rootedinrelationships.org

2024-2025

Annual Evaluation Report

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ACRONYMS GLOSSARY

BOQ v.2. .... Benchmarks of Quality, version 2
CCDF .... Child Care Development Fund
CDN .... Coach Development Network
C4K .... Communities for Kids
CCP .... Child Care Partnerships
CoP .... Community of Practice
COS .... Circle of Security
COSC .... Circle of Security Classroom
COSI .... Circle of Security International
COSP .... Circle of Security Parenting
CPP .... Child-Parent Psychotherapy
EDN .... Early Development Network
ECMH .... Early Childhood Mental Health
ESU .... Educational Service Unit
FAN .... Facilitating Attuned Interactions
FCCH BOQ .... Family Child Care Home Benchmarks of Quality
MMI .... Munroe Meyer Institute; located at the University of Nebraska Medical Center
MTSS .... Multi-Tiered System of Support
NeAEYC .... Nebraska Association for the Education of Young Children
NAIMH .... Nebraska Association for Infant Mental Health
NCFF .... Nebraska Children and Families Foundation
NC EC .... Nebraska Children Early Childhood
NCAPF .... Nebraska Child Abuse Prevention Fund
NCRP .... Nebraska Center on Reflective Practice; part of Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center for Children, families and the Law
NDE .... Nebraska Department of Education
NGR .... Nebraska Growing Readers
NRPVYC .... Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center for Children, Families, and the Law
PBS .... Positive Behavior Support
PCIT .... Parent-Child Interaction Therapy
PIWI .... Parents Interacting with Infants
PSLT .... Pyramid State Leadership Team
RiR .... Rooted in Relationships
SUTQ .... Step Up to Quality
TPITOS .... Teaching Pyramid Infant-Toddler Observation Scale-Revised
TPOT .... Teaching Pyramid Observation Tool-Research Edition

INITIATIVE OVERVIEW

Rooted in Relationships (RiR) is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children from birth through age 8. One part of this initiative supports communities as they implement the Pyramid Model, a framework of evidence-based practices that promote the social, emotional, and behavioral competence of young children in selected family child care homes and child care centers. In addition, communities develop and implement a long-range plan that influences the early childhood systems of care in the community and supports the healthy social-emotional development of children.

Community Data Gathering

To identify strengths, assets, and critical gaps in community services and systems for young children in order to make informed recommendations for action and to build community awareness.

Timeline: Ongoing through planning period

Who participates: Community Stakeholder Team and Others as Needed

Selection of a Systems Priority

To select a systems priority and implement evidence-based practices that will address the needs identified through community data analysis.

Timeline: By the end of Year 1

Who participates: Community Stakeholder Team

Pyramid Model Planning

To plan for the three year Pyramid Model implementation cycle, including recruiting and training a community-based coaching team, recruiting participating child care providers, and setting up the infrastructure supports necessary to ensure fidelity to the Model.

Timeline: Ongoing through the planning period

Who participates: Community Stakeholder Team

Community Work Plan

Early Childhood Systems

Implementation of Systems Strategies

To influence change in the early childhood systems within the community that affect social emotional outcomes by implementing the systems strategies outlined in the community work plan.

Timeline: Ongoing throughout the grant period

Who participates: Community Stakeholder Team and others as needed

Pyramid Model Implementation

Training

To share the Pyramid Model framework and content in order to support provider readiness for implementation of practices and application of knowledge and skills.

Frequency:
4 Trainings and Director Training in Yr 1
3 Trainings in Yr 2
2 Trainings in Yr 3

Who participates: Providers, Directors and Coaches

Coaching

To promote growth and change the knowledge and skills of providers in order to effectively implement and sustain Pyramid Model practices.

Frequency:
- 2.5 hrs/mo in Yr 1
- 1.5 hrs/mo in Yr 2
- Min. of 6 hrs/ max. of 12 hrs completed throughout Yr 3

Who participates: Providers

Coach Consultation

To ensure high-quality coach support to the provider by identifying the coach's thoughts, feelings, and experiences related to coaching and how they affect the coaching relationship.

Frequency: Monthly

Who participates: Coaches with Rooted in Relationships Reflective Consultants

Provider Collaboration Meetings

To promote a community of peer learning which leads to sustainability and continuous quality improvement in practice.

Frequency:
- Minimum of 6/ maximum of 12 meetings per year

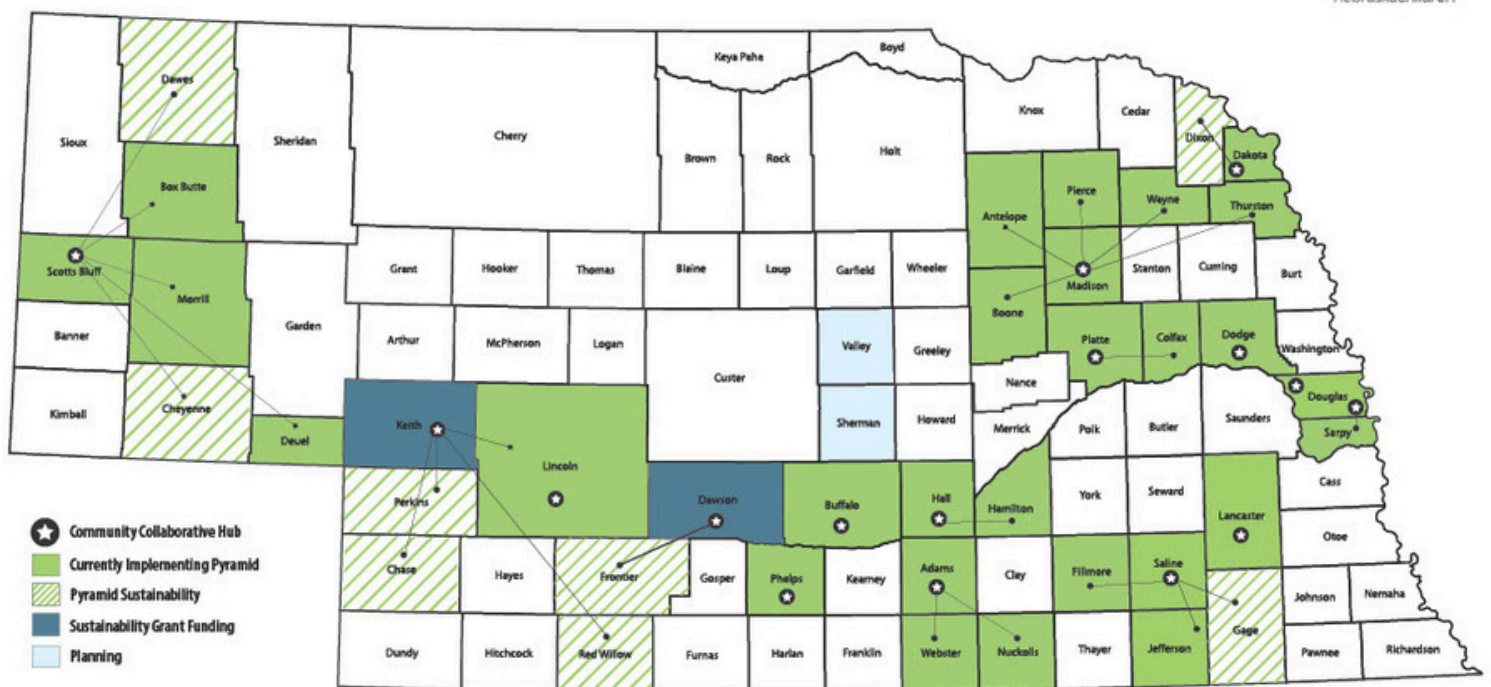**Who participates:** Providers and Coaches

INITIATIVE REACH IN 2024-2025

From July 2024 to June 2025, Rooted in Relationships supported 17 collaboration hubs, including Adams (Webster and Nuckolls), Buffalo, Dakota (Dixon), Dawson (Frontier), Dodge, Hall (Hamilton), Keith (Chase, Perkins and Red Willow), Lancaster, Lincoln, Madison (Antelope, Boone, Pierce, Thurston, and Wayne), North Omaha (Douglas), Panhandle (Box Butte, Cheyenne, Dawes, Deuel, Morrill and Scotts Bluff), Phelps, Platte (Colfax), Saline (Fillmore, Gage and Jefferson), Sandhills (Sherman and Valley), and South Omaha (Douglas and Sarpy). These hubs were engaged in various stages of the initiative, including planning, expansion, and sustainability.

