



ROOTED IN RELATIONSHIPS  
ANNUAL  
EVALUATION  
REPORT  
2025-2026

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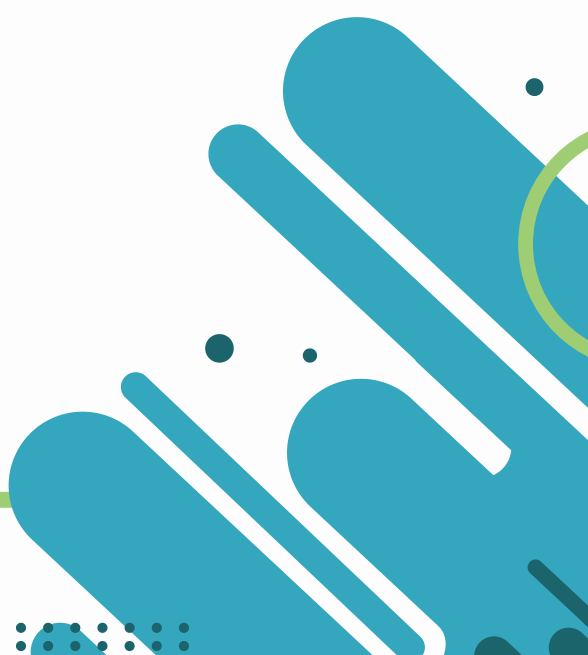
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# ACRONYMS GLOSSARY



|                 |       |                                                                                 |
|-----------------|-------|---------------------------------------------------------------------------------|
| <b>BOQ v.2</b>  | ..... | Benchmarks of Quality, version 2                                                |
| <b>CCDF</b>     | ..... | Child Care Development Fund                                                     |
| <b>CDN</b>      | ..... | Coach Development Network                                                       |
| <b>C4K</b>      | ..... | Communities for Kids                                                            |
| <b>CCP</b>      | ..... | Child Care Partnerships                                                         |
| <b>CoP</b>      | ..... | Community of Practice                                                           |
| <b>COS</b>      | ..... | Circle of Security                                                              |
| <b>COSC</b>     | ..... | Circle of Security Classroom                                                    |
| <b>COSI</b>     | ..... | Circle of Security International                                                |
| <b>COSP</b>     | ..... | Circle of Security Parenting                                                    |
| <b>CPP</b>      | ..... | Child-Parent Psychotherapy                                                      |
| <b>EC</b>       | ..... | Early Childhood                                                                 |
| <b>EDN</b>      | ..... | Early Development Network                                                       |
| <b>ECMH</b>     | ..... | Early Childhood Mental Health                                                   |
| <b>ESU</b>      | ..... | Educational Service Unit                                                        |
| <b>FAN</b>      | ..... | Facilitating Attuned Interactions                                               |
| <b>FCCH BOQ</b> | ..... | Family Child Care Home Benchmarks of Quality                                    |
| <b>MMI</b>      | ..... | Munroe-Meyer Institute; located at the University of Nebraska<br>Medical Center |
| <b>MTSS</b>     | ..... | Multi-Tiered System of Support                                                  |
| <b>NeAEYC</b>   | ..... | Nebraska Association for the Education of Young Children                        |
| <b>NAIMH</b>    | ..... | Nebraska Association for Infant Mental Health                                   |

# ACRONYMS GLOSSARY CONT.

|                     |                                                                                                                                                                                                   |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NCFE</b> .....   | Nebraska Children and Families Foundation                                                                                                                                                         |
| <b>NC EC</b> .....  | Nebraska Children Early Childhood                                                                                                                                                                 |
| <b>NCAPE</b> .....  | Nebraska Child Abuse Prevention Fund                                                                                                                                                              |
| <b>NCRP</b> .....   | Nebraska Center on Reflective Practice; part of Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center on Children, Families, and the Law |
| <b>NDE</b> .....    | Nebraska Department of Education                                                                                                                                                                  |
| <b>NGR</b> .....    | Nebraska Growing Readers                                                                                                                                                                          |
| <b>NRPVYC</b> ..... | Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center for Children, Families, and the Law                                                |
| <b>PBS</b> .....    | Positive Behavior Support                                                                                                                                                                         |
| <b>PCIT</b> .....   | Parent-Child Interaction Therapy                                                                                                                                                                  |
| <b>PIWI</b> .....   | Parents Interacting with Infants                                                                                                                                                                  |
| <b>PSLT</b> .....   | Pyramid State Leadership Team                                                                                                                                                                     |
| <b>RiR</b> .....    | Rooted in Relationships                                                                                                                                                                           |
| <b>SUTQ</b> .....   | Step Up to Quality                                                                                                                                                                                |
| <b>TPITOS</b> ..... | Teaching Pyramid Infant-Toddler Observation Scale-Revised                                                                                                                                         |
| <b>TPOT</b> .....   | 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 Work Plan Development

### Community Data Gathering

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

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

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 planning period

**Who participates:** Community Stakeholder Team

The community work plan is broken down into two parts: Early Childhood Systems and Pyramid Model Implementation, as seen below.

## Community Implementation

### Early Childhood Systems

#### Implementation of Systems Strategies

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

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 Year 1
- 3 Trainings in Year 2
- 2 Trainings in Year 3

**Who participates:** Providers, Directors and Coaches

#### Coaching

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 Year 1
- 1.5 hrs/mo in Year 2
- Min. of 6 hrs / max. of 12 hrs completed throughout Year 3

**Who participates:** Coaches, Directors, and Providers

#### Coach Consultation

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 and RiR Reflective Consultants

#### Provider Collaboration Meetings

Promote a community of peer learning that leads to sustainability and continuous quality improvement in practice.

