

# Sixpence Early Learning Fund

2019 - 2020 Evaluation Report | September 2020



**Collaborate. Evaluate. Improve.**

Interdisciplinary Center for Program Evaluation

# SIXPENCE EARLY LEARNING FUND

## 2019-2020 Annual Report

In 2006, the Nebraska Legislature passed LB1256 establishing the Nebraska Early Childhood Education Endowment Grant Fund to serve vulnerable young children, prenatally to age 3. This public-private partnership, known as Sixpence, funds grants to school districts across Nebraska to provide 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 and administer the programs, in partnership with other local entities. In 2015, the Nebraska Legislature passed LB547 which provided funding for partnerships between school districts and local child care providers, to enhance the quality of child care in the community. This new Sixpence program, known as Child Care Partnerships (CCP), was implemented in the fall of 2016. This year’s report includes descriptions and outcomes for all models of Sixpence programs.



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*I like everything about this program. I believe I've learned a lot from the teacher and I continue to learn more. I like how supportive they are of me and my child's education and I'm very thankful to have found this program.*

A Sixpence parent

”



# SIXPENCE PROGRAMS



## What is Sixpence?

In the 2019-2020 program year, the Sixpence Early Learning Fund supported 31 school district grantees across the state. This was Sixpence's 12<sup>th</sup> year of serving young children in Nebraska.

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

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

Most of the children (70%) participated in family engagement home-based services. These included year-round weekly individualized sessions in the family's home and in community locations, as well as group socializations, where families gathered to play, learn, and build community. Fewer children (30%) participated in the center-based programs, most of which provided full-day, year-round services. All of the center-based programs used strategies to engage parents in their child's education program and conducted home-visits twice a year with the family.

## Child and Family Demographics

### Who were the children and families served?

In 2019-2020, Sixpence served 1,038 children and 886 families across 31 grantees. This year, 88 mothers were served prenatally whose babies were born prior to June 30, 2020.

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

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



Sixpence Programs serve infants and toddlers (birth to age three) who experience stressors that potentially put them at risk for poor performance in school. The children served must have at least one of the five qualifying risk factors:

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

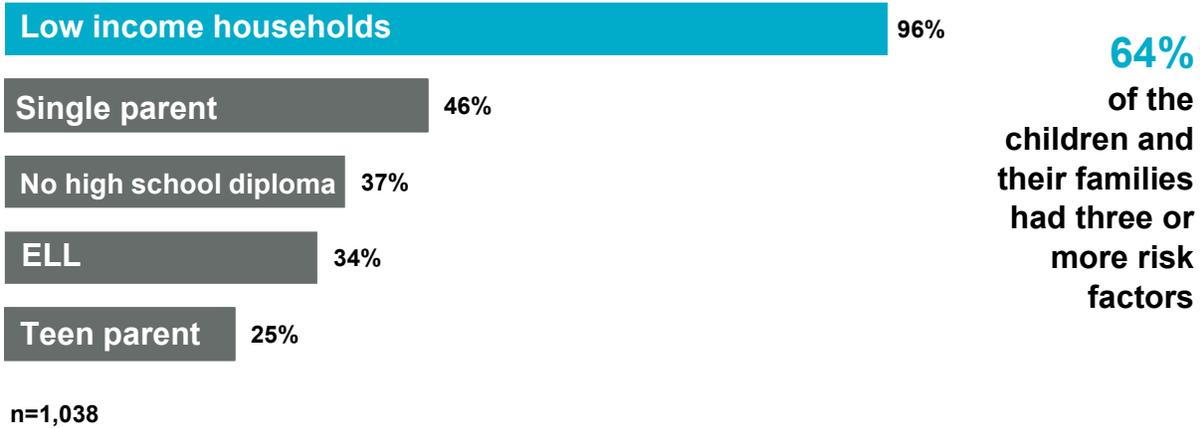
Seven additional risk factors were tracked: single parents, incarcerated parents, parent absence due to death or military deployment, foster care or CPS involvement, child witnessing violence in home or community, and



family mental health issues and parental substance abuse. The following graph shows the most common risk factors Sixpence families experience.

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

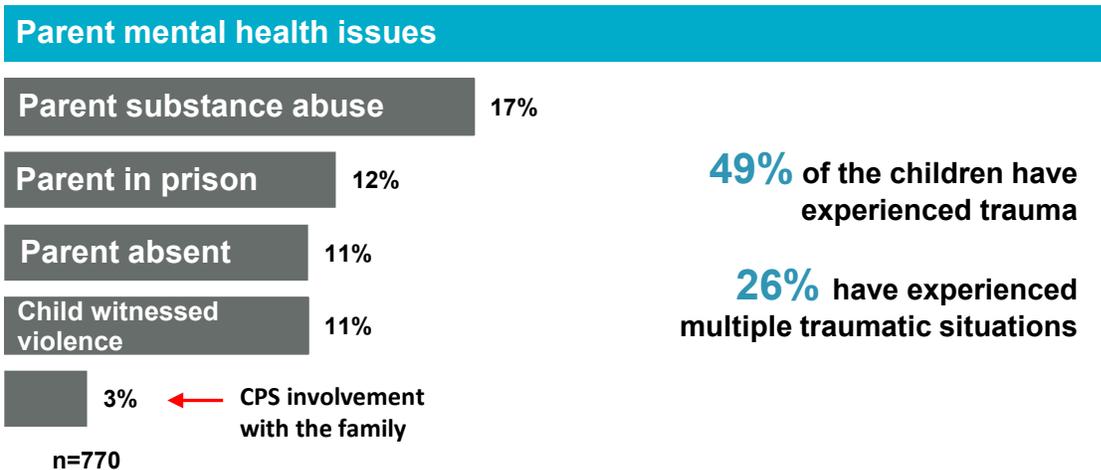
Almost half the children are in single parent families.



Of the five qualifying risk factors to participate in Sixpence, premature birth or low birth weight was the least common, with 13% of the children meeting this criterion. Most (64%) of the children served in Sixpence had three or more risk factors. This is a decrease over the previous year when the rate was 78%.

Additional risk factors relating to child trauma were collected in the spring from 770 families.

**The most common trauma for Sixpence children was having a parent with mental health issues.**



The percentage of children experiencing trauma increased from 44% to 49% over the previous year. The percentage of children with multiple traumatic experiences has also increased from 18% to 26%.

It is encouraging to note that 80% of parents with mental health issues and 59% with substance abuse issues have received treatment services.

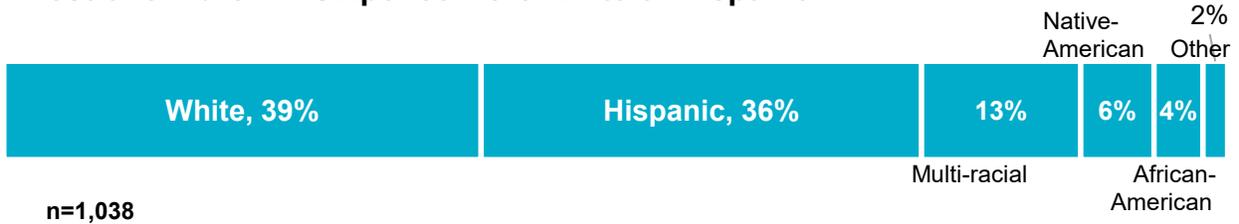
Of note, 130 Sixpence parents have been a ward of the state and six parents still have this status.



## Child Demographics

Sixpence served slightly more males (51%) than females (49%). A total of 14% of the children received special education services through Nebraska’s Early Development Network. The majority of the children (77%) were under the age of one at the time of entry into Sixpence.

### Most of children in Sixpence were White or Hispanic.



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

The Sixpence retention rate was **88%**

Sixpence has a strong record of retaining families in the program. In 2019-2020, 88% of the children stayed in the program through June 30, 2020, or until their child aged out of the program. This is the highest rate of retention since Sixpence began. Last year the retention rate was 81%. Of the 127 children who left the program prematurely, most (64%) 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 (39%) or poor attendance (17%).



“

*I like every aspect of the program. I enjoy the daily report sheets. I like that my child knows sign language and is getting smarter.*

A Sixpence parent

”

## Evaluation Findings

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

### Analyses

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

### COVID-19 Impacts

This year was not typical due to the arrival of COVID-19 in March. Most center-based programs closed temporarily in the spring of 2020 and most home visiting programs provided virtual rather than in-person services. Some analyses could not be completed because of the small number of assessments collected in the spring.



“

*I love that our teacher brings new activities for my son to try. It encourages him to try new things and learn skills that the toys we have at home don't teach.*

A parent reflects on Sixpence

”



## Program Quality Outcomes

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

Two tools were chosen to evaluate the quality of Sixpence classrooms, the Classroom Assessment Scoring System (CLASS) and the Infant/Toddler Environment Rating Scale-Third Edition (ITERS-3). The CLASS “is a rating tool that provides a common lens and language focused on what matters—the classroom interactions that boost student learning” (LaParo, Hamre, & Pianta, 2012). The ITERS-3 assesses classroom quality with a focus on classroom structure, activities, and play materials. New teachers were assessed using the ITERS-3. A random sampling of half of the veteran teachers (or a minimum of two classrooms for smaller programs) who had met the program quality benchmark on the ITERS-3 in prior years were assessed using the CLASS.

### Classroom Assessment Scoring System (CLASS) Results

CLASS ratings were completed through a live observation or a video recording of 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 16 classrooms are presented below.

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

Engaged Support for Learning outcomes were not as strong.



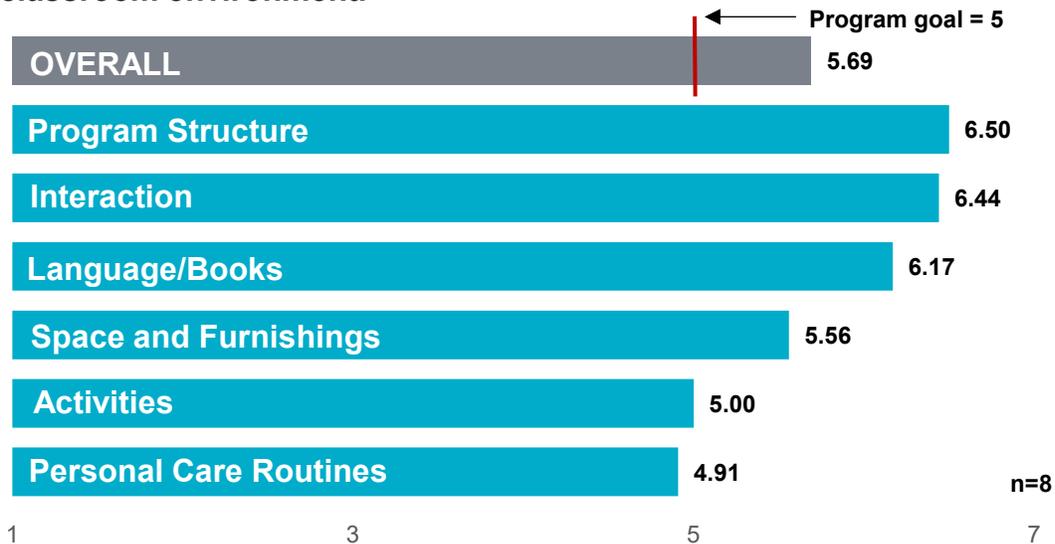
Sixpence classrooms demonstrated high quality in the area of teacher-child relationships, as measured in the Responsive Caregiving and Emotional & Behavioral Support Domains. The teachers were consistently warm, responsive, flexible, and supportive towards children with 100% of the infant and toddler classrooms meeting the program quality benchmark. High quality in this domain indicates Sixpence classrooms created an environment of mutual respect between teachers and children and in peer-to-peer interactions. Overall, Engaged Support for Learning was in the moderate range, with half (50%) of the classrooms meeting the program benchmark of 5 in this area.

**100% of classrooms met the quality benchmark in the area of teacher-child relationships**

## Infant/Toddler Ratings Scales-revised (ITERS-3) Results

The ITERS-3 assessment was conducted in classrooms with a new teacher or a new setting, or in classrooms that had not met the quality benchmark in the previous year. Eight classrooms were evaluated using the revised, third edition. The 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 nine classrooms. The program goal is a score of 5 overall.

