

Sixpence Early Learning Fund

2017 - 2018 Evaluation Report | September 2018



Collaborate. Evaluate. Improve.

Interdisciplinary Center for Program Evaluation

SIXPENCE EARLY LEARNING FUND

2017-2018 Annual Report

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

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

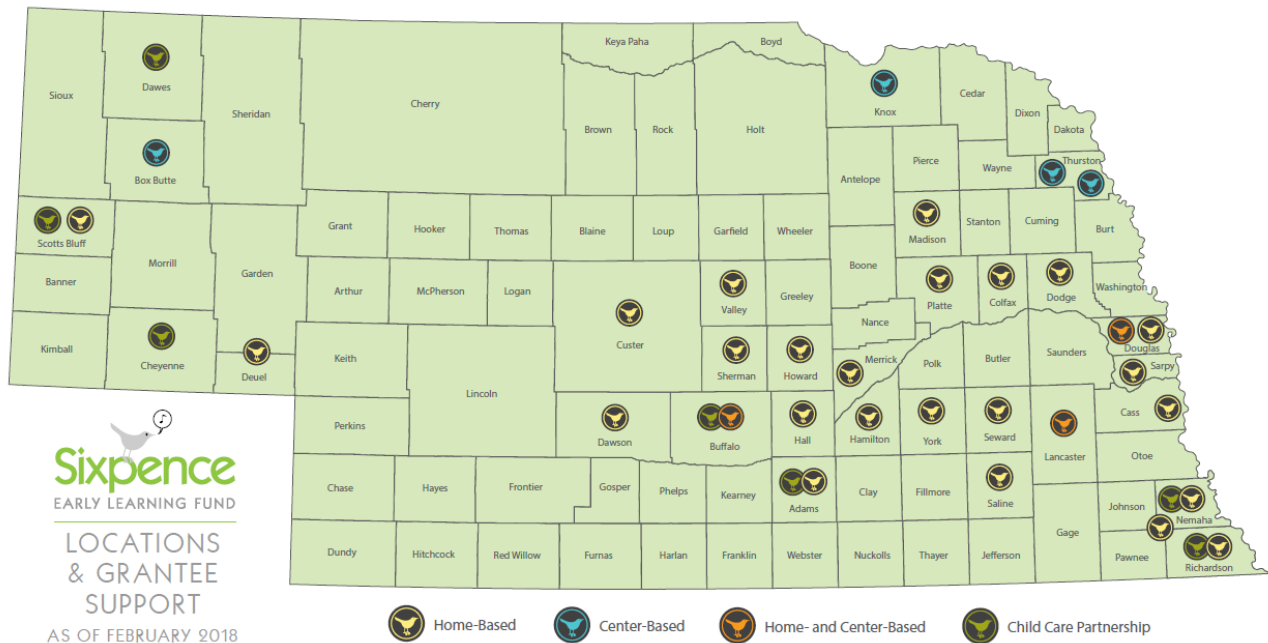


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What I like about this program is that it helps parents be better parents. My home visitor cares about me and my child. My home visitor has helped me learn more about my child’s development.

A Sixpence parent

”



SIXPENCE PROGRAMS



What is Sixpence?

In the 2017-2018 program year, the Sixpence Early Learning Fund supported 31 school district grantees across the state. This was Sixpence's 10th 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 2017-2018, Sixpence served 1,083 children and 948 families across 31 grantees. This year, 78 mothers were served prenatally and their babies were born prior to June 30, 2017.

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

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



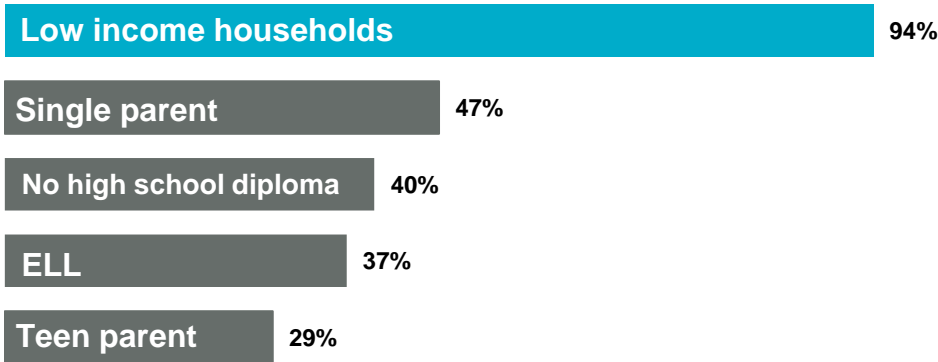
Sixpence Programs serve infants and toddlers (birth to age three) who are most at risk of failure in school. The children served must have at least one of the five qualifying risk factors:

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

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.



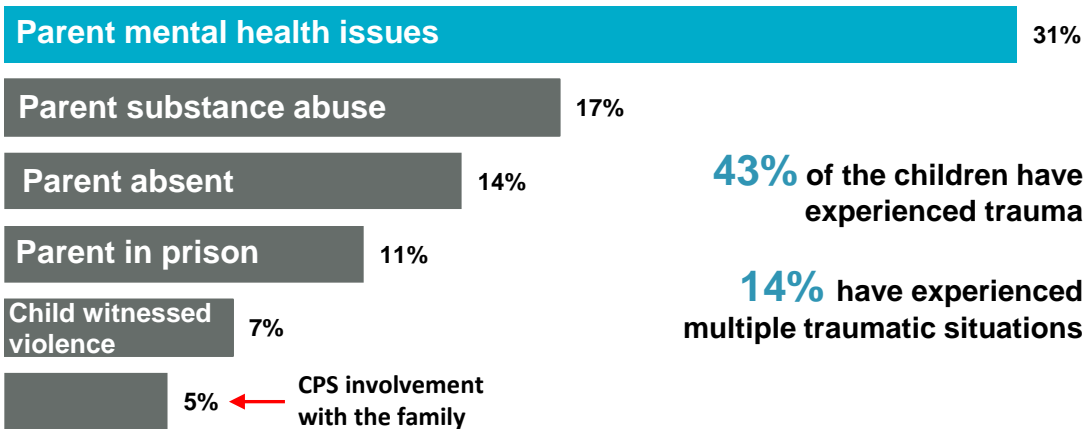
63%
of the children
and their families
had three or
more risk factors

n=1,083

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 (63%) of the children served in Sixpence had three or more risk factors.

Additional risk factors relating to child trauma were collected in the spring from 793 families.

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



43% of the children have experienced trauma

14% have experienced multiple traumatic situations

n=793

It is encouraging to note that most (73%) parents with mental health issues have received treatment services. By contrast, just over half (56%) of parents with substance abuse issues have received counseling or treatment services.

Of the 38 children whose families have had involvement with CPS, 20 are currently wards of the state. Of note, 108 Sixpence parents have been a ward of the state and nine parents still have this status.



Child Demographics

Sixpence served slightly more males (52%) than females (48%). A total of 13% of the children received special education services through Nebraska’s Early Development Network. The majority of the children (71%) were under the age of one at the time of entry into Sixpence.

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



What was the retention rate of families in the program?

The Sixpence retention rate was **83%**

Sixpence has a strong record of retaining families in the program. In 2017-2018, 83% of the families stayed in the program through June 30, 2017, or until their child aged out of the program. Of the 179 children who left the program prematurely, most (63%) 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 (37%) or poor attendance (21%).



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I like how I can be myself around my home visitor. I can share things that I can't even tell my parents. It's nice to be cared about by someone other than my family.

A Sixpence parent

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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 and family home language on child and family outcomes.

Analyses

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



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If I ever have a question about anything I need, or need to locate, or get more information for, or need help filling something out, my home visitor is always there to help me so I don't panic about not getting it done.

A parent reflects on Sixpence

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Program Quality Outcomes

What was the quality of center-based services?

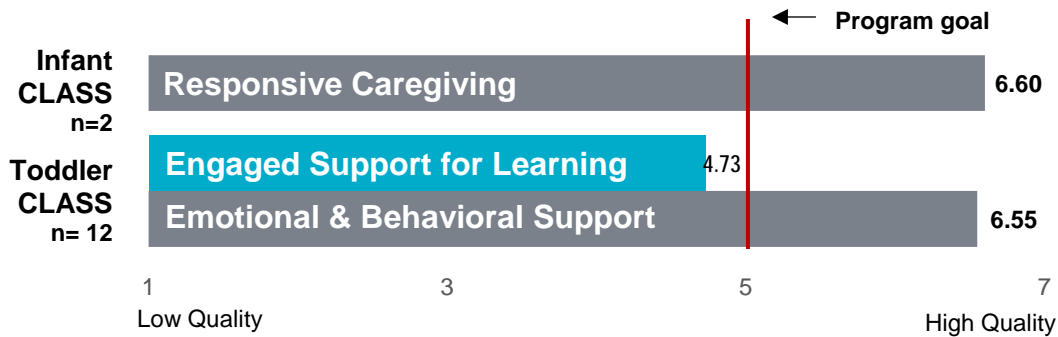
Two tools were chosen to evaluate the quality of Sixpence classrooms, the Classroom Assessment Scoring System (CLASS) and the Infant/Toddler Environment Rating Scales-Revised (ITERS-R). The CLASS “is a rating tool that provides a common lens and language focused on what matters—the classroom interactions that boost student learning” (LaParo, Hamre, & Pianta, 2012). The ITERS-R assesses classroom quality with a focus on classroom structure, activities, and play materials. New teachers were assessed using the ITERS-R. A random sampling of half of the veteran teachers (or a minimum of two classrooms for smaller programs) who had met the program quality benchmarks on the ITERS-R 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 classroom activities across staff members throughout a morning period. 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 7 indicating highest quality. The quality program benchmark is a score of 5 or higher. The CLASS results for 14 classrooms are presented below.

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

Engaged Support for Learning was of moderate quality.



Sixpence classrooms demonstrated high quality in the area of teacher-child relationships. The teachers were consistently warm, responsive, flexible, and supportive towards children with 100% of the classrooms meeting the program quality benchmark. 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, but more than one third (42%) of the classrooms met the program benchmark of 5 in this area. This is similar to last year’s results.

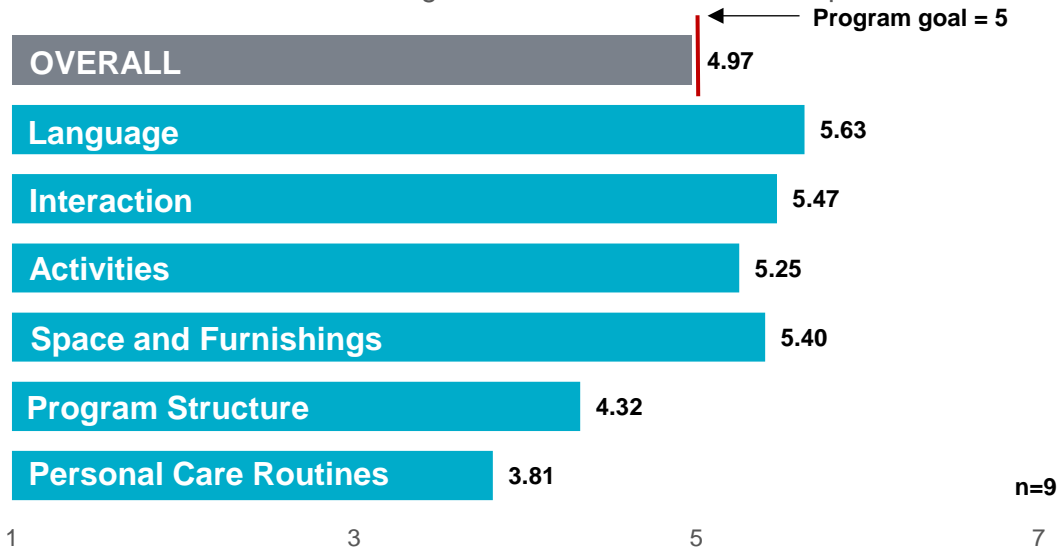
In the area of social-emotional support, **100%** of classrooms met the quality benchmark

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

The ITERS-R assessment was conducted in classrooms with a new teacher or a new setting, or in classrooms that had not met the quality benchmark in the previous year. The tool 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-R subscale and overall averages for nine classrooms. The program goal is a score of 5 overall.

Sixpence classrooms have high quality practices in supporting language development, interacting with the children, play activities and the environment.

Personal Care Routines and Program Structure are areas for improvement.