**Frequency:**

- Minimum of 6 / maximum of 12 meetings per year

**Who participates:** Providers and Coaches

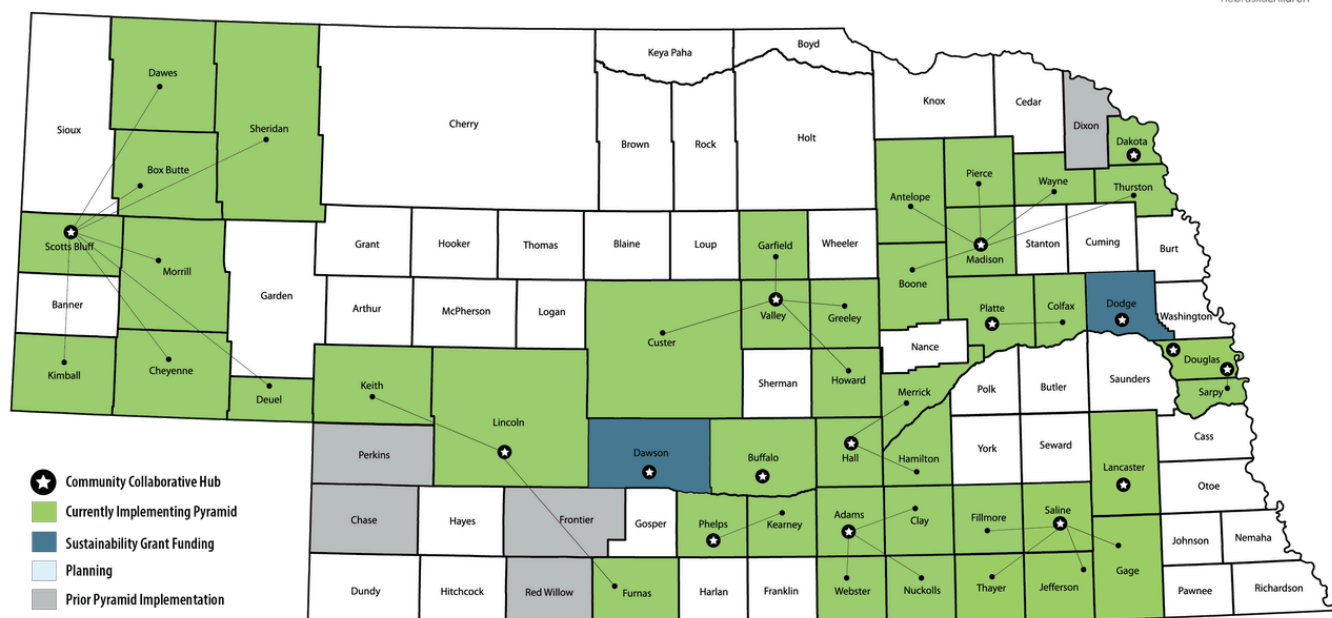
# INITIATIVE REACH IN 2025-2026

From July 2025 to June 2026, Rooted in Relationships supported 17 collaboration hubs, including Buffalo, Dakota, Dawson, Dodge, Hall (Hamilton, Merrick), Lancaster, Lincoln (Furnas and Keith), Madison (Antelope, Boone, Pierce, Thurston, and Wayne), North Omaha (Douglas), Panhandle (Box Butte, Cheyenne, Dawes, Deuel, Morrill, Kimbell, Scotts Bluff, and Sheridan), Phelps, Platte (Colfax), Saline (Fillmore, Gage, Jefferson, and Thayer), Sandhills (Custer, Garfield, Greeley, Howard, Sherman, and Valley), South Central (Adams, Clay, Webster and Nuckolls), and South Omaha (Douglas and Sarpy). These hubs were engaged in various stages of the initiative, including implementation, expansion, and sustainability. The following map of Nebraska shows the Community Collaborative Hubs, the counties they serve, as well as counties receiving sustainability funding or that have worked with Rooted in Relationships in the past.



## Rooted in Relationships

Rooted in Relationships  
nebraskachildren



Last update: 7/23/25

# STATEWIDE CAPACITY TO SUPPORT EARLY CHILDHOOD SYSTEMS OF CARE

## Coaches Trained by Year

2025

23 EC Coaches  
12 Pyramid Coaches

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



# BUILDING STATEWIDE SYSTEMS OF CARE CAPACITY

One of the primary goals of the RiR initiative is to strengthen the systems that support and intersect with early childhood mental health 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 achieved through implementation of evidence-informed best practices, collaborative decision-making across organizations, and alignment through shared meetings.

## EVIDENCE-INFORMED BEST PRACTICES

RiR has long been an integral part of supporting the implementation of evidence-informed practices, especially in the development and maintenance of infrastructure for COS and PIWI statewide.

### CIRCLE OF SECURITY (COS) PARENTING AND CLASSROOM



COS is an 8-week program focused on building strong attachment relationships between caregivers and their children. COS helps families and early care providers form strong relationships and is based on decades of attachment research. RiR staff support COS facilitators by promoting training, reflective consultation, evaluation support, 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. For more information and to view the biennial evaluation report, visit: <https://www.necosp.org/content/resources>

### PARENTS INTERACTING WITH INFANTS (PIWI)



PIWI is an evidence-informed framework of practices that are used in family playgroups and home visits to build confidence, competence, and positive relationships for caregivers and their children ages 0-36 months. Staff support PIWI implementation through training, fidelity observations, technical assistance, evaluation support, and supplemental funding. For more information, visit: <https://rootedinrelationships.org/piwi>

# BUILDING STATEWIDE SYSTEMS OF CARE CAPACITY

## SHARED DECISION-MAKING

RiR staff work across systems to co-lead collaborative efforts that align infant and early childhood mental health priorities, reduce duplication, and strengthen the collective impact of participating organizations.

### 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 co-lead. For more information, visit: <https://neinfantmentalhealth.org>

### 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 education settings that serve young children throughout the state.

### COACH COLLABORATION & CAPACITY BUILDING



Sixpence Child Care Partnerships, Step Up to Quality, and Nebraska Department of Education 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>

## ALIGNMENT

RiR staff work with a broad spectrum of partners in a variety of ways including shared funding, research, information sharing, collaborative problem-solving, and more.





# EVALUATION OVERVIEW

Quantitative and qualitative evaluation data are 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, 2025, to June 30, 2026. Due to the three-year implementation period of the Pyramid Model, evaluation data is reported for the 2023-2026 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 intervention, family engagement, health and development, 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 three-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)
- Provider reflection on skill growth and satisfaction with coaching (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?

## 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** does the Pyramid Model have on providers and the children they serve?

# COMMUNITY LEVEL SYSTEMS OF CARE PRIORITY AREAS



## Early Care and Education

These strategies impact the affordability, accessibility, reliability, and quality of child care in the community.



## Early Childhood Mental Health Intervention

These strategies impact the knowledge of and access to mental health consultation, assessment resources, and therapy services.



## Health and Development

These strategies impact the availability and accessibility of quality pre- and postnatal healthcare services.



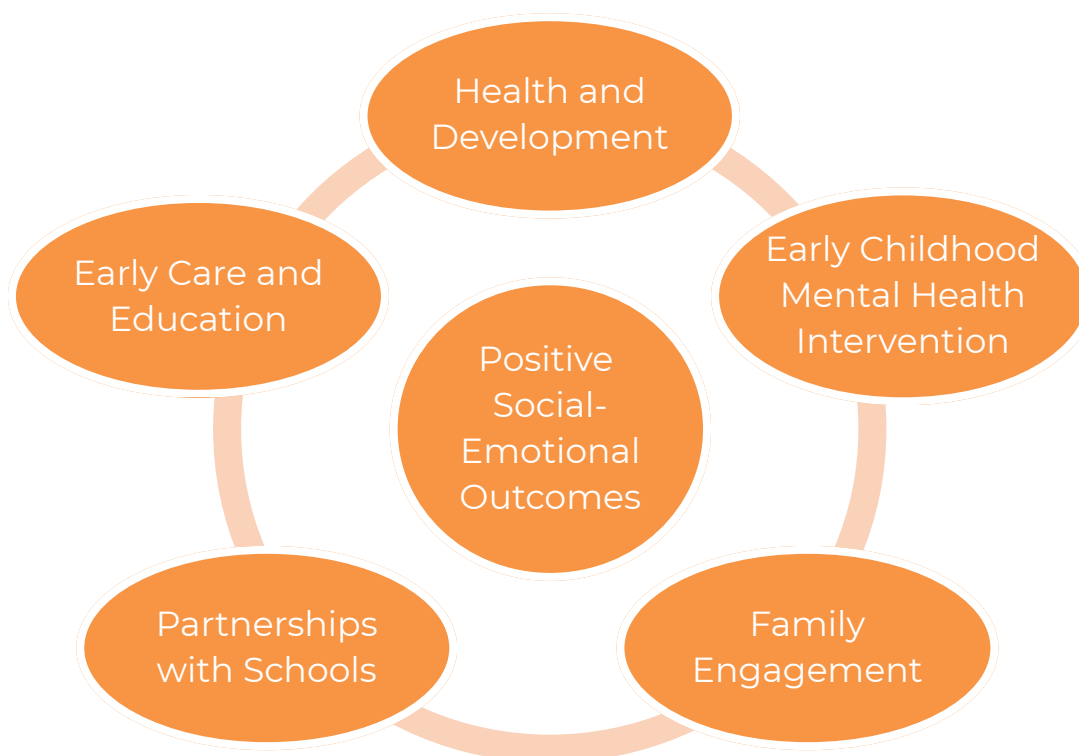
## Partnerships with Schools

These strategies impact the engagement between caregivers and schools or build partnerships with schools to increase social-emotional learning.



