

# **ANNUAL EVALUATION REPORT**

NEBRASKA CHILDREN AND FAMILIES FOUNDATION



**MARCH 2021**



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AND FAMILIES FOUNDATION



Rooted in Relationships  
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[www.rootedinrelationships.org](http://www.rootedinrelationships.org)

# Nebraska Children and Families Foundation

## 2020 Evaluation Report

Rooted in Relationships (RiR) is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children, 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, each community establishes a multi-disciplinary stakeholder team charged with developing and implementing a long-range plan to enhance the early childhood systems of care in the community to support children's healthy social-emotional development.

**The work of this initiative is focused on the following three goals and critical outcomes:**

1. Nebraska has shared principles, definitions, and collaborative practices related to screening, assessment, and adult-child interactions, which promote the positive development of the "whole child." The RiR initiative includes ongoing evaluation for continuous improvement.
2. Early care and education environments meet the needs for all children's positive social-emotional development.
3. RiR seeks to improve the social-emotional competence of children ages birth through 8.

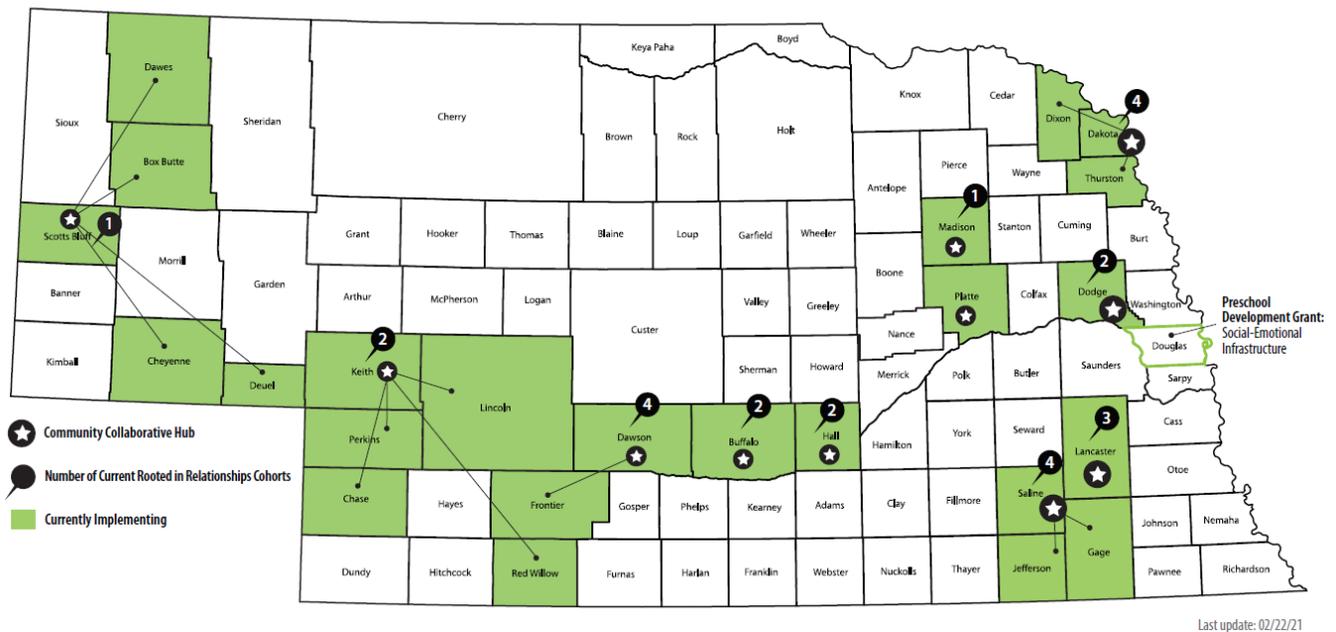
**Communities engage in three key activities:**

1. **Community Work:** Stakeholders connect with additional local partners to develop a long-range plan to support the social-emotional development of young children. The plan includes community assessment, systems building, and a process to coordinate systems and services.
2. **Implement the Pyramid Model:** The communities identify 9-15 in-home and center-based child care providers to participate in a three-year, train-coach-train approach, initiative.
3. **Selection of a Systems Priority:** Communities choose at least one additional system (e.g., health, child welfare, early elementary, parent engagement) of evidence-based strategies to promote social-emotional development and to improve the overall well-being of children, families, and their community.

RiR currently supports eleven collaborative hubs in various stages of the initiative inclusive of planning, implementation and expansion: Buffalo, Dakota (Dixon and Thurston), Dawson (Frontier), Dodge, Hall, Keith (Chase, Lincoln, Perkins, and Red Willow), Lancaster, Madison, Platte, and Saline (Jefferson and Gage) Counties as well as the Panhandle (Box Butte, Cheyenne, Dawes, Deuel, and Scottsbluff). Additionally, RiR is supporting planning in Douglas County as part of the Preschool Development Grant.

Funding for this initiative is provided by the Buffett Early Childhood Fund (beginning in 2013), Nurturing Healthy Behaviors funding through a grant award to Nebraska Children (NC) following a state funding appropriation to the Nebraska Department of Education (NDE) in 2014 and Nurturing Healthy Behaviors Child Care Development Funds (CCDF) beginning in 2019.

## Rooted in Relationships Growth Map (Current)



### Technical assistance provided to support community success

Nebraska Children and Families Foundation (NC) provides the backbone support for Rooted in Relationships. Currently, 5 FTE staff provide:

- Technical assistance to communities inclusive of:
  - Community-based infrastructure and systems development utilizing the Collective Impact framework;
  - Planning and implementation of the Rooted Package to ensure fidelity and outcomes
- Research on Evidence Based Practices (EBP's) for possible systems implementation;
- Ongoing initiative development and Continuous Quality Improvement (CQI);
- State level systems participation/development;
- Partnership with Munroe-Meyer Institute to develop/implement evaluation;
- Contract/grants management and
- Infrastructure support for EBP's such as Circle of Security-Parenting and Reflective Practice

### Evaluation Completed to Monitor Progress and Outcomes

Quantitative and qualitative evaluation data is collected to monitor progress and measure outcomes on both Pyramid Model implementation and community-based systems work. Based on key findings from the evaluation, RiR staff continuously refine and update processes to improve outcomes, reduce burden, and support communities.

This evaluation report is organized in three major sections: Community Early Childhood Systems of Care, Pyramid Model Implementation, and Building Statewide Capacity to Support Early Childhood Systems of Care. Evaluation results found positive outcomes across all components. This year, the arrival of the COVID-19 pandemic in mid-March disrupted some data collection efforts. COVID impacts will be described in the Pyramid Model Implementation section.

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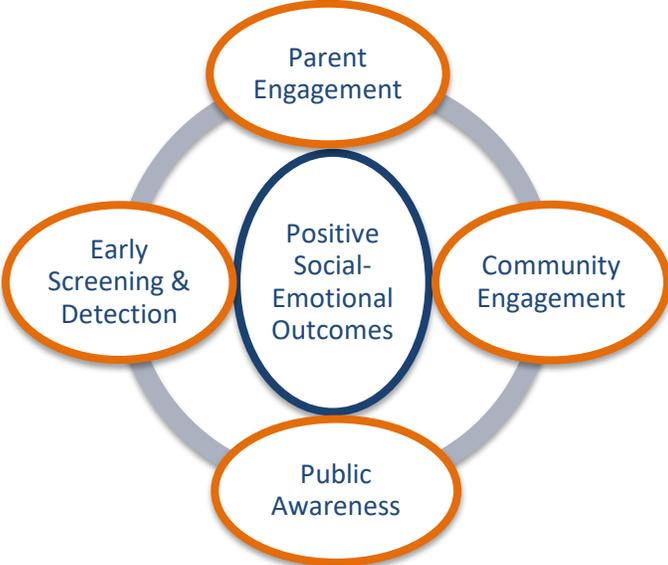
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# Supporting Community Early Childhood Systems of Care

This section will focus on the system efforts of all communities currently implementing the Rooted in Relationships (RiR) package. In each community, the Stakeholder Team developed a community plan to strengthen their early childhood systems and supports for social-emotional development and early childhood mental health based on a needs assessment process which included parent input. From this planning process, each team developed a long-range plan to strengthen early childhood systems of care in their community that support children’s social-emotional development. This process of assessment and planning is ongoing.

The evaluation of the implementation of each community’s plan was customized to match the strategy(ies) adopted by that community. This was accomplished through a collaborative effort between the evaluator and community stakeholder team to identify the questions and design of the evaluation plan. For strategies that were shared across communities, a common evaluation was developed. This report will describe the strategies that were implemented across the RiR communities that were based on the five common priority areas, including any evaluation results.

## Common Priority Areas across RiR Community Stakeholder Teams



## Program Descriptions and Evaluation Findings

This section provides a summary of each community’s systems work including cross-community and within-community strategies. All communities worked to build capacity locally to implement the Pyramid Model. They all followed the Rooted Pyramid Package to complete the required trainings, coaching dosage, provider collaboration meetings, and reflective consultation sessions. Other cross-community strategies included: Parents Interacting with Infants (PIWI), Parent Child Interaction Therapy (PCIT), Positive Solutions for Families, which is the Parent Pyramid Module training, and Circle of Security Parenting (COSPTM). Platte County is engaged in the planning phase. All other communities are in the implementation phase. Data regarding COSP™ is reported on page 20.

COVID-19 limited in-person gatherings and as a result many of the cross-community strategies (PIWI, PCIT, and COSP™) that had been planned by the communities were cancelled or postponed. COVID-19 also limited planned community events. Many of the communities modified their plans to support the families to address their new needs as a result of the pandemic. These modifications will be illustrated in the community summaries.

### BUFFALO COUNTY

Buffalo County began implementation of the RiR Initiative in 2017. Work in Buffalo County is coordinated through Buffalo County Community Partners. Their goal is to create public awareness for social-emotional development for ages 0-8 in all Buffalo County communities.

#### Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	555	Number of Families Served Indirectly	10,354*
Number of Children Served Directly	576	Number of Children Served Indirectly	10,356

\*This number reflects Facebook and website visits.

