

rootedinrelationships.org

2024-2025

Annual Evaluation Report



University of Nebraska
Medical Center™

MUNROE-MEYER INSTITUTE



TABLE OF CONTENTS

Initiative Overview.....1-5

Evaluation Overview.....6-7

Community Early Childhood Systems of Care...8-17

Pyramid Model Implementation.....18-28

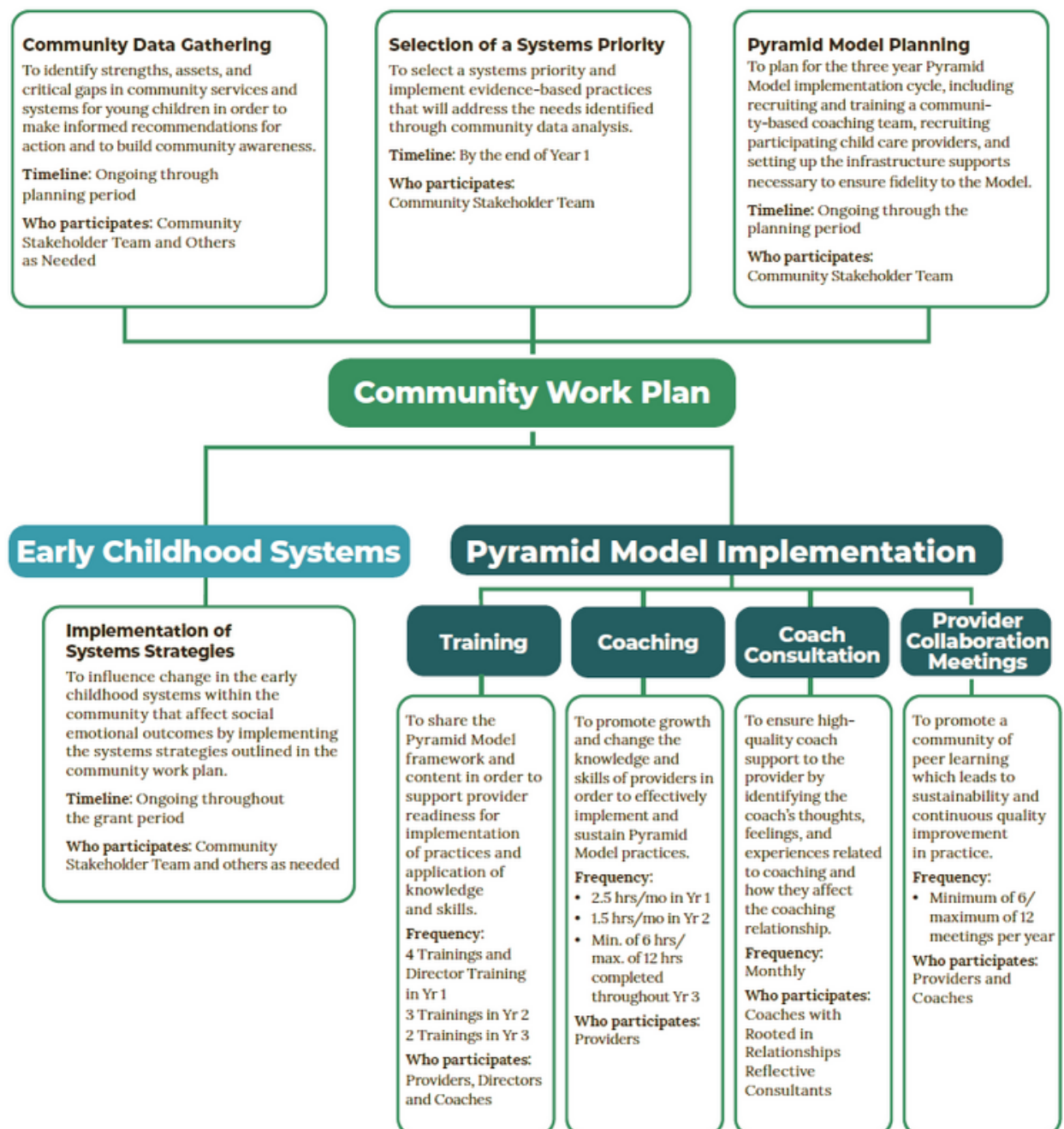
Conclusion & Funding Sources.....29

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.