## Family Engagement

These strategies encourage families to spend quality time together and encourage parent-child interactions.



# SYSTEMS OF CARE REACH FROM JULY 2025 TO JUNE 2026

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.

**4,988** Families served directly

**6,147** Children served directly

**7,936** Families served indirectly

**10,361** Children served indirectly

**540,716** 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.)

# PROVIDING SUPPORT TOWARD COMMUNITY-LEVEL PRIORITIES

A cornerstone of how RiR approaches supporting communities is fostering partnerships and empowering communities to identify the challenges and strategies they see as more valuable in their communities. 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.

| <i>Community</i>          | <i>Implementation Began</i> | <i>ECE</i> | <i>ECMHI</i> | <i>H&amp;D</i> | <i>PwS</i> | <i>FE</i> |
|---------------------------|-----------------------------|------------|--------------|----------------|------------|-----------|
| <i>Buffalo</i>            | <i>2017</i>                 | ✓          |              |                |            | ✓         |
| <i>Dakota</i>             | <i>2014</i>                 | ✓          |              | ✓              | ✓          | ✓         |
| <i>Dawson</i>             | <i>2014</i>                 |            |              |                |            | ✓         |
| <i>Dodge</i>              | <i>2015</i>                 |            |              |                |            | ✓         |
| <i>Douglas (N. Omaha)</i> | <i>2023</i>                 | ✓          |              |                |            | ✓         |
| <i>Douglas (S. Omaha)</i> | <i>2021</i>                 |            |              |                |            | ✓         |
| <i>Hall</i>               | <i>2015</i>                 | ✓          | ✓            |                |            | ✓         |
| <i>Lancaster</i>          | <i>2015</i>                 | ✓          |              |                |            | ✓         |
| <i>Lincoln</i>            | <i>2023</i>                 | ✓          | ✓            |                |            | ✓         |
| <i>Madison</i>            | <i>2020</i>                 | ✓          |              |                |            | ✓         |
| <i>Panhandle</i>          | <i>2018</i>                 | ✓          |              |                |            |           |
| <i>Phelps</i>             | <i>2023</i>                 | ✓          |              |                |            | ✓         |
| <i>Platte</i>             | <i>2021</i>                 | ✓          |              |                |            | ✓         |
| <i>Saline</i>             | <i>2014</i>                 | ✓          | ✓            |                | ✓          | ✓         |
| <i>Sandhills</i>          | <i>2025</i>                 |            |              |                |            | ✓         |
| <i>South Central</i>      | <i>2023</i>                 | ✓          |              |                | ✓          | ✓         |

(ECE: Early Care and Education, ECMHI: Early Childhood Mental Health Intervention, H&D: Health & Development, PwS: Partnership with Schools, FE: Family Engagement)

# 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 2025–2026 period.

## CIRCLE OF SECURITY CLASSROOM™

Over the past year, 8 counties hosted 16 Circle of Security Classroom classes, develop 92 early childcare providers a professional development opportunity focused on developing secure attachments with the children they serve.

**92**  
participants

## TRAININGS

This year, four communities offered 12 trainings to help advance their early childcare workforce. These opportunities reached early childcare providers, paras, parents, and babysitters.

**300+**  
attendees

## RESOURCES

Sometimes being able to put a resource into someone's hands at just the right time can make a critical difference. This year, one community delivered books and teddy bears to children in foster care, and social-emotional reading and activity kits through childcare providers.

**210+**  
recipients

## WEEK OF THE YOUNG CHILD

This year, six communities participated in hosting Week of the Young Child events, bringing together members of the community to celebrate Nebraska's youngest population and all the people that help to raise them.

**1,926+**  
engaged

## RAISING AWARENESS

Part of the work being done across the state is raising awareness in communities regarding the importance of early childhood mental health.

**1,228+**  
reached

\*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 INTERVENTION

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

## MENTAL HEALTH PROVIDER PROFESSIONAL DEVELOPMENT

Two communities worked with licenced mental health professionals in their community to advance their skills. Two providers in Hall County completed Parent-Child Interaction Therapy (PCIT) training, and one in Lincoln County completed Eye-Movement Desensitization and Reprocessing (EMDR) training.



PCIT is an empirically supported treatment for children ages two to seven that places emphasis on improving the quality of the parent/child relationship.

EMDR is a psychotherapy treatment designed to help alleviate stress associated with traumatic memories.

## EARLY CHILDCARE PROVIDER TRAINING

In Saline county, the Nebraska Mental Health Centers provided a training. This was focused on providing early childcare providers with information and skills to support families who have experienced trauma.



*"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*

# HEALTH & DEVELOPMENT

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).

In Dakota County, Prescriptions for Reading were offered during well child checks and reached approximately 94 families in Fall 2025.



# PARTNERSHIPS WITH SCHOOLS

Strategies that fit into this system impact the engagement between caregivers and schools or builds partnerships with schools to increase social emotional learning. Below are some example activities that took place during 2025-2026.

Back to School  
Backpack Handout  
in South Central  
(n=12)

Summer School  
Second Step in  
Dakota County  
(n=15)

Saline County hosted  
Adventure Camp for  
English Language  
Learners in Crete  
(n=12)