**Sixpence classrooms have high quality practices in program structure, interacting with the children, supporting language development, and classroom environment.**



On average, Sixpence classrooms rated highly on the ITERS-3 and consistently demonstrated high quality practices in almost every subscale, with the exception of Personal Care Routines. Average overall ratings exceeded above the program benchmark and all classrooms met the program benchmark for the overall score. All eight classrooms also met or exceeded a score of 5 in the areas of Language, Program Structure, and Interaction. Most (75%) of the classrooms scored 5 or above in Space and Furnishings. 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, had provisions for children with disabilities during classroom activities, encouraged peer-to-peer interactions, and provided adequate space and furnishings for daily routines and activities. One quarter of the classrooms scored a 5 or above in the area of Activities, which measures access to a variety of learning materials. The results in Personal Care Routines exceeded the national average.

**100% of classrooms met the quality benchmark in the Overall score.**



## What was the quality of family engagement services?

The *Home Visit Rating Scales-Adaptive and Extended* (HOVRS-A+ v.2.1) 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.2.1 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 parent-child interactions, and non-intrusive approaches utilized by the specialist that support effective collaboration.

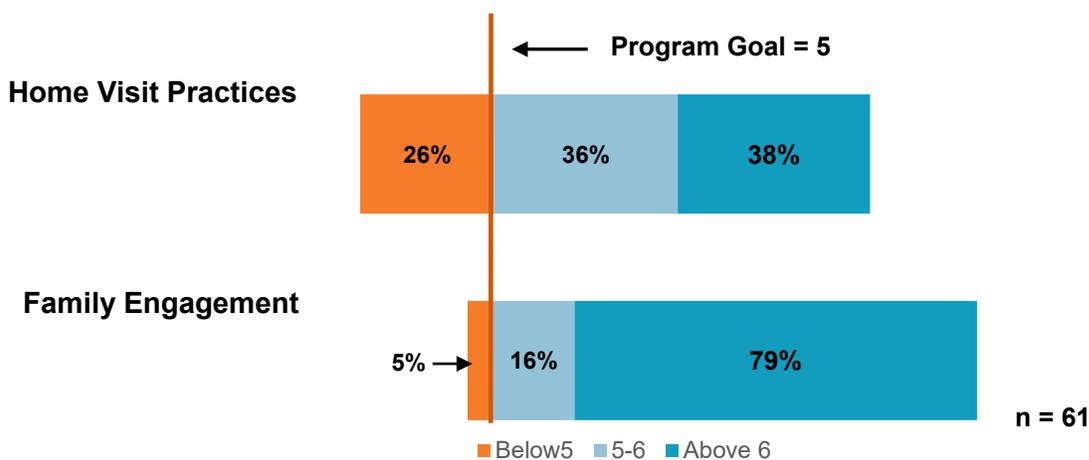
The second domain, Family Engagement, examines the nature of the parent-child relationships and interactions, as observed during the home visit, and the level of parent and child engagement within the activities of the home visit.

In 2019-2020, HOVRS- A+ v 2.1 data were available for 61 family engagement specialists, 8 of whom were new to Sixpence this year. Some of the veteran specialists 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 5.5 on ALL subscales of the Home Visit Practices scale) for two consecutive years. The HOVRS data from the exempt specialists' most recent submission was included for this analysis.

The majority (74%) of the family engagement specialists met the program goal (a score of 5.0 or higher) in the area of Home Visit Practices signifying implementation of high quality home visitation practices during their sessions. Family engagement during home visits was high; almost all of the families (95%) were highly engaged during the home visit. The following graph shows home visit quality results in three scoring ranges. Scores of five and above met the program goal.

### Most Family Engagement Specialists met the program goal for quality home visit practices.

Almost all families were highly engaged during home visits.



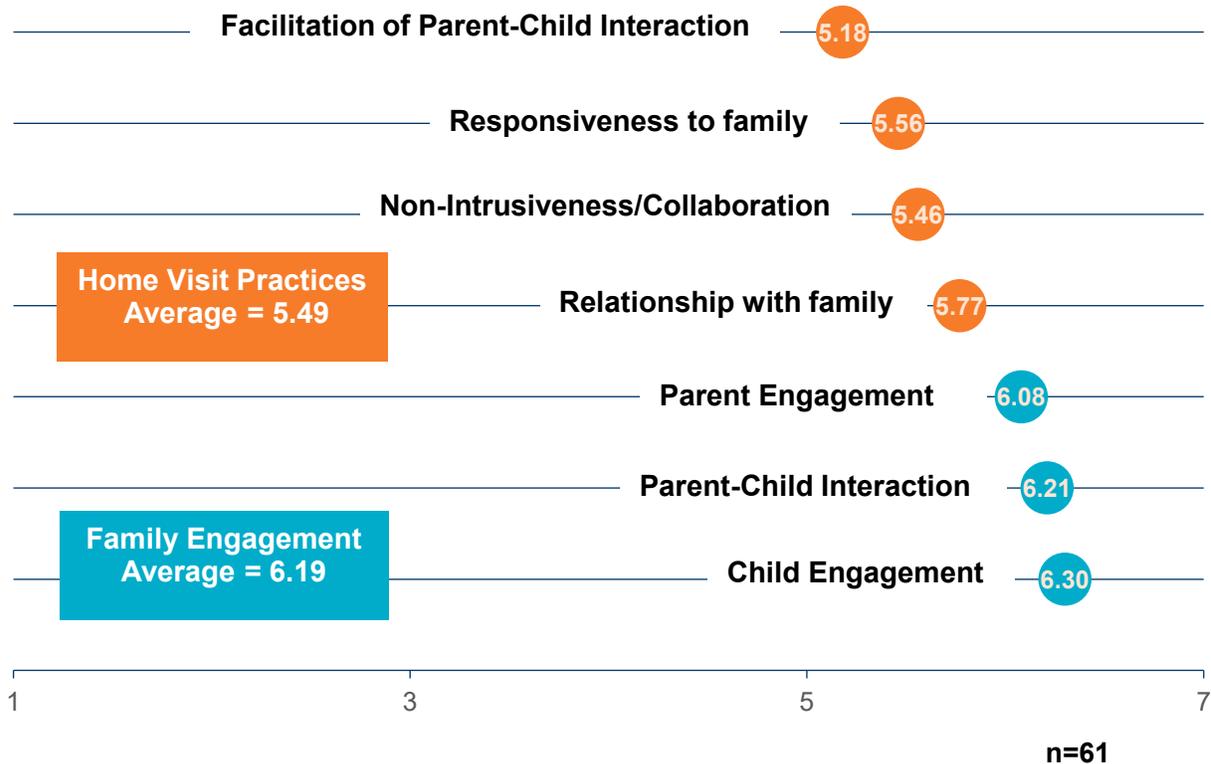
As shown in the following chart, the average scores for the Home Visit Practices and Family Engagement domains exceeded the program quality benchmark of 5.0 in 2019-2020. The average Home Visit Practice score was 5.49 and the average Family Engagement score was 6.19.

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 building relationships with families. A high rating on this scale indicates the family engagement specialist and family are frequently engaged in warm, positive behaviors during the home visit, and the family engagement specialist shows respect and understanding of the family as a whole.

In the Family Engagement domain, the average ratings on all subscales were above the Sixpence quality benchmark indicating that parents and children were highly engaged during Sixpence home visits. The greatest strength was in the area of Child Engagement. A high rating on this scale indicates that the child frequently displayed behaviors that indicate engagement and interest in the home visit.

**Family engagement specialists had strong relationships with families.**

Children were highly engaged during Sixpence home visits.



## Child Outcomes

### 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, parents completed the Developmental Assessment of Young Children, 2<sup>nd</sup> 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 and comprehension. The Peabody Picture Vocabulary Test–IV (PPVT-IV), a direct child assessment measuring vocabulary, was administered to children at age 3 whose primary language was English and for all children in center-based services, regardless of home language. Note that program staff and parents had the option to administer the English language assessments to children whose primary home language is not English if they felt the children were regularly hearing and/or speaking English as well.

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.

Data collection for all of the language assessments was far lower in 2019-2020 than in the previous program year. Part of this could be explained by the raising of the age of initial administration of the DAYC-2 and MacArthur from eight to 16 months of age. Also part can be explained by the program disruptions caused by COVID-19. Only four children had the MacArthur comprehension assessment; the sample size is too small to report results.

**23% fewer children had the DAYC-2 assessments**

**44% fewer children had a PPVT-IV**

**43% fewer children had the MacArthur**

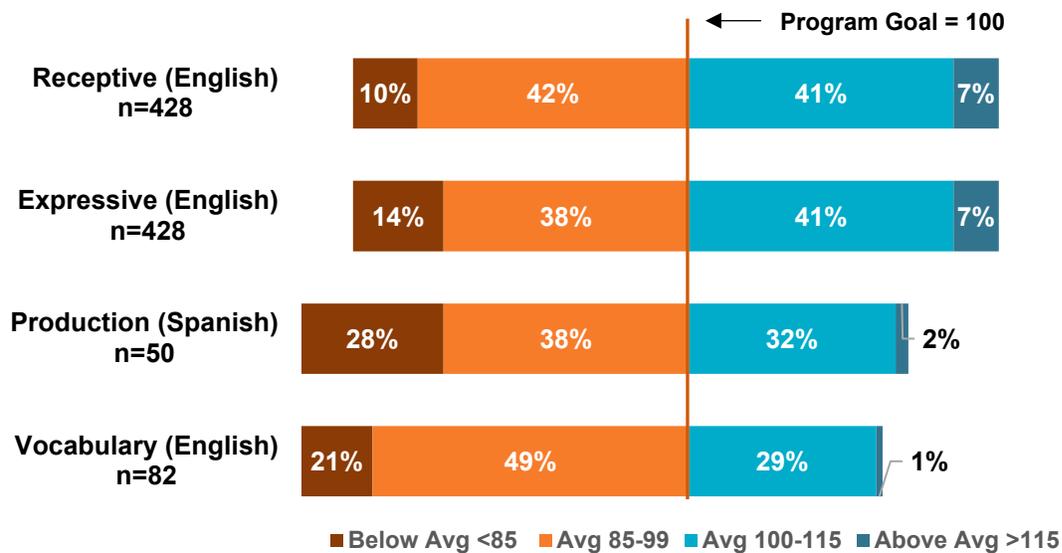
### Language results after a minimum of six months in Sixpence

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. Orange shades indicate the percentage of children who did not meet the goal. The Sixpence program goal is a standard score of 100, which is the 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 type and quantity of risk factors Sixpence children experience.



## Nearly half of the children (48%) met the program goal for Receptive and Expressive Language.

Almost a third (30%) of the children met the program goal for Vocabulary.



Nearly half of the children met the program goal of scoring at or above the national average on the Receptive and Expressive language scales of the DAYC-2. Their outcomes are somewhat similar to what is predicted on any norm-referenced assessment based on a standard score and conforming to bell shape curve distribution. These 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. For Sixpence children, approximately 80% scored in the average range. Fewer percentages of the children scored in the below-average range (10% in Receptive and 14% in Expressive) than is predicted, which is a positive result. Only 7% of the children scored in the above-average range, which is far below the 15% distribution found in a bell shape curve distribution. Results indicate that the children’s language skills are similar to children with fewer risk factors. However, fewer Sixpence children demonstrate above-average language skills.

On the MacArthur Spanish language assessment, about a third (34%) of the children met the program goal for Production. Twenty-eight percent 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. Note that fewer children had these assessments completed because of the age limits: the Production scale is administered from 18 to 30 months.

This year, almost a third (30%) of the children met the program goal on the PPVT-IV vocabulary assessment. This assessment is administered at age three. Twenty-one percent scored in the below-average range. The children’s results on this tool did not mirror expected distributions of a norm-referenced assessment.