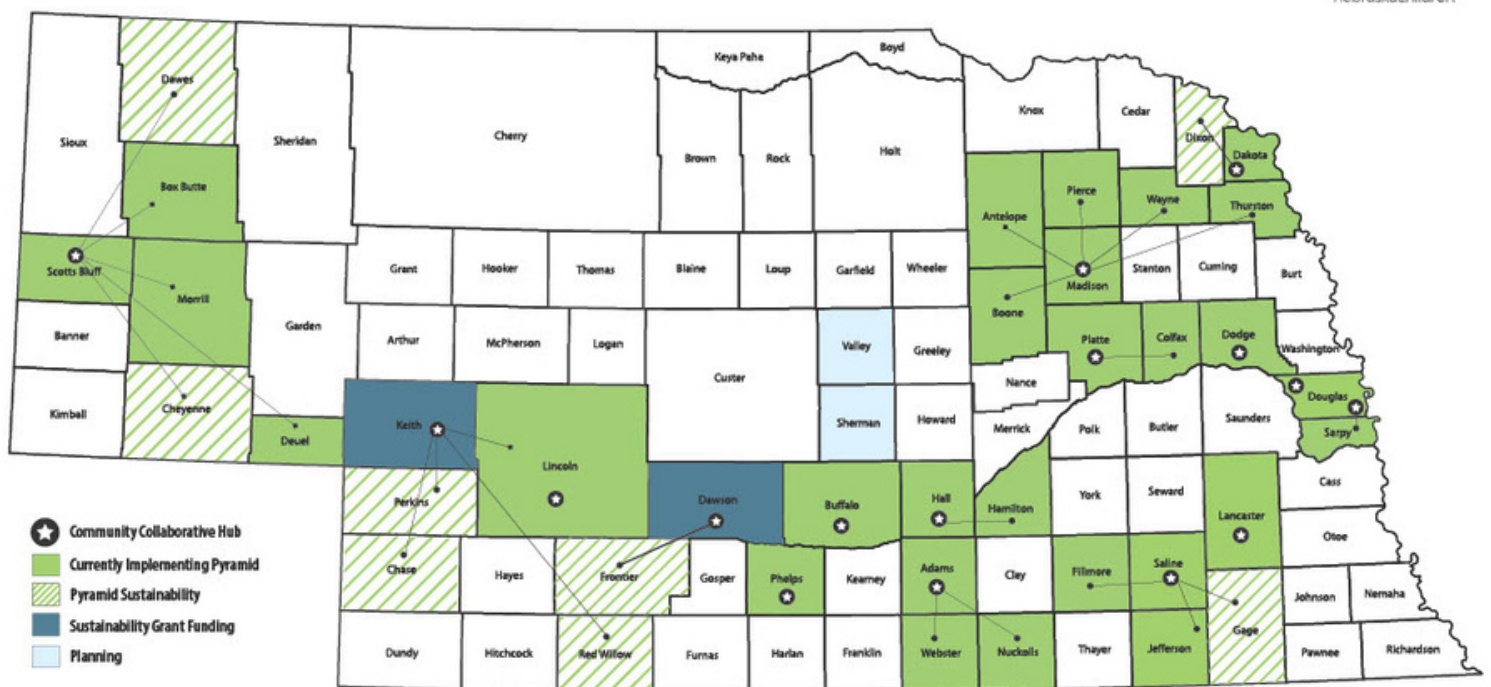


INITIATIVE REACH IN 2024-2025

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



Last update: 2/11/25

STATEWIDE CAPACITY TO SUPPORT EARLY CHILDHOOD SYSTEMS OF CARE

Coaches Trained by Year



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

■ Quantitative Measures
■ Qualitative 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?
	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?
	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.



Medical

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



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 biennial 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.