## Upstream Mapping Training in Dakota County (n=55)

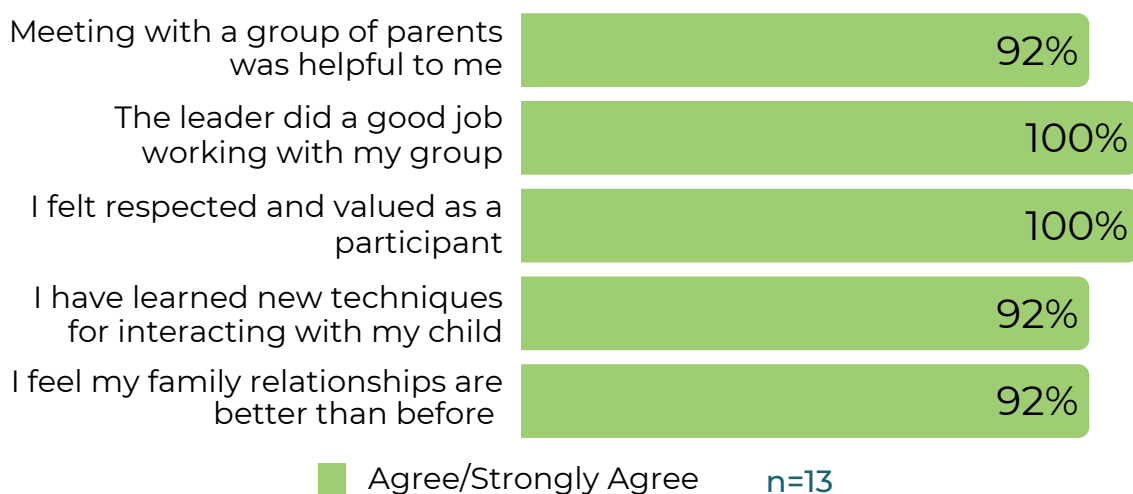
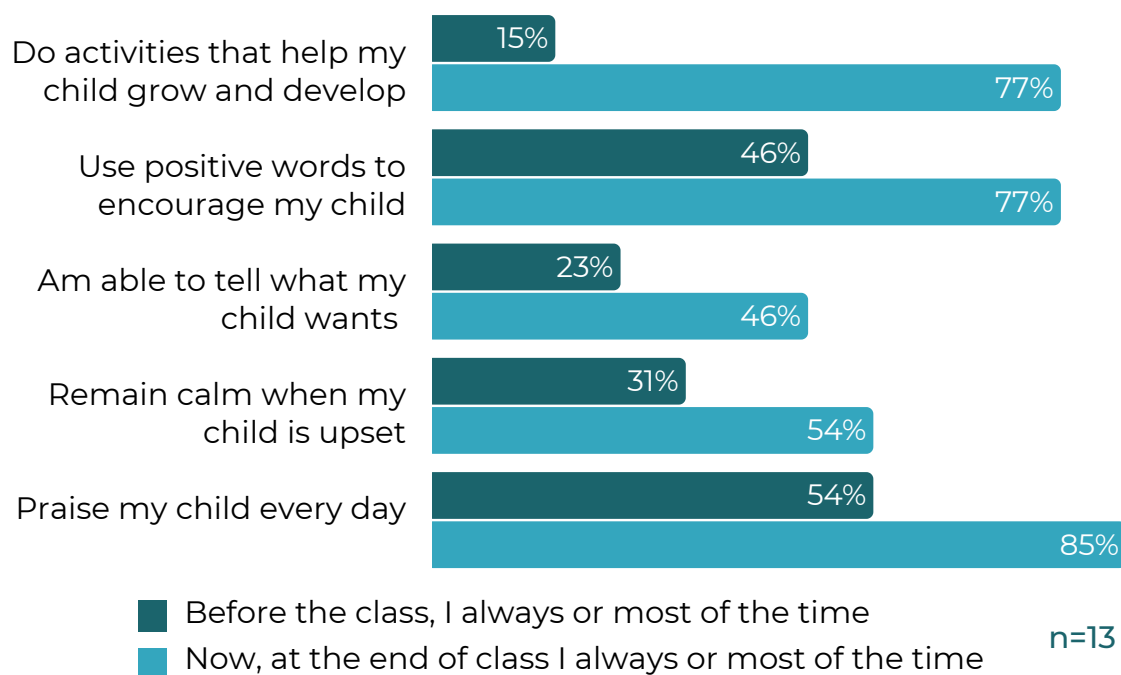
This training focused on helping participants better understand the root causes and contributing factors that impact children, families, and communities before crises occur. Through discussion and mapping activities, attendees identified barriers, gaps in services, existing strengths, and opportunities for collaboration across organizations and sectors. Mental health action steps included improving awareness of available services, reducing stigma, strengthening partnerships between providers, and increasing access to prevention and early intervention supports for children and families.

# FAMILY ENGAGEMENT

Strategies that fit into this category encourage families to spend quality time together and encourage parent-child interactions. This is also the largest of the five categories, with several activities adopted by multiple communities.

## 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 2025-2026, RiR supported four classes that were offered in four different communities with a total of 32 caregivers participating. Of those 32, 13 completed a participant survey.



## CIRCLE OF SECURITY PARENTING™ (COSP)

Over the past year, 22 counties hosted 134 Circle of Security Parenting classes, providing 615 parents with a framework to work toward developing more secure attachments with their children. Many Nebraska Children initiatives and other funding sources provide localized support, including funding programs in communities and offering childcare and incentives for class participation. For more information and to view the biennial evaluation report, visit:

<https://www.necosp.org/content/resources>

## OTHER COMMUNITY-LEVEL STRATEGIES

Below are other community activities, identified by community partners and implemented with support from RiR. They aim to provide parents and children with opportunities to spend time together, engage with the community, provide learning opportunities, brainstorm new ideas, and connect with larger initiatives.



# PYRAMID MODEL IMPLEMENTATION

Center-based teachers receive a TPOT (Lead) or TPITOS (Lead and assistant) observation. 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 are reported for cohorts that were active in 2025-2026.

The observation data and the BOQ data analyzed in this report represent lead and assistant providers and sites that have at least two time points of data collection since 2023. All observation data is from providers that were in Year 1 of implementation in the fall of 2023.



## YEAR 1, 2, AND 3 DATA COLLECTION REQUIREMENTS

### SAME REQUIREMENTS ACROSS YEARS

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

**YEAR 1 ONLY**  
Provider Focus Groups

**YEAR 2 ONLY**  
Provider Survey

**YEAR 3 ONLY**  
Provider Exit Survey

# PARTICIPATING PROGRAMS IN 2025-2026

In 2025-2026, the following regions participated in the RiR Pyramid Model Implementation: Buffalo, Dakota, Hall (Hamilton, Merrick), Lancaster, Lincoln (Furnas and Keith), Madison (Antelope, Boone, Pierce, Thurston, and Wayne), North Omaha (Douglas), Panhandle (Box Butte, Cheyenne, Dawes, Deuel, Morrill, Kimbell, Scotts Bluff, and Sheridan), Phelps, Platte (Colfax), Saline (Fillmore, Gage, Jefferson, and Thayer), Sandhills (Custer, Garfield, Greeley, and Howard), South Central (Adams, Clay, Webster and Nuckolls), and South Omaha (Douglas and Sarpy).

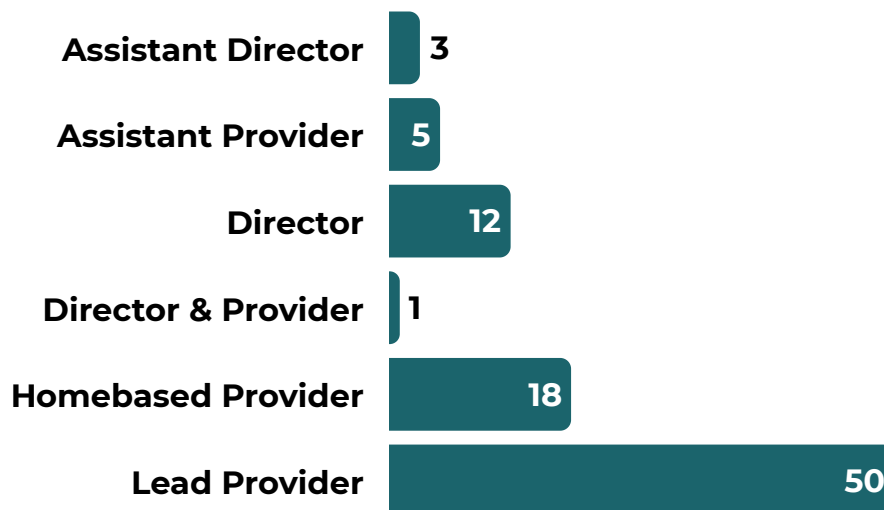
**130** programs participated in RiR Pyramid Model in 2025-2026