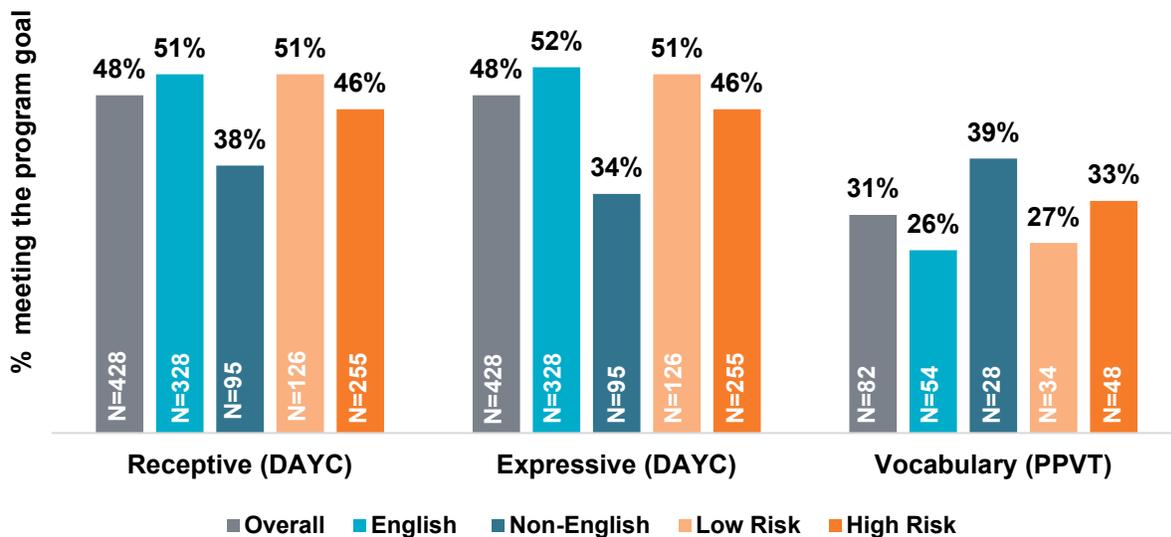
An additional analysis was done to compare the English language outcomes based on home language and risk factors. It is important to note that a number of children whose home language is not English were assessed with the DAYC-2 and the PPVT-IV which are English language assessments. Although program staff have the option to substitute the MacArthur Spanish language assessment for the DAYC-2 for children ages 16 to 30 months, they may decline to do so because the family also uses English and/or the child communicates well in English. For the PPVT-IV, 34% of the children assessed have a primary home



language that is not English. For the DAYC-2, the rate is 22%. Low risk is defined as having up to two risk factors. High risk is defined as three or more. For the PPVT-IV, 59% of the children assessed were high risk. For the DAYC-2, 60% of the children assessed were high risk.

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

**In the areas of Receptive and Expressive language, children with fewer risk factors or whose home language is English, met the program goal at a higher rate.**



On the DAYC-2 assessment of Receptive and Expressive language, Sixpence children who have fewer risk factors and/or use English as the primary home language had a higher rate of meeting the program goal, which is a standard score of 100, the mid-point of average. On both DAYC-2 scales, these children scored slightly above national norms, as 51% were at or above the national average.

Vocabulary outcomes did not match what one might predict. Interestingly, children with more risk factors and children whose primary home language was not English were more likely to meet the program goal. Higher risk met at the rate of 33% compared to lower risk at 27%. Children who do not primarily use English at home met at the rate of 39% compared to 26% for English primary users. An analysis was done to determine if the differences between the groups were statistically significant. Results indicate that the differences were not significant for risk factors or home language.

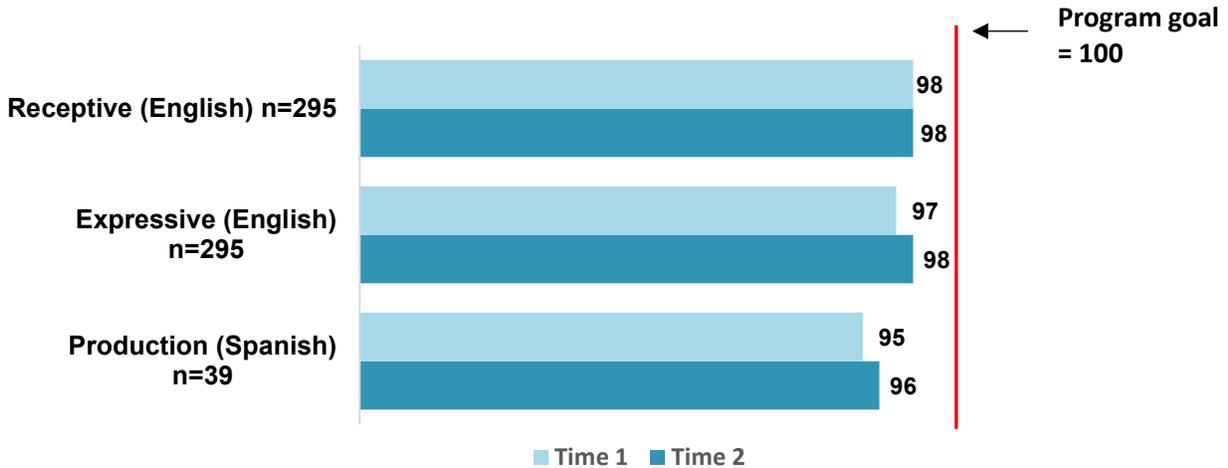
An HLM analysis was done to determine if home language or risk factors were significant predictors of children’s language outcomes. Results are reported at the end of this section.

### Change in language skills over time

An analysis was done to measure children’s language development over time on the DAYC-2 English language assessment and on the Spanish MacArthur. Time 1 scores were collected in either the spring or fall of 2019, depending on when the child was old enough to have the assessment. All time 2 scores were

collected in the spring of 2020. Since the PPVT-IV is only completed at age 3, there is no data to track change over time; however, the overall average was 94, which is 6 points below the program goal. The following chart shows the average scores at time 1 and time 2 for the other assessments.

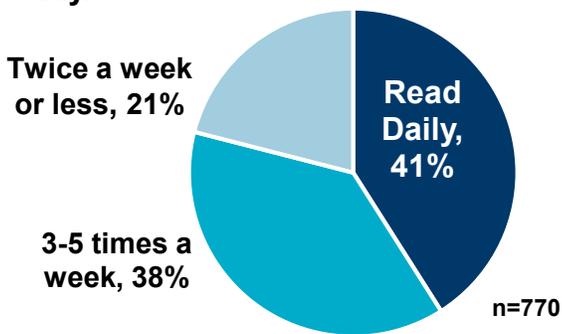
**Average language scores remained constant from time 1 to time 2 on all three measures.**



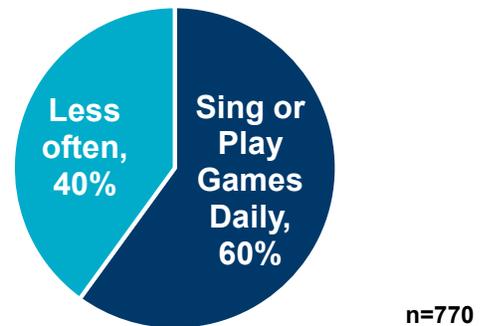
Average scores remained fairly constant over time for both English and Spanish assessments and fell just below the program goal.

**Home Literacy Practices**

**Less than half of the families read books with their children every day.**



**Most families sing or play games with their children every day.**



- 85%** of families have more than **10 children’s books** in their home
- 77%** of the families have **50% or more** of their books in their **home language**
- 3%** of families report they have **no books in their home language**



## HLM Results

To determine if the changes in Receptive and Expressive language from time 1 to time 2 were significant, an HLM analysis was done across the 31 Sixpence programs. This methodology was chosen because it controls for the variability from program to program and for the shared variance within the same program. HLM was also used to determine the impact of child risk factors, family home language, and child gender on language outcomes. MacArthur outcomes were not analyzed because of the small sample size.

### Receptive Language – English

Approximately 7% of the variability in Receptive Language was due to the program site, indicating that there was small variability in scores across sites. There was no significant change in scores from time 1 to time 2. However, gender was a significant predictor of Receptive Language scores. There was a significant difference in Receptive Language scores between boys and girls ( $p < .001$ ). On average, girls scored 3.46 points higher than boys.

Risk factors and family home language did not predict receptive language outcomes.

### Expressive Language – English

Approximately 5% of the variability in Expressive Language was due to program site, indicating that there was small variability in scores across sites. There was no significant change from time 1 to time 2. However, gender was a significant predictor of Expressive Language scores. There was a significant difference in Expressive Language scores between boys and girls ( $p < .001$ ). On average, girls scored 3.34 points higher than boys.

Risk factors and family home language did not predict Expressive Language outcomes.

**Language outcomes did not change significantly over time**

**Risk factors and family home language did not predict language outcomes**

**Girls scored significantly higher than boys on Receptive and Expressive Language measures**

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*I like how people in the program are willing to help you and are quick to try to find whatever it is you need. I also like how encouraging everyone is and how I am made to feel I'm doing an okay job raising my children.*

A Sixpence parent

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## What were the children’s social-emotional outcomes?

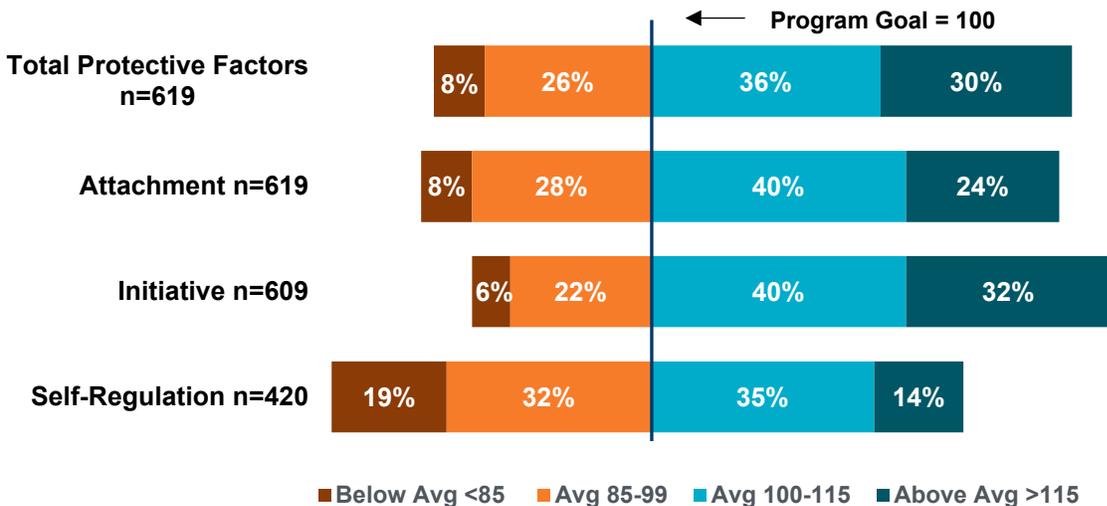
Parents or classroom teachers completed the Devereux Early Childhood Assessment (DECA), a standardized social-emotional assessment that measures children’s Total Protective Factors overall and in three subscales: Initiative, Attachment, and Self-Regulation. Note that fewer children have a score for Self-Regulation because it is for ages 18 months and older. There is one additional subscale, the Absence of Behavior Concerns, which is only for children age 3 and older. The DECA completion rates this year were similar to 2018-2019 suggesting that the COVID-19 pandemic did not negatively impact data collection.

## Social-emotional outcomes after a minimum of six months in Sixpence

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

### Most of the children met the program goal for social-emotional competencies across all areas by spring.

Children showed the greatest strength in Initiative with 72% 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 72% meeting the program goal. Just under half (49%) of the children met the goal in Self-Regulation. It is notable that 19% of the children scored in the below average range for this scale. Programs may want to consider providing additional support for the children whose results indicate poor self-regulation skills.

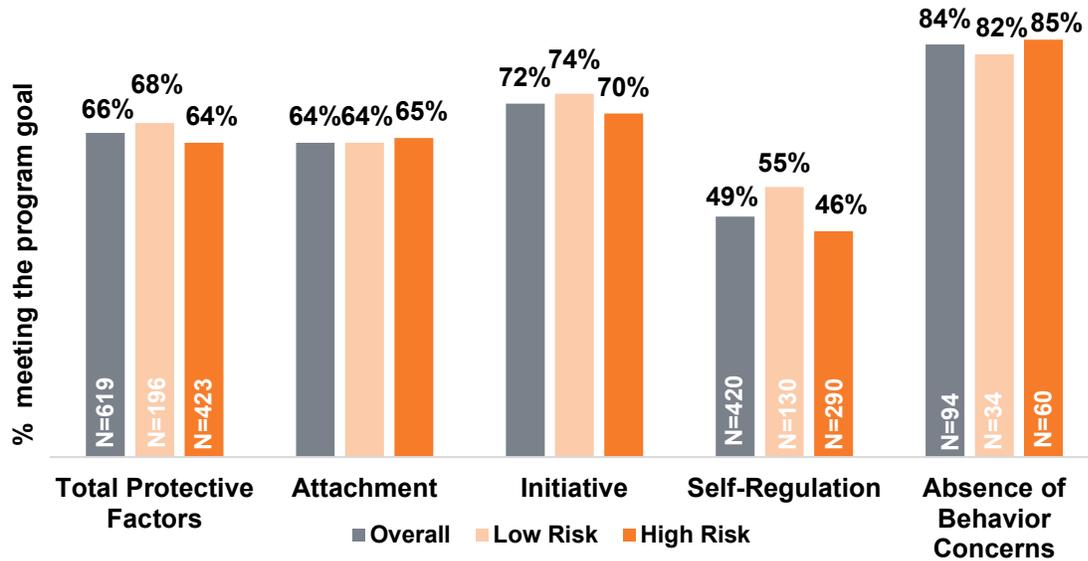
When children turn three, the DECA measures Behavior Concerns. A total of 94 were assessed with this scale and most (84%) did not have behavior concerns.

