in connecting with families and assisting in the transition from childcare to preschool.



> Next Steps: Consider ways to establish consistent collaboration opportunities among the CCP coaches.

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Centers for Disease Control and Prevention. (2025, July 7). NIS-Child breastfeeding rates by state: 2022. U.S. Department of Health and Human Services. https://www.cdc.gov/breastfeeding-data/about/rates-by-state.html[1]

ASSESSMENTS

Assessment	Authors	Scoring	Subject	Content
Program Quality Measures				
ITERS-3 Infant/Toddler Environment Rating Scale – Third Edition	Harms, Cryer, Clifford, & Yazejian, 2017	Scale 1-7 1 = inadequate 3 = minimal 5 = good 7 = excellent	Infant/Toddler classroom	Classroom layout, health & safety, play activities, teacher-child interactions, & program structure
FCCERS-3 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
Toddler CLASS Infant CLASS Classroom Assessment Scoring System	LaParo, Hamre, & Pianta, 2012 Hamre, et.al., 2014	Scale 1-7 1-2 = low range 3-5 = mid range 6-7 = high range	Infant or Toddler classroom	Emotional support, & instructional support (Toddler only)
HOVRS-A+ v.3.0 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
Child Outcome Measures				
PPVT-V Peabody Picture Vocabulary Test	Dunn, 2019	Standard Score 85-115 Average range	30 months of age and older	Receptive vocabulary
e-DECA 2.0 (IT and P2) Devereux Early Childhood Assessment Infant/Toddlers	LeBuffe & Nagliere, 2012	Standard Score 41-59 Average range	4 months of age and older	Measures social-emotional protective factors & behavior concerns
ECI Early Communication Indicator	Greenwood, Walker, & Buzhardt (2010)	Compares child's communication to the benchmark for their age (in months)	6 months to 42 months of age	Measures frequency of communication behaviors during a 6-minute play- based observation
Parent Outcome Measures				
KIPS Keys to Interactive Parenting Scale	Comfort & Gordon, 2008	Five point Likert Scale, 12 items/3 domains	Parent and child age 4 months & up	Parent child play interactions and social- emotional & cognitive support

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