Rooted in Relationships

Legend:
- ★ Community Collaborative Hub
- Currently Implementing Pyramid
- Pyramid Sustainability
- Sustainability Grant Funding
- Planning

Last update: 2/11/25

STATEWIDE CAPACITY TO SUPPORT EARLY CHILDHOOD SYSTEMS OF CARE

Coaches Trained by Year

2024
33 EC Coaches
15 Pyramid Coaches

2023
47 EC Coaches
40 Pyramid Coaches

2022
39 EC Coaches
29 Pyramid Coaches

2021
48 EC Coaches
32 Pyramid Coaches

2020
12 EC Coaches
11 Pyramid Coaches

2019
58 EC Coaches
44 Pyramid Coaches

2018
18 EC Coaches
18 Pyramid Coaches

2017
41 EC Coaches
29 Pyramid Coaches

2016
26 EC Coaches
15 Pyramid Coaches

2015
16 EC Coaches
28 Pyramid Coaches

2014
31 EC Coaches
11 Pyramid Coaches

STATEWIDE CAPACITY TO SUPPORT EARLY CHILDHOOD SYSTEMS OF CARE

One of the primary goals of the RiR initiative is to strengthen the systems of care at the state level through cross-system collaboration and partnerships. These efforts work to ensure alignment across initiatives and build state infrastructure and capacity. This cross-system collaboration is accomplished through various meetings and ongoing communication with statewide initiatives that are working towards similar goals. Initiative and partnership information can be seen below.

CHILD-PARENT PSYCHOTHERAPY (CPP)

CPP is a dyadic therapy that focuses on healing after traumatic or stressful events within the context of the caregiving relationship. RiR has supported the effort to train mental health providers in CPP. There are currently 90 clinicians able to provide CPP. For more information, visit: https://www.nebraskababies.com

EARLY CHILDHOOD MENTAL HEALTH COMMUNITY OF PRACTICE (ECMH COP)

The ECMH CoP offers a variety of training opportunities for those in the early childhood field and additional training for practitioners that work in ECMH. For more information, visit: https://www.nebraskababies.com/ecmh/cop

CIRCLE OF SECURITY (COS) PARENTING AND CLASSROOM

COS helps families and early care providers form strong relationships and is based on decades of attachment research. RiR supports COS facilitators by offering training, reflective consultation, evaluation support, marketing tools, and the statewide website. For more information, visit: https://www.necosp.org/

NEBRASKA ASSOCIATION FOR INFANT MENTAL HEALTH (NAIMH)

The NAIMH collaborates with RiR staff to ensure that messaging around infant and early childhood mental health has continuity across organizations. RiR supports the NAIMH mission by continuing to offer professional development opportunities and awareness by serving as a co-lead. For more information, visit: https://www.neinfantmentalhealth.org

PARENT-CHILD INTERACTION THERAPY (PCIT)

PCIT is a dyadic treatment for families with children ages 2-7 who are exhibiting disruptive or challenging behaviors. RiR supports PCIT by offering training support. Currently, 65 clinicians have participated in one of NRPVYC's PCIT training cohorts.
For more information, visit: https://www.nebraskababies.com/ecmh

STATEWIDE CAPACITY TO SUPPORT EARLY CHILDHOOD SYSTEMS OF CARE

NEBRASKA CENTER ON REFLECTIVE PRACTICE (NCRP)

The NCRP provides reflective practice Facilitating Attuned Interactions (FAN) training to early childhood education professionals and other professionals. RiR supports this organization by funding and supporting the evaluation of the training process. For more information, visit: https://www.nebraskababies.com/ncrp

COACH COLLABORATION & CAPACITY BUILDING

Sixpence Child Care Partnerships, Step Up to Quality (SUTQ), and the Nebraska Department of Education (NDE) Office of Special Education collaborate with RiR to align coach training, reduce duplication of services, and increase the capacity of coaches in each initiative. For more information, visit: https://coachdevelopmentnetwork.com/

PARENTS INTERACTING WITH INFANTS (PIWI)

PIWI is an evidence-based set of practices based on a philosophy about families, children and helping relationships. The objectives of PIWI are to increase confidence, competence, and positive relationships for parents and children ages 0-36 months. For more information, visit: https://rootedinrelationships.org/piwi

NC EC INITIATIVES

Rooted in Relationships collaborates with other Nebraska Children initiatives, such as Communities for Kids (C4K), Sixpence, and Nebraska Growing Readers (NGR) . Sixpence CCP and RiR worked together to develop systems of implementation in communities where both initiatives are present. Many communities share coaches, trainings, and other systems of support for early childhood educators, maximizing impact.

PYRAMID STATE LEADERSHIP TEAM (PSLT)

PSLT is co-led by RiR staff and partners with the Nebraska MTSS system. Together they work to integrate the Pyramid Model into early childhood systems of care.

EVALUATION OVERVIEW

Quantitative and qualitative evaluation data is collected to monitor progress and measure outcomes on both Pyramid Model implementation and community-based systems work. Evaluation findings are utilized to refine and update processes, improve outcomes, reduce burden, and support communities. This report primarily highlights findings from July 1, 2024, to June 30, 2025. Due to the 3-year implementation period of the Pyramid Model, evaluation data is reported for the 2022-2025 cohort.

SUPPORTING COMMUNITY EARLY CHILDHOOD SYSTEMS OF CARE

The evaluation of each community's work plan for systems of care was customized to match the strategies adopted by that community. Community-level implementation priority areas included early care and education, early childhood mental health, family engagement, medical, and partnerships with schools. Evaluation findings are largely descriptive in nature and describe the reach of initiatives at the community and state level.

PYRAMID MODEL IMPLEMENTATION

The evaluation of the Pyramid Model focused on assessing programmatic outcomes and triangulating findings with qualitative data gathered from coaches and providers over a 3-year implementation period. Within this evaluation, the following information was gathered:

- Child/provider sociodemographic data (survey)
- Coaching session logs (survey)
- Programmatic data via the Benchmarks of Quality assessment (BOQ survey)
- Classroom outcomes via the Teaching Pyramid Observation Tool (TPOT) and the Teaching Pyramid Infant-Toddler Observation Scale (TPITOS)
- Program satisfaction (provider focus groups/interviews)
- Coaching satisfaction (survey)
- Social-emotional well-being of children (ASQ-SE2)

EVALUATION QUESTIONS AND MEASURES

REACH

SYSTEMS OF CARE

Progress Reports	Attendance Surveys

What is the **reach** of collaboration hubs programmatic efforts within priority areas?

PYRAMID MODEL IMPLEMENTATION

Coaching Logs	Demographic Surveys

What is the **reach** of the Pyramid Model across collaboration hubs?

PERCEPTION

SYSTEMS OF CARE

Event Surveys	Stakeholder Surveys

What are the **perceptions** of families served by systems-level events?

PYRAMID MODEL IMPLEMENTATION

Focus Groups	Provider Surveys

What are the **perceptions** of the coaches and providers engaged in the Pyramid Model?

IMPACT

SYSTEMS OF CARE

COSP Surveys	PIWI Surveys

What **impacts** do system-level activities have on families served?

PYRAMID MODEL IMPLEMENTATION

ASQ-SE2 BOQ	TPOT TPITOS

What **impacts** do the Pyramid Model have on educators and the children they serve?

COMMUNITY EARLY CHILDHOOD SYSTEMS OF CARE PRIORITY AREAS

Early Care and Education

Strategies that fit into this system impact the affordability, accessibility, reliability, and quality of child care in the community.

Early Childhood Mental Health

Strategies that fit into this system impact the knowledge of and access to mental health consultation, assessment resources, and therapy services.

Partnerships with Schools

Strategies that fit into this system impact the engagement between parents and schools or build partnerships with schools to increase social-emotional learning.

Family Engagement

Strategies that fit into this system encourage families to spend quality time together and encourage parent-child interactions.

Medical

Strategies that fit into this system impact the availability and accessibility of quality pre- and postnatal healthcare services.

COMMUNITY-LEVEL PRIORITY AREAS

The table below outlines the strategies implemented by RiR communities across five common priority areas, along with the year each community began implementing their system strategies.

Community	Year Implementation Began	Early Care and Education	Early Childhood Mental Health	Family Engagement	Medical	Partnerships with Schools
Buffalo	2017	✓		✓		
Dakota	2014	✓	✓	✓	✓	✓
Dawson	2014	✓	✓	✓		✓
Dodge	2015	✓		✓	✓	✓
Douglas (N. Omaha)	2023	✓			✓	
Douglas (S. Omaha)	2021	✓	✓	✓		
Hall	2015	✓	✓	✓		✓
Keith	2017	✓	✓	✓		
Lancaster	2015	✓		✓		
Lincoln	2023	✓	✓	✓		
Madison	2020	✓	✓	✓		
Panhandle	2018	✓		✓		✓
Phelps	2023	✓		✓		
Platte	2021	✓	✓	✓		✓
Saline	2014		✓	✓		
South Central	2023	✓		✓	✓	✓

"The [RiR] focus is on the development of children, but the confidence it gives through the training modules strengthen the staff through more confidence and assurance they are doing quality work."

-Year 2 RiR Provider

SYSTEMS OF CARE REACH FROM JULY 2024 TO JUNE 2025

In the semi-annual progress reports, communities were asked to estimate the number of families and children reached both directly and indirectly, as well as the number of individuals engaged through communication efforts. Definitions for these categories are provided in the key below.

3,997 Families served directly

4,916 Children served directly

6,118 Families served indirectly

8,806 Children served indirectly

445,172 Individuals reached through communication strategies

DEFINITIONS

Served Directly
Sustained contact with children or families (e.g., Pyramid Model implementation in the child's center or home child care, participation in a program like PIWI or COSP)

Served Indirectly
Typically reflects short-term activities with children and families (e.g., attendance at health fairs, attendance at parent trainings, etc.)