By spring, **66%** of the children met the program goal for social-emotional competencies



The following chart compares the percentage of children meeting the program goal based on risk factors. Note the “n” for TPF is the same for Attachment and Initiative in both charts below.

**Children with fewer risk factors met the program goal more frequently in Total Protective Factors, Initiative, and Self-Regulation than children with more risk factors.**

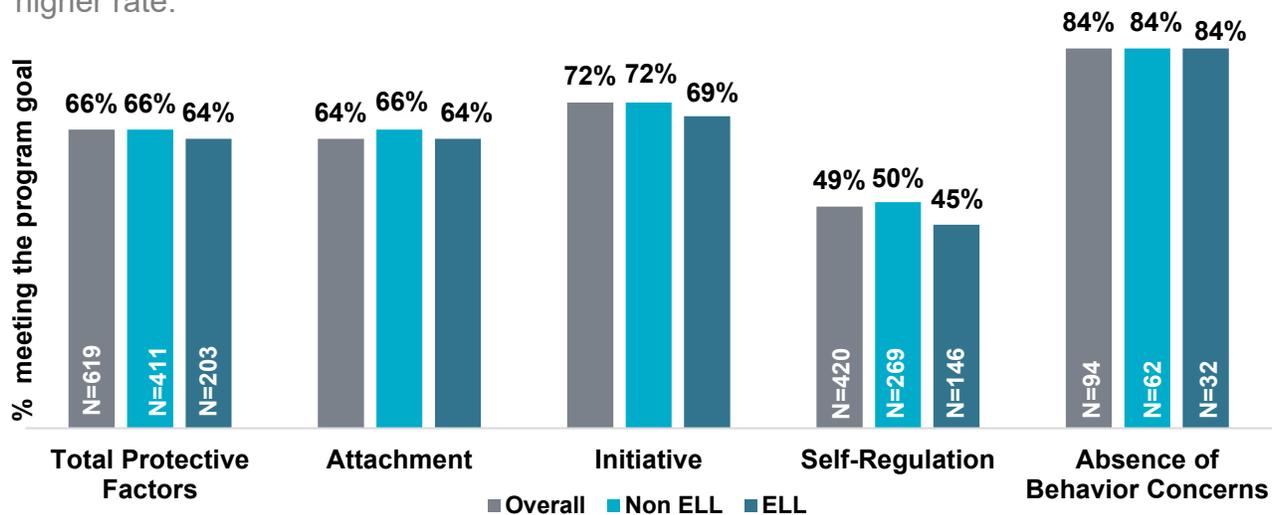


There were small differences in the rates of children meeting the program goal based on risk factors. In three areas: Total Protective Factors, Initiative, and Self-Regulation, children with fewer risk factors met the goal at a higher rate. An HLM analysis was conducted to determine if these differences were significant. Results are reported at the end of this section.

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

**Social-emotional competencies showed minimal differences based on home language.**

Children whose home language was not English met the goal in Self-Regulation at a higher rate.



An analysis comparing the children’s social-emotional outcomes based on home language found minimal differences. The area of Self-Regulation showed a slightly greater difference with children whose primary language is English meeting the program goal at a higher rate, 50% v. 45%.

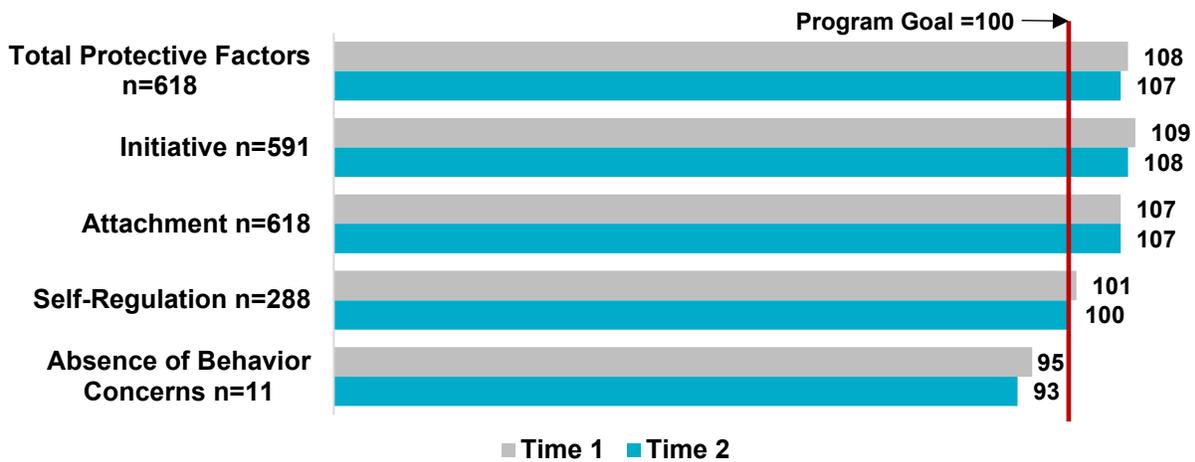
An HLM analysis was done to determine if these differences were significant predictors of children’s social-emotional outcomes. Results are reported at the end of this section.

**Change in social-emotional skills over time**

An analysis was done to measure children’s social-emotional development over time. A total of 584 children 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 five areas of the DECA.

**Over time, children remained on target for social-emotional competencies.**

On average, scores did not vary from time 1 to time 2.



On average, Sixpence children scored at or above the national mean for social-emotional competencies over time. Children scored slightly below the program goal in the area of Absence of Behavior Concerns, but the sample size (n=11) was very small. Average scores appear stable over time.

**HLM Results**

An HLM analysis was done to compare the change in scores from time 1 to time 2 across the 31 Sixpence programs. This methodology was chosen because it controls for the variability from program to program and for the shared variance within the same program. It was also used to measure the impact of child risk, family home language, and child gender on social-emotional outcomes. The Absence of Behavior Concerns subscale was not analyzed because of the small sample size.

**Total Protective Factors**

Approximately 7% of the variability in Total Protective Factors was due to the program site, indicating there was small variability in scores across sites. There was no significant change in scores from time 1 to time 2.



Family risk, family home language, and child gender did not significantly predict Total Protective Factors scores.

### Attachment

Approximately 7% of the variability in Attachment was due to the program site, indicating that there was small variability in scores across sites. There was no significant change in Attachment scores from time 1 to time 2. However, gender was a significant predictor of Attachment scores. On average, boys scored 1.02 points higher in Attachment scores than girls ( $p < .05$ ).

Family risk and family home language did not significantly predict Attachment scores.

### Initiative

Approximately 6% of the variability in Initiative was due to program site, indicating that there was small variability in scores across sites. There was no significant change in Initiative scores from time 1 to time 2.

Family risk, family home language, and child gender did not significantly predict Initiative scores.

### Self-Regulation

Approximately 6% of the variability in self-regulation was due to program site, indicating there was small variability in scores across sites. The analysis did not find significant changes from time 1 to time 2. However, family risk was a significant predictor of children's Self-Regulation scores. Children whose families had three or more risk factors scored significantly lower on Self-Regulation than children from families with only one or two risk factors ( $p < .05$ ). On average, children from families at a higher risk scored 1.99 points lower.

Neither family home language nor gender predicted Self-Regulation scores.

**Children with three or more risk factors had significantly lower Self-Regulation scores**

**Children's social-emotional scores did not change significantly from time 1 to time 2**

**On average, boys scored significantly higher than girls on the Attachment subscale**

## 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.

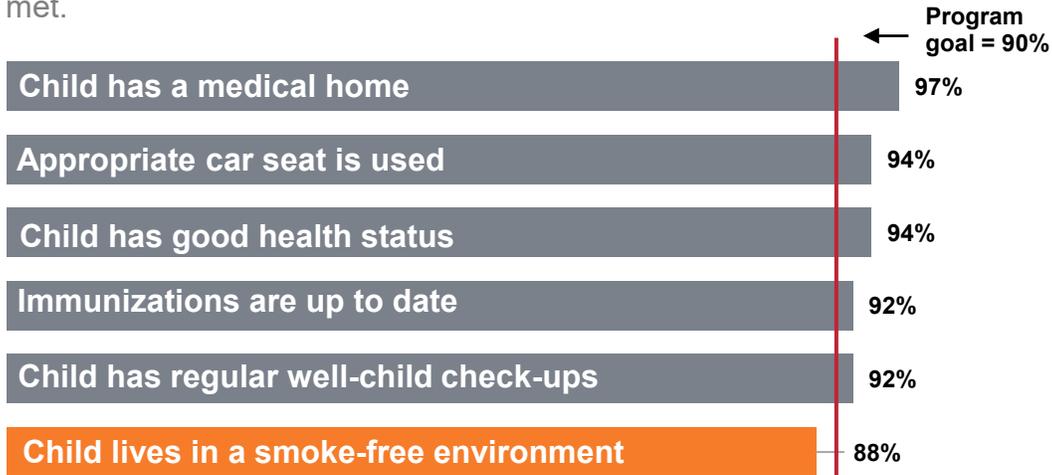
Unfortunately, due to the COVID-19 pandemic, most programs were unable to collect TS GOLD data at the spring checkpoint. As a result, developmental outcomes cannot be reported for the 2019-2020 program year.

## Health Outcomes

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

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

The goal of having at least 90% of children live in a smoke-free environment was almost met.



n = 770

In the spring, health and risk factor updates were collected for 770 families. This is a high rate of survey collection considering the COVID-19 pandemic disrupted Sixpence services starting in mid-March. The program goal is for 90% of Sixpence children to meet the health indicators. Results indicate that in all but one category, most Sixpence families made healthy choices for their children. Nearly every family had a consistent medical provider who they saw for regular checkups and immunizations, as opposed to using the emergency room for routine health needs. While most of the children were in good health, 6% had a chronic medical condition such as asthma. Nearly all (92%) of the Sixpence children are up to date with their immunizations. This is much higher than the Nebraska rate of 78.5% (Centers for Disease Control, 2019). The only area that fell short of the goal was child exposure to cigarette smoke. Eighty-eight percent of Sixpence children live in a smoke-free home, but 12% (92 children) do not.

#### Access to health insurance

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

**95% of families report having health insurance**

**74% use Medicaid**

**14% have private insurance**

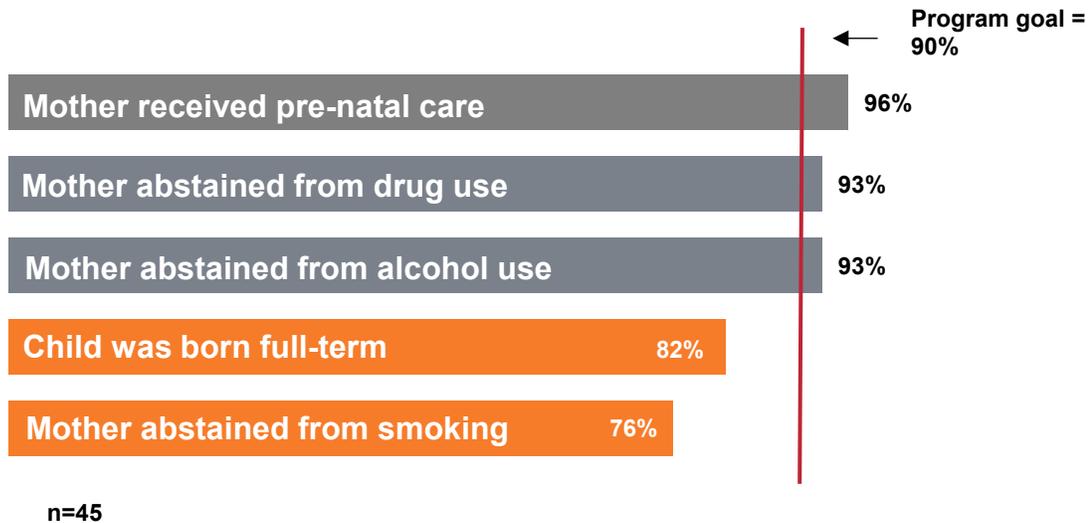
**3% use a combination of public and private insurance**



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

**Nearly all of the pregnant mothers received consistent prenatal care.**

Smoking abstinence rates fell short of the program goal.