On average, Sixpence classrooms continued to rate highly on the ITERS-R and consistently demonstrated high quality practices in almost every subscale, with the exception of Program Structure and Personal Care Routines. Average overall ratings fell slightly below the program benchmark; however, the majority (67%) of classrooms met the program benchmark for the overall score. The majority of classrooms demonstrated high-quality practices in the areas of Language (78%), Activities (78%), Interaction (67%), and Space and Furnishings (78%). Ratings in these areas indicate many teachers engaged children in interactions to foster understanding and language development, interacted with children in a responsive manner, encouraged peer-to-peer interactions, and provided adequate space and furnishings for daily routines and activities.

Slightly more than half (55%) of programs demonstrated high quality practices in Personal Care Routines. This area measures how classrooms utilized hygienic, healthful, and safe practices during daily routines such as mealtime, naptime, and diapering/toileting. Few programs (22%) demonstrated quality practices in the area of Program Structure, which assesses the daily schedule, the amount of time children engage in both free play and group activities, and provisions for children with disabilities during classroom activities. Personal Care Routines and Program Structure are areas that could be targeted for improvement, and these identified areas are consistent with the identified areas of need last year.

For the Overall score,
67% of classrooms
met the quality
benchmark



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 home visitor 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.

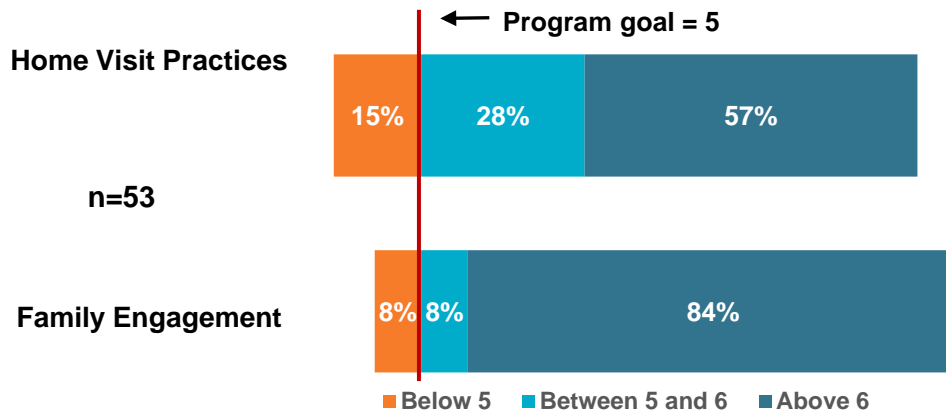
The results are reported in two domains. The first domain, Home Visit Practices, measures the home visitor's responsiveness to the family's strengths and culture, how the visitor builds relationships with the family, the effectiveness of the home visitor at facilitating and promoting positive parent-child interactions, and non-intrusive approaches utilized by the visitor to 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 2017-2018, HOVRS- A+ v 2.1 data were available for 53 of the 55 Sixpence home visitors. The results indicated that most (85%) home visitors met the program quality benchmark (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; most families (92%) were highly engaged during the home visit. The following graph shows home visit quality results in three scoring ranges. Scores of 5 and above met the program goal.

Most home visitors met the program goal for implementing high-quality home visit practices, and the majority scored 6 or above.

Nearly all families were highly engaged during home visits.



As shown in the following chart, the average scores in 2017-2018 for the Home Visit Practices and Family Engagement domains exceeded the program quality benchmark of 5.0. The average Home Visit Practice score was 5.79 and the average Family Engagement score was 6.45.

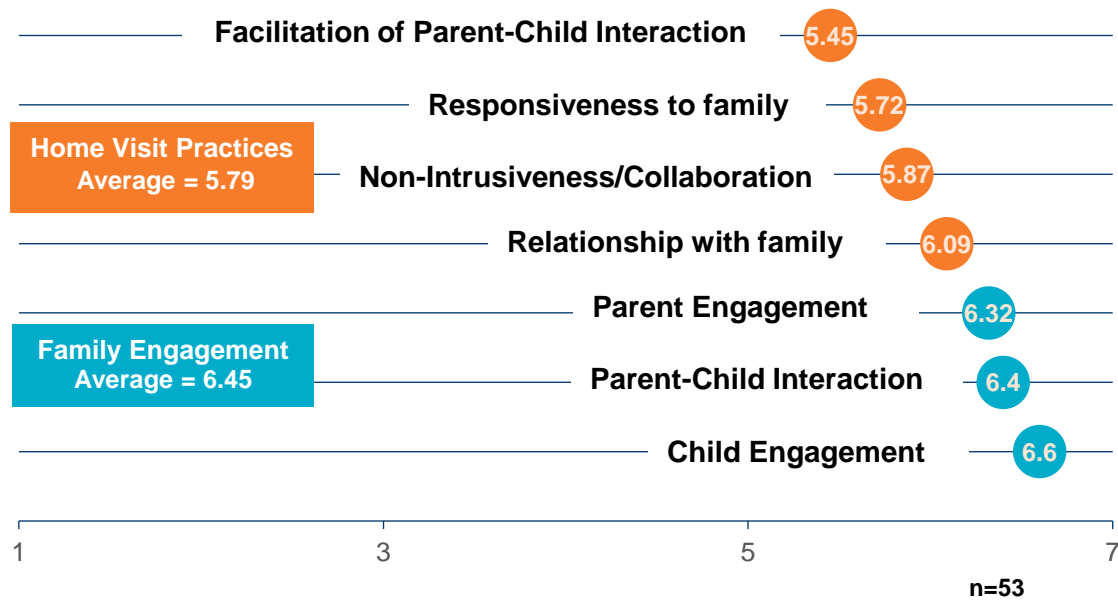
In the Home Visit Practices domain, the average ratings on all subscales met the Sixpence quality benchmark. Home visitors showed the greatest strength in building relationships with families. A high rating

on this scale indicates the home visitor and family are frequently engaged in warm, positive behaviors during the home visit, and the home visitor shows respect and understanding of the family as a whole.

In the Family Engagement domain, the average ratings on all subscales met 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.

Home Visitors incorporated high-quality home visit practices when working with families.

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



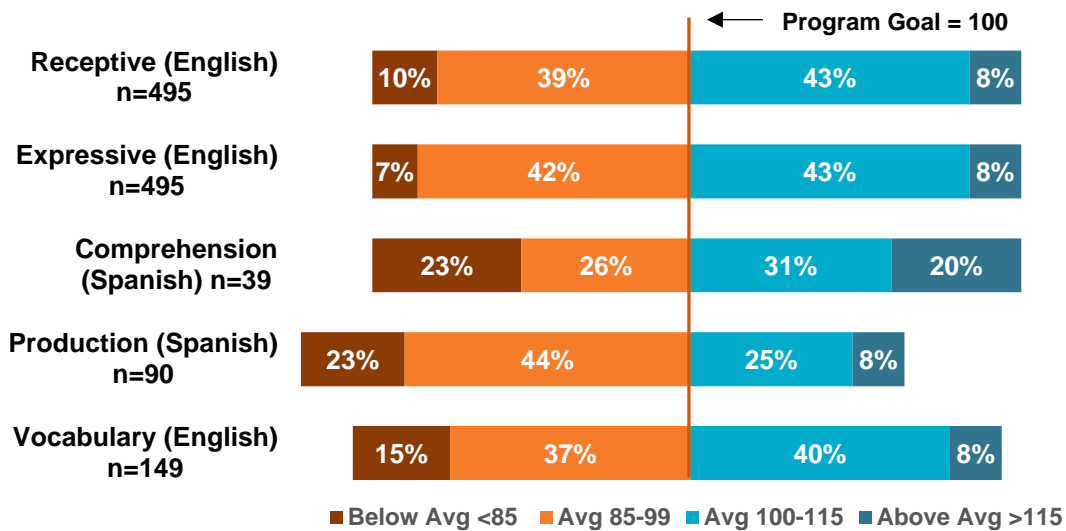
The results are reported in two ways. The first section shows language outcomes in the spring, reporting the percentage of children who met the program goal. The second section shows how average scores changed from time 1 to time 2 for children who had the assessment at two points in time.

Language results after a minimum of six months in Sixpence

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

The majority of the children met the program goal for Expressive and Receptive language in English and for comprehension in Spanish.

Almost half (48%) of the children met the program goal for vocabulary.



Just over half of the children (51%) met the program goal of scoring at or above the national average on the Receptive and Expressive language scales of the DAYC-2. These results are slightly lower than the previous year when 57% met the goal in receptive language and 53% met the goal for expressive language.

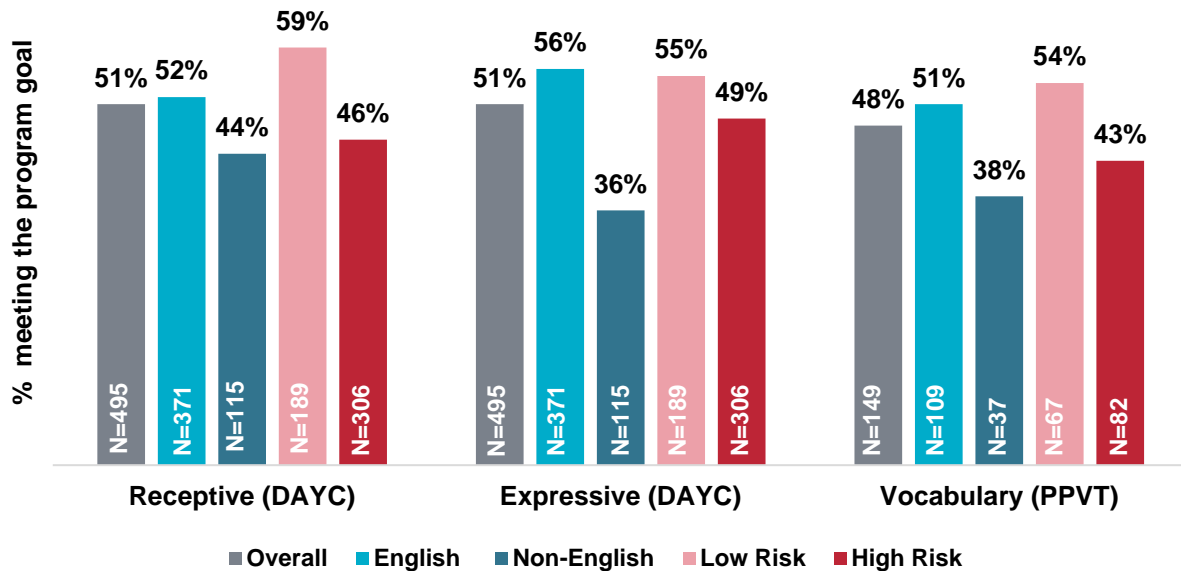
On the MacArthur Spanish language assessment, a slight majority (51%) of the children met the program goal for comprehension. Comprehension outcomes improved over the previous year when 44% met the goal. Fewer children (33%) met the goal for Spanish Production this year. Spanish language production outcomes declined from the previous year when 44% met the goal. Note that fewer children had these assessments completed because of the age limits: comprehension scale is for 8 to 18 months and the production scale is for 8 to 30 months.

This year, almost half (48%) of the children met the program goal on the PPVT-IV vocabulary assessment. This is a strong increase from the previous year when only 37% of the children met the goal. It is notable that 22 more children had the PPVT in this program year than last.

An additional analysis was done to compare the English language outcomes based on home language and risk factors. It is important to note that a number of children whose home language is not English were assessed with the DAYC-2 and the PPVT-IV which are English language assessments. Although program staff have the option to substitute the MacArthur Spanish language assessment for the DAYC-2 for children ages 8 to 30 months, they may decline to do so because the family also uses English and/or the child communicates well in English. For the PPVT-IV, 25% of the children assessed have a primary home language that is not English. For the DAYC-2, the rate is 24%. Low risk is defined as having up to two risk factors. High risk is defined as three or more.

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

By spring, children with fewer risk factors or whose home language is English, met the program goal at a higher rate than those with 3 or more risk factors or whose home language is not English.



Across all three scales, Sixpence children who have fewer risk factors and/or use English as the primary home language had a higher rate of meeting the program goal, which is a standard score of 100, the mid-point of average. On both DAYC-2 scales, these children exceeded national norms, as 52% to 56% were at or above the national average. Children with low-risk had the strongest outcome on Receptive language where 59% met the program goal. The greatest gaps between groups appear in the Expressive language results. Children whose primary language is English met the program goal at a much higher rate (56% vs. 36%) than their peers who do not have English as the primary language in the home. Children’s results on Expressive language did not vary as widely based on a comparison of risk factors. Almost half (49%) of the children with three or more risk factors met the program goal, which is 6% points below children with fewer risk factors where 55% met the goal.