#### Parent Engagement

**Circle of Security Parenting:** An online resource folder was created for Buffalo County COSP facilitators that contained information for facilitators hosting classes, schedules, and wait lists for parents interested in training. A new Spanish speaking facilitator was trained to serve English as a second language (ESL) families. Attendance in COSP™ programs was impacted by the COVID-19 pandemic, and discussions centered around the financial feasibility of offering programs with low attendance.

Parent Pyramid Modules: Buffalo County RiR stakeholder group secured additional funding to support the Parent Pyramid Model trainings. Two Buffalo County child care centers participated in coordination and planning for hosting Parent Pyramid Module trainings, however trainings were cancelled due to the pandemic.

## Community Engagement

RiR continued work with Kearney Public Schools (KPS) K-5 director and social emotional coordinator to promote social emotional learning in early learning and elementary settings. The majority of teachers are committed to helping students achieve the goals of the program. KPS identified four goals: 1) Provide a refresher training on how to utilize the Teacher dashboard and access all of the materials, including Home Links and Checklists, to all teachers, 2) Create a district resource page that lists Second Step resources that are available and a summary of what the resources can be used for and how to access them, 3) Teachers will administer the summative assessment to grades K-5 in the spring at the completion of the Second Step curriculum, 4) Continue to emphasize and utilize common language from the curriculum building and districtwide, e.g., the process for how to calm down, the skills for learning, , etc.

**Provider Training and Community Events:** Buffalo County RiR has supported a number of trainings and community events:

- Three Pyramid Module trainings were held virtually with up to 38 early childhood directors and providers in attendance at each one.
- One migrant coordinator for Kearney Public Schools attended the bilingual Circle of Security Parenting (COSPP) Training of Trainers.
- One event promoting social emotional development through play was held for child care providers and families participating in the Pyramid Model. 14 adults and children attended the event.
- 47 families and children participated in the Kearney Area Children’s Museum Fun night. This event included a free book and take home packet with social emotional activities. Interactive activities focused on helping children learn to express and explore their emotions were highlighted.
- Several Week of the Young Child events were planned but cancelled due to COVID-19.



**Supporting the Community during COVID-19:** The COVID-19 pandemic introduced new challenges and stressors. Buffalo County RiR addressed these issues in the following ways:

- Buffalo County Community Partners created a resource page in English and Spanish and included social emotional resources and local resources to help Buffalo County residents.
- The RiR stakeholder team held 11 virtual meetings focused on how to support child care providers, children, and families during the pandemic. Child care provider and director engagement in monthly meetings increased during the pandemic.
- To address the mental strain of the pandemic on child care providers, a Pyramid Coach facilitated virtual “child care chats” for providers to connect and support one another. Four

providers attended all three sessions.

**Planning Efforts:** Due to COVID-19, many planned events were placed on hold. The Buffalo County RiR stakeholder committee reframed conversations to address the current needs of child care providers, children, and families. Other planning efforts included engaging with Buffalo County Community Partners around a new partnership with UNK and UNMC to create a rural community advisory board that would inform National Institutes of Health (NIH) projects in rural communities to support child wellbeing.

## Public Awareness

Buffalo County RiR engaged in public awareness activities:

- HealthyMINDS Newsletter was disseminated monthly to promote partner events and provide the community with information on early childhood topics.
- The importance of social emotional learning and early childhood were also promoted in several posts on social media.

## DAKOTA COUNTY

Dakota County’s Growing Community Connections (GCC) began implementation of the RiR initiative in July of 2014. GCC work is funded through braided RiR and Community Well-Being (CWB) funds. Several parts of the GCC work plan are funded primarily by CWB funds (e.g., Parent Child Interaction Therapy and Community Response). Evaluation results for these projects are reported in their CWB annual report.

## Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	5	Number of Families Served Indirectly	500
Number of Children Served Directly	5	Number of Children Served Indirectly	0

## Parent Engagement

**Parents Interacting with Infants (PIWI):** GCC sponsored the implementation of one PIWI group that supported five parents and their children. Once it was suspended due to COVID-19, the facilitator stayed in contact with the parents through virtual “Parent Talks,” where they continued to explore their child’s development, connect with other parents, and support other parental concerns.

**Disseminated resources:** GCC and their partners shared a variety of resources for families including:

- Online activities for families, including suggestions for outdoor activities. These updates

went out to over 600 partners.

- Supported the schools in their welcome back to school packets for preschool children.
- Provided books for children when parents came for grab and go lunches.

**Story Walk:** Story walks were created in both the cities of South Sioux City and Jackson. These recreational areas provided a place for parents and children to walk outside, while reading and enjoying their time together.

**Library Parent Corner:** The Parent Corner in the South Sioux City Public Library is a designated area where children and parents can go to play and read together. Social-emotional toys and books are available for check out. During COVID-19, GCC has purchased additional toys and educational materials for the library. These materials are placed in separate tubs with materials that provide strategies to support social-emotional and STEM play.

## Community Engagement Activities

**School Program:** GCC partnered with South Sioux City Schools and Heartland Counseling to provide school based counseling to children and youth. This was supported through an AWARE-Sea grant project.

**Provider Training:** GCC RiR supported a number of community trainings including four Pyramid Module trainings with up to 25 early childhood directors and providers in attendance at each training.

**Supporting the Community during COVID-19:** The COVID-19 pandemic introduced new challenges and stressors. GCC RiR addressed these issues in the following ways:

- Distributed materials (e.g., hand sanitizer, thermometers, masks, and sprayers) to early childhood providers to keep their centers and in-home child care safe and healthy.
- Gave early childhood providers stipends to help them with the costs of maintaining a quality child care since many only had half or less of the children able to attend.
- Provided water bottles for children at school since drinking fountains were disabled as part of COVID-19 precautions.

## DAWSON COUNTY

Dawson County began implementing the RiR initiative in 2014. Their work is coordinated by Two Rivers Public Health Department. Their goal is to collaborate so individuals in Dawson County will be able to identify and access early childhood social-emotional supports and services that will result in healthy and stable families.

## Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	444	Number of Families Served Indirectly	16,271*
Number of Children Served Directly	586	Number of Children Served Indirectly	3056

\*This number reflects Facebook and website visits.

## Parent Engagement

**Circle of Security Parenting:** Dawson County RiR coordinated three COSP™ programs held in Lexington, with up to six participants in each program. One series was offered in Spanish. A \$3,000 grant was approved by Region II to pay for COSP™ facilitators.

**Parent Pyramid Module Training:** Two Parent Pyramid Module trainings were held with up to eight parents in attendance at each one.

**Supporting Reading in Libraries:** Six backpacks filled with social-emotional books, activities, and ideas for engagement are available in five Dawson County libraries. Despite libraries being closed due to the pandemic, these backpacks were still available for checkout to children and families.

## Community Engagement Activities

**Community Events:** Dawson County RiR sponsored or collaboratively engaged in community events where they provided social-emotional activities or content to support children and families:

- A free drive-in movie in Gothenburg was shown with 71 families and children in attendance. RiR, COSP™, and Dawson Pyramid videos were shown before the screening of “Charlotte’s Web.” Every child received a bag with RiR, COSP™, and Pyramid resources, an emotion wristband, a book, and hand sanitizer.
- Four events were planned during Week of the Young Child, but cancelled or postponed due to the pandemic.

**Provider Trainings:** Dawson County RiR provided community child care providers and directors the opportunity to participate in several training events:

- Five Pyramid Module trainings were held with up to 15 early childhood directors and providers in attendance at each one. Three were held over Zoom and two were held in person. The Zoom participants noted that the virtual format was not ideal, but still appreciated the content.

- Eight Pyramid collaboration meetings were held with up to 23 child care providers at each meeting.
- Coaching continued with nine child care providers in Cohort 3 and began for 12 new child care providers in five child care centers and preschools.

**Supporting the Community during COVID-19:** The COVID-19 pandemic introduced new challenges and stressors. Dawson County RiR addressed these issues in the following ways:

- Pandemic supplies were given to all 35 licensed child care providers in Dawson County, including no touch thermometers and soap dispensers, cleaning materials, paper towels, toilet paper, and trash bags.
- All child care centers received a \$25 gift card to their local grocery store to allow them to purchase much needed cleaning supplies.
- Pandemic resource packets were made for 21 past and current RiR child care providers in Dawson County. Packets focused on pandemic information and games, social stories, and information relating to rules and expectations. Packets were intended to help child care providers stay connected with children and families.

## Public Awareness

Dawson County RiR engaged in a variety of public awareness activities:

- Facebook was used to promote community awareness of the importance of supporting children’s social-emotional development, provide tips on child development and parenting practices, and promote community events. Over a 12-month period, 12,425 reaches (number of people who saw the content) and 23,004 impressions (number of times RiR page posts to a person’s screen) were documented.
- A community parent listserv disseminated information to 2,411 families. Posts contained information on the importance of social-emotional competencies, community information, child development, and opportunities for families.

## DODGE COUNTY

Dodge County began implementation of the RiR initiative in 2015 and their work is coordinated via the Fremont Family Coalition. The broader work of the coalition is funded through braided RiR and Community Well-Being (CWB) funds.

## Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	178	Number of Families Served Indirectly	237
Number of Children Served Directly	196	Number of Children Served Indirectly	345

## Community Engagement

**Pyramid Model Implementation:** Two Pyramid Module trainings were held with up to 20 early childhood directors and providers in attendance at each one.

## Public Awareness

Dodge County RiR's primary public awareness activity has been using social media, such as Facebook, to provide important resources to families during the pandemic about social-emotional competence and to advertise trainings and events.

**Supporting the Community during COVID-19:** The COVID-19 pandemic introduced new challenges and stressors. Dodge County RiR addressed these issues in the following ways:

- Provided gift baskets for providers and directors involved with Rooted with "I AM ESSENTIAL" t-shirts as well as gift cards to be able to purchase necessary cleaning supplies and protective gear.
- Rooted coaches helped with the statewide effort in contacting providers in Dodge county to get them registered on the Child Care Referral Network.
- Provider Collaboration meetings shifted to addressing providers' mental health needs rather than implementing Pyramid practices.
- The Central Navigator with the Community Response initiative also gathered early childhood needs for the community playbook discussions that took place.

