

**\_\_\_\_\_\_\_\_ County Home & Center**

**Child Care Providers**

**Application & Participation Criteria to Participate in Pyramid Model Implementation**

**Participation Criteria for Pyramid Model Implementation**

* Programs must be licensed by DHHS. Preference will be given to programs currently enrolled in Step Up to Quality.
* For Center-Based providers, administrative support to implement the Pyramid Model must be secured.
* Commit to the implementation of the Pyramid Model for 3 years. Implementation includes participation in:
* **Year 1**

**--Trainings:** Training will consist of four (4) full-day module trainings (6 hrs. each; 24 total hours of training). Trainings will be on Saturdays from 9-3. In center-based programs the director or a designee must attend the training along with participating providers. The training dates for year 1 are:

* Next date
* Next date
* Next date
* Next date

**--Director Training:** Directors are required to attend all module trainings along with their center-based providers. In addition, directors will also attend a ½ day training prior to the start of provider training. This training is focused on the role of the director in implementation of the Pyramid Model.

**--Coaching**: Each selected provider will be assigned a coach. Providers will participate in 2 ½ hours of coaching per month. Coaching will be based on the needs of the provider and at the coach’s discretion.

* **Year 2**

**--Trainings:** Trainings will consist of three (3) full-day module trainings (6 hrs. each; 18 total hours of training). Dates TBD.

**--Coaching:** Coaching needs are expected to decrease to 1 ½ hours of coaching per month. Coaching will be based on the needs of the provider and at the coach’s discretion.

* **Year 3**

**--Trainings:** Trainings will consist of two (2) full-day module trainings (6 hrs. each; 12 total hours of training). Dates TBD.

**--Coaching:** Coaching will be based on the needs of the provider and at the coach’s discretion. Coaching supports will phase out by the end of the third year.

* **Participation in Provider Collaboration Meetings—**6 meetings each year, designed to build a network of support for the participating providers to ensure sustainability of practices after coaching has ended.
  + **Participate in necessary evaluation and data collection processes.**

**Participating providers should also:**

* Consider participation as a member of the (insert planning group name here)
* Be committed to parent education for the families in your program(s)
* Be willing to provide mentoring for those interested in implementing the Pyramid Model in the future.
* Make referrals for children and families when appropriate (Circle of Security Parenting Classes, other parenting supports offered in community, etc.)
* Engage in transition planning for children as appropriate.

**Incentives for Participation in Pyramid Model Implementation**

**--**The selected childcare providers and center-based directors will be paid $100 for attending each module training. The trainings listed abovewill be open to other providers, however only 12 will receive compensation for attending and follow-up coaching.

**--**The selected providers will be paid $50 per month for coaching in year one and $25 per month for coaching in years two and three.

**--**A bonus payment of $500 will be paid to each provider at the end of year 3 for successful completion of all module trainings and coaching sessions as well as participating in provider collaboration meetings.

**Additional Questions, contact**

**Application for Pyramid Training/Coaching**

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| Name: | | | | | |
| Name of Program: | | | | | |
| Program Address: | | | | | |
| Phone: | | | Fax: | | |
| Email: | | | Type of Program: Center-Based Home-Based  (circle one) | | |
| Primary Administrator: | | | Number of staff (if applicable): | | |
| Do you serve children on the child care subsidy? Yes No | | | | | |
| Is your program enrolled in Step Up to Quality? Yes No | | | | Step: 1 2 3 4 5 | |
| Do you currently have a coach working in your program? Yes No | | | | Name: | |
| Ages of children currently serving: infant toddler preschool school-age  (circle all that apply) | | | | | |
| Number of children currently serving: | | | | | |
| Do you have any children in your care that require special supports or services? If yes, explain. | | | | | |
|  | | | | | |
| Have you had any previous Pyramid Model Training? If yes, explain. | | | | | |
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| Describe why you would like to have Pyramid Model Training/Coaching. | | | | | |
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| Please list the current challenging behaviors you are experiencing in your program. | | | | | |
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| Describe what you are currently doing to support children’s social and emotional development. | | | | | |
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| What are your strengths? | | | | | |
|  | | | | | |
| **CENTER BASED PROGRAMS ONLY:** Please provide the following for each classroom that will participate in coaching. | | | | | |
| **Classroom Name** | **Age of Children** | **Number of Children** | | | **Name of provider who will receive coaching** |
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| Application Submission | | | | | |
| **By submitting this application you acknowledge that you are willing and able to complete all of the required coaching and training specified on page one of this application.**  Applications should be submitted to:  Applications are due by **(DATE)** | | | | | |