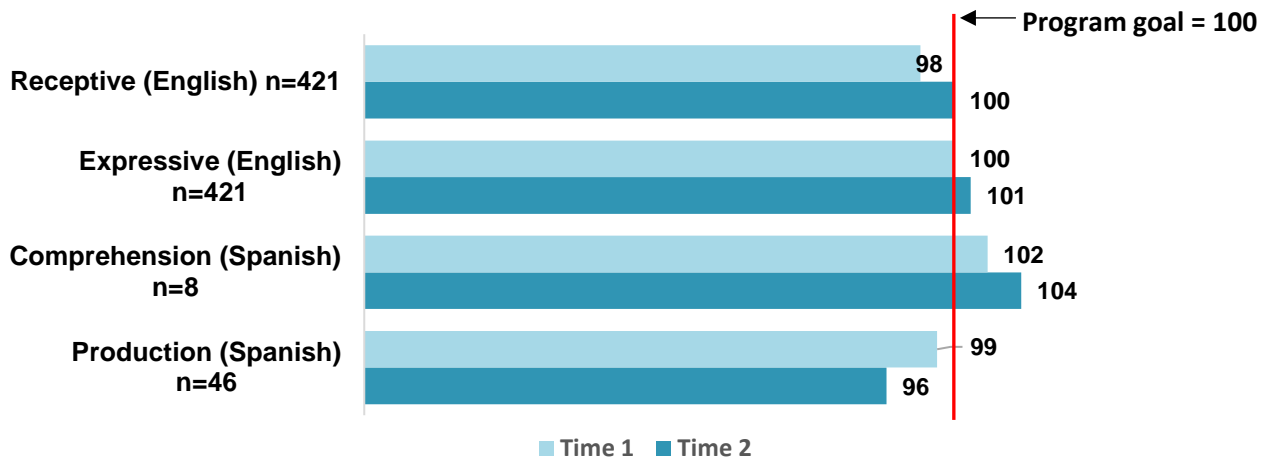
Overall, vocabulary outcomes showed a similar pattern to the results for Receptive and Expressive language. Children with fewer risk factors had the best outcomes, with 54% meeting the program goal.



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 2017, depending on when the child was old enough to have the assessment. All Time 2 scores were collected in the spring of 2018. Since the PPVT-IV is only completed at age 3, there is no data to track change over time; however, the overall average was 98, which is only 2 points below the program goal. The following chart shows the average scores at Time 1 and Time 2.

Average scores increased on all scales, except for Spanish production from Time 1 to Time 2.



For every area except Spanish production, average scores increased slightly over time and were at or above the mid-point of average by spring. Spanish production scores decreased over time and were four points below the mid-point of average by spring. The average changes from Time 1 to Time 2 ranged from 1 to 3 points. The number of children with MacArthur scores was low because of the age restrictions of the tool, which only assesses children from 8 to 30 months of age.



“

We love Ms. S. She is an amazing teacher. I think the best thing about this program is having her as a teacher! She is truly the best.

A Sixpence parent

”

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 and family home language on the language outcomes. The analysis could not be completed for the MacArthur because of the small sample size.

Receptive Language – English

Approximately 16% of the variability in Receptive language was due to the program site, indicating that the Receptive language scores were different across sites. There was no significant change from time 1 to time 2.

Risk and family home language were significant predictors of Receptive language scores. Children with three or more risk factors scored significantly lower on Receptive language than children with only one or two risk factors ($p < .001$). Children at a higher risk scored 2.07 points lower on average than lower risk children (2 or fewer risk factors). Children with a home language that was not English scored significantly lower than children whose home language was English ($p < .05$). They scored 2.02 points lower on average than children whose primary home language was English.

Expressive Language – English

Approximately 11% of the variability in Expressive language was due to program site, indicating that the Expressive language scores were different across sites. There was no significant change from time 1 to time 2. However, risk was a significant predictor of Expressive language scores. Children with three or more risk factors scored significantly lower on Expressive language than children with only one or two risk factors ($p < .001$). Children at a higher risk scored 1.64 points lower on average than lower risk children (2 or fewer risk factors).

Family home language did not predict Expressive language outcomes.

Language outcomes did not show significant change over time

Children with three or more risk factors had significantly lower language scores

Children whose home language was not English had significantly lower Receptive language scores

Family home language did not predict Expressive language scores

Home Literacy Practices

A survey of literacy practices in the home found that:

76% of parents read to their children at least 3 times a week

38% read to their children every day

83% of families have more than 10 children's books in their home, and for 74% of the families, at least half of the books are in their home language

60% of parents play games or sing with their children every day



What were the children’s social-emotional outcomes?

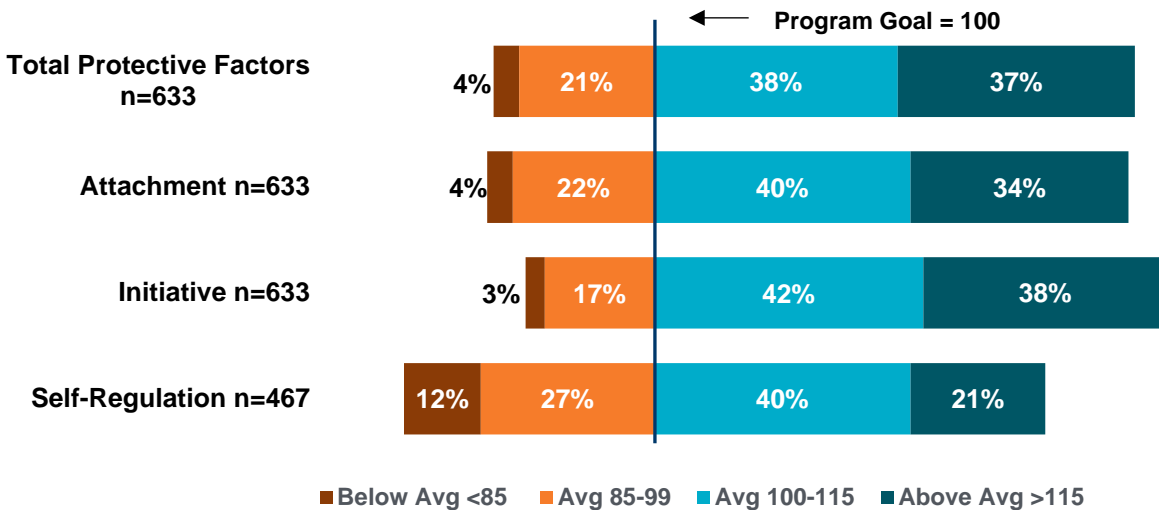
Parents or classroom teachers completed the Devereux Early Childhood Assessment (DECA), a standardized social-emotional assessment that measures children’s Total Protective Factors overall and in three subscales: Initiative, Attachment, and Self-Regulation. Fewer children have a score for Self-Regulation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

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

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

Fewer children met the goal in Behavior Concerns and Self-Regulation.



By spring, large percentages of children met the program goal for social-emotional skills. In the areas of Attachment, Initiative, and Total Protective Factors, 74% to 80% of the children scored at the mid-point of average or above. Fewer children, though still a majority (61%) met the goal for Self-Regulation. It is notable that 12% 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.

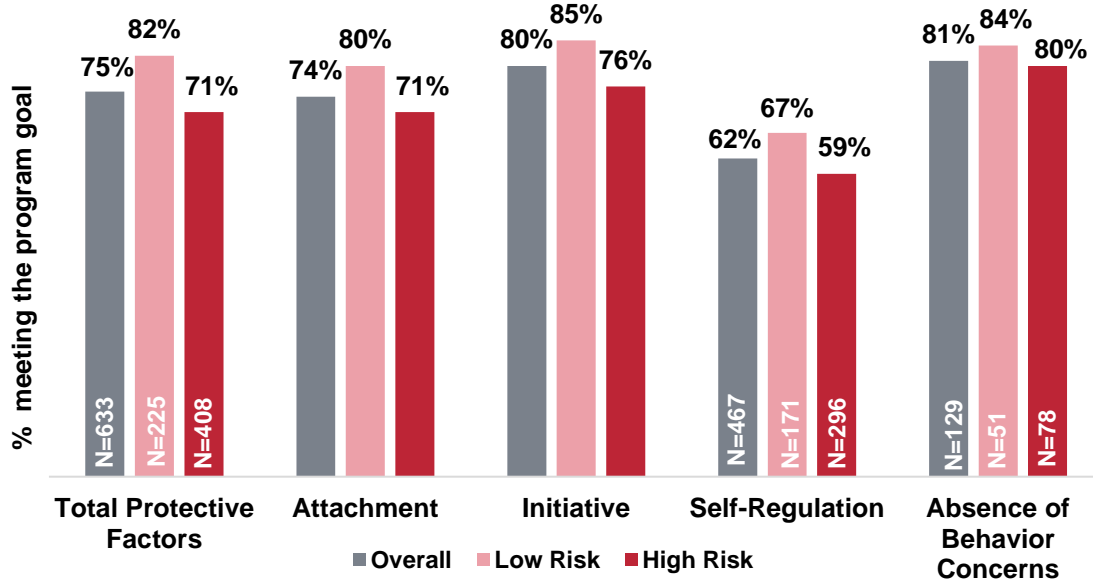
By spring, **75%** of the children met the program goal for social-emotional competencies

When children turn three, the DECA measures Behavior Concerns. A total of 129 were assessed with this scale and most (81%) did not have behavior concerns.

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

Across all social-emotional areas, children at higher risk were less likely to meet the program goal than children at lower risk.

Children with high risk have the least competency in the area of Self-Regulation.

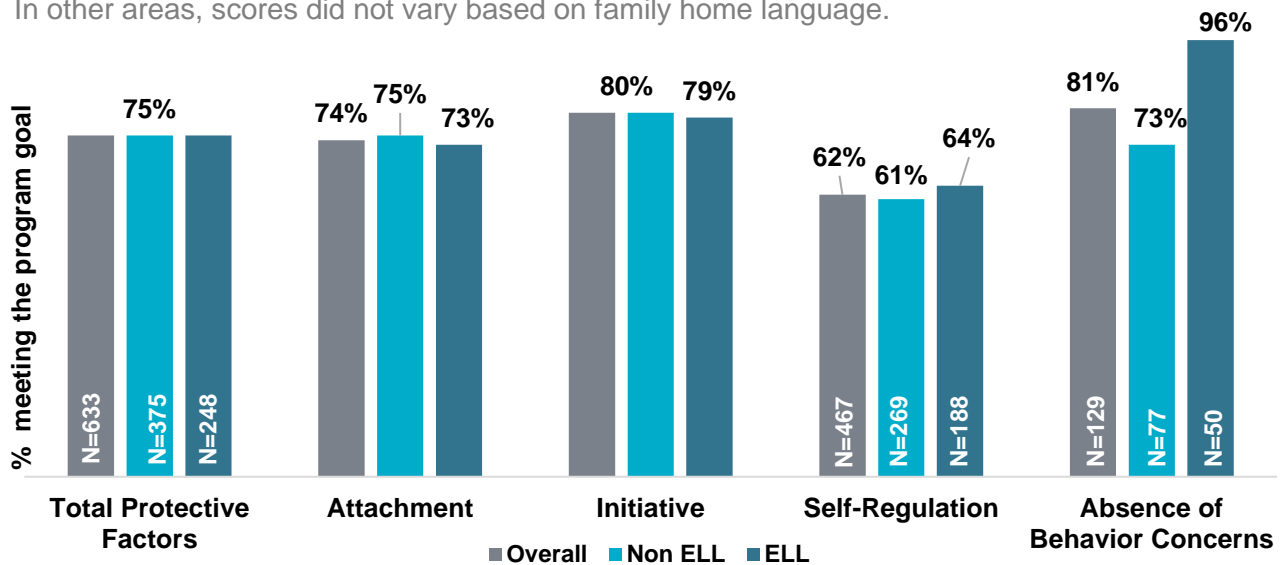


While the majority of children met the program goal for social-emotional competencies, children with fewer risk factors met the goal at a higher rate. These children outpaced their higher risk peers from four to 11 percentage points across the social-emotional competencies. Children at higher risk struggle the most with Self-Regulation where 59% met the program goal. More children (67%) at low risk met the goal.

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

In the area of Absence of Behavior Concerns, far more children whose home language was not English met the program goal.

In other areas, scores did not vary based on family home language.