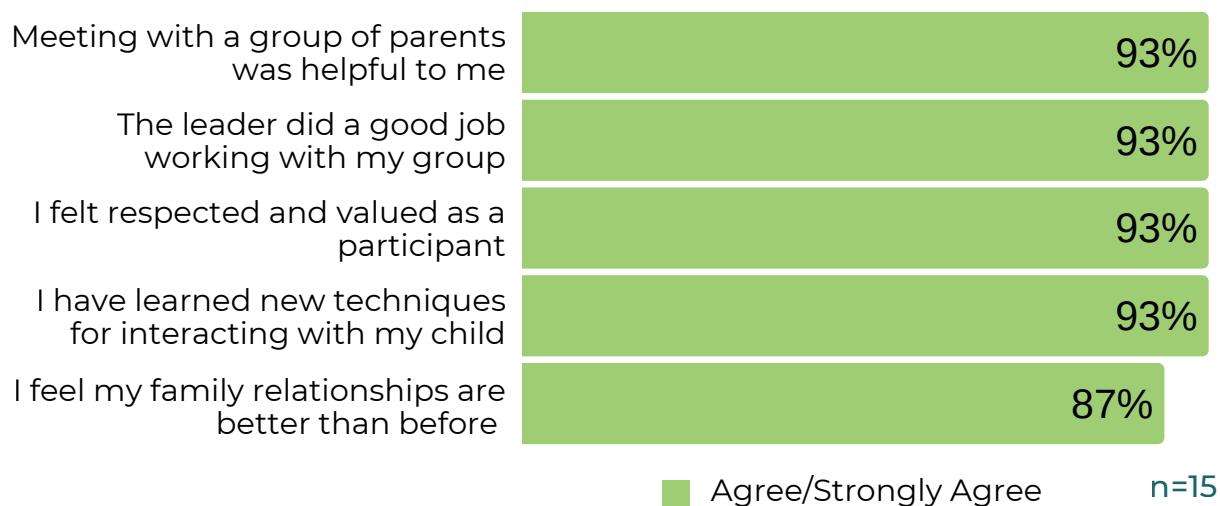
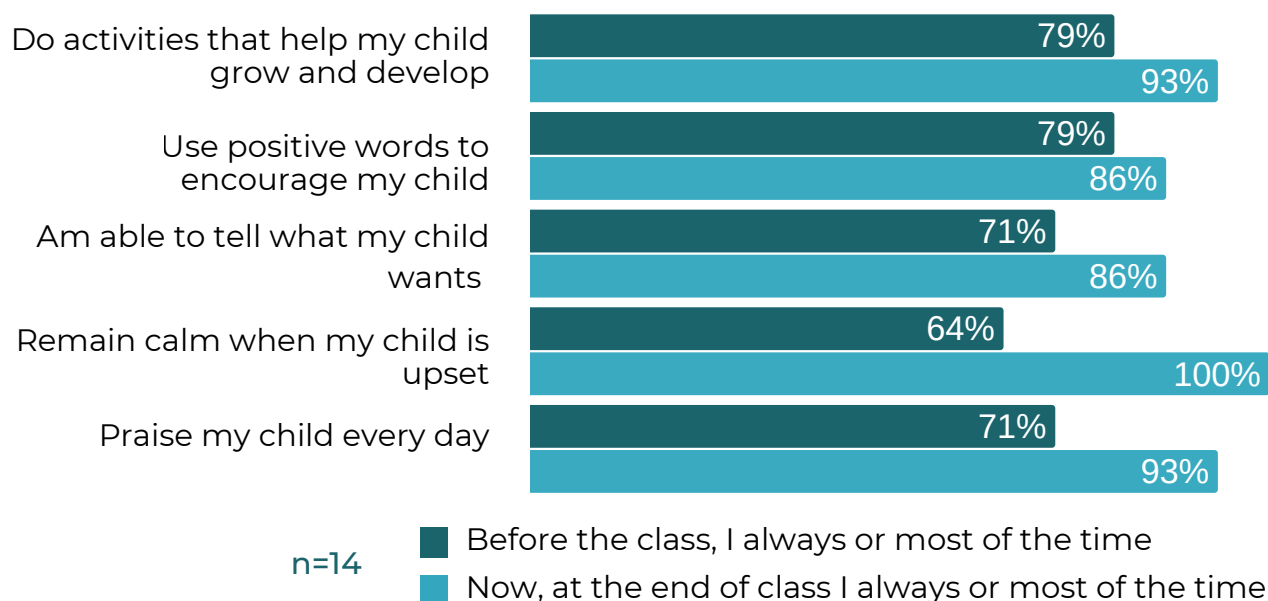
"I learned that the circle applies to every relationship, not just the parent and child. It helped me make sense of my childhood more."

-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.



"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

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 (North Omaha, N 300+; 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

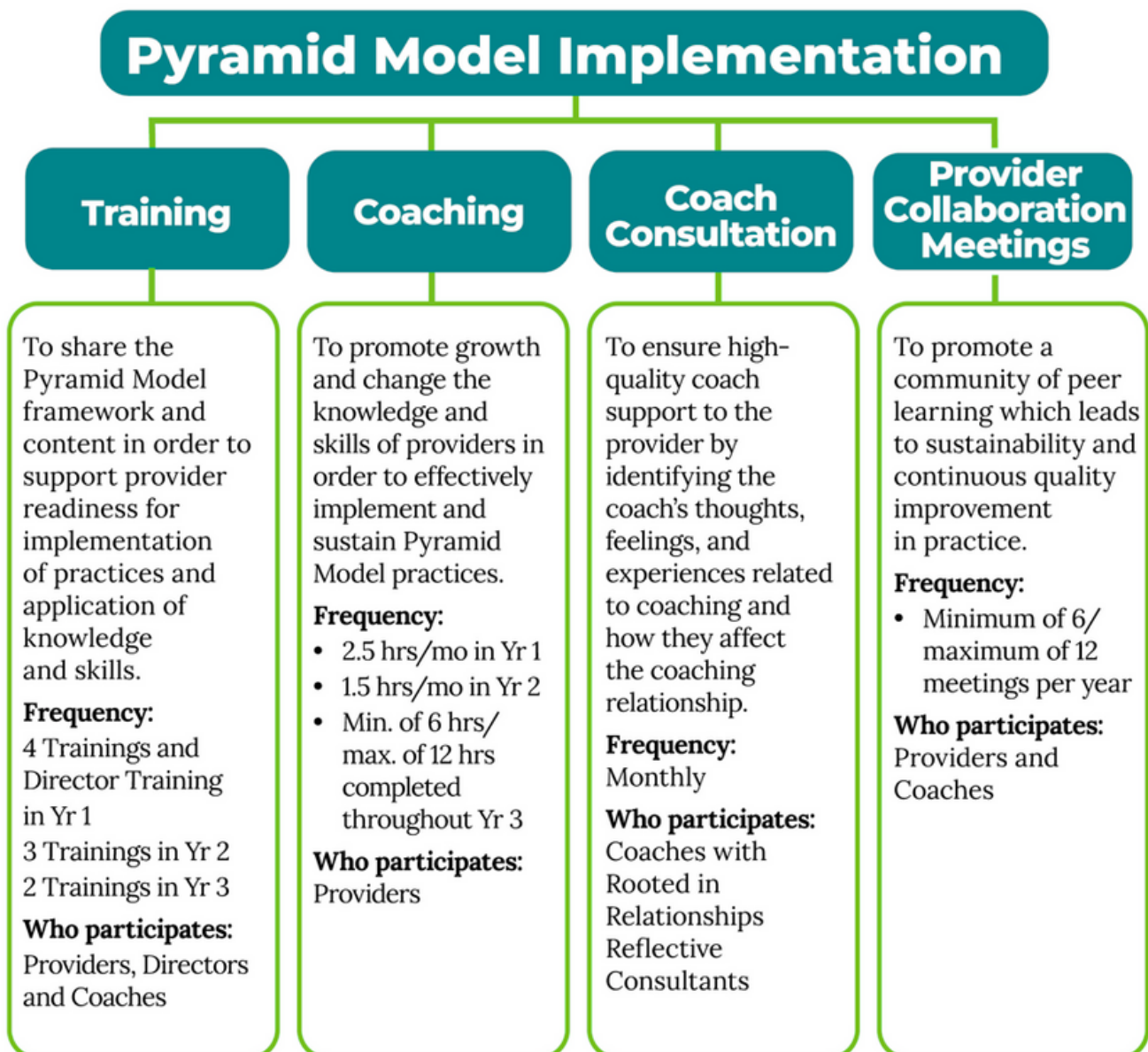
South Central partnered with the Henderson Hospital board of directors and held a screen time round table to reach a total of 19 hospital staff, administrative professionals, school staff, and other professionals.