## HALL COUNTY

Hall County began implementing the Rooted in Relationships (RiR) initiative in 2015. The fiscal agent for RiR in Hall County is Grand Island Public Schools (GIPS). Hall County Community Collaborative (H3C) provides workgroup support and infrastructure to develop and implement the RiR work plan. H3C and GIPS work together to lead RiR.

## Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	223	Number of Families Served Indirectly	102
Number of Children Served Directly	364	Number of Children Served Indirectly	204

## Parent Engagement

**Circle of Security Parenting:** Hall County RiR uses braided funds to support community implementation of COSP™ programs as a parent engagement strategy. Two COSP™ parenting classes were offered, with six participants.

## Community Engagement

**Pyramid Model Implementation:** Four Pyramid Module trainings were held with up to 13 early childhood directors and providers in attendance at each one. Three of these trainings were held virtually.

- Monthly reflective consultation continued virtually.
- Provider in-person or virtual provider collaboration meetings were held.
- RiR Director Collaboration meetings were conducted to focus on the unique needs of directing a child care center.

### Provider Training and Community Events:

- American Red Cross babysitting courses were offered to older children who were providing care for younger siblings.
- “No Small Matter” film was shown in partnership with a local theatre, 181 people were in attendance.
- A provider recognition day was held in which social emotional materials were distributed.

## Public Awareness

Hall County RiR engaged in a variety of public awareness activities:

- “Elevating Nebraska’s Early Childhood Workforce: Report and Recommendation” launch was held at Central Community College. Community members and the media were in attendance.
- Newsletters were distributed to providers and uploaded to the H3C website in the months of July and October. Additional educational information was provided on infection prevention and hand washing in child care facilities.
- Numerous educational emails were sent containing COVID-related information for providers.

**Supporting the Community during COVID-19:** The COVID-19 pandemic introduced new challenges and stressors. Hall County RiR addressed these issues in the following ways:

- Provided pandemic supplies to licensed child care providers in Hall County, including no touch thermometers, cleaning materials, paper towels, and toilet paper.
- Provided Red Cross babysitting classes for older children that were caring for younger siblings when schools closed.
- Worked with a local business to distribute donated food to child care providers.
- Provided materials for crafts and games to play while physically distanced.

## KEITH COUNTY

Keith County began implementing the RiR initiative in 2017. Their work is coordinated by Educational Services Unit (ESU) 16. The vision of the Collaborative is “growing our social and emotional strengths with each other and for each other.” The purpose of the group is to increase community awareness and support for the social and emotional development of young children, create a common vocabulary related to social emotional development, and to provide consistent in-depth training in order to communicate with each other about their community’s children.

### Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	2379	Number of Families Served Indirectly	80
Number of Children Served Directly	3061	Number of Children Served Indirectly	80

### Parent Engagement

**Circle of Security Parenting:** Keith County RiR supported three COSP™ programs, two of which were implemented via zoom. A total of 18 parents and professionals participated in the series. Two RiR stakeholders completed the online training to become COSP Facilitators.

### Early Screening and Detection

**Primary Care Project:** One primary care practice has begun using the Survey of Well-Being of Children (SWYC) as a common developmental screening tool from February 2019 through May 2020. During that time, 172 children (2 to 60 months) were screened. The results found:

- 22% of the children with completed developmental milestone screening met the criteria for further assessment to determine their needs for services due to concerns.
- 34% of the children with completed emotional behavioral met the criteria for further assessment to determine their needs for services due to concerns.
- 1% of the parents had concerns regarding their children’s development or behavior.

- 20% reported that someone in their household smokes.
- 6% or the parents reported worrying about running out of food.
- 21% or the parents reported feeling depressed or feelings of hopelessness.
- 10% reported tension in their relationship with their partner.
- 1% reported that drinking of a family member had a negative effect on their child.

This information gave health providers an opportunity to support the family in the identified area of concern. Keith County RiR has provided training and technical assistance to the practice to assist them in the adoption of this screening tool and implementation of a referral process.

## Community Engagement

**Community trainings and events:** Several community trainings were offered to increase awareness of the importance of social-emotional competence, and high-quality experiences for young children:

- 13 Pyramid Module trainings were held with a range of 10 to 35 early childhood professionals in attendance at each one. Due to the geographic spread of providers, each module was offered in multiple locations. They also supported North Platte Public Schools to provide the training to their early childhood school staff.
- Strengthened their partnership with the Ogallala school district and expanded partnerships with North Platte Public Schools.
- Kindergarten, preschool, and RiR providers met four times to discuss the need for teaming and a systematic approach to transitions.

## Public Awareness

Keith County RiR participated in public awareness activities:

- A presentation was completed on the importance of high quality early childhood experiences and the nature of the RiR work in Keith County to 25 members of the Rotary Club.
- An active Facebook page has information on the importance of social-emotional competence and advertises trainings and events.

**Supporting the Community during COVID-19:** The COVID-19 pandemic introduced new challenges and stressors. Hall County RiR addressed these issues in the following ways:

- All Rooted providers in Keith and Perkins counties were given \$100 in Chamber Bucks to purchase any supplies needed.
- All Rooted providers in Red Willow, Chase and Lincoln counties were given \$100 gift card to Walmart to purchase any supplies needed.
- A weekly Zoom was offered to all child care providers in the High Plains for support during COVID-19. These Zoom meetings provided opportunity for providers to connect and support each other. They were also used to provide information about Nebraska's response to COVID-19. For instance, providers shared guidelines from the state for child care providers and also financial opportunities

available to help child care during the pandemic. A banker, economic development coordinator, etc. joined the call to share information and answer questions.

- Data was collected from High Plains providers to show the impact of COVID-19 on child care in western Nebraska.

## LANCASTER COUNTY

Lancaster County began implementing the RiR initiative in 2015. Their work is coordinated through The Nebraska Association for the Education of Young Children and supported with stakeholders from the Access to Quality Child Care Workgroup, a sub-group of the Lincoln Early Childhood Network. The goal of this workgroup is to create community-wide awareness of the importance of early childhood social-emotional development in order to increase the quality of child care in the Lincoln community.

### Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	566	Number of Families Served Indirectly	502
Number of Children Served Directly	386	Number of Children Served Indirectly	678

### Parent Engagement

**Circle of Security Parenting:** The Lancaster County RiR team continued its systems work by providing infrastructure support for the COSP™ facilitators in the county. The primary goal was the development of an integrated system to increase awareness and coordination of COSP™, as both a prevention and an intervention strategy. COSP™ programs were supported through braided funds.

- One COSP™ training was held virtually, with 9 attendees.
- New grant funding from the Community Health Endowment of Lincoln was obtained to support COSP™ and offer “tune up” classes for past participants.

**Expanded Services for Parents:** The Lancaster County RiR received grant funding to expand PIWI and PCIT services in their community to begin in 2020. The first PIWI class started in the Spring but was postponed due to COVID. The class was completed in October 2020.

### Community Engagement

**Pyramid Model Implementation:** Three Pyramid module trainings were completed, with up to 27 attendees at each training. Coaching continued for continuation and expansion providers and directors, depending on operating status during COVID-related shutdowns.

**Policy Activities:** Work continued on a proposal to create a City Council/Mayor’s Commission on Early Childhood. The Access to Quality Child Care work group formed subcommittees to address two new initiatives: Peer-to-Peer Mentoring and Community Emergency Response for Child Care.

**Supporting the Community during COVID-19:** The COVID-19 pandemic introduced new challenges and stressors. Lancaster County RiR addressed these issues in the following ways:

- Provided stipends (via Target gift cards) to RiR participants ongoing during the year.
- Continued to provide regular coaching stipends regardless if the provider/program was open/closed/working/furloughed.
- Purchased and delivered hands on materials that supported content presented during virtual Provider Collaboration meetings (ex. Tucker the Turtle hand puppets).
- Content of coaching visits shifted to focus on supporting providers/directors/teachers with concerns, health & safety needs, mental health.
- Trainings shifted to a virtual platform, and split into two sections (to avoid extended time on Zoom). Materials for trainings were mailed to each participant.

**MADISON COUNTY**

Madison County is in their first year of RiR implementation. They are funded through braided RIR and Community Well-Being (CWB) funds. The Norfolk Family Coalition coordinates the planning for RiR with support from their Child Well Being subcommittee. The community has many early childhood initiatives to build on so the subcommittee is being intentional about integrating initiatives to reduce duplication and build strong partnerships.

**Families and Children Served**

Summary of Children & Families Reached			
Number of Families Served Directly	183	Number of Families Served Indirectly	39
Number of Children Served Directly	159	Number of Children Served Indirectly	47

**Community Engagement**

**Pyramid Model Implementation:** Two coaches were trained for coaching in the Pyramid model. Two director trainings were held virtually with, a total of four participants. The first two Pyramid Module trainings were held virtually, with up to 17 participants at each one.

**Training and Networking events:** An initial Early Childhood Systems of Care meeting was held

with 22 attendees representing 14 organizations in March. The first provider collaboration meeting was held in November with 13 attendees.

**Supporting the Community during COVID-19:** The COVID-19 pandemic introduced new challenges and stressors. Madison County RiR addressed these issues in the following ways:

- Pandemic supplies were given to licensed child care providers in Madison County, including no touch thermometers, cleaning materials, and toilet paper.
- Gift cards were provided to child care homes and centers to help providers access additional food and sanitation supplies.

## PANHANDLE

The Panhandle Partnership began implementation of RiR in 2018. The Panhandle Partnership work is funded through braided RiR and Community Well-Being (CWB) funds. Several parts of the Panhandle Partnership work plan are primarily funded by CWB funds including Community Response, FAST, and TEAMS. Evaluation results for these projects are reported in their CWB annual report.

### Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	0	Number of Families Served Indirectly	357
Number of Children Served Directly	164	Number of Children Served Indirectly	361

### Parent Engagement

**Circle of Security Parenting:** Panhandle Partnership supports the implementation of COSP™ programs through blended funding.

An Engaging Families resource handout was distributed to parents by providers.

### Community Engagement

**Supporting Children’s Social-Emotional Skills:** Many providers started using the Backpack Connection Series, which are backpacks of social-emotional resources that families can check out from providers.

**Provider Training:** Two Pyramid Module trainings were held in different geographical locations with up to 20 early childhood directors and providers in attendance at each one. Another module training was

held virtually with a total of 35 attendees; providers were given two dates to choose from. Coaching continued both virtually and in person.