**56%** were child care centers

**44%** were family child care homes

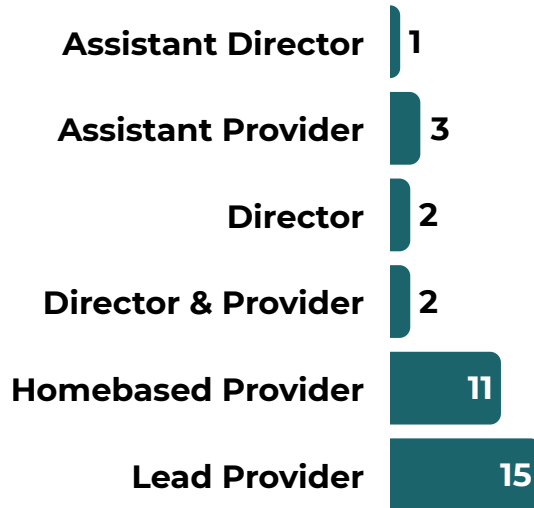
The following graphs demonstrate the number of providers/directors in each cohort who are currently engaged\* in the RiR initiative or completed their engagement in the spring of 2026. There were 230 participants actively engaged in the initiative at the end of 2025.

## Cohort Beginning 2023 and Ending 2026



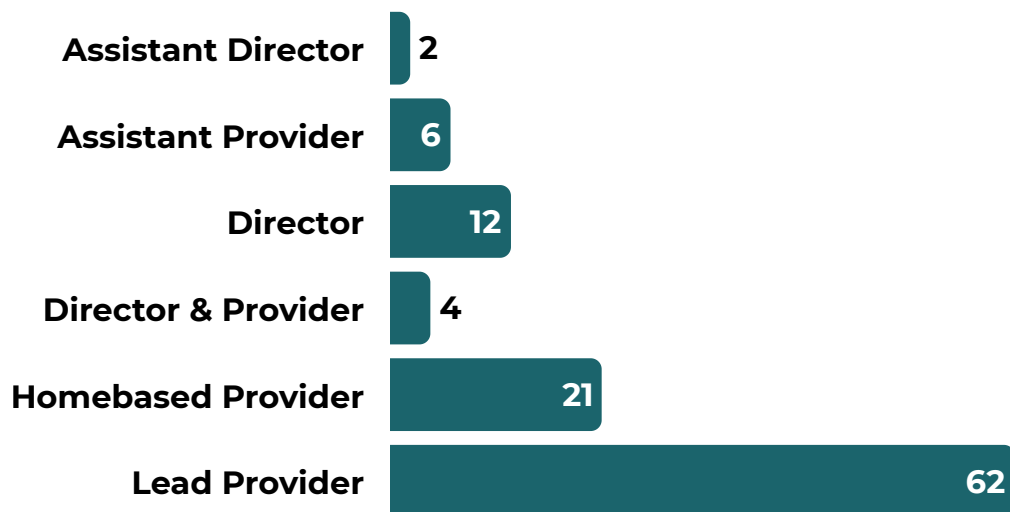
n=89

### Cohort Beginning 2024 and Ending 2027



n=34

### Cohort Beginning 2025 and Ending 2028



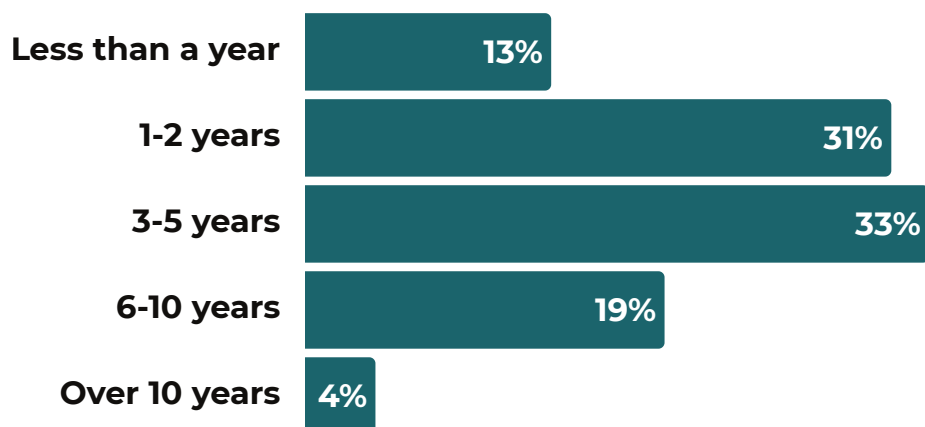
n=107

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

# PARTICIPATING PROVIDERS IN 2025-2026

In 2025-2026, across all cohorts, 231 providers and 36 directors/assistant directors were engaged in the Pyramid Model at some point during the program year. Of the 231 providers, 214 completed the demographic survey. Data on education level were available for all respondents. Length of center employment was available for 163 respondents. Among these, a substantial proportion reported having been at their current site for 1-2 years (31%) or 3-5 years (33%). Additionally, 13% had been at their current location for less than one year, 19% reported 6-10 years, and 4% over 10 years. Of the 231 providers that were engaged in 2025-2026, 32 made an early exit from the program, resulting in a retention rate of 86%.

## Years of Center Employment



n=163

**56%**

of providers' highest  
education level was  
a high school degree

**27%**

of providers had an  
Associate's degree

**17%**

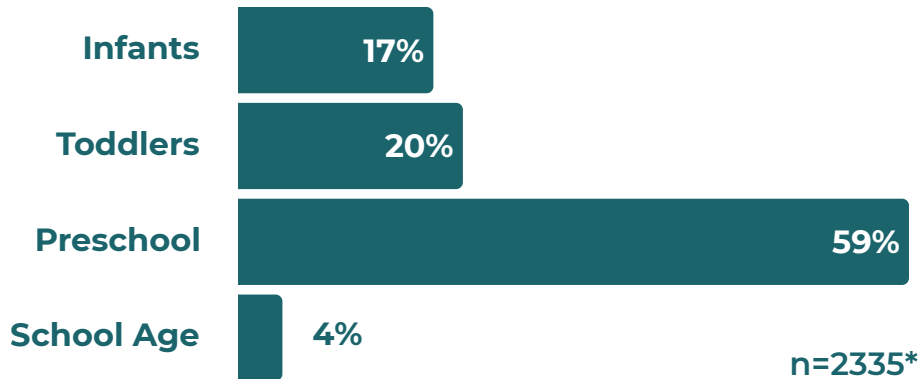
of providers had a  
Bachelor's degree  
or higher

*"Having the extra support from my coach has helped me tremendously, and I want to be able to share this valuable information with other providers who may be struggling."*