Over the past year, 88 babies were born to mothers participating in Sixpence. A total of 45 mothers completed the prenatal health survey. Survey results should be treated with caution since just over half (51%) of the mothers completed it. The program goal is to have 90% of participants meet the benchmarks.

Results indicate that Sixpence mothers engaged in a number of positive practices to ensure the arrival of a healthy baby. Nearly all Sixpence mothers received consistent pre-natal care and report abstaining from drug and alcohol use while pregnant. Eighty-two percent of the babies were born full-term with healthy birth weights. This did not meet the program goal. The majority (76%) of mothers abstained from smoking while pregnant, which also fell below the goal.

Most (84%) new mothers initiated breastfeeding. This is similar to the rate for Nebraska mothers, which is 82% (Center for Disease Control and Prevention, 2018). It is challenging to collect accurate information on how long mothers breast feed because not all mothers respond to the survey. On the spring family survey, 15 mothers reported that they had stopped breastfeeding by the time their baby was two months old. A total of 12 mothers reported that they were still breastfeeding and five of them had babies six months of age or older. Sixpence staff may want to focus on increasing support for breastfeeding.

**84% of the mothers initiated breastfeeding- five mothers nursed for at least six months**



## Family Outcomes

### What were the outcomes for parent-child interactions?

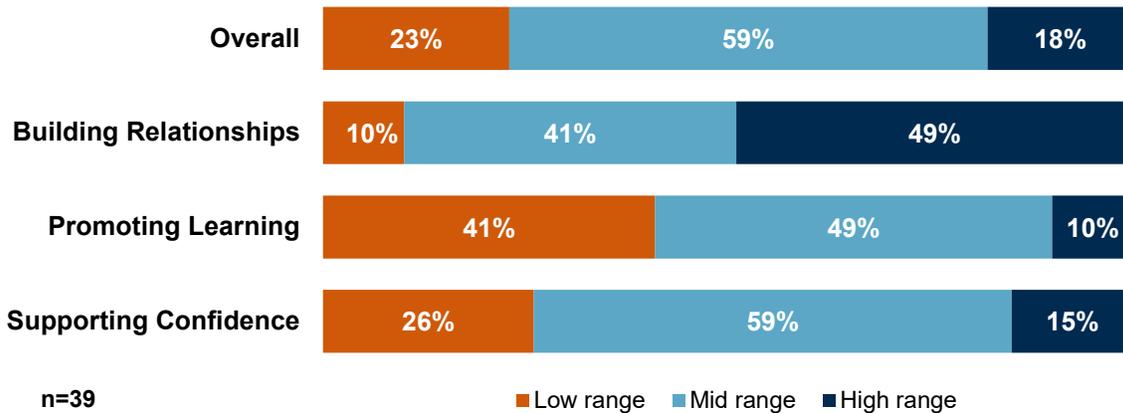
The Keys to Interactive Parenting Scale (KIPS) measures parenting behaviors across three areas: Building Relationships, Promoting Learning, and Supporting Confidence, based on a videotape of a parent playing with his or her child. Scores are based on a 5 point scale with 5 indicating high quality.

The COVID-19 pandemic greatly impacted the collection of KIPS data. Spring KIPS were collected with only 39 families. This is a decline of 88% from the 2018-2019 program year. Home visitors record parent-child play interactions during in-person visits. Once home visiting services were provided virtually, it was not possible to collect this data.

### Parent-child interactions after a minimum of six months in Sixpence

The following chart presents the parent-child interaction results in the spring for 39 families. High range scores are 4-5, mid range scores are 3-3.9, and low range scores are 1-2.9.

**Families demonstrate the greatest skills in Building Relationships with their children through play interactions, with 49% scoring in the high range.**



Sixpence families demonstrated strong skills in building relationships with their children. Seventy-seven percent of families scored in the mid to high range on the Building Relationships scale with almost half (49%) scoring in the high range. Building Relationships assesses parent responsiveness 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.

In the area of Promoting Learning nearly half (49%) of the families scored in the mid range. Fewer families scored in the high range in Promoting Learning (10%). 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. In Supporting Confidence, 59% of parents scored in the mid range and 15% scored in the high range. This area assesses



how parents give directions that encourage child choice, provide supportive feedback, and promote problem solving and curiosity.

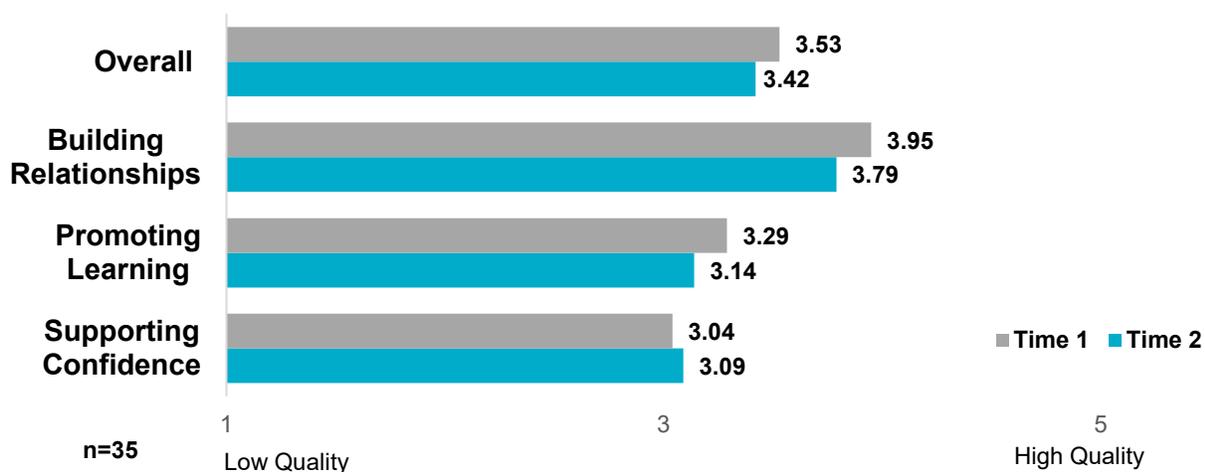
The sample size was too small to compare outcomes based on family home language and number of risk factors.

### Change in parent-child interactions over time

An analysis was done to measure parent-child interactions over time. A total of 279 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.

#### Parent-child interactions were fairly consistent across time.

Parents' greatest strength was in Building Relationships through play.



Sixpence families demonstrated strong skills in building relationships with their children. Average scores approached the high range.

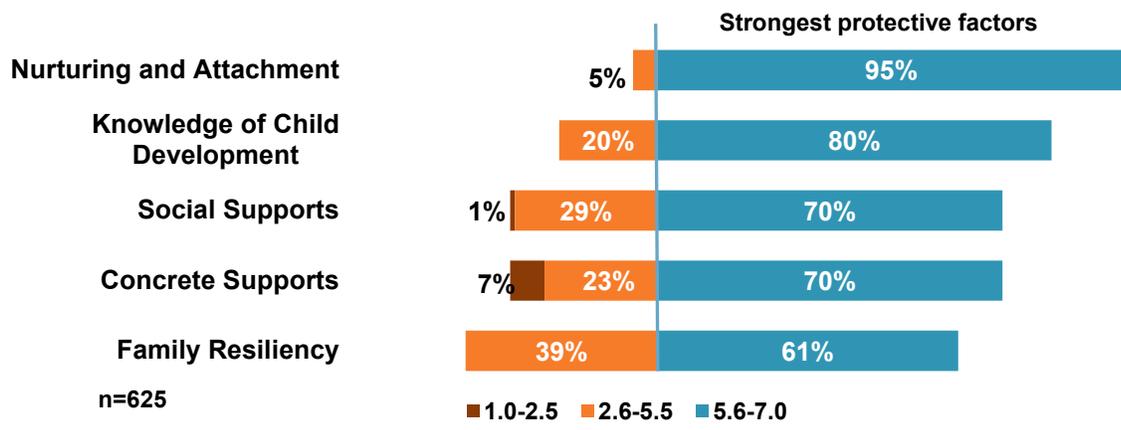
### What were the outcomes for parents' protective factors?

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

#### Parents' protective factors after a minimum of six months in Sixpence

The following chart shows how parents scored on the PFS by grouping their results in the low, middle, and upper range of the assessment. The blue bands indicate the percentage of parents who scored in the upper range of the scale, from 5.6-7. A total of 625 parents completed the PFS with at least six months of service. This was similar to the numbers of parents completing the tool in the previous program year.

**Nearly all families scored in the high range for Nurturing and Attachment.**  
Results were not as strong in the area of Family Resiliency.

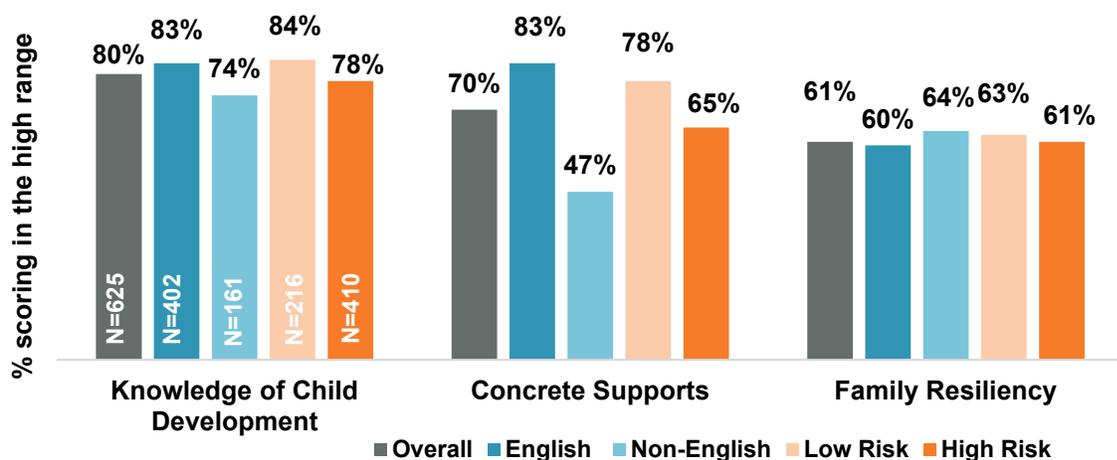


Sixpence families had strong protective factors across all subscales after six months in the program. Ninety-five percent of all families had scores in the upper range for Nurturing and Attachment. Most (80%) parents demonstrated strong protective factors in the area of Knowledge of Child Development. Over two-thirds scored in the high range for access to Social Supports and Concrete Supports. Notably, 7% of families scored in the low-range for Concrete Supports. Family Resiliency had fewer families score in the high range and 39% fell in the mid range. Programs may want to focus on these two areas to help improve protective factors. These results are similar to the 2018-2019 program year.

The following graph compares the percentage of parents scoring in the high range based on primary home language and risk factors for three PFS scales: Knowledge of Child Development, Concrete Supports, and Family Resiliency. Minimal differences were found on Social Supports and Nurturing and Attachment so they are not included in the graph.

**Less than half of the families whose home language was not English scored in the high range for Concrete Supports.**

But these families had slightly stronger outcomes in Family Resiliency.