**SUPPORTING THE COMMUNITY DURING COVID-19:**

- The RiR coaching team worked with the Panhandle Public Health District to distribute no touch thermometers to each program in RiR.
- They offered optional Zoom sessions that were focused on provider needs. They addressed the provider’s mental health needs, relief options, and how to apply for relief funding.
- Coaches delivered free meals from the school system to the programs so the providers didn’t have to leave their children.
- Coaches made and distributed resource packages for providers to give to parents. Packages contained developmentally appropriate activities and social emotional support ideas for children at every age level-focused on pandemic stress.

**PLATTE COUNTY**

Platte County began planning for the RiR initiative in 2020. Their work is coordinated by Community and Family Partnership, a local nonprofit. The RiR stakeholder group collected data from both parents and community stakeholders to prepare for their Early Childhood System of Care assessment process in early 2021. The stakeholder group is made up of early childhood specialists across organizations. The group is committed to investigating gaps in their current early childhood systems and finding ways to work with partners to address them. The group also partnered with other groups to support providers during the pandemic.

**SALINE COUNTY**

Saline County began implementation of the RiR initiative in 2014. In 2016, the work was expanded to Jefferson County and in 2020 expanded to Gage County. Their work is coordinated by the local area health department, Public Health Solutions. Workgroup support and infrastructure are provided by the Jefferson Community Coalition. The initiative focuses on early childhood social-emotional development and the building community capacity and relationships to support children and families.

**Families and Children Served**

Summary of Children & Families Reached			
Number of Families Served Directly	254	Number of Families Served Indirectly	616
Number of Children Served Directly	314	Number of Children Served Indirectly	818

## Parent Engagement

**Circle of Security Parenting:** Three COSP™ programs were provided with up to four participants in each program, with one held virtually. One new bilingual COS-P facilitator was added to the team.

**Parent-Child Interaction Therapy (PCIT):** PCIT services were provided to eleven parents. A formal agreement was signed for use of the American Lutheran Church in Fairbury for PCIT.

## Community Engagement

**Pyramid Model Implementation:** Three Pyramid Module trainings were held with up to 13 providers in attendance at each one. Two of these trainings were held virtually. Ten new providers were added to Pyramid Model trainings.

**Community Events and Training:** The Saline RiR supported a number of activities:

- One training on Mindfulness facilitated by UNL Extension was held virtually with seven providers in attendance.
- Gage County Santa Supply Drop: This event provided care packages to 25 child care providers in Gage County, which included thermometers, wipes, hand sanitizer and other pandemic-related supplies.
- Several community events that were scheduled for Week of the Young Child were cancelled or postponed due to the pandemic.
- Monthly virtual coach meetings were held to support coaches through pandemic challenges.
- Six providers received coaching through a virtual format.
- Through partnerships with the Fairbury Community Foundation and Central Elementary School, RiR supported children and families in Jefferson County with social-emotional literature, items for the school food bank event, and incentives for the attendance program at the elementary school.

## Public Awareness

The RiR Collaborative partnered with organizations to increase public awareness:

- Built social media presence and provided resources and links for families regarding the pandemic and social-emotional health.
- In collaboration with the JeffCO on the Move coalition, kicked off the virtual Historic Trail Walk Challenge campaign, which aims to provide safe, family-friendly outdoor spaces in Fairbury.

**Supporting the Community during COVID-19:** The COVID-19 pandemic introduced new challenges and stressors. Saline County RiR addressed these issues in the following ways:

- Distributed a total of 25 care packages to Gage county providers. These packages included touchless thermometers, hand sanitizer, wipes, toilet paper, Kleenex, cloth masks, hand soap, and disinfectant wipes.

- Provided support to the Fairbury Community Foundation and Central Elementary School for their school food bank for children and families in Fairbury.
- Offered extra monetary incentives throughout the year (2020) for all the child care providers in RiR cohorts (whether in year 1 or year 3) for extra support.

## Preschool Development Grant: Establishing a Social Emotional Infrastructure in Douglas County/Omaha

The Rooted team is leading one of the many activities in the Preschool Development Grant which includes building upon an infrastructure designed to support early childhood social-emotional development in Douglas County/Omaha. This work contributes to one of the goals listed in the statewide Early Childhood Strategic Plan, which states, “Each child and their family can access the quality early child care and education services and the essential services they need to support each child’s healthy development.”

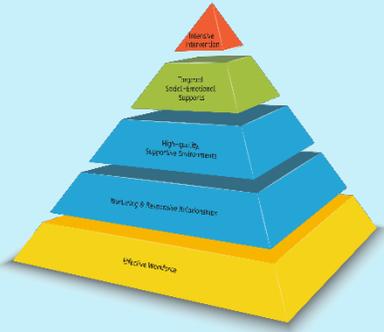
During this past year Rooted staff met with several early childhood stakeholders across the Omaha metro. Rooted joined a collaboration between Kidsquad and the Learning Community Center of South Omaha, to partner with families and early childhood professionals to access a system of supportive services and resources that can help them meet the social-emotional needs of the children in their care. A neighborhood approach was discussed and after looking at various sources of data, the zip code of 68107 was chosen. In early 2021, focus groups will be held and partnerships will be formed with families and child care providers to design a pilot to implement an evidence-based model that builds on the social-emotional development of young children in the second year of the Preschool Development Grant.

## Circle of Security Parenting (COSP™)

**Circle of Security Parenting** is an 8-week parenting program based on years of research about how to build strong attachment relationships between parent and child. It is designed to help parents learn how to respond to their child’s needs in a way that enhances the attachment between parent and child.

The Circle of Security Parenting (COSP™) program is a core strategy supported by RiR communities. This year, seven RiR communities supported either the implementation, coordination, or other supports (e.g., child care, food, and incentives) that helped increase participant access to COSP™. Due to COVID-19 in-person COSP™ were suspended. A few communities piloted virtual sessions, limited to 3-5 individuals.

Due to the success that communities have had in braiding funding to support COSP™, it has become more difficult to attribute the number of programs and/or participants that are funded by just RiR funds. Results of these communities COSP™ programs will be reported in the statewide evaluation report. The COSP™ Statewide Evaluation Report will be published again in the Spring of 2021.



**The Pyramid Model** is a framework of evidence-based practices that promote social-emotional competence in young children and prevent and address challenging behaviors (Fox, Dunlap, Hemmeter, Joseph & Strain, 2003). The model is a promotion, prevention, and intervention framework built on the foundation of a high-quality workforce. The three tiers of the Pyramid Model include:

1. Nurturing and responsive relationships and high-quality learning environments that have positive behavior expectations and predictable routines;
2. The intentional teaching of social-emotional competencies such as play skills and emotional regulation;
3. Individualized interventions for children who need additional supports such as a positive behavior support plan.

## Pyramid Model Implementation Program Description and Evaluation Findings

### About the Implementation

The RIR Pyramid Model Implementation offers center- and home-based child care providers Pyramid Model training and ongoing coaching support for the implementation of Pyramid strategies to promote young children’s social-emotional development and skills. Implementation includes training and on-site coaching. Each community’s coaching team consists of both early childhood specialists and mental health practitioners. Providers participate in training and coaching for three years.

Since the start of the Pyramid Model Implementation in 2014, 55 coaches have supported 435 center-based and home-based child care providers in 169 programs impacting over 8,600 children.

In 2020,

**38 coaches** supported

**215 center and home-based providers** in

**118 programs** impacting over

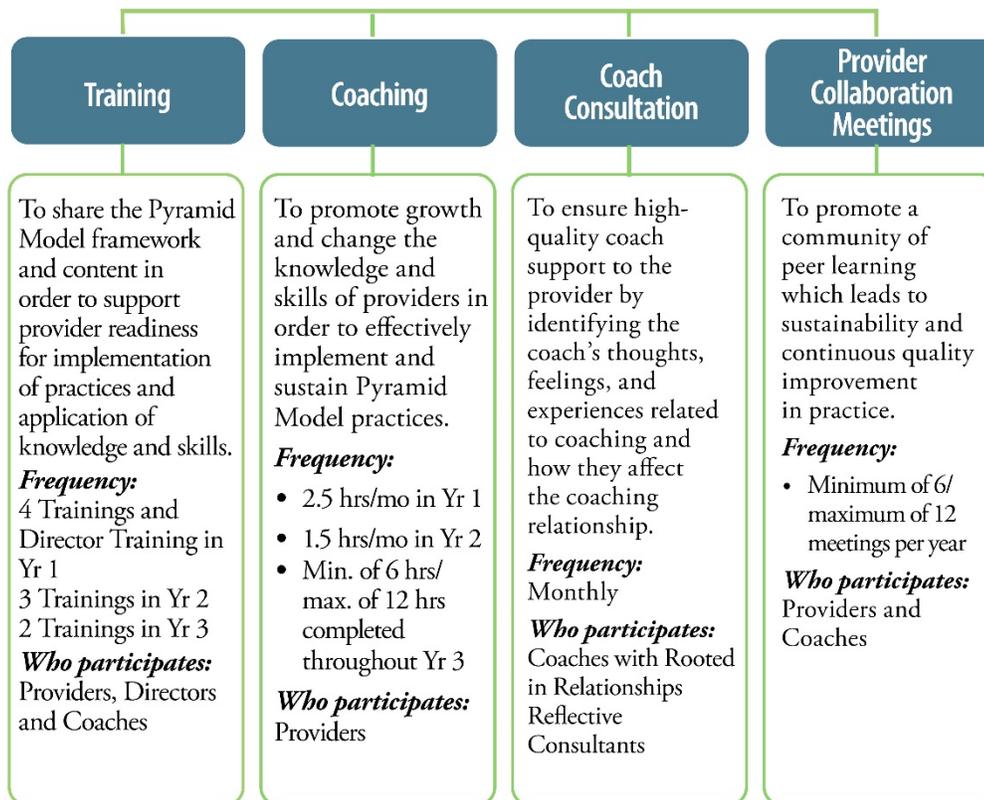
**2,120 children**

In addition to training and coaching, providers are eligible to apply for funds to support the social- emotional development and well-being of the children in their care. The funds are used to help the provider reach a specific coaching goal. In 2020, 70 social- emotional enhancement grants were awarded totaling \$30,432.78. This is an increase of 24 grants and approximately \$2,000 in funding from 2019. Providers

used these funds to purchase materials, equipment, curricula and/or attend trainings to help them reach their goals.