Reached through Communication
Typically reflects those reached through a communication strategy (e.g., a billboard, social media post, radio ad, etc.)

EARLY CARE AND EDUCATION

Strategies aligned with this system influence the affordability, accessibility, reliability, and quality of child care within the community. This report outlines system-level initiatives carried out throughout the 2024–2025 period.

NETWORKING EVENTS

Networking events were hosted in four RiR communities. A total of nine networking events were reported by these communities with over 364 attendees throughout 2024-2025. These events included conferences and visits within the communities.

364
attendees

TRAININGS

Twenty-six early childhood care and education related trainings were hosted in 10 communities with approximately 362 attendees.

362 +
attendees

COMMUNITY EVENTS

Twelve communities provided 16 community level events with strategies such as collective impact meetings (n=103), a City Hall proclamation and appreciation event (n=50), and Week of the Young Child events (n=500).

1,252 +
engaged

INFORMATION SHARING

Four communities engaged in information-sharing strategies. Some of these strategies included utilizing social media to inform parents and professionals about EC trainings and grant opportunities (n=970), open houses and information events (n=25), and seasonal newsletter dissemination to providers containing important updates and information (n=33).

1,228 +
engaged

*Attendance information is based on estimates or attendance logs reported in the progress reports. Some events did not track attendance information and therefore it is not reported.

EARLY CHILDHOOD MENTAL HEALTH

Strategies that fit into this system impact the knowledge about, availability of, and access to mental health consultation, assessment resources, and therapy services.

PARENT-CHILD INTERACTION THERAPY (PCIT)

PCIT is an empirically supported treatment for children ages two to seven that places emphasis on improving the quality of the parent/child relationship. In 2024-2025, mental health providers provided PCIT services to approximately 37 families.

TRAININGS

Platte County hosted four early childhood mental health trainings (n=73). Other early childhood mental health related trainings were also offered in Dakota (n=25), Dodge (n=940), and Hall County (n=4) with a total of seven events.

COMMUNITY ENGAGEMENT

In Platte County, five community events were planned throughout the year, reaching approximately 80 participants. In Dakota County, various mental health round tables and trainings were conducted reaching at least 25 professionals during 2024-2025.

*Attendance information is based on estimates or attendance logs reported in the progress reports. Some events did not track attendance information and therefore it was not reported.

CIRCLE OF SECURITY™

This system promotes strategies that support parents and caregivers in actively engaging with their children and fostering strong, positive relationships. Three evidence-based programs that are used in this strategy are Circle of Security Parenting (COSP), Circle of Security Classroom (COSC), and Parents Interacting with Infants (PIWI).

CIRCLE OF SECURITY PARENTING™ (COSP) AND CIRCLE OF SECURITY CLASSROOM™ (COSC)

COSP is an 8-week parenting program focused on building strong attachment relationships between parents and children. Rooted in Relationships supports COS facilitators by offering training, reflective consultation, evaluation, marketing tools, and the statewide website. Many Nebraska Children initiatives (e.g., Community Well Being, Sixpence, Rooted in Relationships) and other funding sources (e.g., Nebraska Child Abuse Prevention Funds, DHHS, etc.) provide localized support, including funding programs in communities and offering childcare and incentives for class participation. Due to the unique blending and braiding of funding that supports COS across the state, all data is compiled into a statewide report. In the years 2023-2024, over 312 COS programs were conducted across the state (227 Circle of Security Parenting, and 85 Circle of Security Classroom).

For more information and to view the biennual evaluation report, visit: https://www.necosp.org/content/resources

In 2024-2025, many counties had multiple trained facilitators. Douglas, Buffalo, Lancaster, and Scotts Bluff counties had the greatest number of trained facilitators in the state. Facilitators must complete training provided by Circle of Security International in order to offer the COSP™ Program. In Nebraska there are facilitators available to offer COS in each of these languages: Arabic, Dari, Mandarin Chinese, English, Karen, Pashto, Spanish, Thai, and Vietnamese.
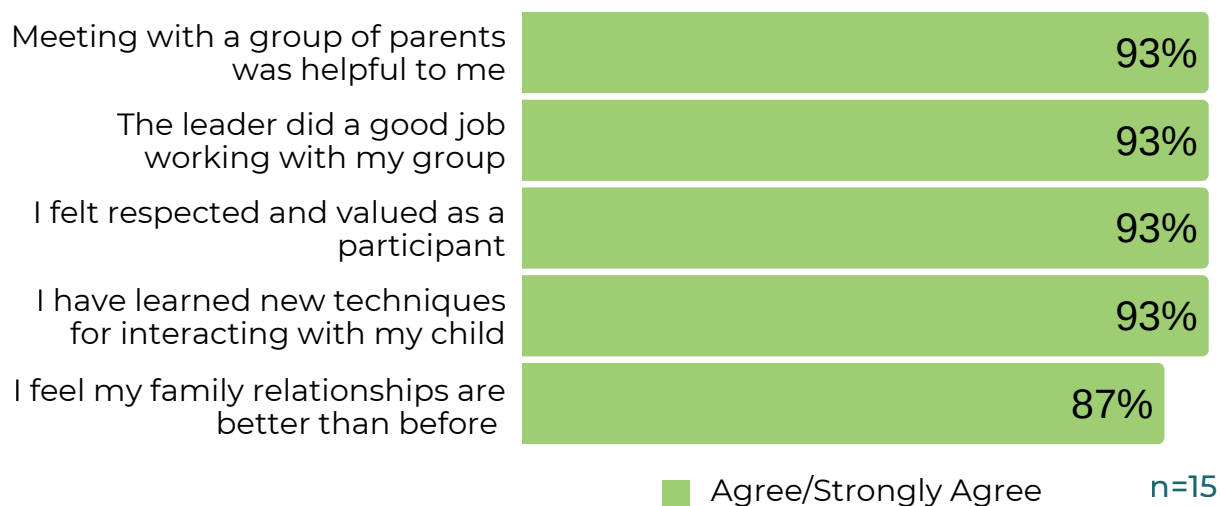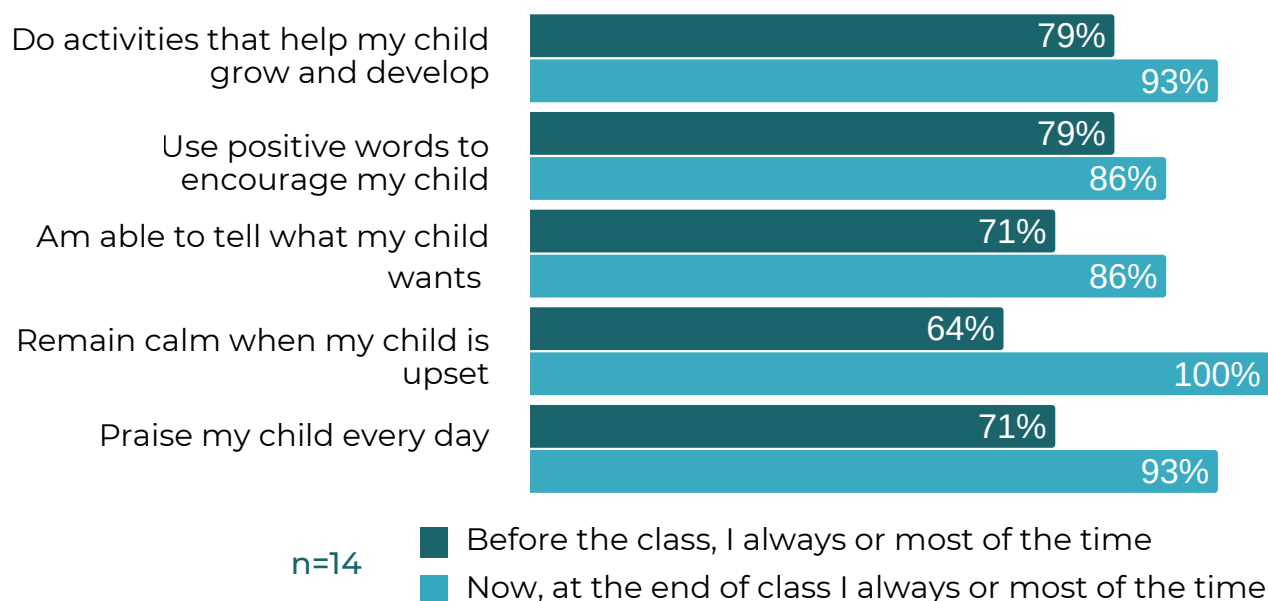
> *"I learned that the circle applies to every relationship, not just the parent and child. It helped me make sense of my childhood more."*
> *-COSP Participant*

FAMILY ENGAGEMENT
PARENTS INTERACTING WITH INFANTS (PIWI)

PIWI is designed to enhance parents' confidence and competence while nurturing positive relationships with their children from birth to 36 months of age. In 2024-2025, RiR supported two classes that were offered in two different communities with a total of 23 caregivers participating. Of those 23, 15 completed a participant survey.