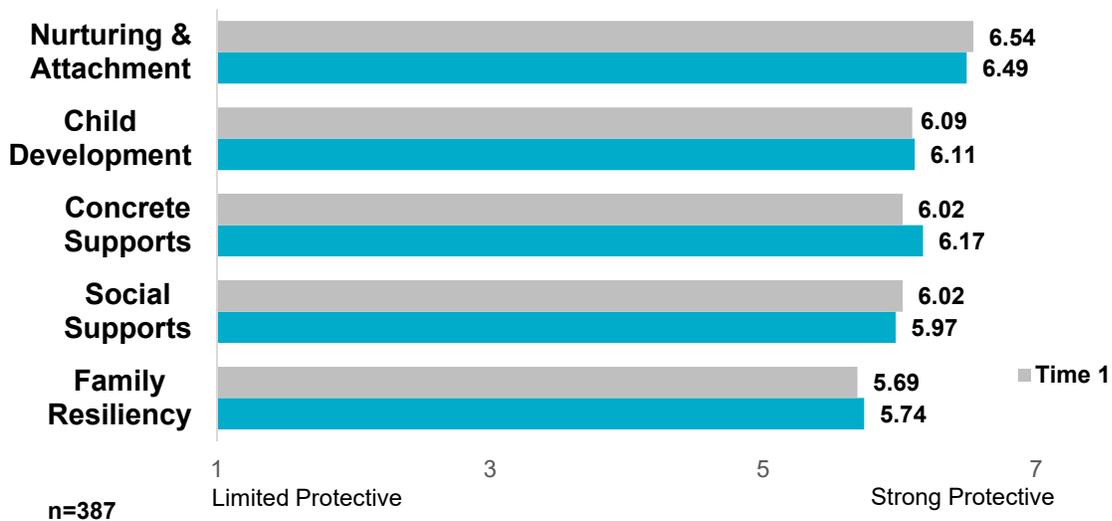
Families where English is the primary home language scored in the upper range at a higher rate in the areas of Knowledge of Child Development and access to Concrete Supports. Non-English speaking families had a slightly higher rate of scoring in the upper range for Family Resiliency. Families with fewer risk factors had slightly higher percentages scoring in the high range across all areas. An HLM analysis was done to determine if these differences between groups were significant predictors of family protective factors. Results are reported at the end of this section.

### Change in parents' protective factors over time

An analysis was done to measure parents' protective factors over time. A total of 387 families completed the assessment at two points in time with a minimum interval of six months. The following graph shows average scores on each subscale over time.

**On average, Sixpence families demonstrated strong protective factors across all areas, particularly in Nurturing and Attachment.**

Average scores did not vary much over time.



The results indicate that Sixpence families' protective factors remain stable over time. While there were small changes on average from time 1 to time 2, overall score averages did not vary by more than .20, which is a small difference on a 7-point scale.

### HLM Results

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

#### Nurturing and Attachment

Approximately 5% of the variability in Nurturing and Attachment was due to the program site, indicating there was small variability in scores across sites. No significant change from time 1 to time 2 was found for Nurturing and Attachment. Family home language was a significant predictor of Nurturing and Attachment scores. Children with a home language that was not English scored significantly higher than children whose home language was English ( $p < .02$ ). They scored 0.11 points higher.



Family risk and child gender did not significantly predict Nurturing and Attachment outcomes.

### Social Supports

Approximately 7% of the variability in Social Supports was due to the program site, indicating there was small variability in scores across sites. No significant change was found in Social Supports scores across time when controlling for low/high risk, family home language, and gender. Family risk was a significant predictor of Social Supports scores. For each risk factor, family social support scores decreased 0.06 points ( $p < .05$ ).

Family home language and gender did not predict outcomes in this subscale.

### Knowledge of Child Development

Approximately 10% of the variability in Knowledge of Child Development was due to program site, indicating that the knowledge of child development scores were different across sites. No significant change from time 1 to time 2 was found for Knowledge of Child Development scores.

Family risk, family home language, and child gender did not significantly predict Knowledge of Child Development outcomes.

### Concrete Supports

Approximately 20% of the variability in Concrete Supports was due to the program site, indicating the concrete supports scores were different across sites. No significant change from time 1 to time 2 was found in Concrete Supports scores. An interaction effect was found for family home language and time, such that children with English as their home language had greater gains in Concrete Supports scores from time 1 to time 2 than children whose home language was not English ( $p < .05$ ).

Family risk and child gender did not significantly predict Concrete Support outcomes

### Family Resiliency

Approximately 6% of the variability in family resiliency was due to program site, indicating there was small variability in scores across sites. There was no significant change in scores from time 1 to time 2. Family risk, family home language, and child gender did not significantly predict Total Protective Factor scores.

**Families at low risk had significantly higher protective factor scores in Social Supports**

**Families whose home language was not English had significantly higher protective factor scores in Nurturing & Attachment**

**Families whose home language was English had significantly greater gains in Concrete Supports from time 1 to time 2**





A one-way between subjects ANOVA was conducted to compare the parent ratings based on how long parents have participated in Sixpence. In other words: did parents who have participated in Sixpence longer, rate the program differently than parents who have been in the program for a shorter period? Across all survey items, the time in program did not result in significant differences in parent ratings. New families were just as enthusiastic about their Sixpence experience as those who had been participating for over two years.

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

- The **learning activities provided for their children and their family**. They appreciate the high quality opportunities to support their child's learning and development.
- The **help and support the program provides**. Participants like the support they receive. They noted the support comes in many forms from how to support their child's development to where to find affordable housing.
- The **parent education**. Parents appreciate having caring experts assist them in being good parents.
- The **focus on their children's development, the assessments, and the progress reports**. These activities support their children's readiness for school.

About 16% of the parents who responded to the survey offered suggestions to improve the Sixpence program. The following are the most common recommendations:

- Offer **a greater variety of activities, including more socialization activities**.
- Increase **the number of children and families who can participate in Sixpence**.
- Increase **the center hours**.
- Make home visiting **appointment times more predictable and consistent**.



“

*I like the support you get from it -- especially during school where we met up for Teen Parent; that played a huge part in my support as well as Family Night and not feeling like I was the only one pregnant as a young mom.*

A Sixpence parent

”

# SIXPENCE CHILD CARE PARTNERSHIPS



## What are Sixpence Child Care Partnerships?

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

This year, nine communities received CCP grants. Two communities, Grand Island and York, completed their first year in CCP. Auburn and Hastings completed their second full year in CCP. The communities of Falls City, Kearney, Chadron, Gering, and Sidney had providers in their fourth year of CCP and added new sites that started year one. Data in this report include child and provider demographics across all of the communities. Program quality data are reported according to how many years the program has been in CCP. Only the observation results from the 2019-2020 program year are included in this report. The COVID-19 pandemic impacted the ability to collect spring data as many programs closed temporarily or limited visitors.

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

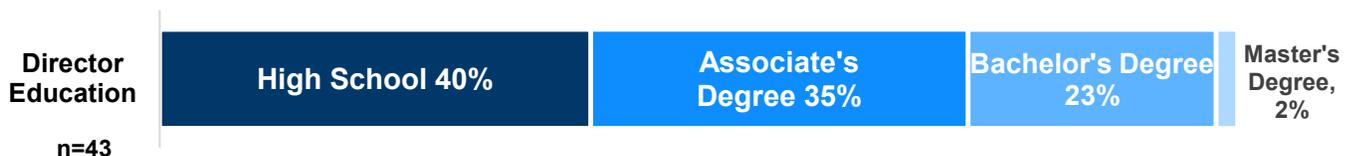
## Provider and Child Demographics

### Who were the providers in CCP?

During the 2019-2020 program year, 54 child care programs participated in CCP. Of these, 28 were child care centers and 26 were family child care home providers. CCP was very successful in retaining sites in the program with 96% completing the program year. Nearly a third (31%) of the programs served some families whose primary home language was not English. The percentage of these families served ranged from 5 to 40 percent of the site's enrollment.

Providers completed a demographic survey which included information about the educational background of the directors, teachers, and home providers. A total of 43 demographic surveys were completed from both centers and family child care homes.

**Most of the directors had a two or four-year college degree.**



Most (65%) of the directors with post high school education had a degree in education or child development.

Lead teacher education information was collected for 78 teachers who worked in center-based programs. Most (61%) teachers with post high school education had a degree in child development, education, or psychology.

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



Data were also collected about the length of time lead teachers had been at the center. Teacher turnover is a challenge in early childhood programs. Information about how long teachers have worked in a center can show stability of staff over time. Length of service was reported for 78 teachers across the 28 child care centers. The results show that 40% of lead teachers were new this year indicating a fairly high turnover rate.

- 40% were in their first year of service
- 31% had been at the center 1 to 2 years
- 13% had been at the center 3 to 5 years
- 8% had been at the center 6 to 10 years
- 8% had been at the center more than 10 years

**29% of lead teachers have been at their center for three or more years**

### Child Demographics

CCP child care programs reported the demographics for a total of 925 children. Of these, 758 were infants or toddlers. A goal of CCP is to partner with child care providers that serve children who are most at risk of poor performance in school. The risk factors include:

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

Seventy-four percent of the sites enrolled children who receive state child care subsidies, which is an indicator of low-income. A total of **32% of the children in these CCP sites qualified for the child care subsidy**. Of note, in 20% of the sites, at least half the children receive the child care subsidy.

CCP sites reported that 9% of the children they serve speak a language other than English in their home.

CCP served slightly more males (53%) than females (47%). A total of 55 infants and toddlers received special education services through Nebraska's Early Development Network. An additional 49 children were referred for evaluation.



## The largest group of children served were White.



n=925

### Expulsion from child care

CCP coaches track the number of children asked to leave their child care site due to challenging behavior or an inability to serve the child and meet his or her special needs. During the 2019-2020 program year, three children were reported to be expelled from their child care.

## Evaluation Findings

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

The evaluation team used two metrics to assess the quality of the child care programs participating in CCP. The first metric utilized a standardized observational environmental rating tool to measure the quality of the child care centers and family child cares each year of participation in CCP. 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, often in the spring. Of the 41 observations expected in spring of 2020, only four were completed due to the COVID-19 pandemic impact on child cares.

A second measure of quality was to track how the programs progressed in the Nebraska Department of Education (NDE) Step Up to Quality initiative. This program supports child care programs in accessing resources to enhance the quality of their services. SU2Q ratings were also impacted by the COVID-19 pandemic as nearly all spring observations that are part of the ratings process were postponed or cancelled.

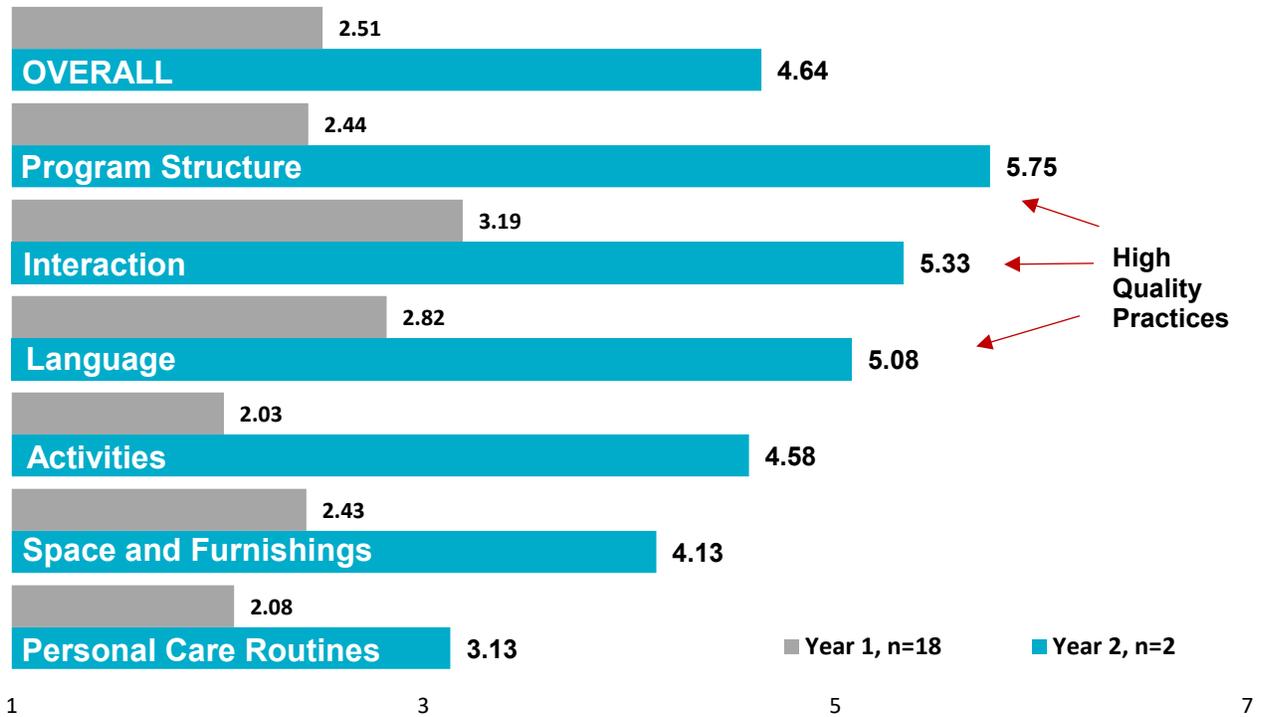
### Child care center program quality based on years of participation in CCP

An external reliable observer used the Infant/Toddler Environment Rating Scale-Third Edition (ITERS-3) assessment to measure program quality in participating centers. Observations were completed on a sampling of up to two classrooms per center.