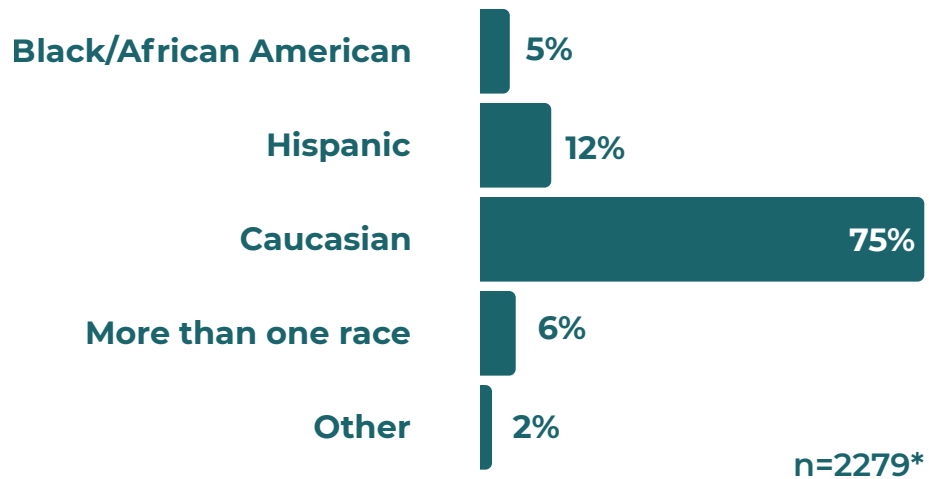
*-Year 3 RiR Provider*

# PARTICIPATING CHILDREN IN 2025-2026

## Children by Age Group



## Children by Race/Ethnicity



**20%**

of children qualified  
for a state child care  
subsidy

**6%**

of children had an  
IEP or IFSP in place

**3%**

of children were  
referred to early  
intervention services

\*Not all participants completed a demographic survey; therefore, the reported data do not represent all children engaged in the initiative.

## 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 2025-2026, ASQ-SE2 screeners were collected for 1,640 children who were in center-based classrooms or family child care homes. Based on parent report data, **92% of children had typical social-emotional skills** while 8% had scores outside of the typical range.

## FAMILY CHILD CARE HOME BENCHMARKS OF QUALITY

**Family Child Care Home Program-Wide PBS Benchmarks of Quality** (FCCH BOQ 2.0; Fox, 2022) is a self-assessment and progress-monitoring tool that is completed by all home-based providers. It consists of:

- 31 benchmark items
- Across 7 critical elements.

To meet the program goal set by RiR, 75% of the practices are recommended to be in place. The graph on the following page shows the percentage of Pyramid practices that were fully in place, on average, over time for all critical elements and overall. For the 2023-2026 cohort, by Year 3, the program goal was met overall (89%), as well as across all critical elements. Implementation of Pyramid had the highest percent (99%), and Monitoring Implementation had the lowest (78%).

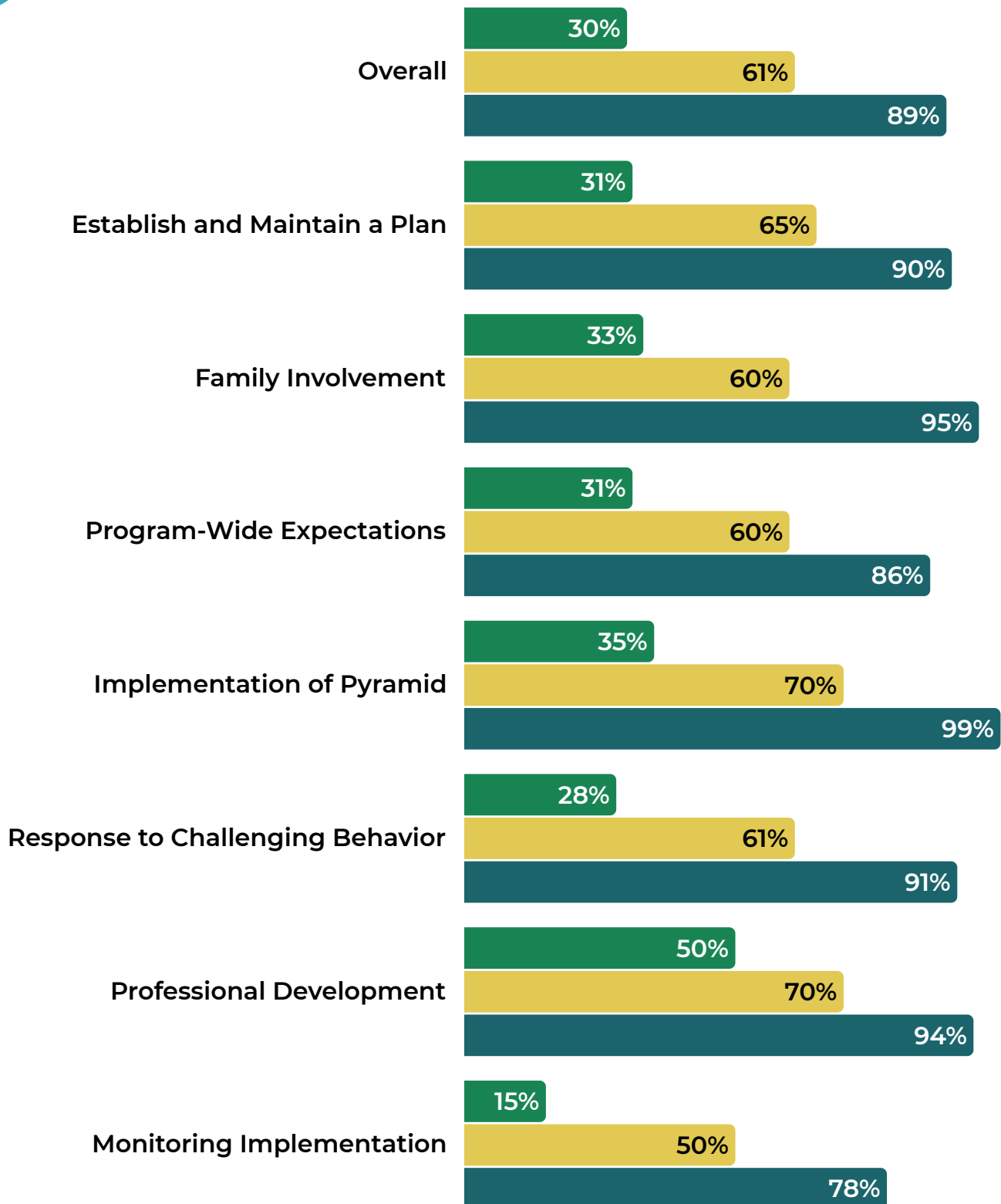


## % Of BOQ Practices in Place

■ Year 1 (n=16)

■ Year 2 (n=15)

■ Year 3 (n=13)



# PYRAMID COACHING SESSIONS IN 2025-2026

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 2025-2026 coaches logged 3,162 in-person visits, phone consultations and teleconferencing sessions. The majority (92%) of coaching sessions happened in-person with the average coaching session lasting 63 minutes.

## CHARACTERISTICS OF COACHING SESSIONS

Session characteristics in 2025-2026 included:

- Coaching conversation (56%),
- Planning (56%),
- Problem-solving/reflection (37%),
- Providing feedback (34%).

## CONTENT OF COACHING SESSIONS

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

- Building a relationship with the provider (37%)
- Classroom environment (35%)
- Providing/sharing resources (24%)
- Discussing schedules/transitions (23%)
- Positive adult-child relationships (22%)
- Promoting child engagement (20%)
- Classroom/teacher observation by coach (20%)
- Communicating with families (19%)
- Using praise/reinforcement (17%)
- Reviewing rules/expectations (17%)

## SUPPORT FOR CHALLENGING BEHAVIORS

In 2025-2026, 11% of coaches reported helping providers problem-solve challenging behaviors of individual children. Coaches documented 13 instances of referring a child to mental health services or the Nebraska Early Development Network (EDN); 28 were previously referred.



Across the state, 47 coaches worked closely with early childhood providers to implement the Pyramid Model. Each county had coaching teams consisting of one to five coaches, including a lead coach who provided additional support and technical assistance.