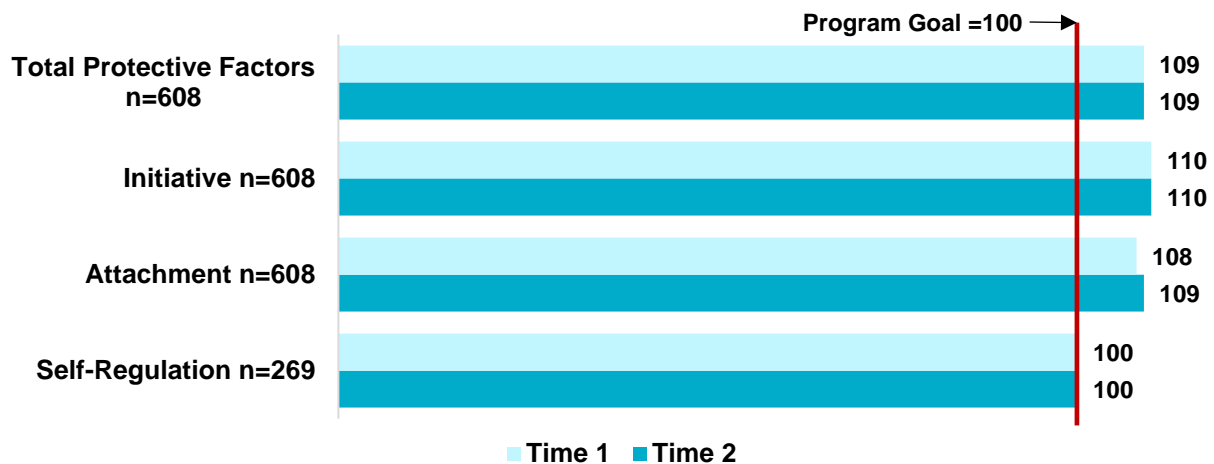


An analysis comparing the children’s social-emotional outcomes based on home language found minimal differences between the two groups. For Total Protective Factors, Attachment, and Initiative, the results were nearly the same regardless of home language with large percentages of children meeting the program goal. Fewer children met the program goal in Self-Regulation but the children whose home language is not English met the goal at a slightly higher rate (64% compared with 61%). The greatest difference between the two groups was in the area of Absence of Behavior Concerns. Nearly all (96%) of children whose home language is not English met the goal compared to 73% of children whose home language is English.

Change in social-emotional skills over time

An analysis was done to measure children’s social-emotional development over time. A total of 608 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 four areas. Absence of Behavior Concerns results are not reported because only ten children had results at two points in time.

On average, the children were on target for social-emotional competencies.



On average, Sixpence children scored at or above the national mean for social-emotional competencies over time. Scores were stable over time.

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 and family home language. The analysis could not be completed for the Absence of Behavior Concerns subscale because of the small sample size.

Total Protective Factors

Approximately 25% of the variability in Total Protective Factors was due to the program site, indicating that the scores were different across sites. There was no significant change in scores from time 1 to time 2. Risk was a significant predictor of Attachment scores. Children with three or more risk factors scored significantly lower on Total Protective Factors than children with only one or two risk factors ($p < .001$). Children at higher risk scored 1.45 points lower on average than lower risk children.

Family home language did not predict Total Protective Factor scores.

Attachment

Approximately 24% of the variability in Attachment was due to the program site, indicating that the scores were different across sites. There was no significant change in the attachment scores from time 1 to time 2. Risk was a significant predictor of Attachment scores. Children with three or more risk factors scored significantly lower on Attachment than children with one or two risk factors ($p < .01$). Children at higher risk scored approximately 1.58 points lower on average than lower risk children.

Family home language did not predict attachment scores.

Initiative

Approximately 23% of the variability in Initiative was due to program site, indicating that the scores were different across sites. There was no significant change in scores from time 1 to time 2. Risk was a significant predictor of Initiative scores. Children with three or more risk factors scored significantly lower on Initiative than children with one or two risk factors ($p < .01$). Children at higher risk scored on average 1.31 points lower.

Family home language did not predict initiative scores.

Self-Regulation

The analysis did not find significant changes from time 1 to time 2 for this subscale. Neither risk nor family home language predicted Self-Regulation scores.

**Children's social-emotional
competencies did
not show
significant change
over time**

**Children with three or more
risk factors had
significantly lower
Total Protective Factors,
Attachment,
and Initiative scores**

**Home language
did not predict
social-emotional outcomes**

“

I like that if I'm having difficulty with how to teach my child (like potty training) she will bring special information to help give me new ideas. I also like the different activity every time she comes.

A parent reflects on Sixpence

”



What were the children’s developmental outcomes?

Teaching Strategies (TS) GOLD, an authentic developmental assessment, was adopted by the Nebraska Department of Education to assess all children receiving services in school district funded programs. The child outcome areas include cognitive, language, physical, social-emotional, literacy, and math. TS GOLD established widely held expectations for each age group. These expectations include the skills that children at a given age group would obtain based on research in the field. Assessments were completed on an ongoing basis. For this report, spring checkpoint data were analyzed to monitor children’s progress towards achieving widely held expectations. Data for this report was collected for all children [i.e., typically developing (90%) and those with IFSPs (10%)]. A total of 674 children had assessment data collected in the spring.

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

Slightly lower percentages of children were meeting expectations in math.



n=674

% of Children meeting Widely Held Expectations

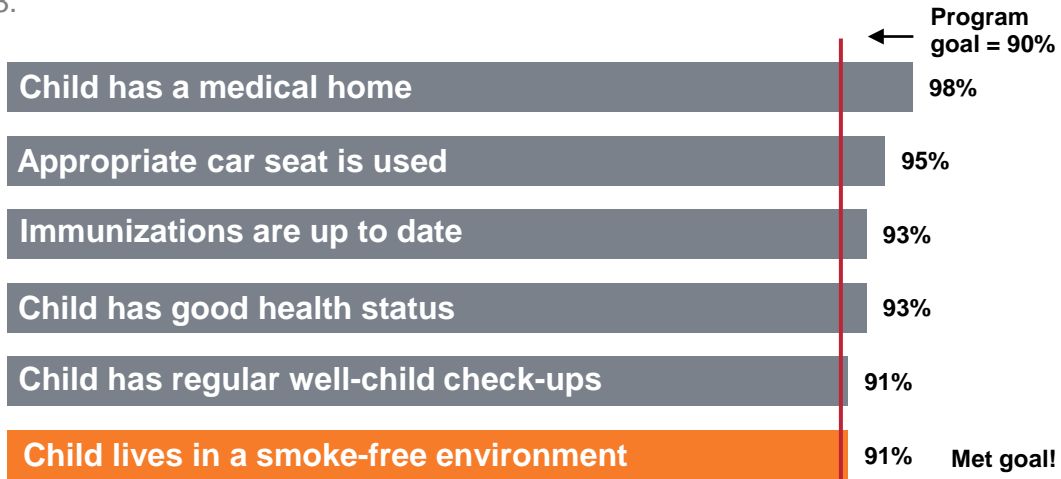
The majority of the children were meeting widely held expectations across all developmental areas. Strengths were in the areas of physical, cognitive, and social-emotional competencies. Fewer children met expectations in math.

Health Outcomes

What were the children's health outcomes?

Nearly all of the children met every Sixpence health indicator.

Sixpence immunization rates were 19 points above the state rate of 74% for children birth to age 3.



n = 793

In the spring, health and risk factor updates were collected for 793 families. Results indicate that in every 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, 7% had a chronic medical condition such as asthma. This is the second year since collecting smoke exposure data that Sixpence met the goal of 90% of children being in a smoke-free environment. Nearly all (93%) of the Sixpence children are up to date with their immunizations. This is much higher than the Nebraska rate of 74% (Centers for Disease Control, 2015).

Access to health insurance

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

95% of families report having health insurance

72% use Medicaid

14% have private insurance

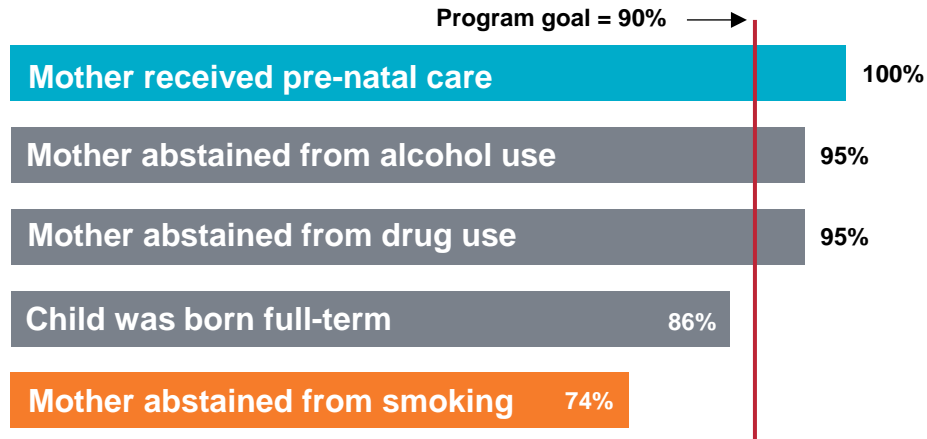
5% use a combination of public and private insurance



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

All of the pregnant mothers received consistent prenatal care.

Smoking abstinence rates fell short of the program goal.



n=42

During the program year, 78 babies were born to mothers participating in Sixpence. A total of 42 mothers completed the prenatal health survey. Survey results should be treated with caution since just over half (54%) of the mothers completed the prenatal health survey.

Results indicate that Sixpence mothers engaged in a number of healthy practices to promote the health of their infant. All Sixpence mothers received consistent pre-natal care. Most (95%) of the mothers abstained from risky behaviors while pregnant. The majority (86%) of the babies were born full-term with healthy birth weights. The area of prenatal health that falls farthest below the program goal is the rate of mothers (74%) who abstain from smoking while pregnant.

Most (83%) new mothers served by Sixpence initiated breast feeding, which surpassed the rate for Nebraska mothers which was 81% (National Center for Chronic Disease Prevention and Health Promotion, 2016). However, only two mothers reported nursing their babies for at least six months of age, which is a rate of 6%. This is much lower than the Nebraska rate, where 50% of mothers breast feed their babies for six months (National Center for Chronic Disease Prevention and Health Promotion, 2016).

83% of the mothers initiated breast feeding but only 6% nursed for at least six months.

Family Outcomes

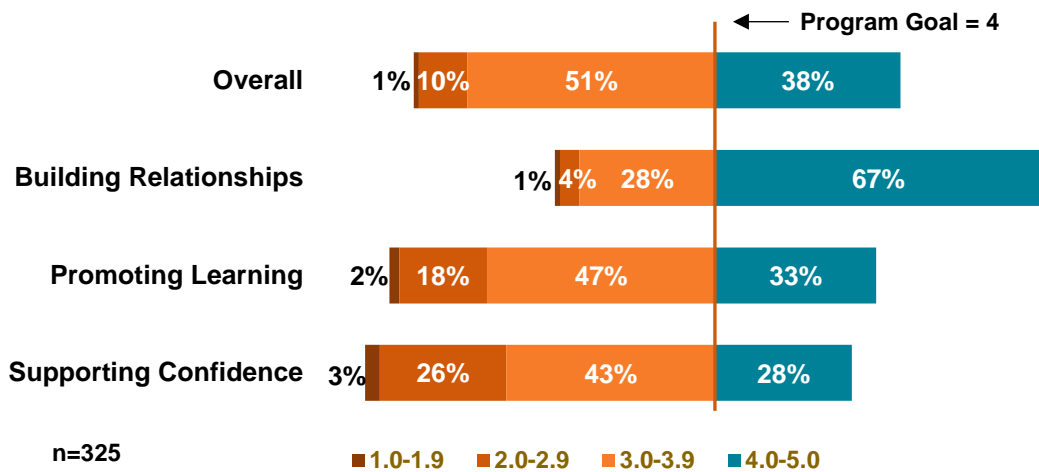
What were the outcomes for parent-child interactions?

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 being high quality.

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

The following chart presents the parent-child interaction results in the spring for 325 families. The program goal is a score of 4.

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



Sixpence families demonstrated strong skills in building relationships with their children. The majority (67%) met the program goal by spring. Areas for improvement include Promoting Learning and Supporting Confidence where 33% and 28% of the families met the goal respectively.

“

Home visitng can be done in my home where we are at our most comfortable and real selves.