Do activities that help my child grow and develop
- 79%
- 93%

Use positive words to encourage my child
- 79%
- 86%

Am able to tell what my child wants
- 71%
- 86%

Remain calm when my child is upset
- 64%
- 100%

Praise my child every day
- 71%
- 93%

n=14

■ Before the class, I always or most of the time
■ Now, at the end of class I always or most of the time

Meeting with a group of parents was helpful to me — 93%

The leader did a good job working with my group — 93%

I felt respected and valued as a participant — 93%

I have learned new techniques for interacting with my child — 93%

I feel my family relationships are better than before — 87%

■ Agree/Strongly Agree   n=15

"I learned a lot about how my child is learning through play and exploration of her world."
-PIWI Parent Participant

"Knowing my baby more, being patient with him, having time to play with him, and join him in his world ."
-PIWI Parent Participant reflects on the benefits of PIWI

*Some participants left parts of the survey incomplete

COMMUNITY-LEVEL STRATEGIES FOR DEVELOPING AND SUSTAINING FAMILY ENGAGEMENT

Community events were divided into three categories: family fun events, family interaction resources, and other community efforts. The table below describes events that occurred from July 2024 to June 2025.

Family Fun Nights/Events	Family Interaction Resources	Other Community Efforts
Family Fun Night (Buffalo, n=122)	Family Cafes (Dakota, n=104)	Little Prince and Princess Contest, State Fair (Dakota, n=100)
Week of the Young Child events (Buffalo County, n=75; Lincoln, n= 280; Saline, n=220; South Central, n=82; Platte, n=48)	Family Free Event Website, information sharing (Dakota, n=100)	Family Health Fair (Dodge, n=100)
National Night Out (Dakota, n=156, Madison, n=350)	Family Information Cards (Dakota, n=200)	Mental Health and Wellness Expo (Dakota, n=167)
Back to School Night (Dodge, n=1,800)	Community baby showers (Dodge, n=33)	County Community Fair (Dodge, n=70)
Fun in the Sun (Hall, n=136)	Backpack Events (Dodge, n=134)	Library Summer Kick-off (Dodge, n= 85; Phelps, n=100)
Play is the Way (Lincoln, n=42)	Positive Solutions for Families Workshop (Keith, n=7; Lincoln, n=18)	Community Action Partnership of Western Nebraska (CAPWN) Health Fair (Panhandle, n=15)
Family Movie Night (Phelps, n=60)	At Our Table Training (Saline, n=22)	Open House (Saline, n=100+)
Trunk or Treat (Phelps, n=304)	Partnering with Parents-Parenting Workshop (Platte, n=13)	Outdoor play Extravaganza (Lincoln, n=139)
LeapFrog Village Family Event (South Central, n=300)	Family Information Cards (Dakota, n=200)	
Born Learning Family Engagement Night (South Central, n=45)	Family Night in Bags (Dakota, n=100)	

PARTNERSHIPS WITH SCHOOLS

Strategies that fit into this system impact the engagement between parents and schools or builds partnerships with schools to increase social emotional learning. Below are some example activities that took place during 2024-2025.

ENGAGEMENT WITH LOCAL SCHOOL SYSTEMS IN 2024-2025

South Central partnered with the Sutton Education Foundation (n=8)

Dakota County hosted summer school sessions focused on social emotional learning (n=61)

Dodge County hosted two Parent Engagement nights (n=50)

Hall County conducted formal afterschool care conversation with administration (n=3)

The Panhandle community hosted a "Toddlers and Tantrums" seminar at the Western Nebraska Early Childhood Conference (n=12)

The Panhandle community hosted a "Transitions" seminar at the Western Nebraska Early Childhood Conference (n=50)

The Panhandle community hosted an "Unpacking the Pyramid" training for Pyramid trained Elementary teachers (n=17)

Platte County provided ESU7 Productions, where RiR providers were able to access productions (n=31)

South Central partnered with Sixpence on school transitions (n=2)

South Central worked with Nelson School and the community on the importance of EC programs focusing on Pyramid training

MEDICAL

Strategies that fit into this system impact the availability and accessibility of quality pre- and post-natal healthcare services (e.g., screenings for parental mental health/substance use, child development screenings within primary care, increase in engagement around early childhood mental health).

Dakota County, Dodge County, North Omaha, and South Central partnered with their local medical communities to reach 494 professionals, caregivers, and children. These partnerships included providing training on childhood screen time, referring high-risk families to local resources, completing social-emotional assessments, and hosting early childhood health screenings.

In Dakota County, Prescriptions for Reading were offered during well child checks and reached approximately 304 families. Conversations with 5 professionals also took place to discuss implementing Plans of Safe Care so mothers can maintain relationships with their children

309
individuals reached in Dakota County

Dodge County partnered with hospital social workers that identified 34 high-risk mothers and babies to be referred for Central Navigation and assistance with quality childcare.

34
individuals reached in Dodge County

North Omaha hosted events in collaboration with Nebraska Methodist College of Nursing to provide health screenings including blood pressure, hearing, vision, dental, developmental milestones, and lead poisoning screenings. The Douglas County Health Department also provided lead screenings for children in the community. Approximately 132 children received hearing tests, lead tests, and dental screenings.

132
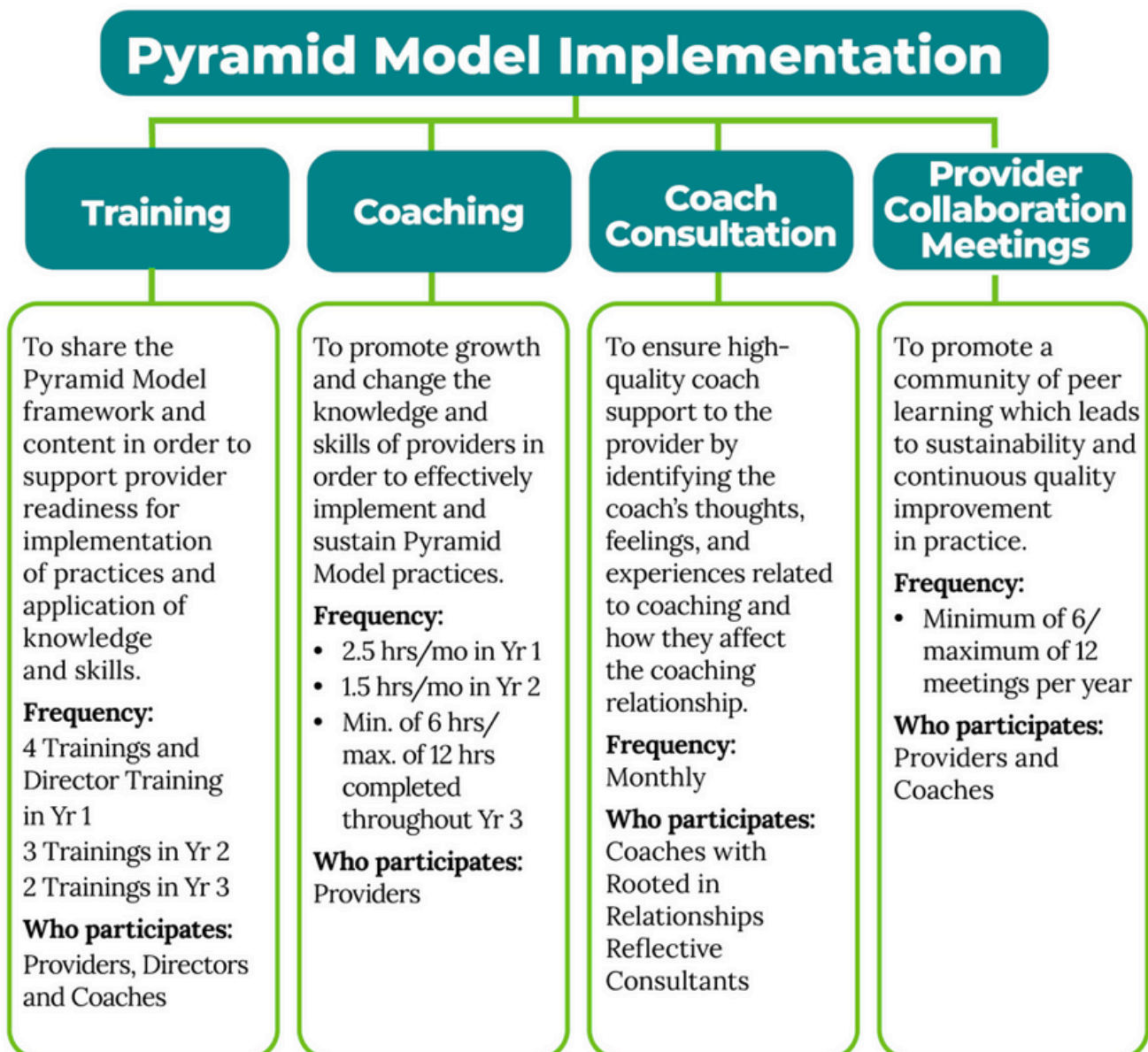parents and children reached in North Omaha

South Central partnered with the Henderson Hospital board of directors and held a screen time round table to reach a total of 19 hospital staff, administrative professionals, school staff, and other professionals.