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.

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. Eighteen classrooms were in the first year of participation in CCP and two classrooms were observed in their second year of participation.

**Classrooms in Year 2 show higher quality practices than Year 1 classrooms.**  
 Strongest practices were in the areas of Program Structure, Interaction, and Language.



Results indicate that classroom quality increases with time in CCP. At baseline in Year 1, average scores did not exceed a 4 and most were below a 3. The two classrooms that were observed in Year 2 demonstrated strong skills across most areas and averaged above a 5 in Program Structure, Interaction, and Language. Results should be treated with caution due to the small sample size. The COVID-19 pandemic severely limited the amount of data that could be collected in the spring. However, the Year 2 classrooms that participated demonstrated mastery in multiple areas. One area for goal setting may be Personal Care Routines where scores averaged a 3.13 in Year 2.

**Family child care home program quality based on years of participation in CCP**

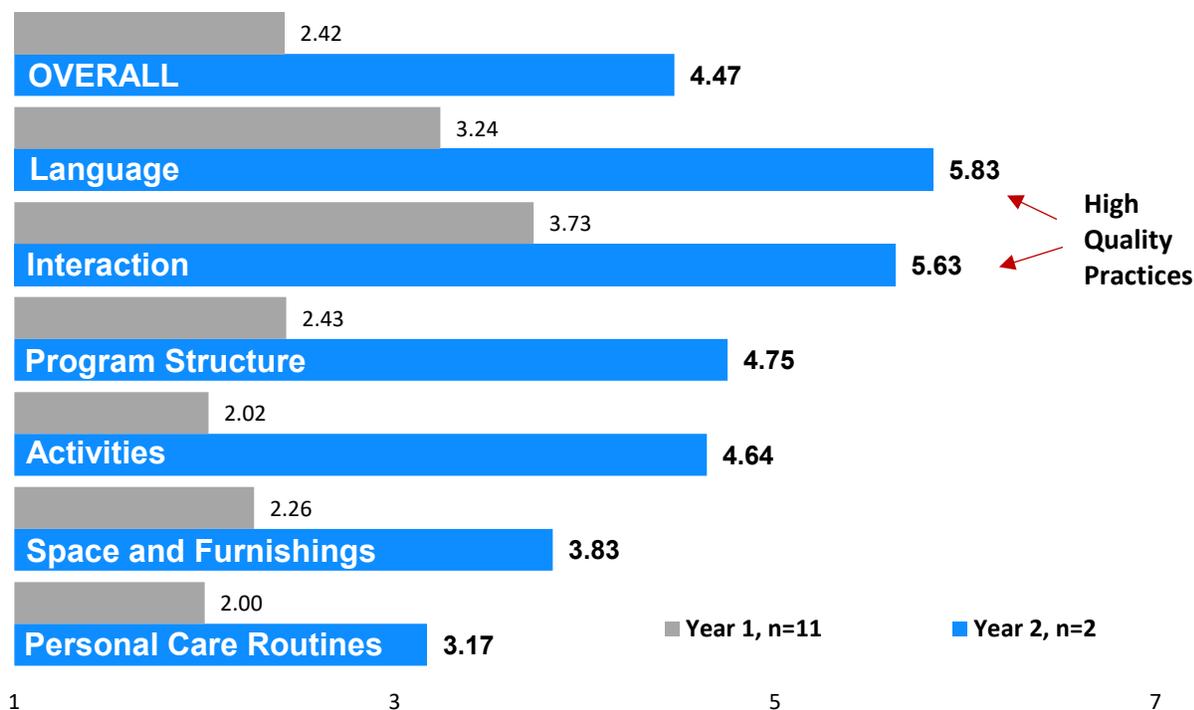
The quality of family child care programs was assessed using the Family Child Care Environment Rating Scale-Revised (FCCERS-R), which focuses on Activities, Interactions, and Program Structure (Harms, Cryer, & Clifford, 2007). The assessment consists of a three-hour, in-person observation. Scoring is 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 seven 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-R subscale and overall averages for the home child care programs observed this year. Results are broken out by how many years the provider has participated in CCP: 11 providers were in Year 1, and two providers in Year 2. There was one provider observed in Year 4, but results are not included due to the small sample size.



**Home providers with two years in CCP demonstrate higher quality practices than home providers with fewer years of participation.**

Strongest practices were in the areas of Language and Interaction.



The FCCERS-R results show that program quality increased across all areas after CCP coaching and training. The Year 2 programs show the greatest quality in the areas of Language and Interaction. The lowest area across all programs was Personal Care Routines. These include, hand-washing, 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. As with the ITERS-3, results on the FCCERS-R should be interpreted with caution due to the small sample size. The COVID-19 pandemic severely impacted the spring data collection.



“

*This has been the best experience I have ever had in my 11 years of being open! I will forever be grateful for everything the program has done for our daycare, employees and children!!*

A CCP Provider

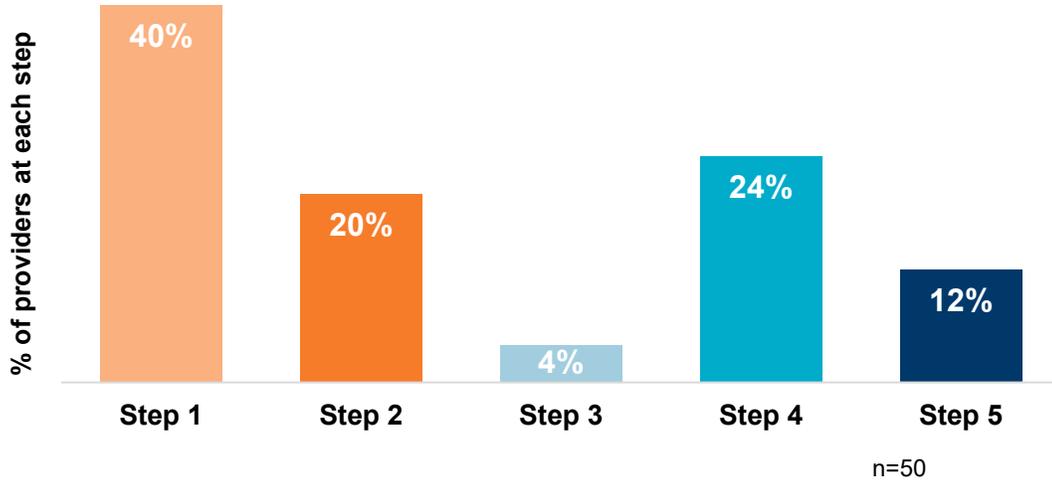
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### Child care provider progress in Step Up To Quality

Step Up To Quality (SU2Q) is a 5-step pathway to increase quality in early childhood settings. It includes training, coaching, self-study, external evaluation, and a record-keeping system. CCP providers are expected to enroll in SU2Q and to achieve a Step 3 within three years. The following chart shows the SU2Q ratings for 50 programs in CCP as of August, 2020.

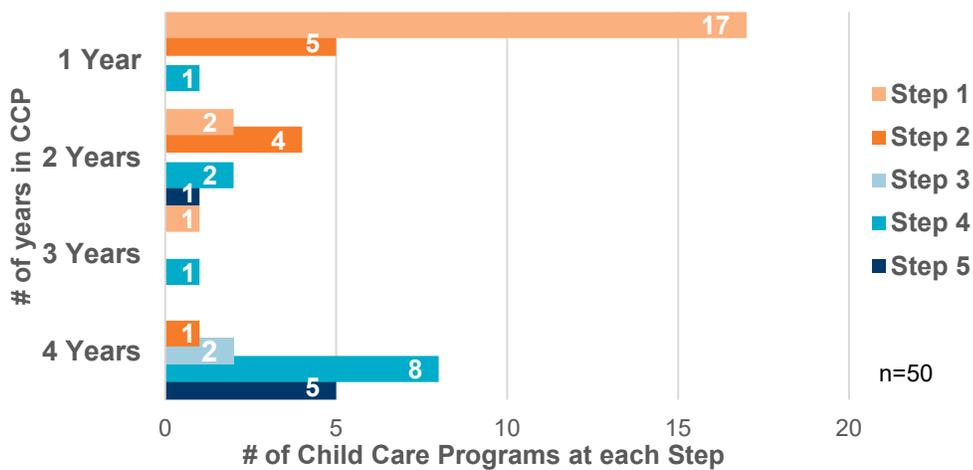
**Forty percent of the CCP child care programs were at Step 3 or higher.**



Most (60%) of the child care programs in CCP this year had a SU2Q rating of 1 or 2. This is not surprising as nearly half (23 out of 54) of the programs were in their first year of CCP.

The following graph shows SU2Q ratings by number of years in CCP.

**All but one program reached a rating of 3 or higher after 3 years in CCP.**



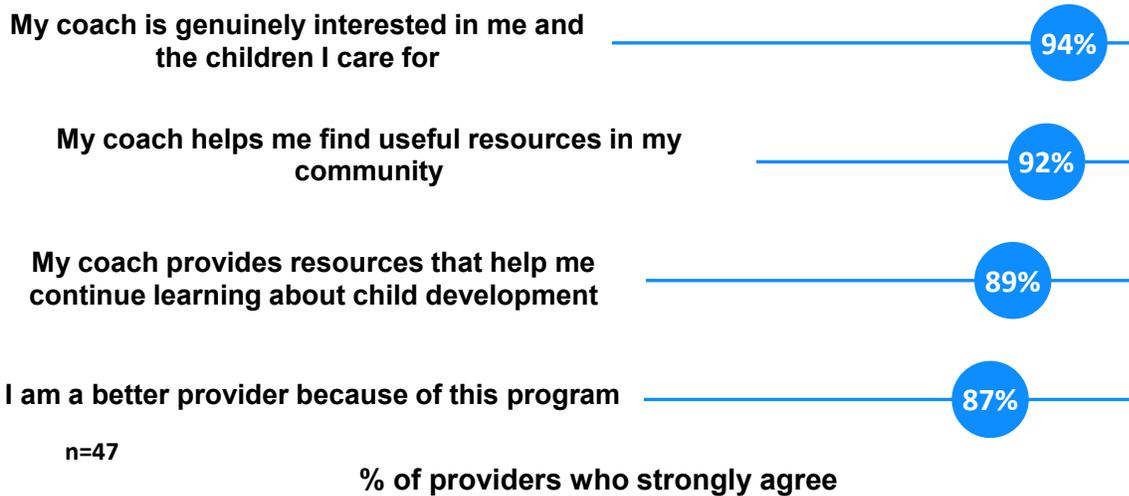
By the spring of 2020, all but one program with three years in CCP was rated at a 3 or higher in SU2Q, which is the program goal.



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

Providers completed a survey about working with their coach and meeting the expectations of the grant, rating the degree to which they agreed or disagreed with statements about their experience in CCP. They also answered five open-ended questions. The following chart highlights some of the responses to the survey, reporting the percentage of respondents who strongly agree with the statement. A total of 47 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 above, most strongly agree that they are comfortable talking with their coach (89%) and that the resources and activities provided enhanced the quality of the program (83%). Most providers said they worked with their coach to set goals for their program (85% strongly agree). Seventy percent of responders strongly agree that the program helped them build relationships with their families. Most respondents also strongly agree that the goals of the grant can be accomplished within the required timelines (75%) and that they would recommend this program to a friend (87%).

A theme analysis was done of the responses of the five open-ended survey questions.

- **The opportunity for professional and personal development.** Respondents appreciated how CCP helped them grow as professionals by providing opportunities through coaching and training to increase their capacity in the areas of building relationships with children, developmentally appropriate activities, and setting up the classroom environment.
- **Setting goals with their coach.** Learning how to set and accomplish goals helped providers feel more confident and successful. They appreciated their coach was a consistent source of support, especially during challenging situations.
- **Access to new resources.** The grant monies to help with new materials and supplies, along with other resources, were valued. Respondents also noted that CCP coaches would help connect them to community resources that were helpful to the site or parents.

- **Connecting with other providers.** Providers appreciated the opportunity to network and collaborate with other providers in their area.

The most common suggestions to improve CCP services were:

- **Coaching.** The majority of respondents expressed satisfaction with their coaching services. However, one respondent suggested adding more coaches because her coach seems to be spread too thin, so the provider felt guilty asking for support. Another noted that coach turnover created challenges and disruptions in their coaching services. Two respondents said they would like more meetings or more one-on-one sessions with their coach.
- **Program information.** Some noted that it would be helpful to have information up front about how CCP works and how it connects with Step Up To Quality.
- **COVID-19 disruptions.** Many respondents noted that they wish they could get back to having regular coaching in their sites or classrooms again.