A parent reflects on Sixpence

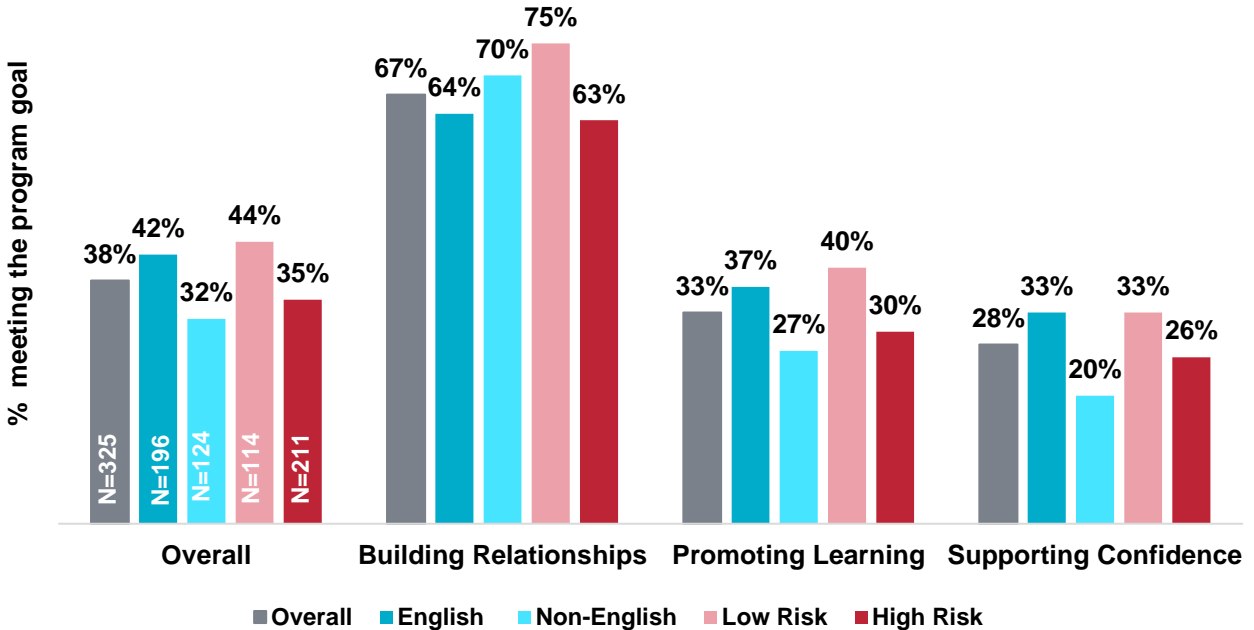
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The following chart compares the percentage of parents meeting the program goal based on primary home language and risk factors for KIPS Overall, Building Relationships, Promoting Learning, and Supporting confidence.

Parents whose primary language was not English met the program goal in Building Relationships at a higher rate.

In all other areas, families whose primary language is English and those with fewer risk factors met the program goal at a higher rate.



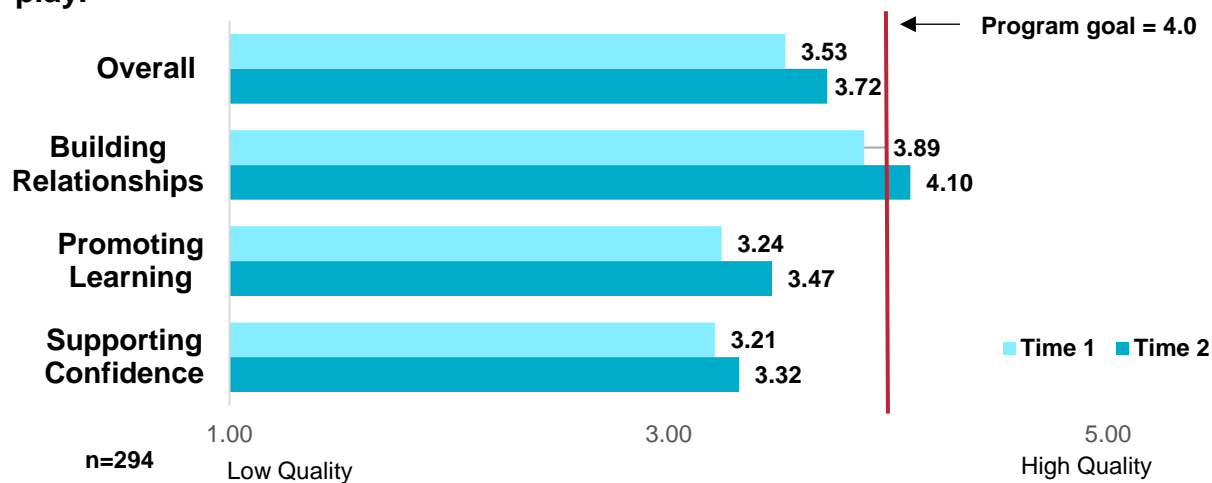
For KIPS Overall scores, more parents met the program goal if they were low risk or had English as the primary language in the home. These results were similar for the subscales of Promoting Learning and Supporting Confidence. For Building Relationships, parents whose home language was not English met the goal at a higher rate (70% vs. 64%). Lower risk families scored higher in this subscale than parents at high risk.

Change in parent-child interactions over time

An analysis was done to measure parent-child interactions over time. A total of 294 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 increased the quality of their interactions with their children across time. Their greatest strength was in building relationships through play.



Sixpence families demonstrated strong skills in building relationships with their children. Average scores exceeded the program goal in this area. Overall, Time 2 average KIPS scores approached the program goal of a 4.0. Parents demonstrated more moderate skills in the other subscales, but average scores were still in the upper range of “good” quality.

An HLM analysis was done to compare the change in parent-child interaction 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 and family home language on parent-child interactions.

Overall

Approximately 2% of the variability in the Overall KIPS score was due to the program site, indicating that there was minimal variability in scores across sites. A significant change was found in Overall KIPS scores when controlling for low/high risk and for family home language ($p < .001$). Overall KIPS scores improved significantly from time 1 to time 2. Family risk was a significant predictor of Overall KIPS scores. Families with low risk averaged .16 points higher ($p < .01$).

Family home language did not predict the Overall KIPS score.

Building Relationships

Approximately 2% of the variability in Building Relationships was due to the program site, indicating that there was minimal variability in scores across sites. A significant change was found in the Building Relationships subscale when controlling for low/high risk and for family home language ($p < .001$). Building Relationships scores improved significantly from time 1 to time 2. Risk was a significant predictor of Building Relationships scores. Families with

Across all subscales parent-child interaction scores improved significantly from time 1 to time 2

Families at low risk had significantly higher scores across all subscales

Home language was not a significant predictor of Building Relationships or Overall scores



low risk scored significantly higher on Building Relationships than families with three or more risk factors ($p < .05$). Families at lower risk scored .12 points higher on average.

Family home language did not predict outcomes in this subscale.

Promoting Learning

Approximately 8% of the variability in Promoting Learning was due to the program site, indicating that scores were different across sites. A significant change was found in Promoting Learning scores when controlling for low/high risk and for family home language ($p < .001$). Promoting Learning scores improved significantly from time 1 to time 2. Family risk and home language were significant predictors of Promoting Learning scores. Families with low risk averaged .24 points higher ($p < .001$). Families whose home language was English, averaged .19 points higher ($p < .01$).

Families whose home language was English had significantly higher Promoting Learning and Supporting Confidence scores

Supporting Confidence

Approximately 3% of the variability in Supporting Confidence was due to the program site, indicating that there was minimal variability in scores across sites. A significant change was found in Promoting Learning scores when controlling for low/high risk and for family home language ($p < .05$). Supporting confidence scores improved significantly from time 1 to time 1. Family risk and home language were significant predictors of Promoting Learning scores. Families with low risk averaged .14 points higher ($p < .05$). Families whose home language was English, averaged .24 points higher ($p < .001$).

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 582 parents completed the PFS with at least six months of service.

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It helps with your child's development and it helps young parents become more knowledgeable about opportunities and how to take care of a child.

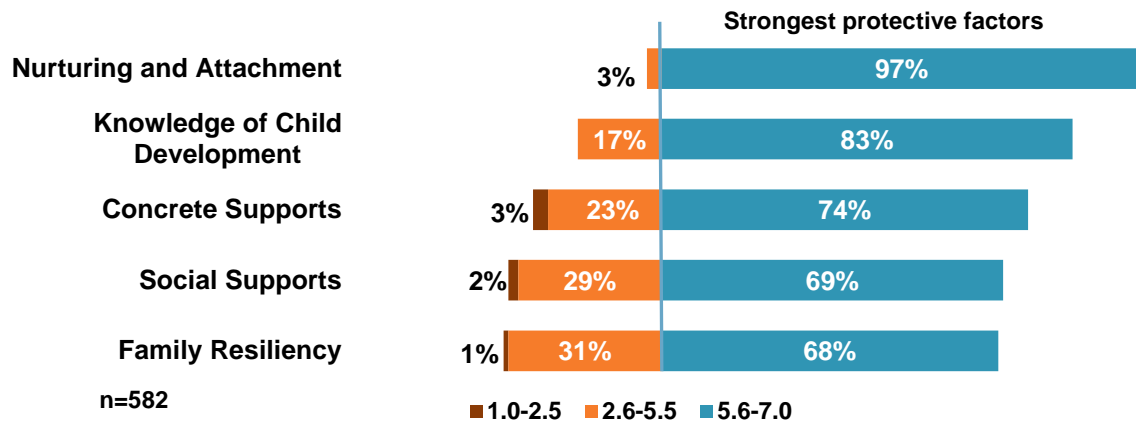
A parent reflects on Sixpence

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

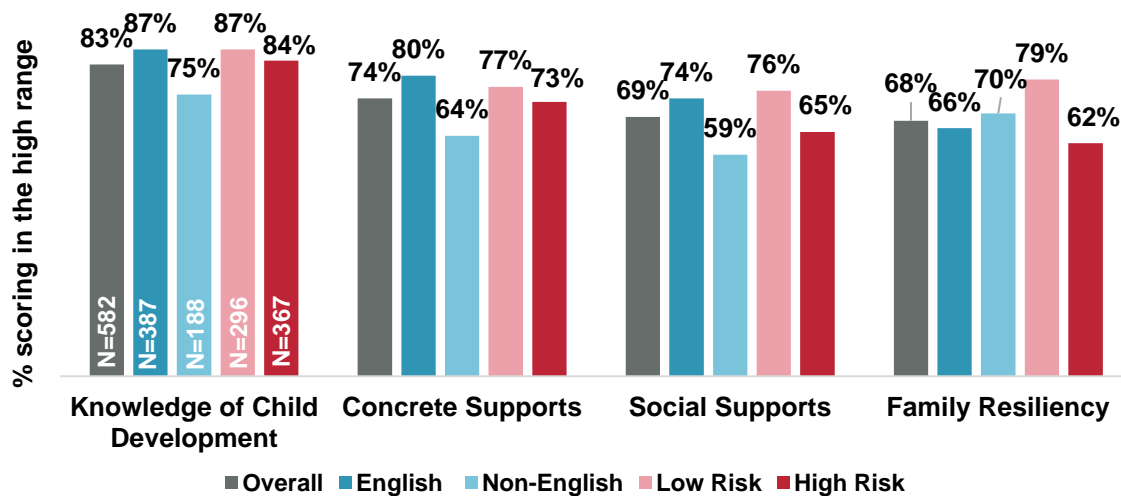
Results were not as strong in the areas of Family Resiliency and Access to Social Supports.



Sixpence families had strong protective factors across all subscales after six months in the program. 97% of all families had scores in the upper range for Nurturing and Attachment. Most parents demonstrated strong protective factors in the areas of Knowledge of Child Development and access to Concrete Supports, scoring 83% and 74% respectively. While a majority of parents scored in the upper range of Social Supports and Family Resiliency, over a quarter of them fell in the mid-range or below. Programs may want to utilize these two areas of the PFS tool to help improve protective factors.

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

Families whose home language was English had a higher rate in meeting the program goal in three of the four scales, but non-English language families met the goal more often in Family Resiliency.



