

ROOTED IN RELATIONSHIPS EXECUTIVE SUMMARY 2025-2026

INITIATIVE OVERVIEW

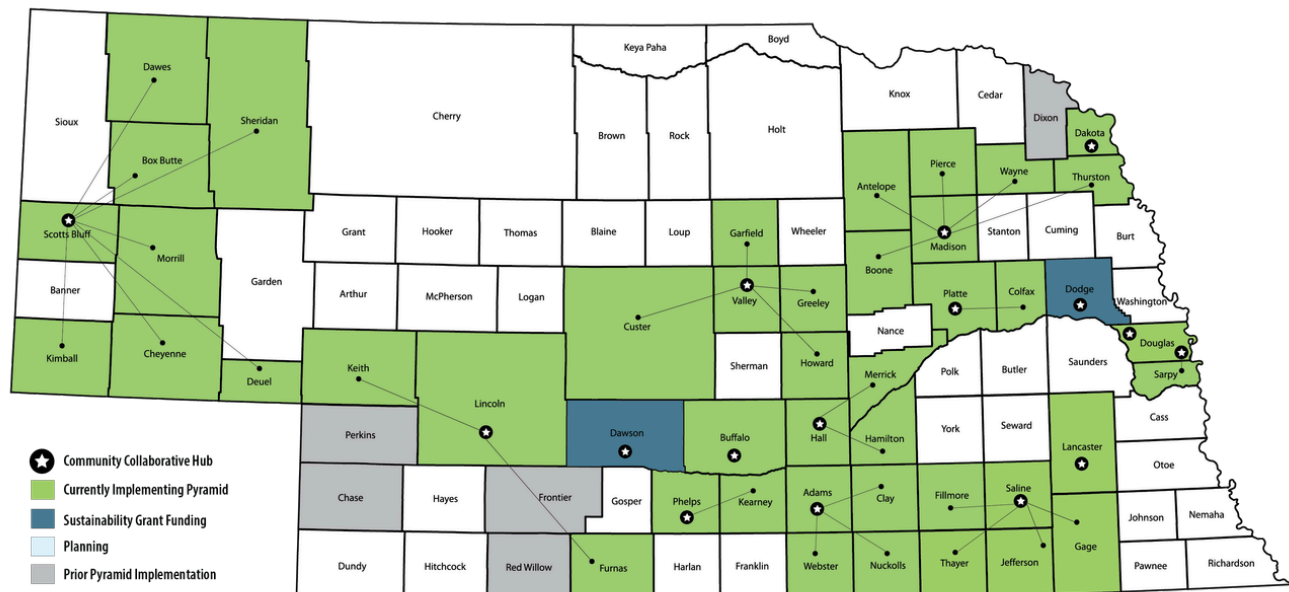
The Rooted in Relationships (RiR) initiative partners with communities to implement evidence-based practices that enhance the social-emotional development of children, birth through age 8.

BUILDING STATEWIDE CAPACITY

To support early childhood systems of care, RiR partners with state and local stakeholders to build infrastructure, support best practices, and implement strategies. Examples of partnerships, practices, and strategies include:

- Circle of Security Parenting and Classroom
- Parents Interacting with Infants
- Nebraska Association for Infant Mental Health
- Pyramid State Leadership Team
- Parent Child Interaction Therapy