19
professionals reached in South Central

PYRAMID MODEL IMPLEMENTATION

ABOUT IMPLEMENTATION

The RiR Pyramid Model implementation offers center-based and home-based child care providers with Pyramid Model training and ongoing coaching support for the implementation of positive strategies to promote young children's social-emotional development and skills. Providers participate in training, coaching, and collaboration meetings for three years.

Pyramid Model Implementation

Training

To share the Pyramid Model framework and content in order to support provider readiness for implementation of practices and application of knowledge and skills.

Frequency:
4 Trainings and Director Training in Yr 1
3 Trainings in Yr 2
2 Trainings in Yr 3

Who participates:
Providers, Directors and Coaches

Coaching

To promote growth and change the knowledge and skills of providers in order to effectively implement and sustain Pyramid Model practices.

Frequency:
- 2.5 hrs/mo in Yr 1
- 1.5 hrs/mo in Yr 2
- Min. of 6 hrs/ max. of 12 hrs completed throughout Yr 3

Who participates:
Providers

Coach Consultation

To ensure high-quality coach support to the provider by identifying the coach's thoughts, feelings, and experiences related to coaching and how they affect the coaching relationship.

Frequency:
Monthly

Who participates:
Coaches with Rooted in Relationships Reflective Consultants

Provider Collaboration Meetings

To promote a community of peer learning which leads to sustainability and continuous quality improvement in practice.

Frequency:
- Minimum of 6/ maximum of 12 meetings per year

Who participates:
Providers and Coaches

THE PYRAMID MODEL EVALUATION CONTINUED

The Pyramid Model evaluation employs a mixed-methods longitudinal design. Provider/director counts include all provider types (e.g., director, assistant director, home-based provider, lead provider, assistant provider). A few important notes related to the evaluation process include:

➤ Only lead center-based teachers receive a TPOT or TPITOS observation. Assistant providers, directors, and home-based providers do not receive an observation.

➤ A new "cohort" may start every other year in most communities. Therefore, some regions may have cohorts in Year 1 and 3 of implementation. The following data is reported for cohorts that began in 2022 and ended in Spring of 2025.

➤ The TPOT/TPITOS data and the BOQ data analyzed in this report represent lead providers and sites that have at least two time-points of data collection since 2022. All reported data is from providers that were in Year 1 of implementation in Fall of 2022.

YEAR 1 DATA	YEAR 2 DATA	YEAR 3 DATA
BOQ	BOQ	BOQ
ASQ-SE2	ASQ-SE2	ASQ-SE2
Child Demographic Survey	Child Demographic Survey	Child Demographic Survey
TPOT & TPITOS	TPOT & TPITOS	TPOT & TPITOS
Provider Focus Groups	Provider Interviews	Provider Exit Survey
Reflective Consultation Surveys	Provider Satisfaction Survey	Reflective Consultation Surveys
Coaching Logs	Reflective Consultation Surveys	Coaching Logs
	Coaching Logs	

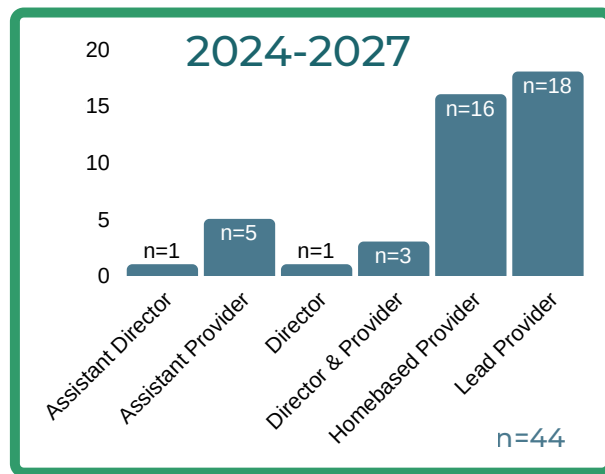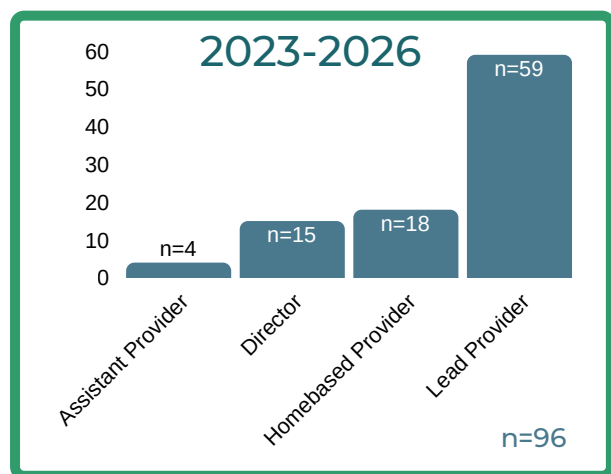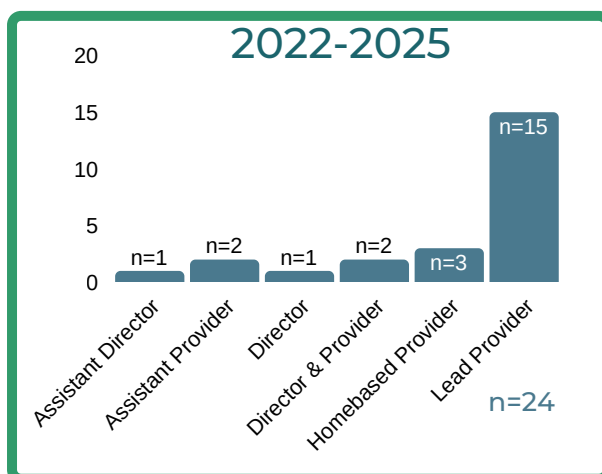# PARTICIPATING PROGRAMS IN 2024-2025

In 2024-25, the following regions participated in the RiR Pyramid Model Implementation: Adams (Webster and Nuckolls), Buffalo, Dakota, Dodge, Hall (Hamilton), Lancaster, Lincoln, Madison (Antelope, Boone, Pierce, Thurston, and Wayne), North Omaha (Douglas), Panhandle (Box Butte, Deuel, Morrill and Scotts Bluff), Phelps, Platte (Colfax), Saline (Fillmore, and Jefferson), and South Omaha (Douglas and Sarpy).

| **109** programs participated in RiR Pyramid Model in 2024-2025 | **55%** were child care centers | **45%** were family child care homes |

The following graphs demonstrate the number of providers/directors in each cohort that are currently engaged* in the RiR initiative or completed their engagement in the spring of 2025. There were 175 participants actively engaged in the initiative at the end of 2025.

2022-2025

Assistant Director: n=1
Assistant Provider: n=2
Director: n=1
Director & Provider: n=2
Homebased Provider: n=3
Lead Provider: n=15

n=24

2023-2026

Assistant Provider: n=4
Director: n=15
Homebased Provider: n=18
Lead Provider: n=59

n=96

2024-2027

Assistant Director: n=1
Assistant Provider: n=5
Director: n=1
Director & Provider: n=3
Homebased Provider: n=16
Lead Provider: n=18

n=44

*Numbers shared in the following bar graphs report those currently enrolled in each cohort. Providers that had an early exit from the initiative are not included.

PARTICIPATING PROVIDERS IN 2024-2025

In 2024-2025, across all cohorts, 275 providers/directors were engaged in the Pyramid Model. Of those 275, 100 made an early exit from the program resulting in a retention rate of 63.6%. Of the 238 providers who completed the demographic survey, data on experience and education level were available for 180 respondents. Among these, a substantial proportion reported having been at their current site for 1-2 years (33.3%) or 3-5 years (31.7%). Additionally, 13.9% had been at their current location for less than one year, 12.8% reported 6-10 years, and 8.3% over 10 years.

Provider Child Care Experience

Experience	Percentage
Less than a year	13.9%
1-2 years	33.3%
3-5 years	31.7%
6-10 years	12.8%
Over 10 years	8.3%
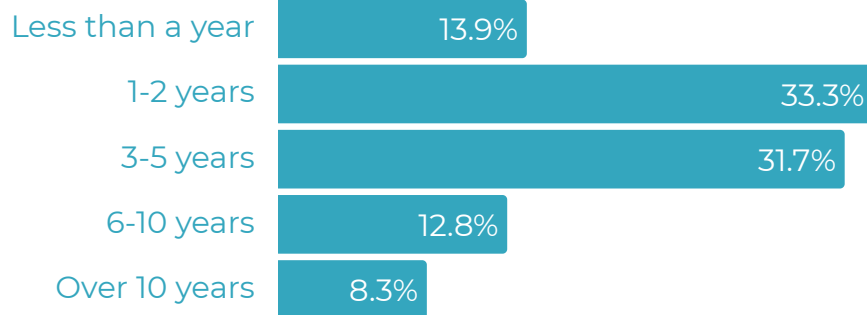
n=180

56.1% of providers' highest education level was a high school degree

23.3% of providers had an Associate's degree
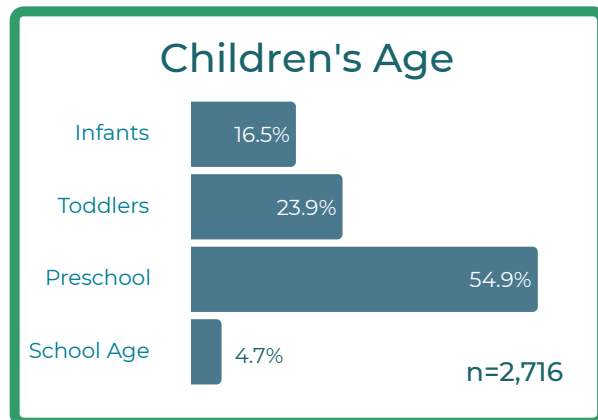
20.6% of providers had a Bachelor's degree or higher

"I loved this experience and the new techniques that I have learned. The networking in this program was a big help too."