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.



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

BOQ
ASQ-SE2
Child Demographic Survey
TPOT & TPITOS
Provider Focus Groups
Reflective Consultation Surveys
Coaching Logs

YEAR 2 DATA

BOQ
ASQ-SE2
Child Demographic Survey
TPOT & TPITOS
Provider Interviews
Provider Satisfaction Survey
Reflective Consultation Surveys
Coaching Logs

YEAR 3 DATA

BOQ
ASQ-SE2
Child Demographic Survey
TPOT & TPITOS
Provider Exit Survey
Reflective Consultation Surveys
Coaching Logs

PARTICIPATING PROGRAMS IN 2024-2025

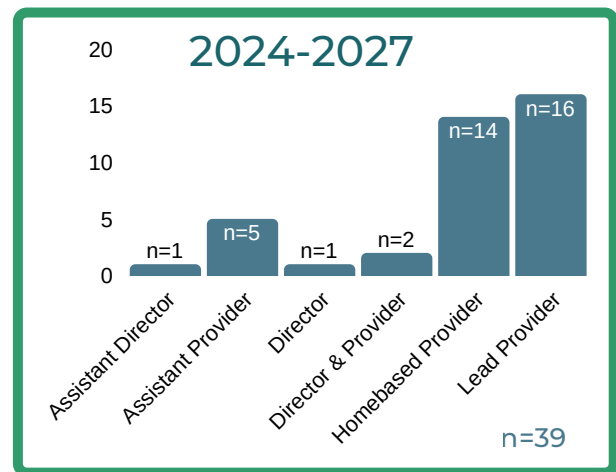
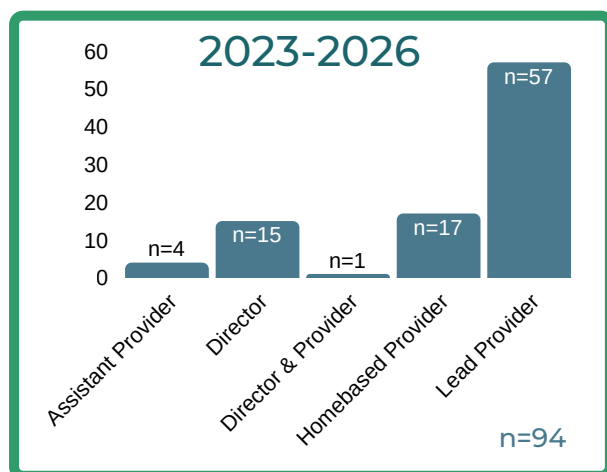
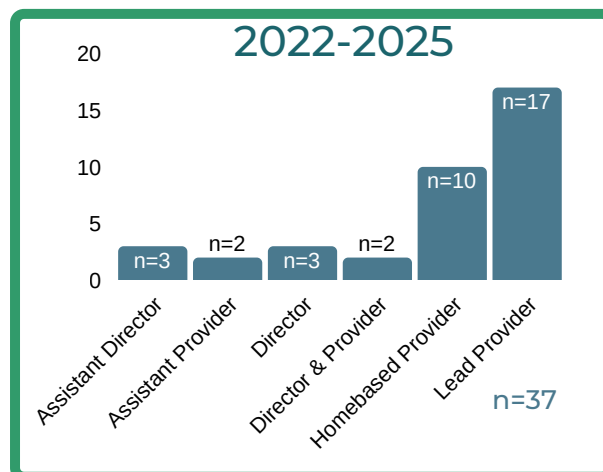
In 2024-25, the following regions participated in the RiR Pyramid Model Implementation: Adams (Webster and Nuckolls), Buffalo, Dakota, Dodge, Hall (Hamilton), Lancaster, Lincoln, Madison (Antelope, Boone, Pierce, Thurston, and Wayne), North Omaha (Douglas), Panhandle (Box Butte, Deuel, Morrill and Scotts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