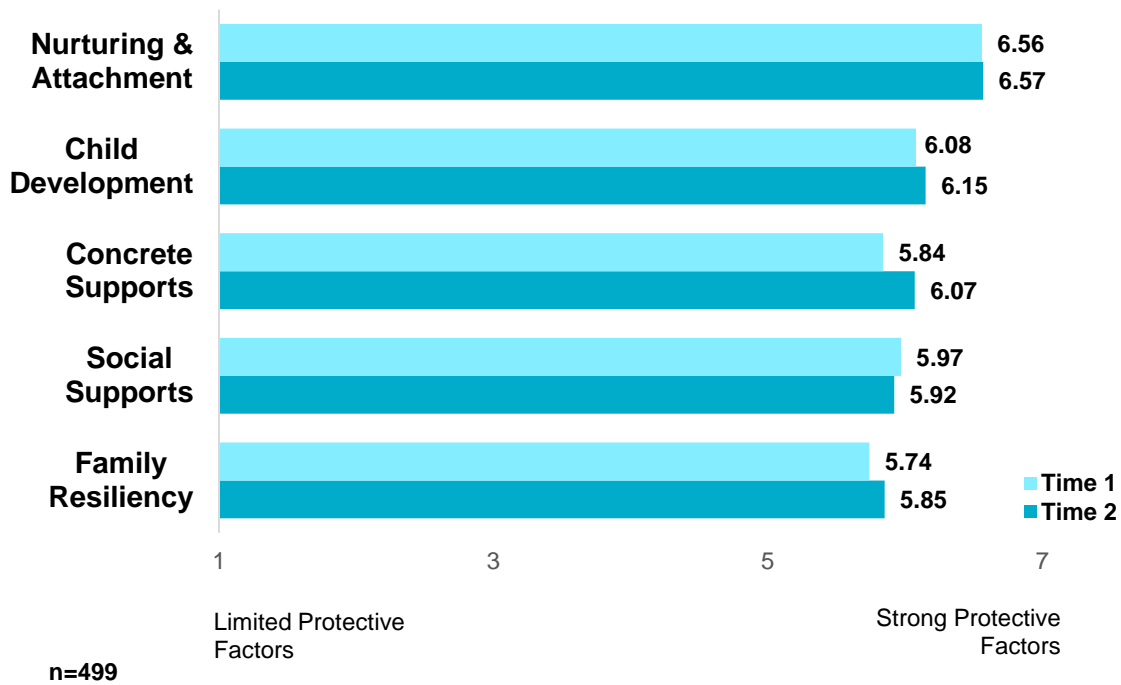
Families where English is the primary home language scored in the upper range more frequently in the areas of Knowledge of Child Development and access to Concrete Supports and Social Supports. Non-English families had higher PFS scores for Family Resiliency. In the case of risk factors, families at low risk had higher percentages scoring in the high range across all areas.

Change in parents' protective factors over time

An analysis was done to measure parents' protective factors over time. A total of 499 families completed the assessment at two points in time with a minimum interval of six months. The following chart shows average scores on each subscale over time.

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

Concrete Supports increased the most.



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 .23, which is a small difference on a 7 point scale.

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 and family home language. This methodology controls for the variability from program to program and for the shared variance within the same program.

Family Resiliency

Approximately 3% of the variability in Family Resiliency was due to the program site, indicating that there were minimal differences in across site score differences. No significant change was found in Family Resiliency scores over time when controlling for low/high risk and family home language. Family risk was a

significant predictor of Family Resiliency scores. Families with low risk scored significantly higher ($p < .001$), averaging .41 points higher.

Home language did not predict Family Resiliency outcomes.

Nurturing and Attachment

Approximately 6% of the variability in Nurturing and Attachment was due to the program site, indicating there were some differences in scores across sites. No significant change from time 1 to time 2 was found for Nurturing and Attachment. Neither home language nor risk factors predicted outcomes in this subscale.

Social Supports

Approximately 4% of the variability in Social Supports was due to the program site, indicating that there were minimal differences in across site scores. No significant change was found in Social Supports scores across time when controlling for low/high risk and family home language. Neither home language nor risk factors predicted outcomes in this subscale.

Knowledge of Child Development

Approximately 2% of the variability in Knowledge of Child Development was due to program site, indicating minimal across site differences. A significant change was found from time 1 to time 2 when controlling for low/high risk ($p < .05$). Knowledge of Child Development scores increased significantly over time. Family home language was a significant predictor of Child Development Scores. Families whose home language was English scored significantly higher ($p < .05$), averaging .12 points higher.

Family risk did not predict Knowledge of Child Development outcomes.

Concrete Supports

Approximately 11% of the variability in Concrete Supports was due to the program site, indicating that there were some across site score differences. A significant change in Concrete Supports scores was found when controlling for low/high risk and for family home language. Concrete Supports scores increased significantly from time 1 to time 2. Family home language was a significant predictor of Concrete Supports ($p < .05$).

Families whose home language was English scored significantly higher ($p < .01$), averaging .26 points higher.

Family risk did not predict Concrete Support outcomes.

How did Sixpence impact parents' educational outcomes?

Sixpence tracks the educational outcomes for parents who enter the program without a high school diploma. In the fall of this program year, 420 Sixpence mothers did not have a high school diploma. By June, of the 250 mothers who reported on their educational status, 44% had earned their diploma or GED and 22% were still enrolled in high school or working towards a GED. Just over a third (34%) were no longer pursuing any education. In the fall of the program year, 320 fathers did not have a high school diploma. By June, of the 197 fathers who reported on their educational status, 33% had attained their diploma or GED, 13% were still working toward a diploma, and 54% were no longer pursuing any education.

Knowledge of Child Development and Concrete Supports improved significantly over time

Families at low risk had significantly higher scores in Family Resiliency

Families whose home language was English had significantly higher Knowledge of Child Development and Concrete Support scores



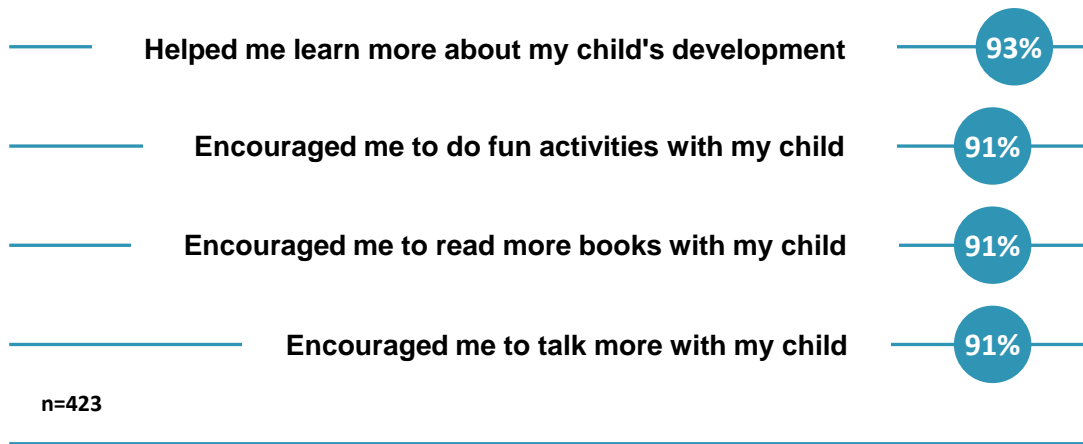
Results indicate that the **majority (66%) of mothers** obtained their high school diploma or were still on track to meet this goal. Nearly **half (46%) of the fathers** had similar success.

What did parents think about Sixpence?

In the spring, parents completed a satisfaction survey. Based on a 4-point Likert scale, parents rated how much they agreed or disagreed with ten statements about their experience in Sixpence. There were also two open-ended questions about the program’s strengths and suggestions to improve it.

Parents completed the survey anonymously and mailed it directly to the evaluation team at the Munroe-Meyer Institute. We received 423 surveys, which is a return rate of 45%.

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



79% of parents strongly agree that Sixpence has made them a better parent.

97% of parents strongly agree that their Sixpence provider cares about them and their child.

88% of parents strongly agree that their provider could help them find vital services such as transportation or medical care if they needed them.

96% of parents are very satisfied with Sixpence.

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? For most areas, the time in program did not result in significant differences in parent satisfaction. New families were just as enthusiastic about their Sixpence experience as those who had been participating for over two years. However, for three areas of the satisfaction survey, we found a statistically significant difference in the ratings based on the length of time the family has been in Sixpence. The longer parents were in Sixpence the higher they rated Sixpence in the following areas:

- **Encouraging them to read books:** The analysis of variance indicates that there are significant differences based on time in program, [F(3, 384)=4.150], $p=.007$]. The effect size was small, ($\eta^2=0.031$). A Tukey post hoc test revealed that parents in the program for one year ($3.93 \pm .262$, p

=.011) and two years ($3.93 \pm .281$, $p = .006$) rated this item higher than parents in the program for six months ($3.75 \pm .484$).

- **Benefitting their child:** The analysis of variance indicates that there are significant differences based on time in program, [$F(3, 384=3.137)$, $p=.025$]. The effect size was small, ($\eta^2=0.024$). A Tukey post hoc test revealed that parents in the program for two years ($3.95 \pm .298$, $p = .036$) rated this item higher than parents in the program for six months ($3.81 \pm .394$).
- **Helping them find vital services:** The analysis of variance indicates that there are significant differences based on time in program, [$F(3, 383=6.123)$, $p<.001$]. The effect size was small, ($\eta^2=0.046$). A Tukey post hoc test revealed that parents in the program for one year ($3.93 \pm .262$, $p = .001$) and two years ($3.91 \pm .311$, $p = .001$) rated this item higher than parents in the program for six months ($3.69 \pm .512$).

Parents rated these areas higher as they may have had more time to develop a strong and trusting relationship with their provider and to realize the benefits of the program.

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 **providers care about them and their children**. They appreciate the supportive teachers and home visitors.
- The **opportunity to learn and grow** as parents is highly valued.
- The **activities they do with their children** as part of Sixpence enrich their family life.
- The **focus on their children's development, the assessments, and the progress report** support their children's readiness for school.

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

- Offer **more social support groups for parents** and **at more varied times** to accommodate parent work schedules.
- Increase **parenting classes**. Suggested topics include parent literacy, behavior management, English classes, healthy cooking classes and breastfeeding support.
- Increase the number of **parent-child outings and activities** including inclusive holiday celebrations, outdoor learning, literacy activities, and activities for the whole family.
- **For center-based services**, a few parents requested more hours of service each day, more snack times, and fewer days out of school.



“

I love everything the kids learn. It is like they are in school. My kids love coming. My oldest was so prepared to go to school.

A parent reflects on 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, seven communities received CCP grants. The following programs were in their second year of the implementation: Falls City, Kearney, Chadron, Gering, and Sidney. Two communities, Auburn and Hastings, joined the CCP program this year. Demographic data in this report includes information about the Auburn and Hastings child cares but their program quality data is not included as we are still collecting baseline results. Their outcomes will be reported in the 2018-2019 report.

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

Provider and Child Demographics

Who were the providers in CCP?

During the 2017-2018 program year, 35 child care programs participated in CCP. Of these, 17 were child care centers and 18 were family child care home providers. By September, 2018, 33 programs remained in the program which is a retention rate of 94%. A total of 14 programs served families whose primary home language was not English.

Providers completed a demographic survey which included information about the educational background of the directors, teachers, and home providers. A total of 34 demographic surveys were completed from both centers and family child care homes.

The directors' highest level of education varied, but a high school diploma was the most common.

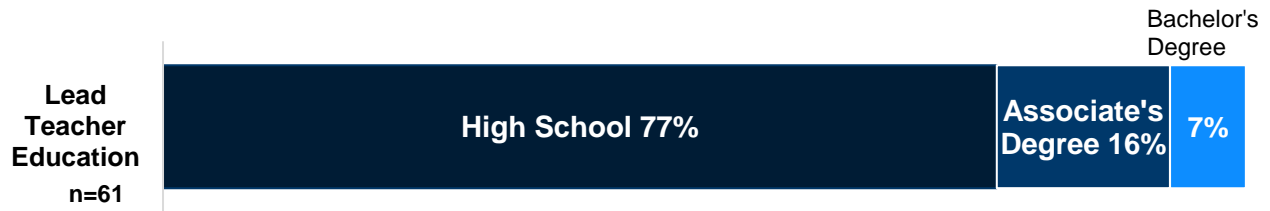


Most (80%) of the directors with post high school education had a degree in education, human services, or psychology.



Lead teacher education information was collected for 61 teachers who worked in center-based programs.

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



The majority (77%) had a high school diploma, 16% had an associate's degree and 7% had a bachelor's degree.

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 61 teachers across the 17 child care centers participating in CCP. The results indicate that the child care centers have fairly stable staffs; the majority (61%) of the staff have been with the centers for three or more years.