-Year 3 RiR Provider

PARTICIPATING CHILDREN IN 2024-2025

Children's Age

- Infants: 16.5%
- Toddlers: 23.9%
- Preschool: 54.9%
- School Age: 4.7%

n=2,716

Children's Race/Ethnicity

- Black/African American: 5.2%
- Hispanic: 15.6%
- Caucasian: 64.1%
- More than one race: 7.0%
- Other: 1.5%
- Not Reported: 6.6%

n=2,716*
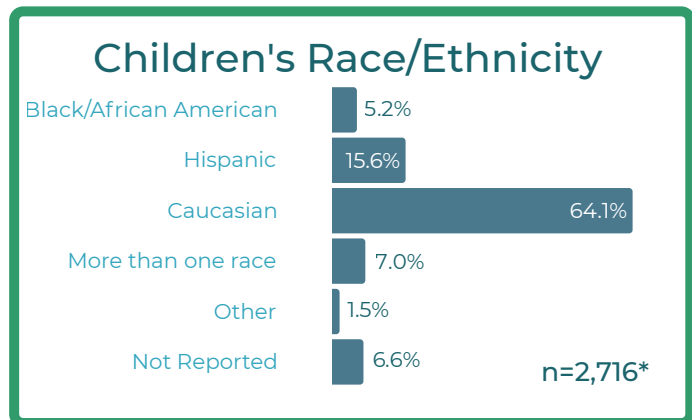
53.2%
of children qualified for a state child care subsidy

11.6%
of children had an IEP or IFSP in place

5.4%
of children were referred to early intervention services in the last year

SOCIAL-EMOTIONAL NEEDS OF CHILDREN INVOLVED IN PYRAMID PROGAMMING

To assess the social-emotional development of individual children engaged in the RiR initiative, providers asked parents to complete a screener, the Ages & Stages Questionnaire, Social-Emotional 2nd Edition (ASQ-SE2). The ASQ-SE2 has an age-anchored cutoff score. Scores at or above the cutoff are flagged, indicating that the child's skills are outside the typical range and that the child may be at risk for delays in social-emotional development. In 2024-2025, ASQ-SE2 screeners were collected for 1,294 children that were in center-based classrooms or family child care homes. **91.0% of children had typical social-emotional skills** based on parent reported data, with 9.0% of children not demonstrating typical skills.

*Not all participants completed a demographic survey, so reported data is not comprehensive of all engaged children.

FAMILY CHILD CARE HOME BENCHMARKS OF QUALITY

Family Child Care Home Program-Wide PBS Benchmarks of Quality (FCCH BOQ; Lentini, 2014) is a self-assessment tool that the home-based provider completes:

- 42 items
- 8 subscales plus 1 overall score

All home providers use a tool called the Family Child Care Home Program-Wide PBS Benchmarks of Quality (FCCH BOQ). To meet the program goal set by RiR, 75% of the practices are recommended be in place. The following graph shows the percentage of Pyramid practices that were fully in place on average across time for all sub-scales and the overall. For the 2022-2025 cohort, by Year 3, the program goal was met for overall (93%), as well as in all but one sub-scale, Monitoring Implementation. Interpretation should be done with caution as there were less than five BOQs completed in year 3.

2022-2025

PROGRAM GOAL 75%

Year 1 (n=14)
Year 2 (n=15
Year 3 (n<5)
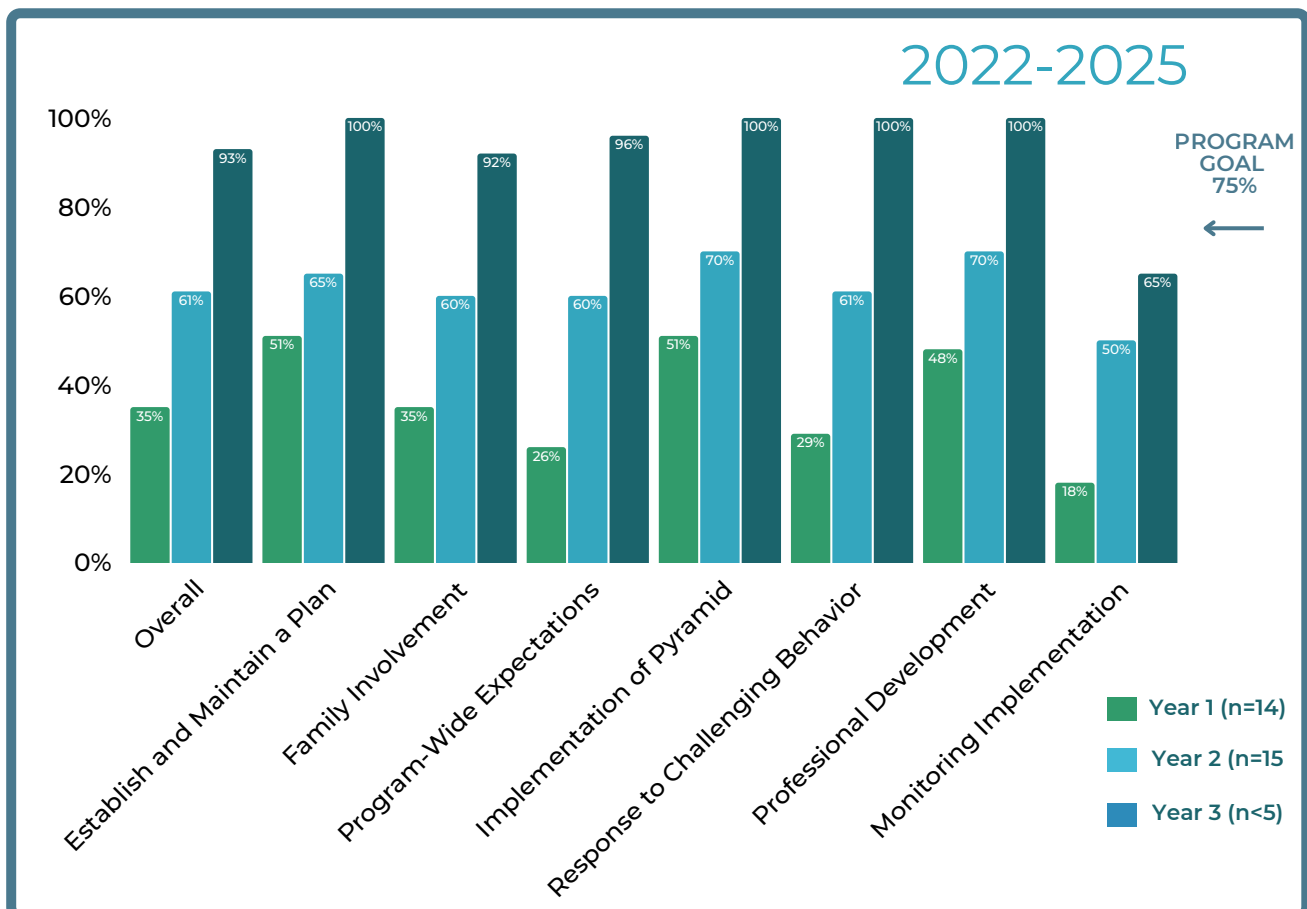
PYRAMID COACHING SESSIONS IN 2024-2025

Coaches logged coaching visits throughout the year. Information collected included frequency and intensity of coaching, content/characteristics of coaching sessions, and types of support provided.

FREQUENCY AND INTENSITY OF COACHING

During 2024-2025 coaches logged 2,249 in-person visits, phone consultations and teleconferencing sessions. The majority (92.9%) of coaching sessions happened in-person with the average coaching session lasting 62 minutes.

CHARACTERISTICS OF COACHING SESSIONS

Session characteristics in 2024-2025 included:
- Problem-solving/reflection (74%),
- Planning (71%),
- Providing feedback (57%),
- Focused observation of provider with a group (30%).