105 programs participated in RiR Pyramid Model in 2024-2025

56% were child care centers

44% 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 170 participants actively engaged in the initiative at the end of 2025.

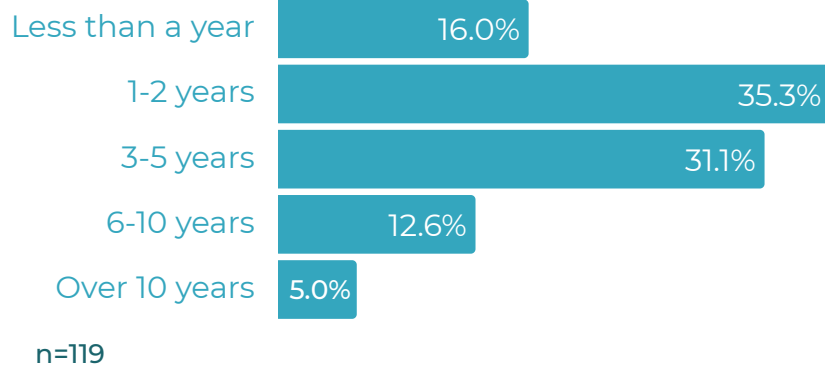


*Numbers shared in the following bar graphs report those currently enrolled in each cohort. Providers that had an early exit from the initiative are not included.

PARTICIPATING PROVIDERS IN 2024-2025

In 2024-2025, across all cohorts, 195 providers/directors were engaged in the Pyramid Model. Of those 195, 25 made an early exit from the program resulting in a retention rate of 87.2%. Of the 157 providers who completed the demographic survey, data on experience and education level were available for 119 respondents. Among these, a substantial proportion reported having been at their current site for 1-2 years (35.3%) or 3-5 years (31.1%). Additionally, 16.0% had been at their current location for less than one year, 12.6% reported 6-10 years, and 5.0% over 10 years.

Provider Child Care Experience



58.8%

of providers' highest education level was a high school degree

22.7%

of providers had an Associate's degree

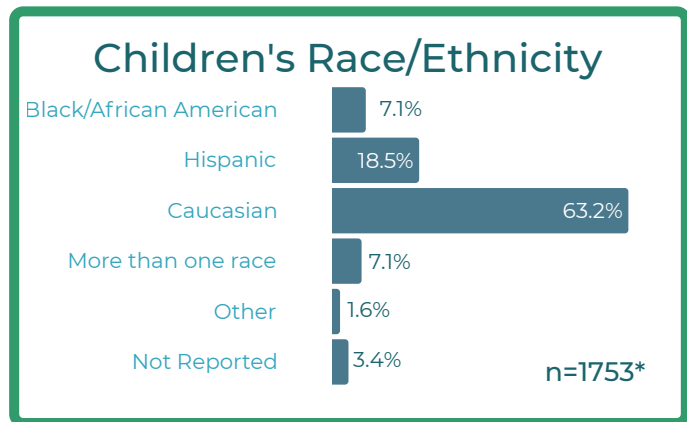
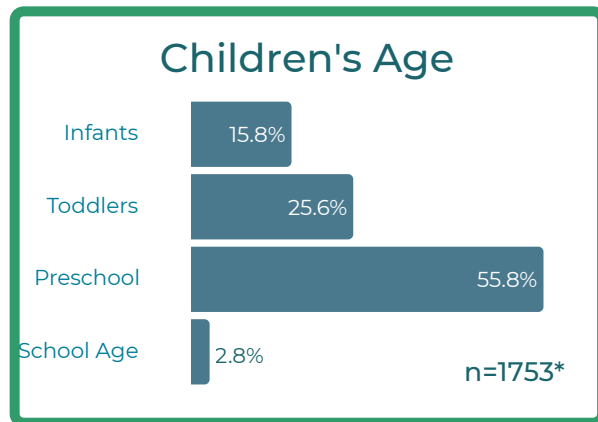
18.5%

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



53.1%
of children qualified for
a state child care
subsidy

9.6%
of children had an IEP
or IFSP in place

3.4%
of children were referred
to early intervention
services in the last year

SOCIAL-EMOTIONAL NEEDS OF CHILDREN INVOLVED IN PYRAMID PROGRAMMING

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.