The following graphic shows the implementation activities across three years.

## Pyramid Model Implementation



### About the programs and the providers

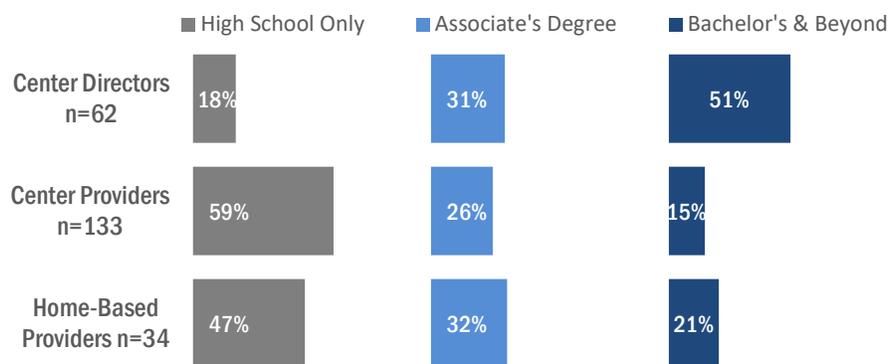
In 2020, the following regions participated in the RiR Pyramid Model Implementation: Buffalo, Dakota (Dixon and Thurston), Dawson (Frontier), Dodge, Hall, Keith (Chase, Lincoln, Perkins and Red Willow), Lancaster, Madison, and Saline (Jefferson and Gage) Counties as well as the Panhandle (Box Butte, Cheyenne, Dawes, Deuel, and Scottsbluff). This report includes provider and child demographic data from all regions, including new sites in Dawson, Madison, Saline, Jefferson and Gage counties. However, the outcome data (with the exception of the center-wide fidelity measure) are only reported for those who have participated in the program for at least a year. New RiR participants collected baseline data in the fall of 2020. Outcomes for these new providers will be included in the 2021 Annual RiR report.

During this reporting period, **118 child care programs** participated in Rooted in Relationships. The majority (61%) were child care centers. The rest (39%) were home-based child care programs. The retention rate for programs in RiR was 93%.

**215 providers** participated in the RiR program. In this report, “provider” signifies anyone who works directly with children. The majority (79%) of the providers worked in child care centers while the rest (21%) worked in family child care homes. Of the center-based providers, 85% were lead teachers and 15% were assistant teachers. In some child care centers, the director participated in coaching, but it was not as extensive as the coaching providers received. In 2020, 51 directors and assistant directors were part of the Pyramid Model Initiative. The overall retention rate for center-based lead teachers and home-based providers in the program was 87%. This retention rate is higher than 2019 when the rate was 78%.

Information about the participants’ post high school education was collected for 86% of the center directors and 88% of the center-based lead teachers and home-based providers.

**The majority of center directors and home based providers have college degrees. The majority of center providers do not.**



Less than half (41%) of center-based providers participating in RiR have an associate’s or bachelor’s degree. Of those who do, the majority (79%) majored in early childhood education, child development or elementary education. In contrast, most (82%) center directors have a college degree at the associate’s level or beyond. The majority (71%) majored in a field relevant to early childhood or education. Of note, 18% of the directors majored in business. More than half (53%) of home-based providers have formal education beyond high school and most (67%) majored in a child- or education-focused field. A small number (11%) majored in business.

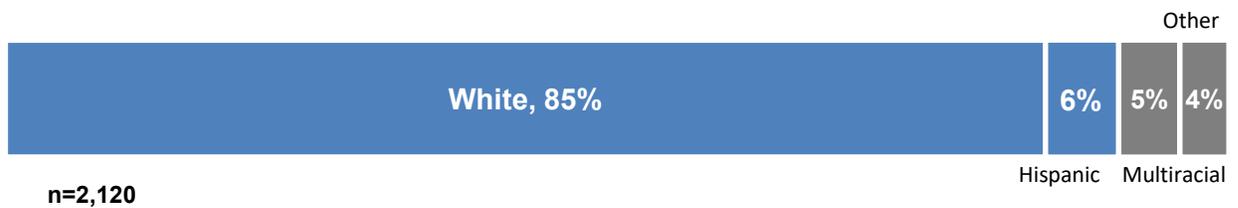
A highly qualified early childhood workforce is increasingly seen as essential to providing high-quality care and education to our youngest learners (Sarver et al., 2020). Communities across the state are realizing how important high-quality early childhood care is to economic development, workforce retention, and to children’s success in school. The RiR Initiative, with its focus on intensive training, regular coaching, and the implementation of best practices through the Pyramid Model is helping to enhance the professional qualifications of the early childhood workforce across Nebraska.

## About the children

In 2020, RiR Pyramid Model programs served over **2,120** children.

- **84%** were in center-based programs and **16%** were in home-based programs.
- **14%** qualified for a state child care subsidy, based on an annual income up to \$26,544 for a family of 3.
- **6%** spoke a primary language other than English.
- **53%** were male and **47%** were female.

The largest group of children served were **White**, followed by **Hispanic**.



## About the coaches

Each county had coaching teams that consisted of two to six coaches inclusive of 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 with a master’s degree in either social work or counseling. Other coaches were early childhood specialists who typically had experience as classroom teachers, trainers, supervisors, or administrators. Early childhood specialists have at a minimum a bachelor’s degree in early childhood education or a related field.



“Having a coach was great...she was always there to answer questions and reassured us that we are doing it right and helped if we needed to improve.”

A provider reflects on coaching

## The Impact of COVID-19

When the COVID-19 pandemic hit Nebraska in mid-March, early childhood caregivers were impacted in a variety of ways. With state directives to work from home if possible, child care needs changed for many families. Some child cares saw dramatic drops in their enrollment. In addition, guidelines about teacher-child ratios, concerns about stemming the spread of the virus, and efforts to protect their own health led some providers to take a leave from work. Many child cares closed temporarily. Many of those that remained open limited visitors. Some no longer allowed parents to come in the building.

For a coaching model based on in-person child care visits, COVID presented a unique set of challenges. RiR coaches and program administrators had to rethink how to support providers when they needed it more than ever. In short order, phone calls, text messages, email and most importantly video communication platforms, like Zoom, became essential to staying connected and keeping RiR relevant to providers in the field. Rooted staff developed guidance/contingency plans to assist community partners and coaches in their desire to safely continue support of child care providers and families in their communities. For more information, visit: <https://rootedinrelationships.org/resources/coach-information.html>

To understand the impact of COVID on coaching, the evaluation team surveyed the coaches in June and December. Over 80% of the coaches responded.

### Impacts on Providers

Within the first three months of the Pandemic, 65% of coaches reported that at least one of the child cares they worked with had closed temporarily. The top reasons for closing were:

- **Low enrollment:** Many families were no longer working at all or working from home so they kept their children at home with them (26%).
- **Protect child care staff:** The director chose to close to prevent exposure to COVID (26%).
- **Income loss:** Families could not afford child care due to loss of income (14%).

By December, none of the child cares had closed permanently. However, coaches reported that 10 providers had resigned their positions for COVID related reasons, including concerns about risk of exposure to the disease and the need to care for their own children whose schools or child cares had closed.

### Impacts on Coaching

**Coaching formats switched from in-person to virtual.** From the start of the Pandemic, coaches resorted to phone calls, text messages, email and video conferencing to stay in touch. Some utilized Zoom or FaceTime to conduct observations remotely. Others scrapped observations completely and relied on provider report about what was happening in the classroom. Some communities switched the Pyramid Model Training and collaboration

meetings to Zoom. A few postponed these activities for the rest of the year.

**For some coaches, the frequency of coaching increased.** As one coach explained, “We are in touch much more often, but for much smaller bites of time. I learned quickly that our teachers really needed someone checking in often to see if they were ok and to give them some validation and uplift.”

**Most coaches have not resumed in-person coaching.** Over time, many child cares relaxed their restrictions on having outside visitors based on declines in COVID infection rates in their communities. However, by December, less than half (42%) of the coaches reported coaching in person. Being allowed to visit the centers did not mean coaching returned to “normal.” One coach noted that while she could visit the center, she could not come in the classroom per provider request, so she “sat in the hallway and observed from the door.” Others shared that classrooms closed intermittently due to COVID exposures and quarantine, so they still needed to use multiple methods to connect.

**The focus and the content of coaching sessions changed during the Pandemic.** Prior to COVID, nearly all coaching activities focused on the implementation of the Pyramid Model. Once COVID hit, providers and coaches often set aside Pyramid to prioritize the basics such as getting enough sanitary supplies to keep the child care clean and safe. In addition, coaches provided resources for families and activities children could do at home. One coach noted:

*Much of the coaching has been reflective based and I have had to adapt to dial what they can handle way down. Goals have looked very different in this last six months. We are working to use the Pyramid more on their own behaviors and feelings to go back into the environment and make that effective workforce be able to show up every day and know that best practices are not always going to happen, but we can set small attainable goals and that is better than regression.*

**Providers have leaned on their coaches for emotional support.** As front-line essential workers, many providers have feared for their own safety and exposing their families to COVID. They have worried about the well-being of the children in their care. They have also lived with uncertainty, wondering if their child cares can survive the financial impacts of the pandemic. Coaches have “processed feelings,” used empathetic listening, and employed mindfulness techniques such as breathing for self-regulation to support their providers.

Nearly all (94%) coaches have emphasized the importance of self-care for providers during COVID. Most coaches (67%) reported they were concerned about their providers’ mental health, and five coaches referred providers for mental health services.



### Measures of Pyramid Model Fidelity

The fidelity measures are reported as a percentage of items meeting fidelity. Quality is considered a score greater than or equal to 75%.