Two additional questions were added this year in regards to the COVID-19 pandemic. Responses regarding how the stay-at-home mandates affected their work and how their CCP coach supported them during this time included:

- **Effects on providers.** Providers noted decreased income and/or hours as well as a decrease in enrollment or strain on families enrolled. Some providers had to close from four to ten weeks. After enrollment increased or sites re-opened, some employees did not return to work. There were also comments regarding the challenge of having to keep up with frequently changing policies, having more stringent drop-off and pick-up routines, and a decrease in professional development opportunities.
- **Support from coach.** Providers reported that their CCP coach was often still a consistent source of support and resources and that their coach maintained regular communication. Coaches helped find or provide cleaning supplies, picked up food for families, and dropped off resources and activity ideas. Coaches also kept providers updated on the DHHS regulations and guidelines and encouraged providers to maintain regular communication with parents.

## 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 agreed building a personal relationship with each provider is an essential foundation for the coaching relationship.** Relationships were also seen as a way to generate buy-in and longevity with the program because, “If providers feel they have the connections and support, it helps them stay in the program.” Moreover, quality practices beget quality practices, so developing a relationship with one provider can result in change across an entire childcare center/location. As one coach noted,

“The reason we are doing this is not for quality for today but quality for the rest of their careers. When relationships are established, they are willing to make this a habit rather than do this in front of someone who is watching. They are willing to do it because they trust that’s what’s best for kids. Sustaining those relationships is important to make sure that it is passed on with other employees that work into those centers or whomever they come in contact with.”



**Coaches sustained relationships through ongoing communication and support.** Regular meetings (e.g., after trainings, as a part of a weekly schedule, as part of group meetings with other providers, etc.) was the most common way coaches reported developing and sustaining relationships. Monthly meetings with multiple providers also allowed providers to develop relationships with one another, deepening support.

**Coaches connected providers with their community and other resources.** The first step, coaches reported, was to make providers aware of community resources and familiarize them with the programs. Sometimes providers were unaware programs existed and others had misconceptions about program requirements or availability. “Sharing these resources with them has been important in keeping them knowledgeable and a part of the community.” Specific programs coaches discussed included the Early Development Network, Healthy Beginnings, Head Start, local school districts, mental health programming, and local Collaboratives.

**Coaches aimed for providers to become independently successful, but remain as a resource.** The focus group facilitators asked coaches what their ultimate goal was in coaching each provider. They responded with terms like “personal best” and for providers to be “successful however that is for them.” A couple of coaches also hoped their providers would “see themselves as early childhood professionals” and/or “for the programs be recognized as viable and our providers be recognized as professionals in our community.”

When providers got to a level 3, or were demonstrating independent successes, the coaches said they may “pull back on coaching” but remained “a resource if they need additional support or have questions.” They may also assist with trainings and activities. Several coaches noted they stay connected with accomplished providers because many “still enjoy the support” or find the time with coaches “a humanizing part of the week.”

**Most coaches whose communities also implemented the Rooted in Relationships Pyramid Model Initiative felt it and the CCP program enhanced one another.** Some coaches started with the Pyramid Model first, and indicated that was helpful because the Pyramid Model “emphasizes relationship with children and their families” and “CCP coaching often consists of teacher’s frustrations with behavior that can be first addressed through the relationship.” The funding these programs received through CCP “helps support what they want to do.” Others saw Pyramid coming after a foundation in CCP, when providers had the environmental strategies in place and “are ready for something more to deal with those challenging behaviors.” Either way, these coaches felt the dual programs lead to “bigger gains” and one reported, “The children’s skills are developing faster.”

## Challenges

**Staff turnover was the most commonly reported barrier, and was an industry-wide barrier in some communities.** “Staff turnover is definitely huge because you start all over again after making so much progress.” Pay is one factor of turnover; “It’s hard to find people that are ready to provide the quality care at the rate that they are paid.” Finding quality staff and/or supporting staff to advance their education is

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*Our coach has provided many resources and training avenues that have improved our quality of care and education and our family engagement. Our coach is very responsive; she seems dedicated to improving the quality of care and early childhood education in our center and our community.*

A CCP provider

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complicated because, “Staff will often leave for a higher paying position.” And new staff with potential but no degree still need to be trained, which means the provider and fellow staff members struggle with staffing shortages while that person is away at a training.

**Some providers are less invested in the goal of higher quality early childhood education and may not buy in to doing the needed work.** These staff members tend to be ones who view their work as a job rather than a career in early childhood education. Some wonder, “What are the benefits for me?” and feel that the directors get the credit for their work. One coach also noted the challenge of creating a cohesive practice when a center/home has a mix of the committed and apathetic staff because, “It’s hard for staff that are passionate to be there when others don’t want to be there.”

**Balancing coaching and administrative duties was challenging.** Coaches who are also administrators admitted that they struggled to balance the duties of the two roles and sometimes found that one role, usually the administrative, “activities have taken over the whole week” and they had to say, “I’m not going to be able to coach this week.” They reported there are few supports available to ameliorate these struggles, so they “just try to make it work.”

**Working from home and not being able to be in the centers with the providers was particularly challenging.** Additionally, coaches reported concern that some centers will struggle to “make it after this,” and they do not know how to support centers who have had to close; “supporting them at all is next to impossible at this point. That’s frustrating because I’m afraid I’m going to lose some of them.”

### Summary

Overall, the CCP program is well received in the communities and the coaches reported successes. Providers were growing in their skills and knowledge, and seeing their successes motivated the coaches to continue. All coaches valued the personal relationships they have built with their providers and agreed these relationships are an essential foundation to the program. For most coaches, having providers meet their own goals defined the ultimate success of their coaching. At that point, coaches may limit the coaching they provide, but wish to remain as a resource for the providers. There were barriers providers continued to face; coaches worked with the providers to overcome as much as they could. For those who are both coaches and administrators, balancing the two roles was particularly difficult.

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*As a new director, I am not sure I could have had a better support system than my coach and CCP team. We had a lot of challenging times, and I knew that my coach was someone who could help and guide me in all the situations.*

A CCP provider

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# CONCLUSIONS AND IMPLICATIONS



## Sixpence

**Program Description:** Sixpence just completed its 12<sup>th</sup> year of implementation. This year 31 school district grantees located in 31 Nebraska counties participated. Most of the programs have adopted a family engagement model (24), with others serving children in center-based programs (4) or a combination of both (3). A total of 1,038 children and 886 families were served in rural (41%), mid-sized (27%) and urban communities (32%). The majority (70%) of the children received family engagement services. Sixpence served a high risk population with 64% of the families having three or more risk factors. Low income was the leading risk factor. Program retention rates were high with 88% of families staying in Sixpence through the end of the program year. Of children who exited prematurely, 64% left in the first year of participation.

**Program Outcomes:** All of the classrooms met the overall quality benchmark for providing quality environments for infants and toddlers. A sampling of classrooms that met this indicator last year, had the CLASS this year. All of them met the program goal for emotional and behavioral support and responsive caregiving. Their use of effective strategies to engage the children in learning received a moderate rating.

**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 (95%) meeting the program quality benchmark. The greatest strength is in the area of Child Engagement. Most (74%) 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' development of relationships with the families they serve.

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

**Child Outcomes:** Sixpence has set a high standard for the program goal, that children will acquire language skills at the mid-point of average or higher. Almost half (48%) of the children met this goal for Receptive and Expressive Language in English. Almost a third (30%) met the goal for Vocabulary. For Spanish speaking children, just over a third (34%) met the goal for Production. Language scores did not change significantly over time. Neither home language nor risk factors predicted language outcomes. Gender was predictive with girls scoring higher than boys on both Receptive and Expressive language.

Most (66%) of the children met the program goal for social-emotional protective factors. Total Protective Factors did not change significantly over time. Family home language did not predict social-emotional outcomes, but risk factors and gender did. Children with lower risk scored significantly higher on Total Protective Factors. Boys scored significantly higher in Attachment.

**Next Steps:** Examine ways to enhance the learning environment for children with an emphasis on building language skills, particularly in the area Vocabulary. Consider ways to support boys in strengthening their language skills.

**Health Outcomes:** Health outcomes continue to be very positive with nearly every child meeting Sixpence health indicators. Most notably, 97% of the children have a medical home. The rate of exposure to cigarette smoke fell below the program goal, with 88% of the children living in a smoke-free environment. Prenatal outcomes indicate that nearly all (96%) of the mothers received prenatal care and nearly all (93%) abstained



from risky behaviors while pregnant. A majority (84%) of the mothers breastfed their babies but just a handful continued for at least six months. The majority (76%) of the women did not smoke during pregnancy, but this fell short of the program goal of 90% abstaining.

**Next Steps:** Consider ways to support breastfeeding practices so that more mothers nurse their babies through six months of age. In addition, consider implementing additional supports to encourage smoking cessation.

**Family Outcomes:** Parents had positive relationships with their children with nearly half (49%) scoring in the high range for this area on the parent-child interaction assessment. Fewer families (10%) scored in the high range for promoting learning through play.

Parents in Sixpence had high levels of protective factors. Sub-group comparisons found that risk was a significant predictor of Social Supports. Families with fewer risk factors had significantly higher scores on that scale. Home language was a significant predictor of Nurturing and Attachment scores; families whose home language was not English had significantly higher scores. Families whose home language was English had significantly greater gains over time in the area of Concrete Supports.

**Next Steps:** Identify additional strategies to support parents to adopt high quality parent-child interaction skills in the area of Promoting Learning. Continue to support parents to maintain their high level of protective factors.

Sixpence parents who entered the program without a high school diploma, made great strides in reaching this goal. Most (63%) of the mothers obtained their high school diploma or were on track to meet this goal by the end of the program year. Just under half (45%) of fathers had similar success.

## Sixpence Child Care Partnerships

**Program Description:** The Child Care Partnerships, a collaboration of school districts and local child cares, served 54 child care programs across seven communities. A total of 28 child care centers and 24 family child care homes participated, serving 925 children. Almost a third (32%) of the children received a child care subsidy, which is an indicator of family low income. The providers received coaching two to four times a month. Coaches also offered trainings 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, all but one provider in year 3 met the grant requirement of reaching a Step 3 in the Step Up To Quality rating system. Child care 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.



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-R</b> Family Child Care Environment Rating Scale – Revised	Harms, Cryer & Clifford, 2007	Scale 1-7 1 = inadequate 3 = minimal 5 = good 7 = excellent	Family Child Care home provider	Layout, health & safety, play activities, teacher-child interactions, & program structure
<b>Toddler CLASS</b> <b>Infant CLASS</b> Classroom Assessment Scoring System	LaParo, Hamre, & Pianta, 2012 Hamre, et.al., 2014	Scale 1-7 1-2 = low range 3-5 = mid range 6-7 = high range	Infant or Toddler classroom	Emotional support, & instructional support (Toddler only)
<b>HOVRS-A+ v.2.1</b> Home Visit Rating Scales – Adapted & Extended	Roggman, Cook, et. al., 2012	Scale 1-7 1 = needs training 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- 2 <sup>nd</sup> edition	Voress & Maddox, 2013	Standard Score 85-115 Average range	8 to 36 months of age	Receptive and Expressive Communication
<b>PPVT-IV</b> Peabody Picture Vocabulary Test	Dunn & Dunn, 2007	Standard Score 85-115 Average range	30 months of age and older	Receptive vocabulary
<b>DECA-IT</b> Devereux Early Childhood Assessment Infant/Toddlers	LeBuffe & Nagliere, 1999	Standard Score 41-59 Average range	4 months of age and older	Measures social-emotional protective factors & behavior concerns
<b>Parent Outcome Measures</b>				
<b>FRIENDS PFS</b> Protective Factors Survey	National Center for Community-Based Child Abuse Prevention, 2011	Scale 1-7 7 = highest rating, most protective factors	Parent Survey	Family resiliency, social supports, concrete supports, child development, nurturing & attachment
<b>KIPS</b> Keys to Interactive Parenting Scale	Comfort & Gordon, 2008	Five point Likert Scale, 12 items/3 domains	Parent and child age 4 months & up	Parent child play interactions and social-emotional & cognitive support

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***Without this program, I don't know where we would be as parents. It has truly benefited us as parents. Our home visitor has helped us so much. We really are happy to have her.***

A Sixpence Parent

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