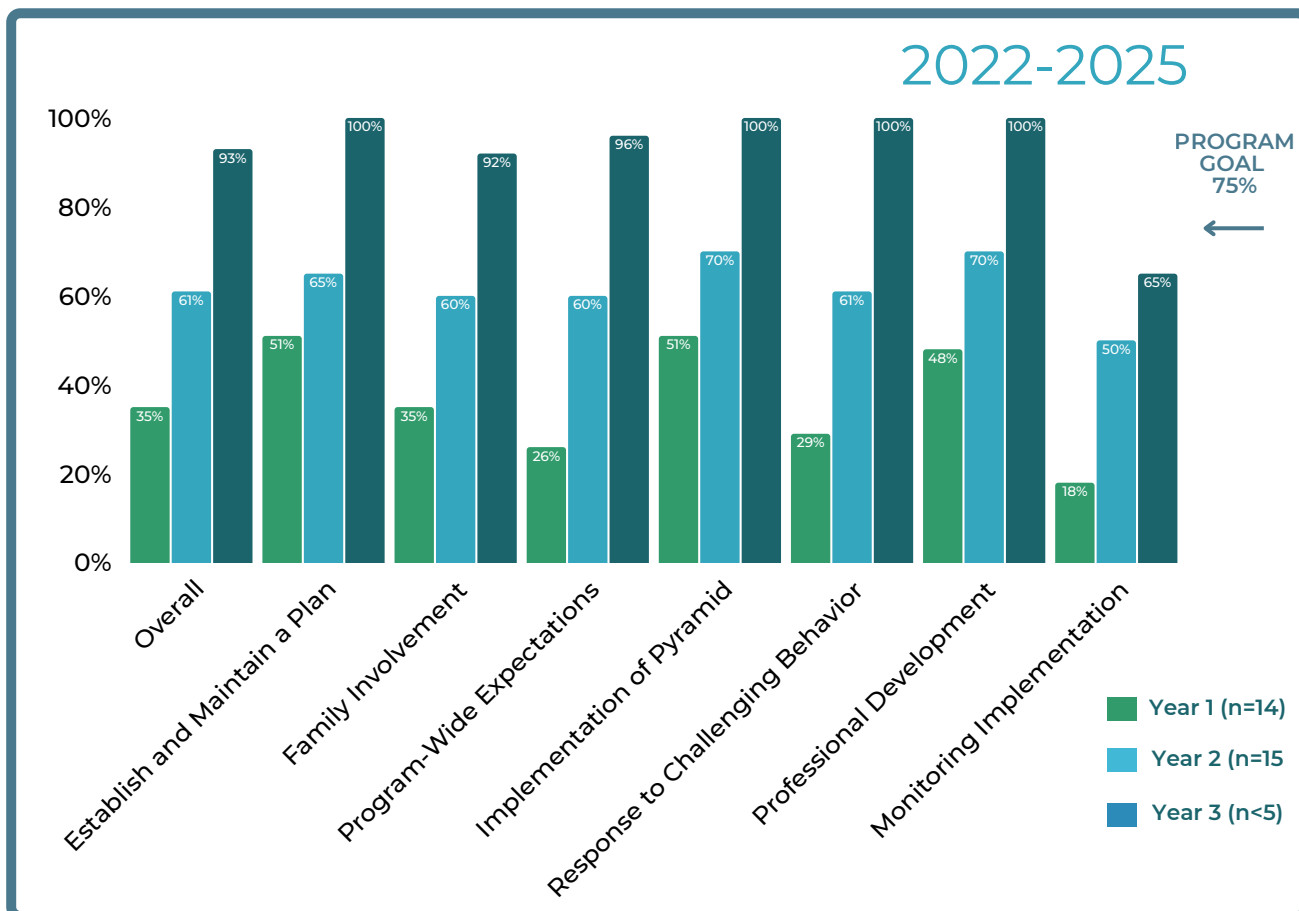
*Not all participants completed a demographic survey, so reported data is not comprehensive of all engaged children.

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.



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



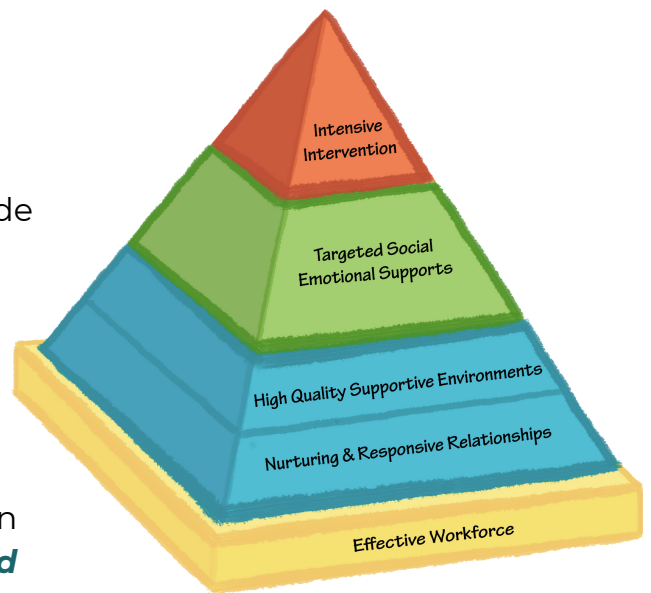
Over the 12-month period, coaching sessions focused on the following:

- 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.**

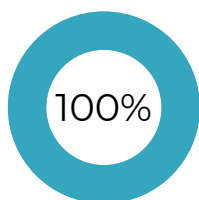


2022-2025 COHORT TPOT/TPITOS FINDINGS

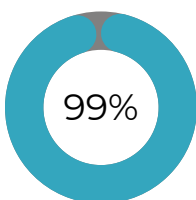
From 2022 to 2025, average TPITOS scores increased from 51% to 70%. TPOT scores increased from 52% to 78%. No red flags were identified within the TPOT observation and 99% of the TPITOS red flag indicators were not present by Year 3. By Year 3, 50% of TPOT providers (n<5) had achieved fidelity to the 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

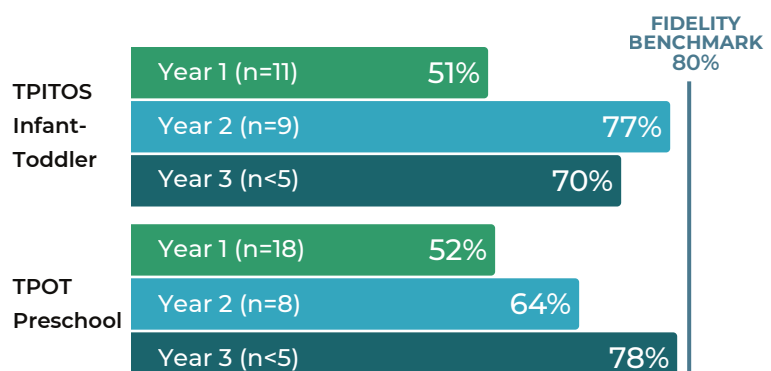
By Year 3, 100% of preschool classroom practices had no red flags



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



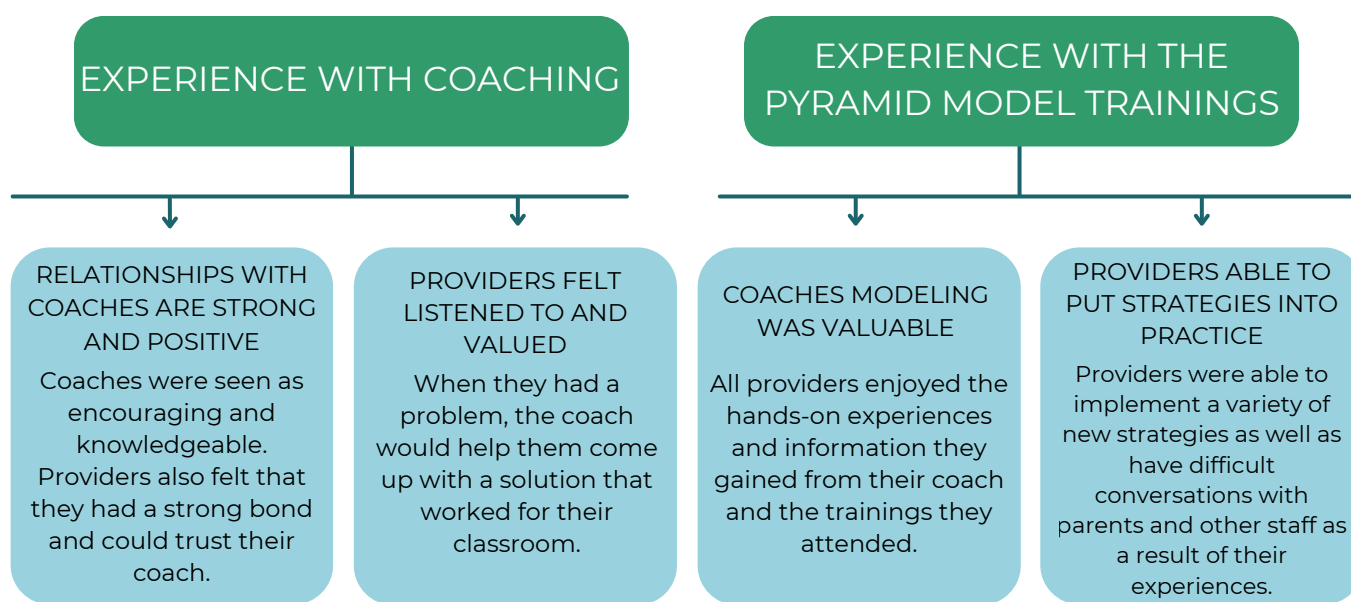
% OF KEY PRACTICES IN PLACE



*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.