#### **Benchmarks of Quality (BOQ), v. 2** Fox, Hemmeter, Jack & Perez-Binder, 2017.

A center-based self-assessment tool that the leadership team completes:

- 41 items
- 7 subscales plus 1 overall score

#### **Family Child Care Homes Program-wide PBS Benchmarks of Quality (FCCH BOQ)** Lentini, 2014. A self-assessment tool that the home-based provider completes:

- 42 items
- 8 subscales plus 1 overall score

## What was the fidelity to the Pyramid Model for program-wide implementation?

The Pyramid Model provides evidence-based practices that promote young children’s social-emotional learning and development. Program-wide implementation includes a systematic approach to positive behavior supports to ensure consistency and predictability at every level. Parents, caregivers, and administrators align to promote these model practices to support young children’s social-emotional development.

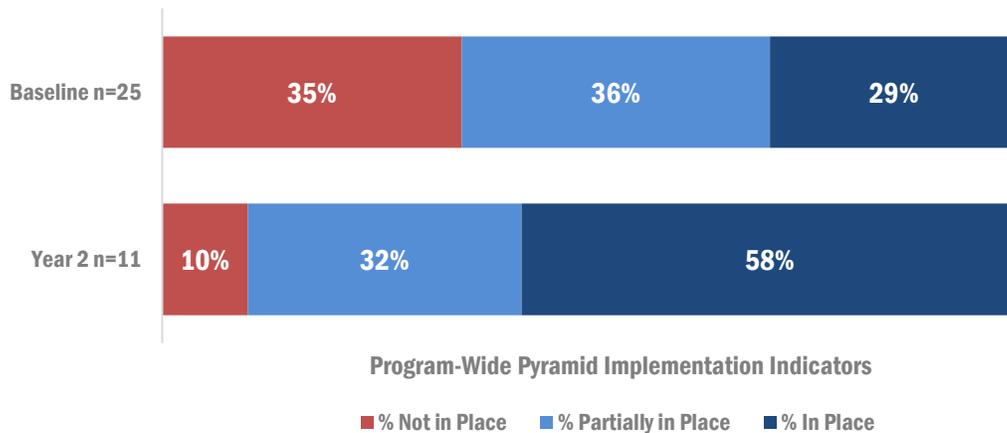
In a child-care center, program-wide implementation means that all classrooms in the center adopt Pyramid Model strategies. This includes setting program-wide behavior expectations, involving families in the Pyramid Model, implementing consistent procedures to respond to challenging behavior, and monitoring the implementation of Pyramid practices. RiR does not require center-based programs to implement the Pyramid program-wide.

During the 2020 program year, 25 child care centers participated in program-wide implementation. To measure the fidelity of the implementation, the programs completed the **Benchmarks of Quality, version 2 (BOQ v.2)**.

The BOQ v.2 results report the percentage of Pyramid practices that are “in place,” “partially in place” and “not in place.” The goal is to have 75% of practices in place.

The following graph shows the fidelity of program-wide implementation across time. In the first graph, the color bands represent the overall percentage of practices in place, partially in place, and not at all in place across all programs implementing the model program-wide. The red band indicates the percentage of practices that are not in place. The dark blue band indicates the percentage of practices that are in place to fidelity. The goal is for the red band to shrink and the dark blue band to increase over time.

**By Year 2, centers implementing the Pyramid Model program-wide had a majority of practices in place.**



The results indicate that overall, programs made positive changes by Year 2. At baseline, just over a quarter (29%) of Pyramid indicators were in place. Over a third (35%) of indicators were not in place at all and an additional 36% were partially in place. After training and coaching, the majority (58%) of indicators were fully in place. While programs did not yet reach the goal of having 75% of practices in place, they demonstrated strong improvement over time, making meaningful progress towards full implementation, which is a three-year process.

In addition to an overall score, the BOQ v.2 is reported across seven subscales. Each subscale has multiple indicators that guide goal setting for program improvement. The following highlights some of the key elements of each subscale.

**Establish Leadership Team:** The team must include a teacher, an administrator, a coach, someone with expertise in behavior support and a family representative. The team meets at least once a month and develops a Pyramid Model program wide implementation plan.

**Staff Buy-In:** This subscale includes a staff poll that measures staff support for the Pyramid Model including culturally responsive practices and a system to address implicit bias. It also requires a system to collect staff feedback and a process to share outcome data with staff on a regular basis.

**Family Engagement:** Fidelity includes soliciting input from families and promoting family involvement in the Pyramid Model implementation.

**Program-wide Expectations:** The program must have two to five positively stated program-wide expectations that are displayed across the center. Fidelity also includes supporting families to utilize the expectations at home.

**Professional Development and Staff Support Plan:** Indicators include practice-based coaching, a plan for ongoing training in the Pyramid Model, and an individualized professional development plan for each teacher.

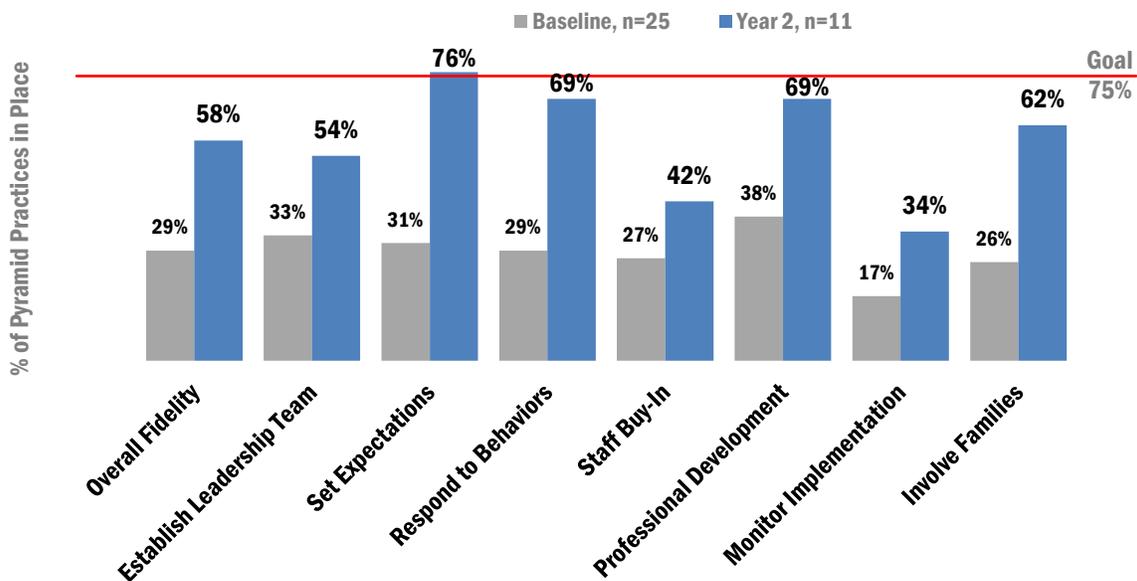
**Procedures to Respond to Challenging Behavior:** Program staff respond to challenging behavior using evidence-based approaches that are positive and sensitive to family values, culture and home. There is a consistent process to support individual children with challenging behaviors and staff are trained about

potential bias in responding to children with challenging behaviors.

**Monitoring Implementation and Outcomes:** The leadership team reviews data, monitors the implementation and uses data for decision making and goal setting. Data are summarized and shared with program staff and families on a regular basis.

The following graph shows the percentage of Pyramid practices that were **fully in place** at baseline and Year 2 for each subscale and overall. Please note, the graph includes baseline results for 25 centers: 14 centers only have baseline scores and 11 centers have baseline and Year 2 results.

**Centers implementing Pyramid program-wide increased fidelity over time.**  
**They met the program goal in setting expectations.**



Programs met the program goal of 75% of indicators in place in setting expectations and approached the program goal in responding to behaviors and providing professional development around the Pyramid Model. The area that showed the least fidelity is Monitoring the Implementation of the Pyramid Model with a third (34%) of practices in place in Year 2.

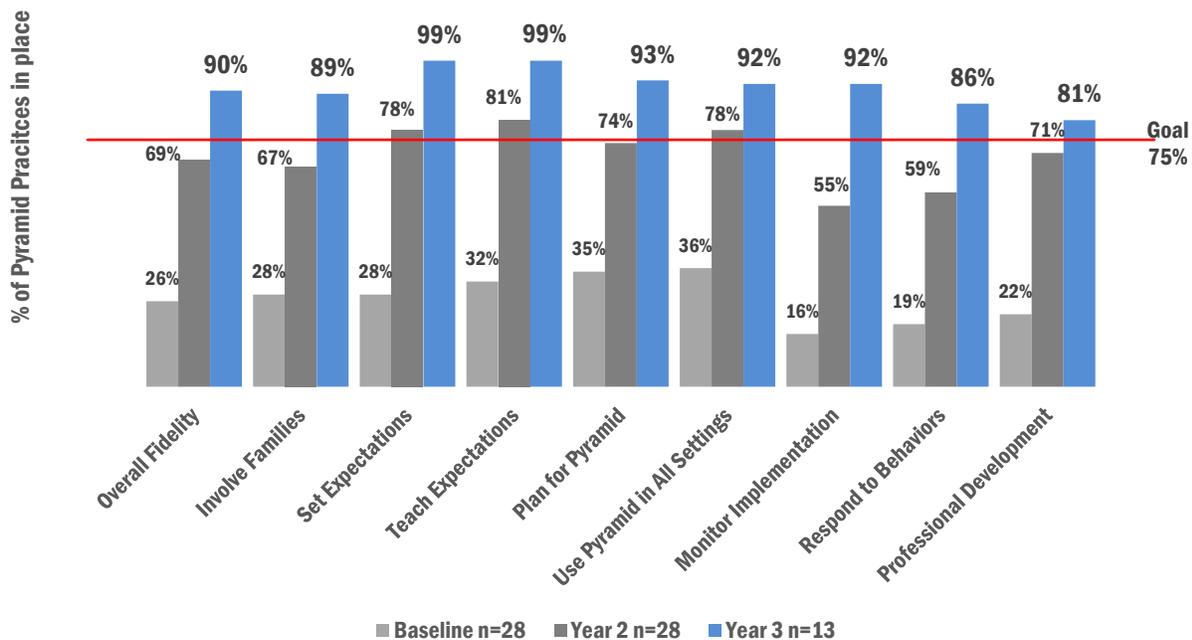
Results of a paired t-test analysis indicate that centers made significant improvements in fidelity: Baseline (M=54%; SD=25.72) to Year 2 (M=70%; SD=18.81),  $t(10)=-2.946, p<05, d=1.914$ ; Year 2 (M=71%; SD=17.73) to Year 3 (M=90%; SD=9.68),  $t(12)=-5.535, p<001, d=.888$ . These results suggest large effect sizes within the zone of desired effects.