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 observation data from cohort 2023-2026 who had at least two observations using the same tool (TPOT or TPITOS). The analyses examined the presence of negative classroom practices (e.g., red flags), changes in scores over time, and the percentage of key Pyramid Model practices in place. Scores are reported on both scales. ***Fidelity for both tools was defined as meeting 80% of key practices and having no red flags.***

***“I feel like I am better prepared to help not only the children in my care but also their families with ways to not only identify emotions but also how to respond and develop deeper relationships.”***

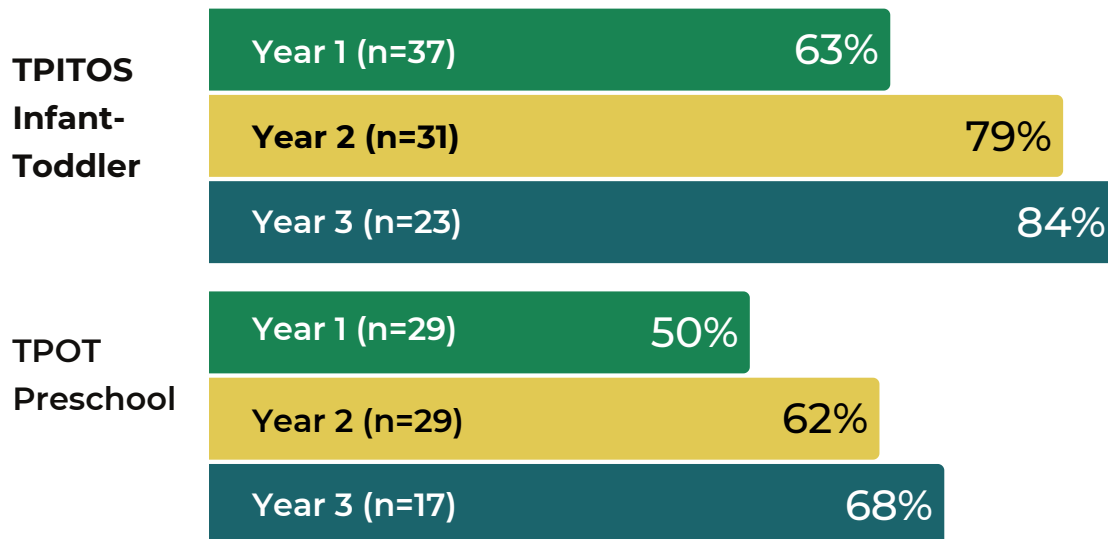
***-Year 2 Provider***



## 2023-2026 COHORT TPOT/TPITOS FINDINGS

From 2023 to 2026, average TPITOS scores increased from 63% to 84%, while average TPOT scores increased from 50% to 68%. Red flag indicators were not present in 96% of TPOT observations and 99% of TPITOS observations. By Year 3, 29% of TPOT providers (5 of 17) and 65% of TPITOS providers (15 of 23) achieved the 80% fidelity benchmark. Providers were included in the analysis only if they had data from at least two time points.

### % OF KEY PRACTICES IN PLACE



### % OF NO RED FLAGS

By Year 3, 96% of preschool classroom practices had no red flags.



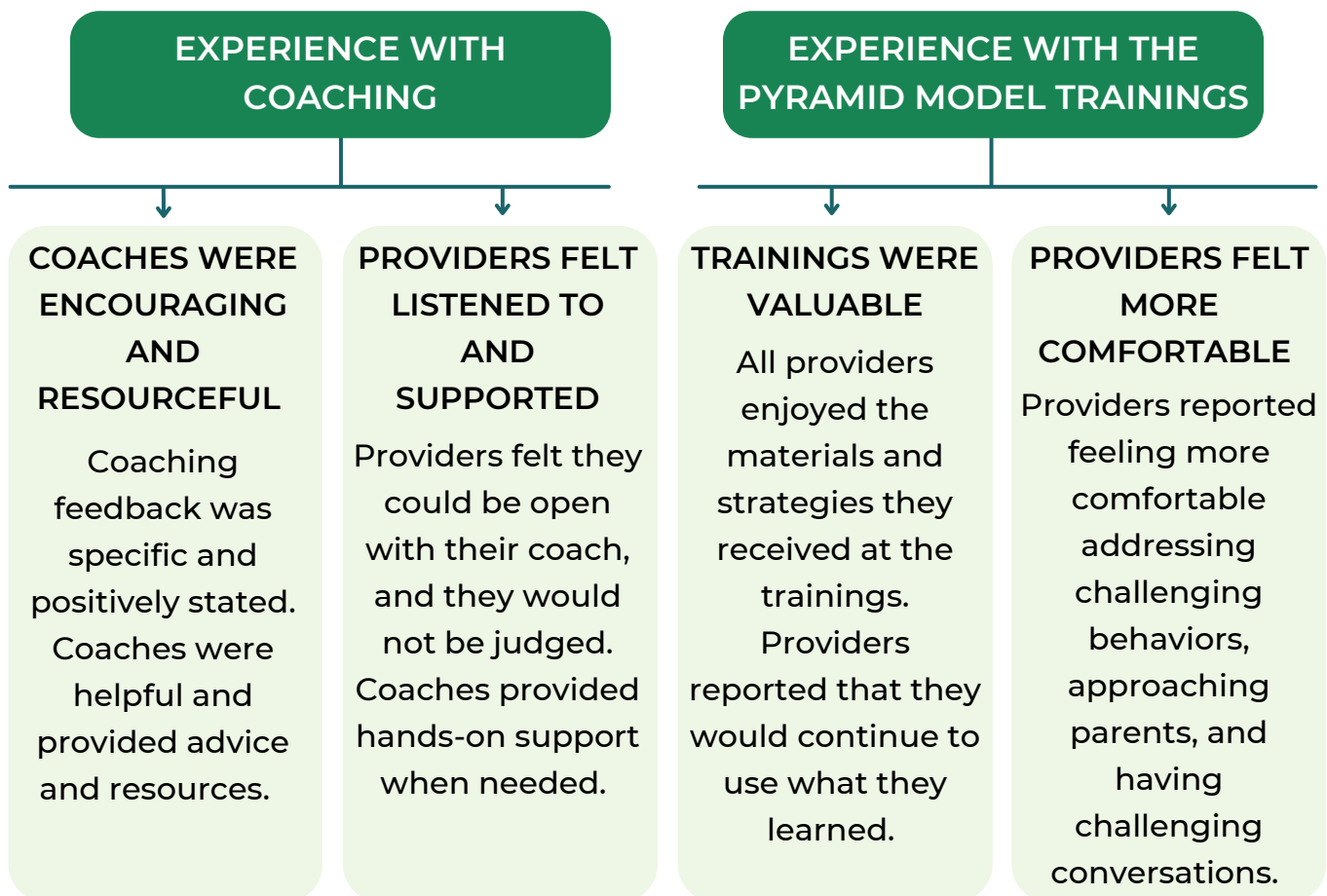
By Year 3, 99% of infant-toddler classroom practices had no red flags.



# YEAR 1 PROVIDER PERCEPTIONS

YEAR  
1

Providers in Year 1 participated in focus groups to determine their satisfaction with the program and to gather their feedback on how to improve the program. Full provider outcome findings are provided in separate reports for each county. Perspectives of providers engaged in Year 1 in 2026 (n= 9 communities) were analyzed using a deductive thematic analysis. Thematic findings are reported below.