Rooted in Relationships



11,135

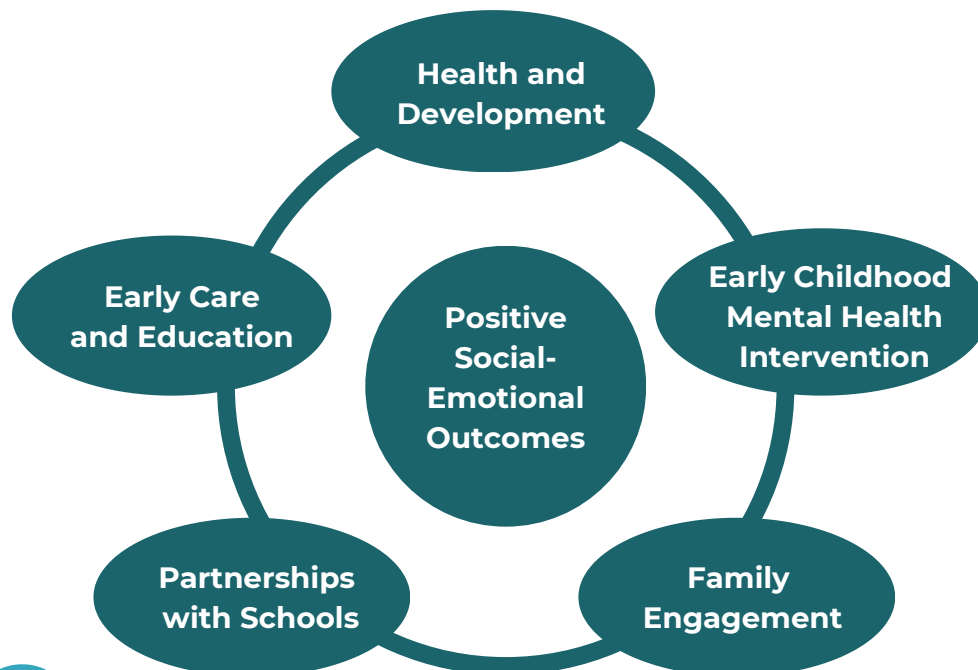
families and children
were directly served by
systems-level efforts
from July 2025 to June
2026.



SYSTEMS PRIORITIES FOR RiR COMMUNITY STAKEHOLDER TEAMS

- Week of the Young Child events
- Hosting family fun nights and events
- Parenting classes and workshops
- Partnerships with local schools to provide training
- Events hosted in collaboration with community partners

Systems Priorities for RiR Community Stakeholder Teams



PYRAMID MODEL EVALUATION

ABOUT THE PYRAMID MODEL

For those implementing the Pyramid Model, in 2025-2026, RiR supported:

47

EARLY CHILDHOOD
COACHES

267

PROVIDERS AND
DIRECTORS

130

EARLY CHILDHOOD
PROGRAMS

● ABOUT THE CHILDREN

In 2025-2026, RiR Pyramid Model served over 2,335 children. Of children with reported demographic data (n=2,335), 59% were of preschool age, 20% were toddlers, and 17% were infants. 75% were Caucasian, followed by 12% were Hispanic, and 5% were Black/African American. 92% had typical social-emotional skills, and 20% of children qualified for a state child care subsidy.

● ABOUT THE PROVIDERS & DIRECTORS

Of the providers with reported demographic data (n=163), 31% had 1-2 years of experience in child care with their current employer, followed by 3-5 years (33%). 56% of providers' highest level of education was a high school degree.

● ABOUT THE COACHES

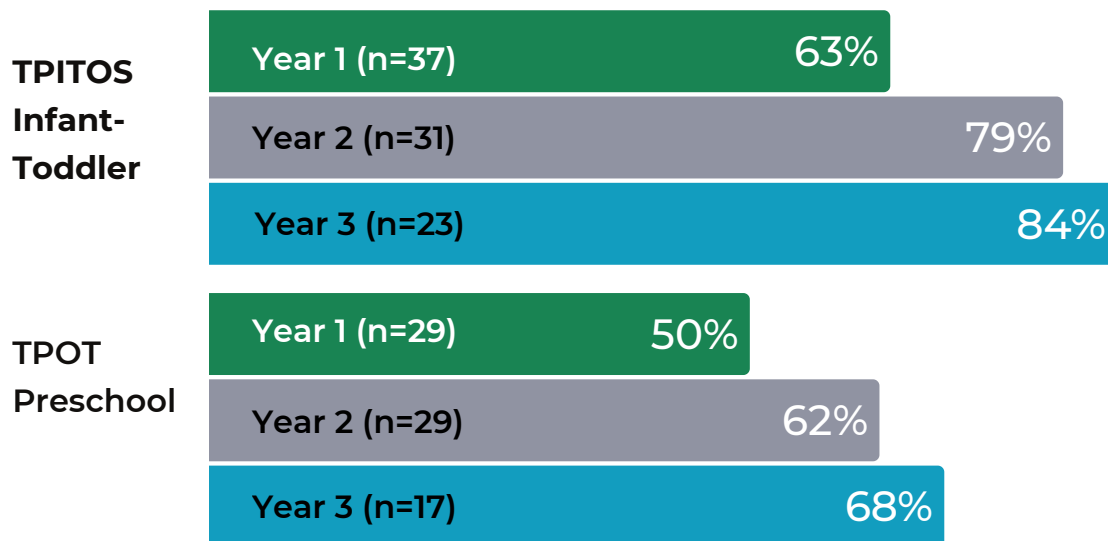
Across the state, 47 coaches worked closely with providers to implement the Pyramid model. Each county had one to seven coaches, including a lead coach. Coaches were a mixture of mental health providers and early childhood specialists.