Home providers use a fidelity tool that is similar to the BOQ v.2 called the **Family Child Care Homes Program-wide PBS Benchmarks of Quality (FCCH BOQ)**. The FCCH BOQ has eight subscales, five of which align with the CB BOQ. The tools differ in the following three areas: develop a plan to implement the Pyramid Model, implement the Pyramid Model in all settings across  
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the day, and utilize strategies to teach children behavior expectations.

The following graph shows how home-based providers implemented Pyramid Model practices over time. The scores reported are an average across providers at Baseline and Years 2 and 3. To meet fidelity to the Pyramid Model, 75% of the practices in a given area must be in place. Please note, the graph shows baseline and Year 2 results for 28 providers. 15 of the 28 have only had two years in RiR. 13 providers are in their third year of RiR so they have Year 3 data.

**By Year 3, home-based providers implemented the Pyramid Model to fidelity across all areas.**



Home-based providers made great strides in implementing the Pyramid Model. Before coaching and training, 26% of Pyramid Model practices were in place. In Year 2 they met fidelity, on average, in three subscales: setting behavior expectations, teaching these expectations, and using Pyramid Model strategies in all settings throughout the day. By the end of Year 3, providers, on average, achieved fidelity well above the program goal in all areas.

Results of a paired t-test analysis indicate that home-based providers made significant improvements each year of the program: Baseline (M=26%; SD=20.85) to Year 2 (M=69%; SD=18.73),  $t(27)=-10.130$ ,  $p<001$ ,  $d=1.914$ ; Year 2 (M=71%; SD=17.73) to Year 3 (M=90%; SD=9.68),  $t(12)=-5.535$ ,  $p<001$ ,  $d=1.535$ . These results suggest large effect sizes within the zone of desired effects.

The above graph reports average scores across providers. An analysis of results by individual providers shows that **4%** met fidelity at **baseline**. At **Year 2, 39%** met fidelity and by **Year 3, 92%** met fidelity.

## What were the outcomes for the center-based classrooms?



### Measures of Center-Based Classroom Practices

Classroom assessments are completed by an external evaluator. Scores are reported on two scales:

**Key Practices** examine Pyramid Model strategies. The score is reported as a percentage of indicators met. **Red Flags** signify problem practices in need of immediate attention.

Quality for both tools was defined as meeting 80% of the Key Practices and having NO Red Flags.

**Teaching Pyramid Observation Tool, Research Edition (TPOT)** Hemmeter, Fox, & Snyder, 2014.

- **Key Practices** - 14 areas
- **Red Flags** - 17 items

**Teaching Pyramid Infant Toddler Observation Scale, Revised (TPITOS)** Carta, 2015

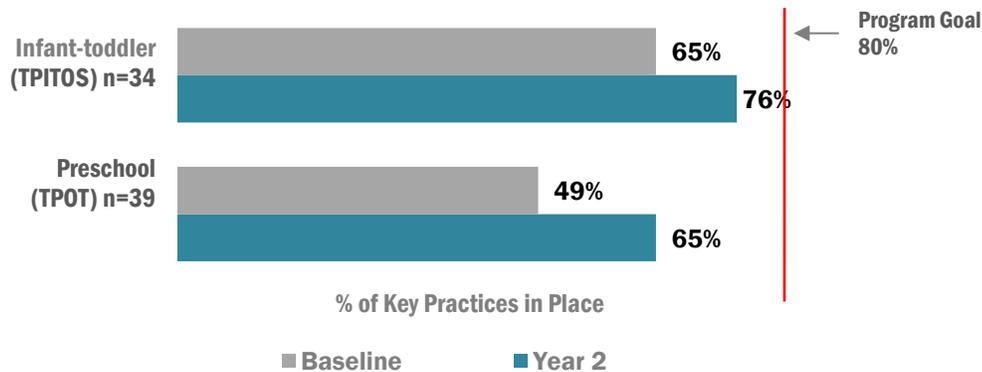
- **Key Practices** - 13 areas
- **Red Flags** - 11 items

To measure the 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 TPOT and TPITOS were not used to collect data in family child care homes, as they were not designed for this environment. These tools measure the implementation of Pyramid Model strategies across four areas of teacher practices: nurturing responsive relationships, creating supportive environments, providing targeted social-emotional supports, and utilizing individualized interventions. Practices measured in the **Key Practices** scale include building warm relationships with children, utilizing preventative strategies such as posting a picture schedule and structuring transitions, teaching social-emotional skills, and individualizing strategies for children with behavior challenges. **Red Flags** measure negative practices such as chaotic transitions and harsh voice tone.

To analyze the impact of Pyramid Model Implementation, center-based providers are observed three times: at the start of RiR, at the mid-point (approximately 18 months into the initiative), and at the end of their final year in the program. This year none of the Year 3 observations could be completed due to the arrival of COVID in March of 2020. Center closures and rigorous health protocols prevented outside observers from visiting classrooms.

The following observation results include all providers who had an observation at baseline and half-way through their second year in RiR. The analyses report changes over time, the percentage of classrooms meeting the program goal, and the incidence of negative classroom practices.

**On average, classrooms increased fidelity to the Pyramid Model over time.  
Infant-toddler providers nearly met the program goal in Year 2.**



Most classrooms improved over time. Average Key Practice scores increased from Baseline to Year 2, with infant-toddler classrooms approaching the program goal of 80%. An analysis of results by classroom indicates that the vast majority of classrooms improved: 85% of infant-toddler and 90% of preschool rooms increased fidelity to the Pyramid Model from Baseline to Year 2. Moreover, by Year 2, more classrooms met the program goal of having 80% of Key Practices in place. At the baseline observation, 21% of the infant/toddler and none of the preschool classrooms met the program goal. After 18 months of coaching and training, 44% of infant-toddler classrooms and 15% of preschool classrooms met the goal.

Results of a paired t-test analysis indicate that classrooms made significant improvements over time.

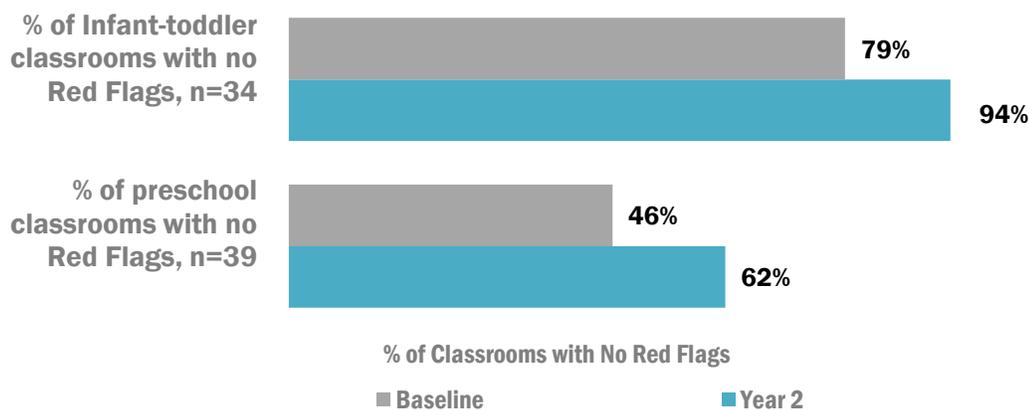
- Infant/toddler classroom gains: Baseline (M=65%; SD 15.458) to Year 2 (M=76%; SD 12.230),  $t(33) = -4.673, p < .001, d = 0.801$
- Preschool classroom gains: Baseline (M=49%; SD 17.39) to Year 2 (M=65%; SD 16.21),  $t(38) = -8.601, p < .001, d = 1.377$

The results suggest effect sizes within the zone of desired effects.

Unfortunately, due to COVID, it was not possible to conduct any observations of Year 3 providers in the spring of 2020. In previous years, classrooms continued to improve during Year 3 with more meeting the program goal. It is disappointing that we could not track this progress for RiR providers in their final year of the program as it is a capstone experience for providers to show how much they have learned about supporting children’s social-emotional development.

The following chart presents the incidence of Red Flags over time. Red Flags measure negative classroom practices such as threatening negative consequences, reprimanding children for expressing emotions, and discouraging children from playing together. The program goal is for classrooms to have no Red Flags.

**The number of classrooms with NO Red Flags increased over time.**  
**By Year 2, almost all infant-toddler classrooms and the majority of preschool classrooms met the program goal of having no Red Flags.**



In both infant-toddler and preschool classrooms, negative practices declined over time. At baseline, the majority (79%) of infant-toddler classrooms and nearly half (46%) of preschool rooms had no Red Flags at baseline. In Year 2, all but one (94%) of infant-toddler rooms had no Red Flags. Nearly two thirds (62%) of the preschool rooms had no Red Flags. Additionally, the number of Red Flags by classroom also declined. While negative practices were not completely eliminated, their frequency decreased over time.

Again, COVID disrupted our ability to observe Year 3 providers so we could not track the progress made on eliminating Red Flag practices.

## What were the outcomes for the providers?

The RiR evaluation collects qualitative and quantitative data from providers at three points in time 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. First year providers participate in focus groups about program implementation. Second year providers take a satisfaction survey reflecting on how their skills have changed over time. In addition, a sample of providers participate in one-on-one interviews. Third year providers complete an exit survey about their students' social-emotional competencies and their own confidence in using Pyramid strategies.

## Provider Satisfaction Survey Results

Providers in their second year of participation in RiR evaluated how their ability to support the social-emotional development of young children had changed over time. The 22-question pre-post survey is a self-assessment of skills to support the social-emotional competence of all the children in their program (e.g., I help children problem solve when they have a conflict) and to support an individual child with more persistent behavioral challenges (e.g., I can help this child learn to use positive skills to replace his or her challenging behaviors). The survey uses a 4-point Likert scale with 1 = almost never and 4 = almost always. This year, 44 providers completed the survey after two years of participation in RiR.