***“One thing that has stuck with me is there's a lot more that goes into it than just preventing or just stopping the behavior, but also how you handle it. Each kid is different. You can't always handle the same behaviors the same ways because not every kid is going to respond the same.”***

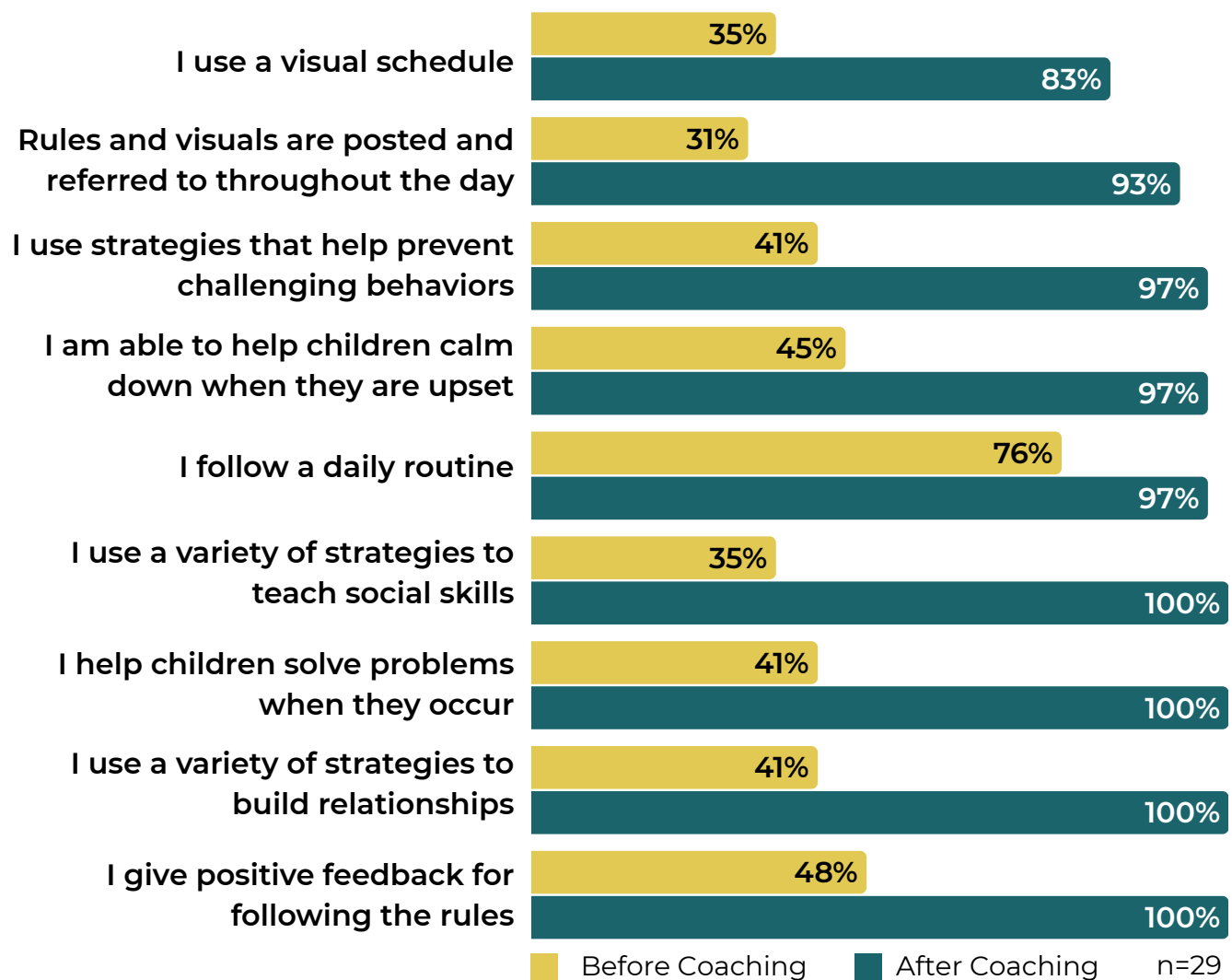
***-Year 1 Provider***

# YEAR 2 PROVIDER PERCEPTIONS

YEAR  
2

Providers who were in their 2nd Year of RiR (n=37) during 2025-2026 completed a 28-question retrospective 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. Thirty-three providers answered at least some sections of the survey. The figure below reports the percentage of providers who often or almost always engage in each Pyramid strategy before and after coaching.

## SOCIAL-EMOTIONAL COMPETENCE FINDINGS



*"The children are now checking in with each other and checking how their friends are feeling."  
-Year 2 Provider*

**94%** believe the Pyramid Model has been helpful in addressing behavior challenges

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

# YEAR 3 PROVIDER PERCEPTIONS

YEAR  
3

In the Spring of 2026, Year 3 providers (n=88) were asked to complete an exit survey that included open-ended quality improvement questions, as well as a modified intrinsic motivation inventory.\* For each of the following statements, providers were asked to rate on a scale of 1 to 7 (1 being not true at all and 7 being very true) how true each of the statements is to them. Eighty-four 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 that intrinsically motivating factors are present across each domain.

**Perceived competence to implement Pyramid Model strategies**

6.1

**Perceived value and usefulness of using Pyramid Model strategies**

6.3

**Perceived effort/importance placed in using Pyramid Model strategies**

6.7

n=84

Almost all of the providers (99%) said they plan to continue implementing Pyramid Model strategies. When asked to describe strategies for continued implementation, responses focused on continuing to use the behavioral and social-emotional strategies learned and referring back to the training materials. Many also outlined strategies for maintaining/increasing parent involvement.

**94%**

of providers  
found Pyramid  
Model coaching  
to be valuable

**86%**

of providers  
found Pyramid  
Module  
trainings to be  
valuable

**75%**

of providers  
found the  
Provider  
Collaboration  
meetings to be  
valuable

**98%**

of providers  
would  
recommend  
the Pyramid  
Model to a  
colleague

\*[https://selfdeterminationtheory.org/wp-content/uploads/2022/02/IMI\\_Complete.pdf](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 remained focused on coordinating activities across state systems. The team continues to collaborate with many other entities to strengthen and support systems that promote early childhood mental health. Ongoing efforts are centered on streamlining coach training, enhancing communication practices, developing strategies to mitigate role fatigue, as well as aligning best practices across strategies to ensure greater consistency and effectiveness.

## SUPPORTING COMMUNITY EARLY CHILDHOOD SYSTEMS OF CARE

Systems-level strategies are driven by community needs and continue to show broad impact, both directly and indirectly, on early education professionals, community members, families, and children.

## PYRAMID MODEL IMPLEMENTATION

Pyramid Model coaches continued to support center- and home-based child care providers in building the knowledge and skills needed to effectively implement and sustain Pyramid Model practices. Over the three-year implementation period, center-based providers demonstrated measurable growth in the use of key Pyramid Model practices, with average TPITOS scores increasing from 64% to 84% and TPOT scores increasing from 49% to 68%. By the end of Year 3, providers also reported high levels of competence, effort, and value related to implementing Pyramid Model strategies, and 99% planned to continue using the strategies beyond their participation in RiR. Together, these findings suggest that the combination of training, coaching, and collaboration supports providers in strengthening their practices and building the capacity to sustain those practices over time.



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