- 16% were in their first year of service
- 23% had been at the center 1 to 2 years
- 28% had been at the center 3 to 5 years
- 12% had been at the center 6 to 10 years
- 21% had been at the center more than 10 years

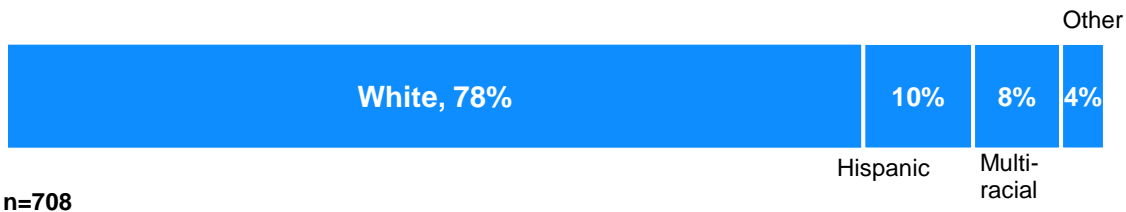
Child Demographics

CCP child care programs served 714 children. A goal of CCP is to partner with child care providers that serve children who are most at risk of failure in school. The risk factors include:

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

All of the child care providers accept child care subsidy for families that qualify. A total of 18% of the children qualified for child care subsidy which is an indicator of low-income. Child care programs completed a demographic survey that reported the race and ethnicity of 708 children.

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



CCP served slightly more males (52%) than females (48%). A total of 39 children received special education services through Nebraska’s Early Development Network. An additional 18 children were referred for evaluation. The majority (63%) of the children were toddlers and 37% were infants.

Evaluation Findings

What was the quality of the CCP child care programs?

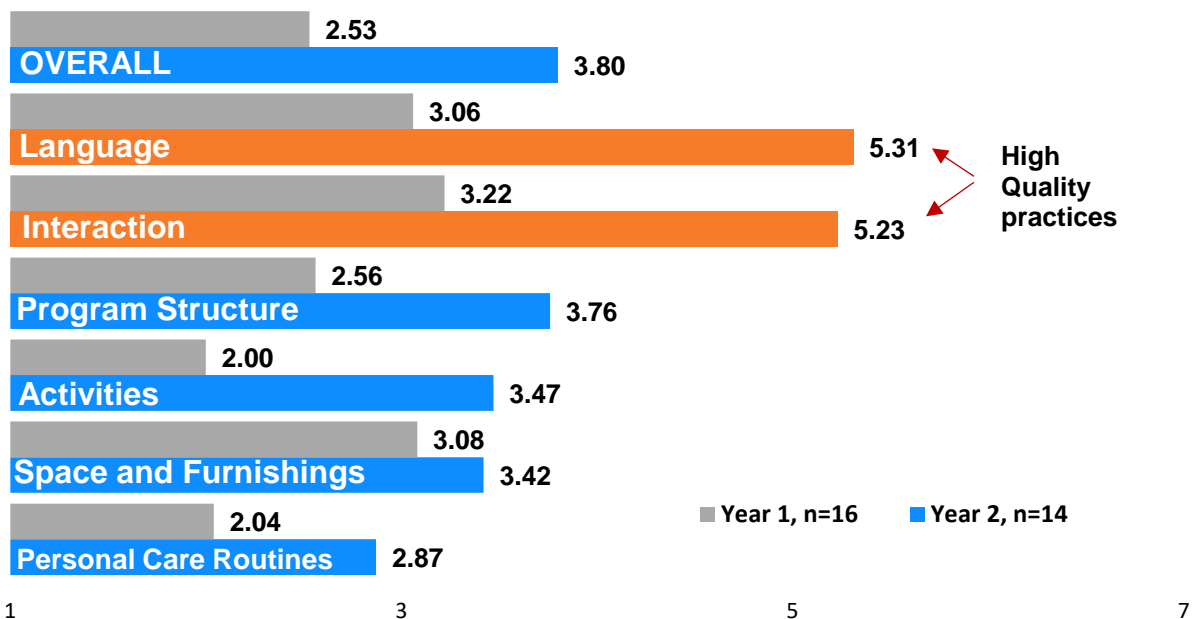
The evaluation team used two metrics to assess the quality of the child care programs participating in CCP. The first metric utilized a standardized observational environmental rating tool to measure the quality of the child care centers and family child cares at baseline. Programs were assessed in year 1 and year 2. 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.

Change in child care center program quality over time

An external reliable observer used the Infant/Toddler Ratings Scales-revised (ITERS-R) assessment to measure program quality in one infant and one toddler classroom in participating centers. The ITERS-R, based on a three-hour, in-person observation, is scored on a 7-point scale with 7 indicating highest quality. The following graph shows ITERS-R subscale and overall averages for a sampling of classrooms at year 1 (n=16) and year 2 (n=14). Note that teachers and classrooms may not be the same for the two observations because of teacher turnover and observations were completed on a sampling of up to two classrooms per center.

Center-based classrooms improved in every area, achieving highest quality in supporting language and interacting with children.

The Overall score was in the mid-range of quality.



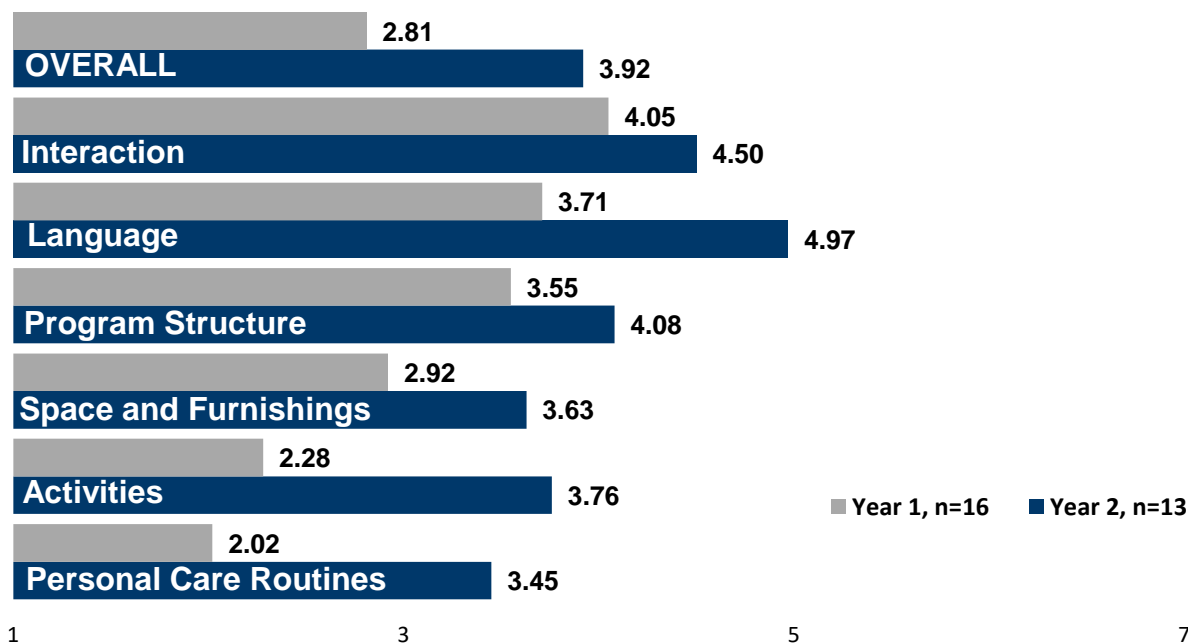
The ITERS-R results in year 1 and year 2 show that program quality increased across all areas. On average, programs achieved an overall score in the mid-range of quality. Overall scores ranged from a low of 2.48 to a high of 5.0. After two years of coaching, classrooms scored in the high quality range in two subscales: Language and Interaction and in the mid-range of quality for three subscales: Activities, Program Structure and Space and Furnishings. Lowest scores were in the area of Personal Care Routines. This item assesses healthful practices at meal time, nap time, and diapering. It also considers safety practices and greeting and departure routines.

Change in family child care home program quality over time

The quality of family child care programs was assessed using the Family Child Care Environmental Rating Scale (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. The following graph shows FCCERS-R subscale and overall averages at two points in time. The number of observations at year 2 is lower because of attrition.

Family child care providers improved in every area, achieving highest quality in supporting language and interacting with children.

The Overall score fell in the mid-range of quality.



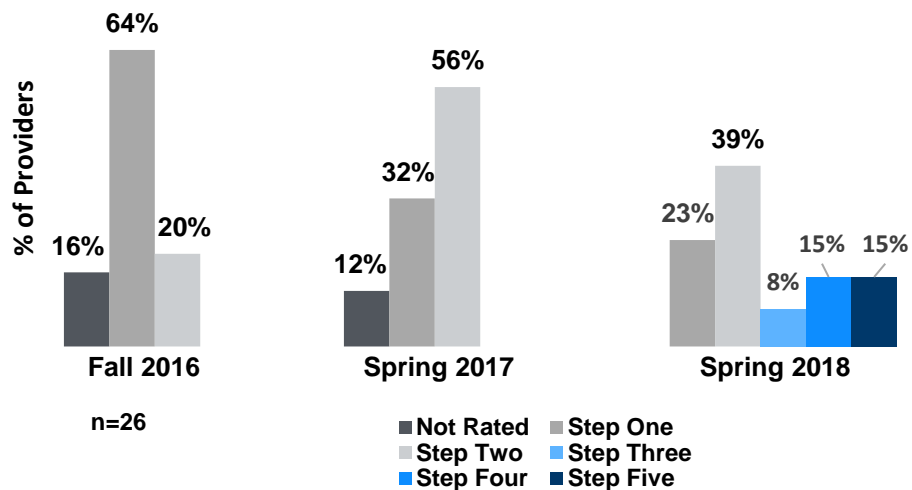
The FCCERS-R results at year 1 and year 2, show that program quality increased across all areas. On average, programs achieved an overall score in the mid-range of quality. Overall scores ranged from a low of 2.31 to a high of 5.39. After two years of coaching, family child care providers scored in the mid-range of quality in every area. They showed the greatest growth in the areas of Activities and Personal Care Routines.



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 how the providers progressed over the first two years in the program.

After two years of CCP coaching, 38% of providers met the Step Up to Quality goal of achieving a Step 3.



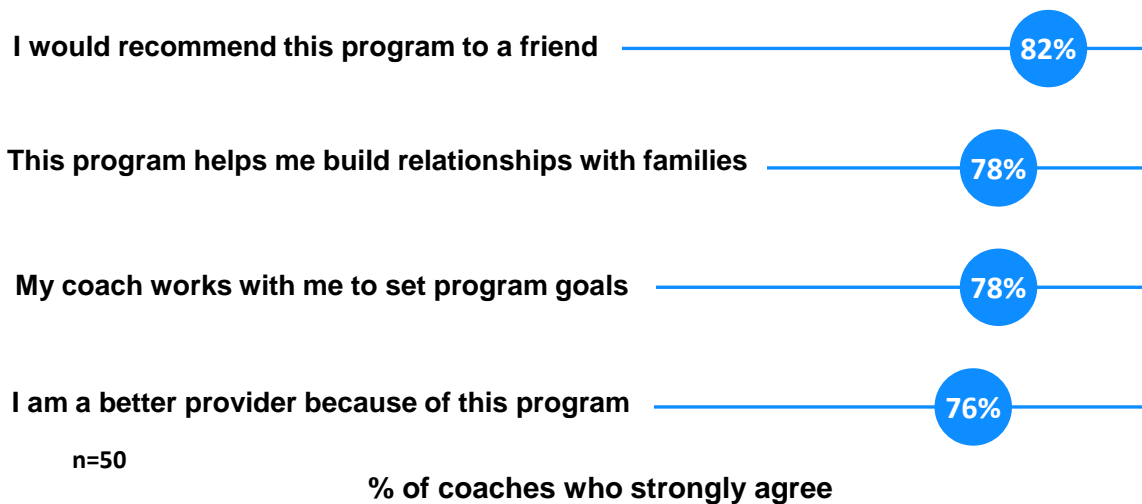
In the fall of 2016, 16% of the providers were enrolled in SU2Q but were not rated because they were not fully licensed. The majority (64%) of the providers were at Step 1 and had completed the orientation and application process. Far fewer (20%) were at Step 2. This meant they had completed the training requirements, an assessment of their program across five areas, and the Coach Interest Questionnaire. By spring 2017, the majority (56%) were at Step 2, demonstrating major progress towards meeting the SU2Q requirements.

By the spring of 2018, all programs were rated on SU2Q. Over a third (38%) had achieved a Step 3 or higher. Providers at Step 3, 4, and 5 have completed observation tool training, developed action plans, submitted the Rating Readiness Tool and earn points based on quality standards. The goal is for all CCP providers to reach Step 3 after three years of participation in the program. Over a third met the goal a year ahead of schedule. Overall, 15% of providers met the requirements for Step 4 and 15% met the requirements for Step 5. These providers demonstrate that with coaching, training, and support, they can make meaningful improvements in their program.