CENTERS BASED OUTCOMES

Center-based classrooms receive Teaching Pyramid Observation Tool (TPOT) and/or Teaching Pyramid Infant-Toddler Observation Scale (TPITOS) observations three times during Pyramid implementation. The goal is to have 80% of key practices in place by year 3 and no red-flagged classroom practices. The following results include all lead providers from cohort 2023-2026 who had at least two observations using the same tool (TPOT or TPITOS). From 2023 to 2026, average TPITOS scores increased from 63% to 84%. TPOT scores increased from 50% to 68%. Red flag indicators were not present in 96% of TPOT observations and 99% of the TPITOS practices also did not include red flag indicators by Year 3.

% OF KEY PRACTICES IN PLACE



% OF NO RED FLAGS

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



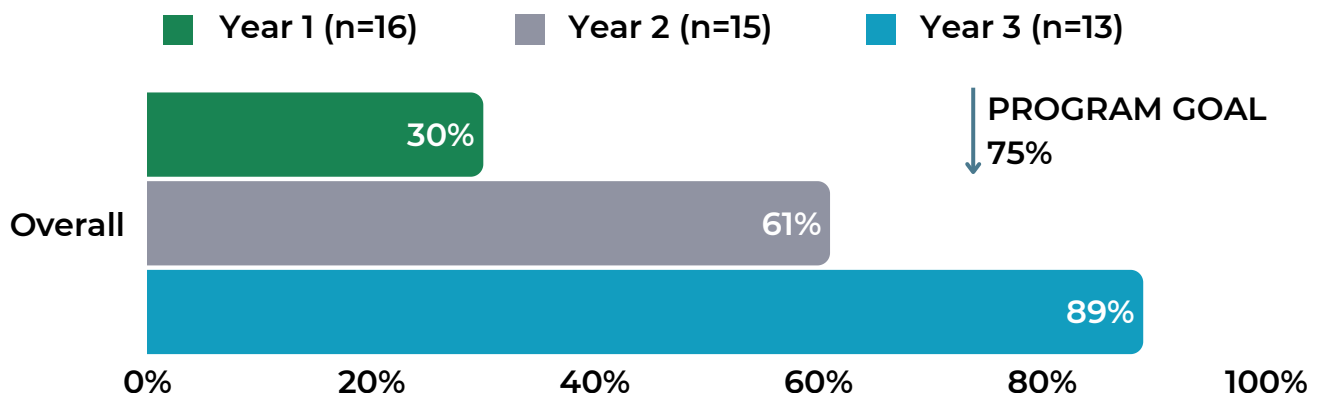
By Year 3, 99% of infant-toddler classroom practices had no red flags.



PROVIDER OUTCOMES

All home providers use a tool called the Family Child Care Home Program-Wide PBS Benchmarks of Quality (FCCH BOQ). The following graph shows the percentage of Pyramid practices that were fully in place on average across time for each sub-scale and overall. To meet the program goal set by RiR, 75% of the practices are recommended to be in place.

% OF BOQ PRACTICES IN PLACE



CHARACTERISTICS OF COACHING SESSIONS

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. A typical coaching session used a cyclical process, and characteristics included coaching conversation (56%), planning (56%), problem-solving (37%), or providing feedback (34%).

"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



PROVIDER PERCEPTIONS

After Year 2:

- 94% of providers believed the Pyramid Model had been helpful with addressing challenging behaviors.
- 100% of providers believed Pyramid Model coaching has been helpful to support children's social-emotional development.
- 97% of providers felt they could help children calm down when they were upset.

After Year 3:

- 98% of providers would recommend the Pyramid Model to a colleague.
- 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.

“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





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