SUPPORT FOR CHALLENGING BEHAVIORS

In 2024-2025, coaches documented 14 instances of referring a child to supportive services such as a mental health provider or the Nebraska Early Development Network (EDN).
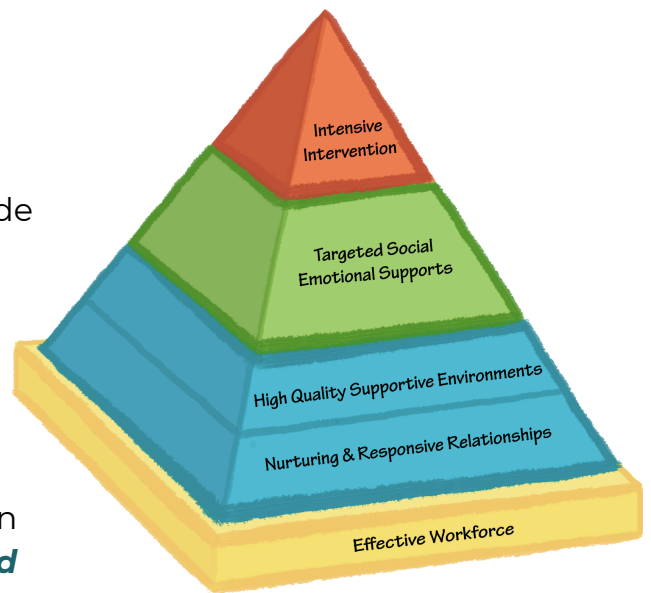
CONTENT OF COACHING SESSIONS

Over the 12-month period, coaching sessions focused on the following:
- Classroom environment (39%)
- Providing/sharing resources (30%)
- Discussing schedules/transitions (26%)
- Promoting child engagement (25%)
- Using praise/reinforcement (25%)
- Reviewing rules/expectations (19%)
- Teaching friendship skills (19%)
- Communicating with families (18%)
- Teaching targeted social-emotional supports (16%)
- Building a relationship with the provider (16%)

Across the state, 45 coaches worked closely with early childhood providers to implement the Pyramid Model. Each county had coaching teams consisting of one to six coaches, including a lead coach who provided additional support and technical assistance to the team. Coaches had expertise in early childhood development and early childhood education. Some of the coaches were mental health providers; other coaches were early childhood specialists who typically had experience as classroom providers, trainers, supervisors, or administrators.

OUTCOMES FOR CENTER-BASED CLASSROOMS

To measure center-based classroom outcomes, external evaluators completed observations using the Teaching Pyramid Observation Tool, Research Edition (TPOT) for preschool rooms and the Teaching Pyramid Infant-Toddler Observation Scale, Revised (TPITOS) for infant and toddler rooms. The following results include all lead providers from cohort 2022-2025 who had at least two observations using the same tool (TPOT or TPITOS). The analyses measured the incidence of negative classroom practices (i.e., red flags), changes over time and the percentage of key practices (Pyramid Model strategies) that are met. Scores are reported on two scales. ***Fidelity for both tools was defined as meeting 80% of key practices and having no red flags.***

Intensive Intervention

Targeted Social Emotional Supports

High Quality Supportive Environments

Nurturing & Responsive Relationships

Effective Workforce

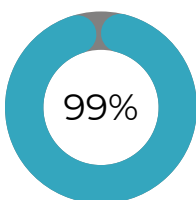## 2022-2025 COHORT TPOT/TPITOS FINDINGS

From 2022 to 2025, average TPITOS scores increased from 51% to 70%. TPOT scores increased from 52% to 78%. No red flags were identified within the TPOT observation and 99% of the TPITOS red flag indicators were not present by Year 3. By Year 3, 50% of TPOT providers (n<5) had achieved fidelity to the observation tools, and one of the TPITOS providers (n<5) was near the fidelity benchmark at 78%, the rest were below. Providers' scores were only included in the analyses if they had at least two time points of data. Interpretation should be made with caution as there were less than five observations completed in year 3.
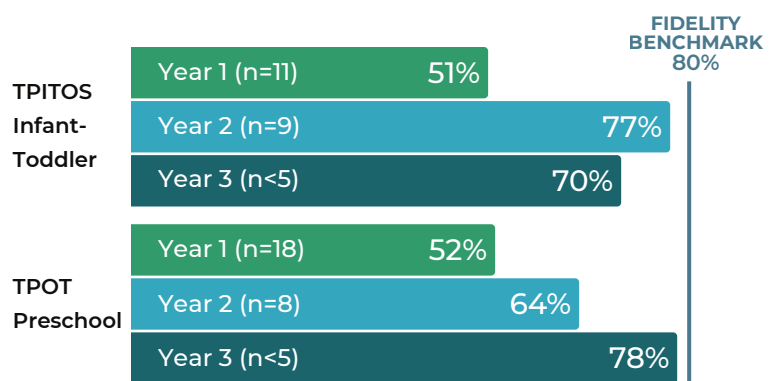
% OF NO RED FLAGS

By Year 3, 100% of preschool classroom practices had no red flags
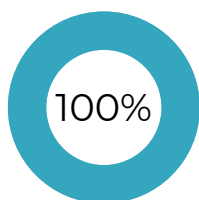
By Year 3, 99% of infant-toddler classroom practices had no red flags

100%

99%

% OF KEY PRACTICES IN PLACE

FIDELITY BENCHMARK 80%

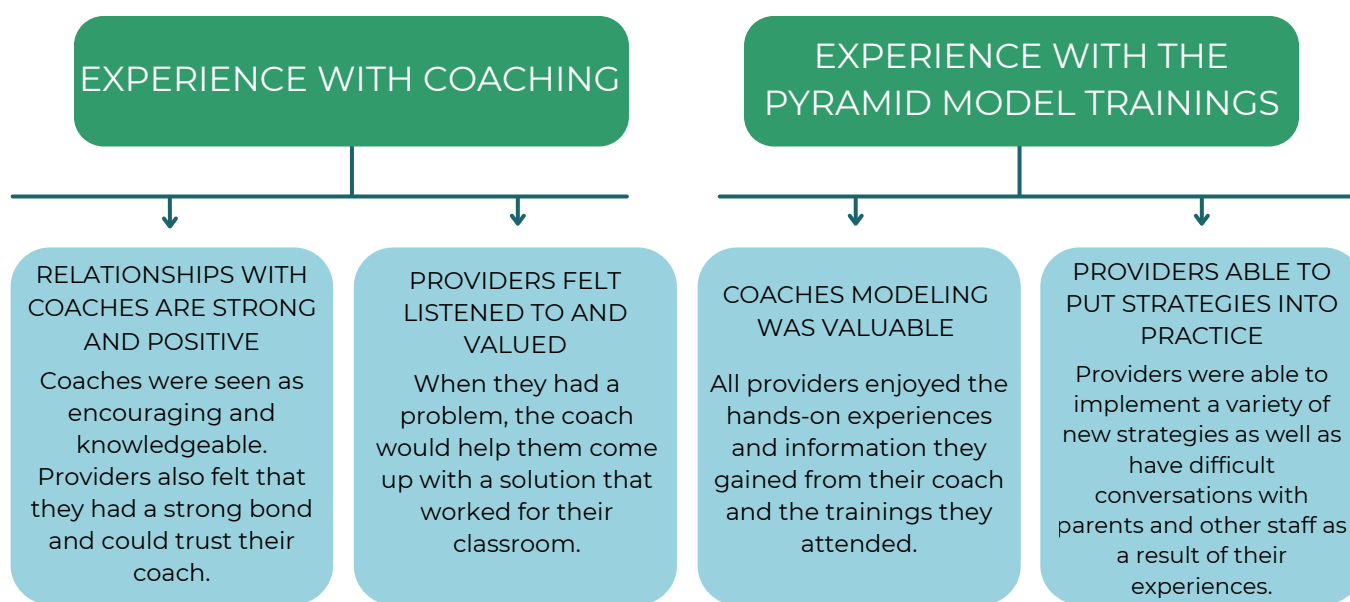|		
TPITOS Infant-Toddler	Year 1 (n=11)	51%
	Year 2 (n=9)	77%
	Year 3 (n<5)	70%
TPOT Preschool	Year 1 (n=18)	52%
	Year 2 (n=8)	64%
	Year 3 (n<5)	78%

*Due to small n's in year 3, additional analysis was not completed.

YEAR 1 PROVIDER PERCEPTIONS

The RiR evaluation collected data from providers at three points in time via focus groups (Year 1) and surveys (Years 2 & 3) to determine their satisfaction with the program, to measure their self-assessment of their Pyramid skills, and to gather their feedback on how to improve the program. Full provider outcome findings are provided in a separate report. Perspectives of providers engaged in Year 1 in 2025 (n=3 communities) were analyzed using a deductive thematic analysis. Thematic findings are reported below.

EXPERIENCE WITH COACHING

RELATIONSHIPS WITH COACHES ARE STRONG AND POSITIVE
Coaches were seen as encouraging and knowledgeable. Providers also felt that they had a strong bond and could trust their coach.

PROVIDERS FELT LISTENED TO AND VALUED
When they had a problem, the coach would help them come up with a solution that worked for their classroom.

EXPERIENCE WITH THE PYRAMID MODEL TRAININGS

COACHES MODELING WAS VALUABLE
All providers enjoyed the hands-on experiences and information they gained from their coach and the trainings they attended.

PROVIDERS ABLE TO PUT STRATEGIES INTO PRACTICE
Providers were able to implement a variety of new strategies as well as have difficult conversations with parents and other staff as a result of their experiences.