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 three open-ended questions. The following chart highlights some of the responses to the survey, reporting the percentage of respondents who strongly agree with the statement.

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



Overall, the providers had very positive reviews of the CCP experience. This year more providers strongly agree (76%) that they are better providers because of the program compared to 65% who strongly agreed last year. In addition to the responses reported above, most strongly agree (80%) or agree (14%) that they are comfortable talking with their coach and that their coach is genuinely interested in them and the children in their care. Most appreciate that the coach provides them with useful resources about child development (66% strongly agree, 28% agree). Most providers report that the coach helps them find useful resources in their community (68% strongly agree, 20% agree, 12% disagree). 78% of the providers strongly agree and 20% agree that the goals of the grant can be accomplished within the required timelines. This is an increase over the previous year when only 50% strongly agreed they could meet the goals of the grant.

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

- **56%** of the respondents **mentioned the positive relationship they have with their coach.** They appreciate how much the coach has helped them improve. They frequently used descriptors such as “great!”, “excellent”, and “amazing” to express their respect and appreciation of their coach.
- **30%** of the providers **noted the resources they received.** The new play materials, curricula, and other educational resources have enhanced the quality of their programs and helped them advance in the Step Up to Quality rating system.
- **20%** of the respondents **highlighted the trainings.** They appreciated learning new approaches and many found them to be fun.
- **16%** of the providers **were grateful for the positive changes they have made.** They find more joy in their work, are proud of the improvements, and see the benefits in themselves and the children in their care.

The most common suggestions to improve coaching services were:

- More frequent coaching sessions.
- More training – particularly about lesson planning and how to meet individual children’s needs
- Increase promotion of the program in the community



Only three providers (6%) reported dissatisfaction with their coach.

A few providers gave feedback on how to improve the completion of the grant expectations:

- Improve communication of the expectations. They recommended setting up a calendar at the start of the year with all the trainings and deadlines.
- Reduce the amount of paperwork as it can take time away from engaging with the children.

What did coaches think about CCP?

Coaches from five communities that have participated in the project for two years participated in a focus group. The following summarizes the focus group results.

The Coaching Experience

Coaches noted that the first year of coaching was mostly about building relationships with the providers and directors while the second year was more focused on accomplishing goals and helping the child cares be more independent in working through the SU2Q process. As they have built trust with the providers, they have been able to focus more on the rating process to help their sites improve. They noted that the directors and providers seek them out more regularly for advice and want more time with them in the second year of the project.

Building relationships with the providers was a deliberative process. Coaches agreed that it took about a year to get to know their providers and to build trust. One coach explained,

I think one of the biggest things is just letting them know that you're on their team and you're supporting them in whatever direction they're going. So it's not your idea, your vision for their center. But it's their vision, and you're just supporting it along the way.

Each relationship was built on its own timeline depending on the openness of the provider. Coaches found that stepping in to help – cleaning up a milk spill, playing with a child, or putting away the blocks - was essential so the provider did not see them as just another “distraction” when they are “already overwhelmed, especially if they've got a lot of kids and it's just them.”

Coaches have to juggle many responsibilities and meet diverse needs each week. Coaching is not a “one-size fits all” endeavor. Coaches noted that staying organized, keeping detailed notes of each site visit, and using a monthly calendar for each child care are important to their success. An added challenge is that child care providers, especially those in home settings, rarely have time away from the children during the work day. Some coaches described coaching sessions with a child on their lap. It is also common that there are other caregivers in the room so there can be multiple distractions as the coach meets with the providers.

Being flexible is essential. As one coach described it:

I feel like you can have your best coaching session all scheduled out right, like you are going to work on this goal and you're going to follow up with this, you're going to implement this and talk about this. And then you can walk into the room and it's just a disaster. So it changes your whole course of action because you're not going to get anywhere with them if you try to implement something new when they're already having a bad day, or the kid showed up late so breakfast is thrown off... And that's childcare... So my coaching session just depends on that very moment of me walking into the room and reading the room and the teachers' faces and the kids' faces to see how we even proceed.

Coaches set goals with providers and help them prioritize the best path to achieving these goals. They use the SU2Q rating scale to guide their goal setting. They also celebrate successes along the way. They help providers see that small steps like changing the block area is an accomplishment.

Coaches communicate with their providers in a variety of ways. Beyond meeting in person two to four times a month, coaches use email, google docs to support the trainings, and texting to stay in touch. One commented that she likes texting the most so providers can reach her wherever she is and she can respond quickly. One center bought iPads with their grant monies and the coach described the convenience of accessing resources during coaching sessions and using this technology to implement curriculum and to communicate with the providers.

Successes

The coaches identified a number of successes in the second year of CCP. The most important was helping sites make progress on their Step Up to Quality goals. They described how satisfying it has been for providers to work their way up the SU2Q ratings system. They gain confidence as they meet their goals and seem inspired to want to do more to improve. The coaches shared in the sense of achievement and found it personally rewarding. Even when sites did not meet their rating goal as quickly as they would like, coaches could see how providers focused on quality.

Coaches found it fulfilling to see their providers become more independent in setting their goals and defining quality for themselves. One coach explained:

I think one of my highest points was working in a center where a teacher looked through her ITERS scores and created the list on her own and I looked through it and agreed with her choices. And this was a teacher who I didn't think was completely sold on the coaching. It took us a long time to build a relationship where I felt like we could get along.

They see their providers grow in confidence and realize how important their job is. CCP coaching helps caregivers value themselves as professionals doing vital work in their communities.

Coaches noted that the relationships with their providers improved in year two. They reported that directors and providers reached out to them more frequently to share special moments in their day. Sometimes they sent a photo of what kids were doing or documented how they were using materials the coach had given them. These spontaneous and unexpected communications demonstrated how much the providers value the coach and use what she has taught them to improve their child cares. One coach shared, "One of my center directors just recently called and said, 'Oh I wish you were here today!' That makes me feel good that she was looking for my support."

Using ERS data and licensing regulations to support difficult conversations has been a successful coaching strategy. As coaches help sites implement best practices in early childhood education, they use the scores and the feedback on the ERS observations to guide the conversations. They can point to the ERS results and show that an external observer using a standard tool found some areas that need improvement. If they see a practice that does not align with the licensing requirements, they can ask the provider about the regulations, which helps her see that a change is needed.

Several coaches commented on how the CCP program has helped child care providers increase connections with parents and the community. The coaches have supported parent education, such as Week of the Young Child events and using "Ready Rosie" videos to encourage parent-child interactions in multiple settings such as while waiting in the checkout line at the grocery store. They have promoted parent-teacher conferences and daily sheets. One coach has built connections with the local library, by having the providers send parents links to library events and resources on a regular basis. A coach remarked that she has heard parents make comments about Step Up to Quality, which is an indicator that there is more awareness in the community about quality standards for child cares.



Challenges

The coaches described a number of challenges to achieving higher quality in the programs they coach. These include finding time to coach without the distractions of children and other staff, staff turnover, getting buy-in from all teachers and the director, and consistent implementation of the curriculum. They noted that some providers demonstrate enthusiasm at the trainings for what they are learning but resist the actual implementation of new approaches. Coaches mentioned that some sites do not communicate ASQ results and other important information with parents as effectively or as consistently as they should.

Summer poses a unique challenge because providers tend to set aside the routines and new practices, which can result in a chaotic and disruptive experience for the children. One coach explained,

As soon as the school year is out, they kind of put the curriculum to the side like they only need to do certain things in the school year. During the summer, it's a free for all, and they don't follow schedules. It's hard on kids when they're not having a schedule.

A frustration for coaches is navigating the requirements for SU2Q and using the Nebraska Early Childhood Professional Record System (NECPRS). One coach reported that one of her centers moved locations three times, which required them to restart the SU2Q ratings process with every move. Even though it is the same providers who have demonstrated high quality practice, when they are in a new setting, they lose all recognition for their skills and must return to the bottom rung of the ratings system. Another challenge for coaches is working with NECPRS for SU2Q. They described delays in getting access to the system to input their data, which meant they could not use this helpful resource to track a site's progress in a timely manner.

A final concern the coaches shared was about the CCP funding processes and having consistent deadlines. They noted that at times there were communication issues around expectations for coaches and centers.

Support for Coaches

The coaches have found that meeting with each other regularly to share successes and vent frustrations has energized them. They appreciate the ways they can support each other as they encounter new challenges in the coaching process. They noted that some communities do not have a cadre of coaches who can work together. They expressed how important it is to create peer-support for all of the coaches. As new communities implement CCP, they recommend that coaches be paired from the beginning so they can build a trusting relationship and have someone to call when they need support.

Overall, the coaches expressed appreciation for the training they have received. They have felt prepared and supported during the first two years of CCP. They reported that the program staff has promoted professional development for them and ongoing technical assistance has been valuable. They noted that it is not possible to be prepared for every contingency and that events will arise that are new and unexpected. However, having the support and resources on hand gives the coaches the confidence they need to succeed.

“

I love this program because it provides a ton of resources and educational pieces for me to become a better provider!

A provider reflects on CCP

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CONCLUSIONS AND IMPLICATIONS



Sixpence

Program Description: Sixpence just completed its 10th 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 1,083 children and 948 families were served in rural (40%), mid-sized (29%) and urban communities (31%). The majority (70%) of the children received family engagement services. Sixpence served a high-risk population with 63% of the families having three or more risk factors. Poverty was the leading risk factor. Program retention rates were high with 83% of families staying in Sixpence through the end of the program year. Of children who exited prematurely, 63% left in the first year of participation.

Program Outcomes: The majority (67%) of classrooms met the overall quality benchmark for providing quality environments for infants and toddlers. 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 (92%) meeting the program quality benchmark. The greatest strength is in the area of Child Engagement. Most (85%) home visitors met the quality indicator for home visit practices and the average subscale scores met the quality indicator across all home visit practices. In this area, the greatest strength was in home visitors' development of relationships with the families they serve.

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

Child Outcomes: Overall, the majority (range of 89% to 95%) of the children were meeting widely-held expectations across all developmental areas (physical, social-emotional, cognitive, language, literacy, and math) with fewer children meeting these expectations in math (89%). Sixpence has set a high standard for the program goal, that children will acquire language skills at the mid-point of average or higher. The majority (51%) of the children met this goal for Receptive and Expressive language skills. Almost half (48%) met the goal for vocabulary. For Spanish speaking children, the majority (51%) met the goal for Comprehension. Fewer (33%) met the goal for Production. Language scores did not improve significantly from time 1 to time 2. Children at higher risk scored significantly lower than children at lower risk.

Most (75%) 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 did.

Next Steps: Examine ways to enhance the learning environment for children with an emphasis on building language skills, particularly in the area of Language Production for Spanish speaking children.

Health Outcomes: Health outcomes continue to be very positive with nearly every child meeting Sixpence health indicators. Most notably, 98% of the children have a medical home. The rate of exposure to cigarette smoke has declined over the previous years, with 91% of the children living in a smoke-free environment. Prenatal outcomes indicate that all of the mothers received prenatal care and nearly all (95%) abstained from



risky behaviors while pregnant. A majority (83%) of the mothers breast fed their babies but only 6% continued for at least six months. Of concern is that 26% of the women smoked during their pregnancy.

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

Family Outcomes: Parents had positive relationships with their children and demonstrated significant increases in parent-child interaction skills over time. Parents who were associated with lower risk factors (<3) had significantly higher parent-interaction skills across all subscales and overall. Home language predicted Promoting Learning and Supporting Confidence outcomes, with families where English was the home language achieving higher scores. Home language did not predict Building Relationships or Overall scores.

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

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

Sixpence parents who entered the program without a high school diploma, made great strides in reaching this goal. Most (66%) of the mothers obtained their high school diploma or were on track to meet this goal by the end of the program year. Nearly half (46%) of the fathers had similar success.

Child Care Partnerships

Program Description: The Child Care Partnerships, a collaboration of school districts and local child cares, served 35 child care programs across seven communities. A total of 17 child care centers and 18 family child care homes participated. They served 714 children. 18% of the children received a child care subsidy, which is an indicator of poverty. 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 two years of coaching, child cares scored in the mid-range of quality, and improved across all areas. The greatest strengths were in the areas of supporting the children's language development and having high quality interactions through play and care routines. With coaching and support, 38% of the providers reached Step 3 in the Step Up To Quality rating system by spring, meeting the CCP program goal a full year ahead of what is required.

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

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