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

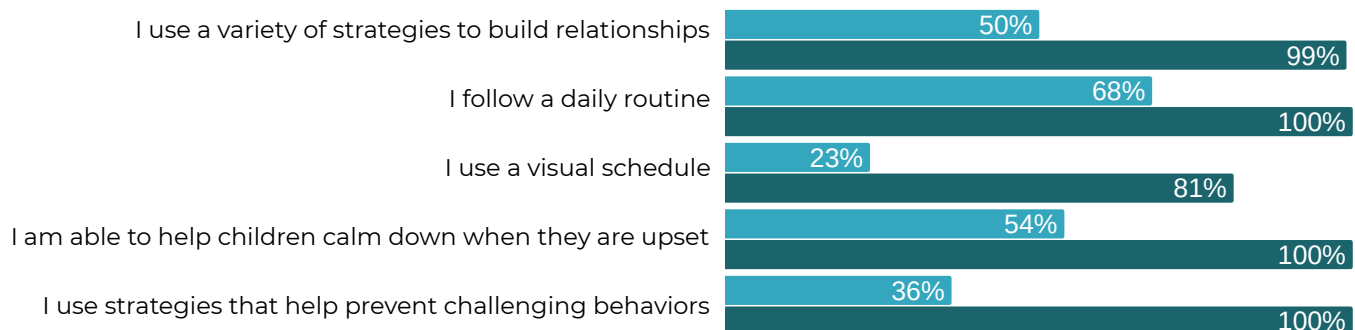
"I loved those meetings. I wish there would have been more of them. They were an excellent source of just collaborating with everybody and getting to know people that are beyond just the first year, the people who were there longer." -Year 1 Provider

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)



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

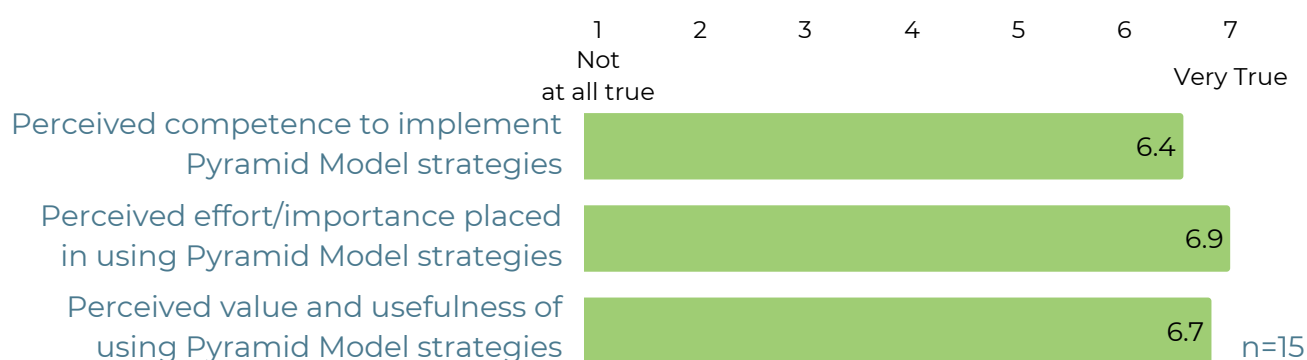
"[My coach] has always encouraged me to take care of myself so I am able to have the capacity to take care of those in my classroom."

-Year 2 Provider



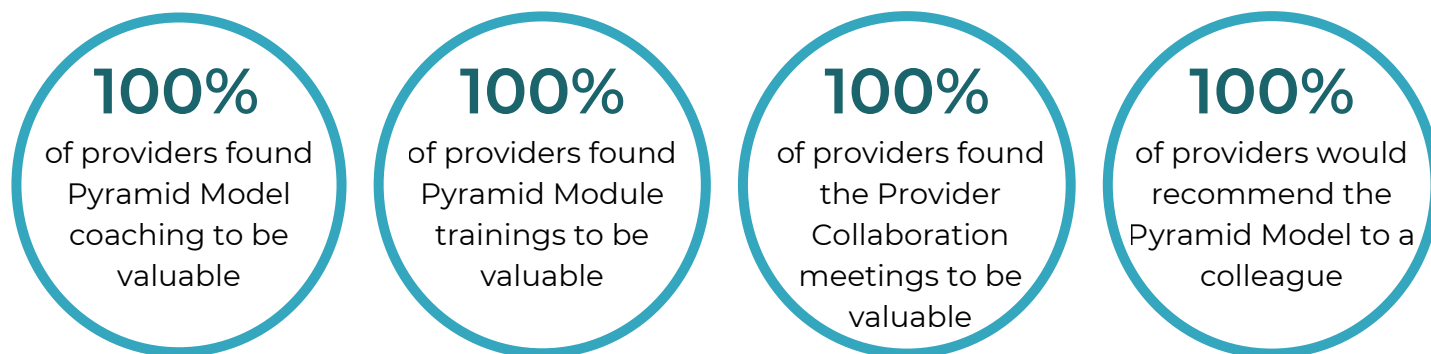
YEAR 3 PROVIDER PERCEPTIONS

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.



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



CONCLUSION & FUNDING SOURCES

BUILDING STATEWIDE CAPACITY TO SUPPORT EARLY CHILDHOOD SYSTEMS OF CARE

RiR has maintained its focus on coordinating activities across state strategies. 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.

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