INFLUENCE OF THE PYRAMID MODEL

THE IMPORTANCE OF INTERACTIONS AND BUILDING RELATIONSHIPS
"It really helped me understand that there is a reason for every behavior, interaction, etc. Building positive relationships is key with children. It's so easy to just be present and "watch" the kids, but taking the time to sit down and play and have conversations with children can make a world of a difference." -Year 1 Provider

A NEW POINT OF VIEW
"I learned more about ways to approach situations, how to handle things better and looking at things in a different perspective." -Year 1 Provider
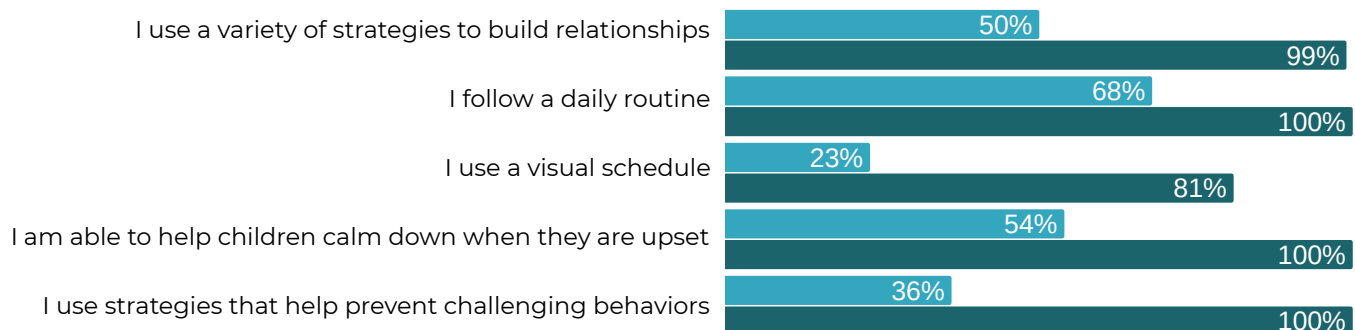
THE VALUE OF PROVIDER COLLABORATION MEETINGS
"I loved those meetings. I wish there would have been more of them. They were an excellent source of just collaborating with everybody and getting to know people that are beyond just the first year, the people who were there longer." -Year 1 Provider

YEAR 2 PROVIDER PERCEPTIONS

Providers that were in their 2nd Year of RiR (n=107) during 2024-2025 completed a 28-question pre- and post-survey as a self-assessment of their skills to support the social-emotional competence of all the children in their classroom and to support an individual child with more persistent behavioral challenges. The figure below reports the percentage of providers that often or almost always engage in each Pyramid strategy before and after coaching.

SOCIAL-EMOTIONAL COMPETENCE FINDINGS

■ Before Coaching (n=93)   ■ After Coaching (n=93)

I use a variety of strategies to build relationships
- 50%
- 99%

I follow a daily routine
- 68%
- 100%

I use a visual schedule
- 23%
- 81%

I am able to help children calm down when they are upset
- 54%
- 100%

I use strategies that help prevent challenging behaviors
- 36%
- 100%

100%
believe the Pyramid Model has been helpful with addressing behavior challenges

100%
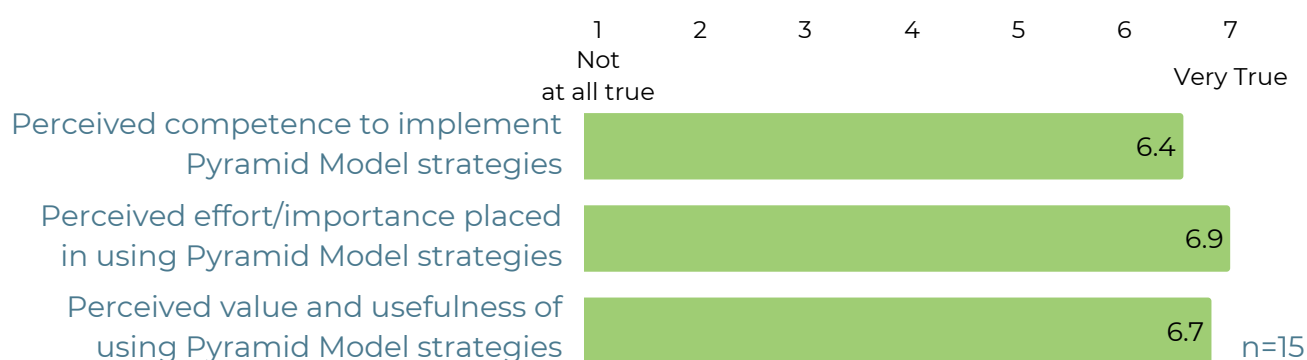believe Pyramid Model coaching has been helpful to support children's social-emotional development

"[My coach] has always encouraged me to take care of myself so I am able to have the capacity to take care of those in my classroom."
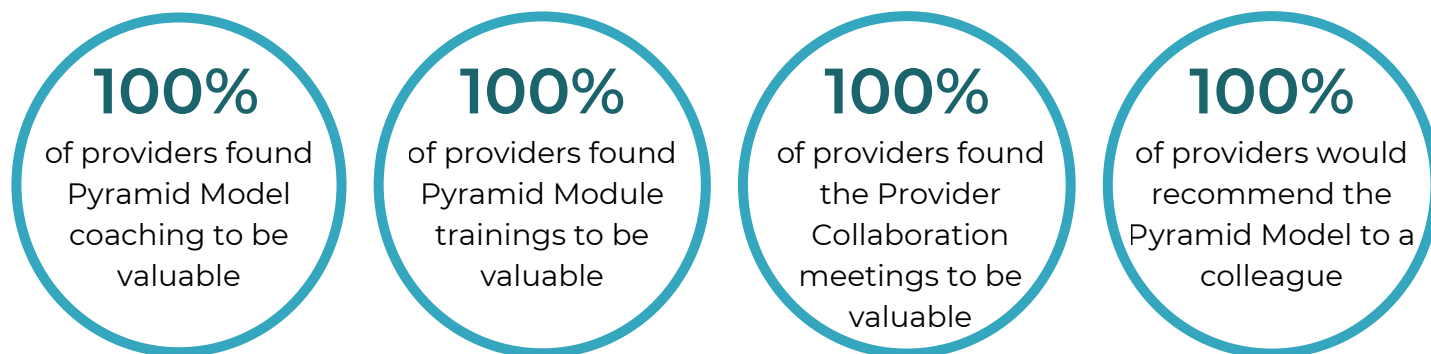
-Year 2 Provider

YEAR 3 PROVIDER PERCEPTIONS

In the Spring of 2025, Year 3 providers (n=15) were asked to complete an exit survey which included open-ended quality improvement questions, as well as a modified intrinsic motivation inventory.* All providers completed the survey. Mean scale scores were calculated for the following inventory domains related to the Pyramid Model: perceived competence, effort/importance, and value/usefulness. Mean scores are reported for each domain below. Findings demonstrate intrinsically motivating factors are present across each domain.

	1 Not at all true	2	3	4	5	6	7 Very True
Perceived competence to implement Pyramid Model strategies						6.4	
Perceived effort/importance placed in using Pyramid Model strategies						6.9	
Perceived value and usefulness of using Pyramid Model strategies						6.7	n=15

100% of the providers said they plan to continue implementing Pyramid Model strategies. When asked to describe strategies for continued implementation, responses focused on continued use of the behavioral and social-emotional strategies learned, and looking for opportunities to use the knowledge and activities that they acquired with the children in their classroom.

"Constantly making those positive deposits! Catch children being good. I also know that staying engaged with children keeps the amount of behaviors down."
-Provider reflects on continued use of Pyramid Model strategies

100%
of providers found Pyramid Model coaching to be valuable

100%
of providers found Pyramid Module trainings to be valuable

100%
of providers found the Provider Collaboration meetings to be valuable

100%
of providers would recommend the Pyramid Model to a colleague

*https://selfdeterminationtheory.org/wp-content/uploads/2022/02/IMI_Complete.pdf

CONCLUSION & FUNDING SOURCES

BUILDING STATEWIDE CAPACITY TO SUPPORT EARLY CHILDHOOD SYSTEMS OF CARE

RiR has maintained its focus on coordinating activities across state stratgies. The team continues to work collaboratively to strengthen and support systems that promote early childhood mental health. Efforts remain focused on streamlining coach training, improving communication methods, developing strategies to prevent role fatigue, and aligning coaching processes and practices across various strategies.

SUPPORTING COMMUNITY EARLY CHILDHOOD SYSTEMS OF CARE

Systems-level initiatives remain varied and responsive to the unique needs of individual communities. Most efforts focus on family engagement and early care and education. These initiatives continue to have both broad, direct, and indirect impact across the state.

PYRAMID MODEL IMPLEMENTATION

Pyramid Model coaches have consistently supported both center- and home-based child care providers in implementing high-quality social-emotional practices. Over the course of the three-year initiative, providers have shown growth in their ability to apply Pyramid practices effectively. They have developed confidence, internal motivation, and sustainable strategies to carry these practices forward beyond the RiR initiative. These improvements in provider practices have the potential to positively impact children's social-emotional development and overall well-being.

FUNDING FOR ROOTED IN RELATIONSHIPS PROVIDED BY:

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