### Providers reported a significant increase in their skills as a result of participation in Rooted in Relationships. n=44



Providers reported significant increases in Pyramid related skills such as creating a positive environment and following a daily routine after 18 months in RiR. Results of a paired t-test analysis indicate significant positive differences between classroom skills at pre ( $M=2.43$ ;  $SD=0.54$ ) and at post ( $M=3.58$ ;  $SD=0.32$ ),  $t(43)=-13.506$ ,  $p<.001$ ,  $d=2.036$ , two-tailed test. The results suggest a large effect size within the zone of desired effects.

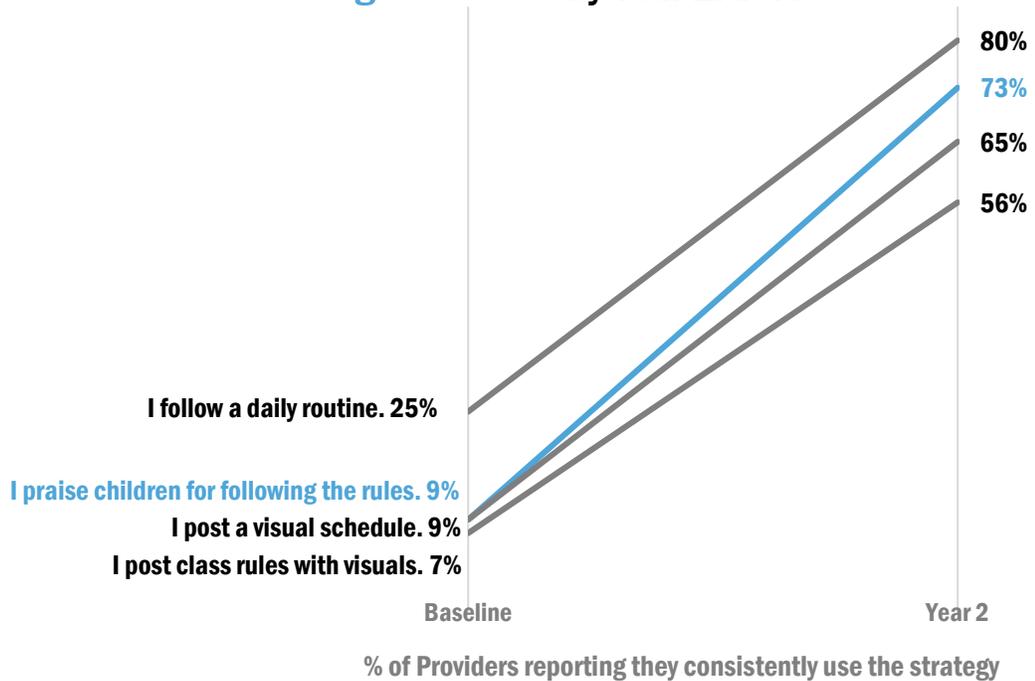
Providers who implemented specific strategies to support individual children struggling with social-emotional skills also noted strong improvement in their abilities. Thanks to RiR coaching and training, providers felt more capable of implementing strategies to build children's social-emotional skills and to manage challenging behavior. Results of a paired t-test analysis indicate significant increases from pre ( $M=2.30$ ;  $SD=0.65$ ) to post ( $M=3.25$ ;  $SD=.40$ ),  $t(21)=-7.833$ ,  $p<.000$ ,  $d=1.670$ , two-tailed test. The results show large effect sizes within the zone of desired effects.

**95%** of the providers were satisfied or very satisfied with their RiR coach and **91%** reported that they made many changes to their classroom and child care practices through their participation in Pyramid Model training and coaching.

The following graph reports how respondents rated their use of selected Pyramid classroom

practices. Prior to coaching, few providers consistently used daily routines, set clear expectations, and praised children for meeting expectations. After coaching, most providers felt they were “almost always” implementing these key Pyramid practices.

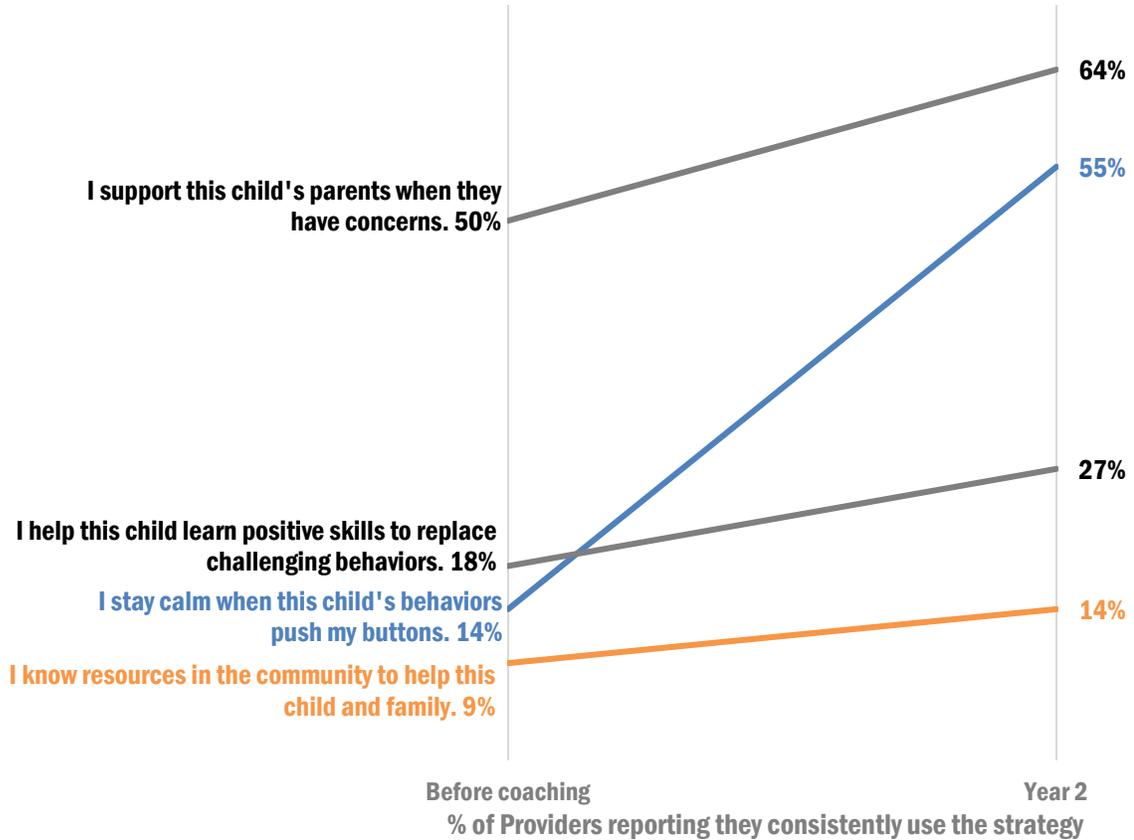
**73% of providers report that they consistently praise children for following class rules by Year 2. n=44**



Providers also rated their skills in helping children calm down when they are upset, using a variety of strategies to help children learn social skills and responding to children’s needs when many want their attention at the same time. In each case, over half the providers felt they used the skills consistently by Year 2. Survey results indicated that **71%** almost always can help children calm down, **61%** teach social skills consistently, and **52%** can comfortably manage multiple bids for their attention.

Half the providers who responded to the survey indicated that they have worked on child specific Pyramid Model strategies to support individual children who struggle with challenging behaviors. They rated their skills at baseline, before RiR coaching and training, and at Year 2, after 18 months in the initiative. The percentage of providers who felt they used the practice consistently increased over time.

**Providers showed the most growth in **staying calm** when child behaviors push their buttons. n=22**  
**Few providers know of **community resources** to help families whose children struggle with behaviors.**



Providers indicated they have strong confidence in their skills to support parents and to stay calm when child behaviors push their buttons. They are less confident in their ability to help the child learn positive skills to replace challenging behaviors. Only 14% of respondents reported that they consistently know of resources in the community to help families and children with social-emotional concerns.

**“It was good to know I wasn't in this alone. My coach was always there for aid and to make suggestions. If she didn't know for sure she asked others and never left me hanging.”**

**A provider reflects on a coach’s support**



## Provider Focus Group and Interview Results

Qualitative feedback was collected from providers across the state to learn more about their experiences in RiR. A total of 39 Year 1 providers participated in one of five focus groups in Buffalo, Dakota, Hall, Keith, and Lancaster Counties and 18 Year 2 providers from Dawson, Dodge, Saline-Jefferson Counties and the Panhandle participated in one-on-one phone interviews. The following highlight the top takeaways from these sessions. A complete analysis of the focus groups and interviews is available in a separate report.

### Key Findings: Year 1 providers

- Most providers were highly satisfied with the relationships they had with their coach.
- Coach accessibility and communication were key components to provider success.
- Coaches provided information and ideas, answered questions and helped their providers with “trouble shooting” when they faced a challenge.
- Providers learned new ways to approach problems
- Providers valued the Pyramid Model trainings and the provider collaboration meetings.
- Being in RiR strengthened providers’ relationships with the families in their child cares.
- Some providers no longer use time-out or expulsion because of what they have learned in RiR.
- Nearly all participants would recommend RiR to other providers.



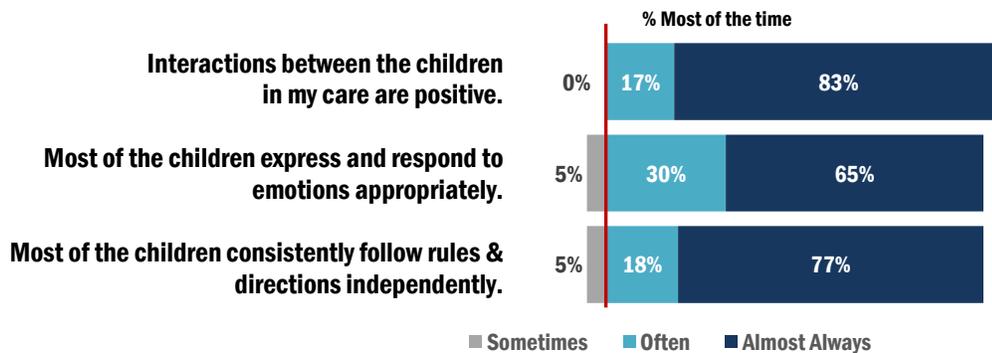
### Key Findings: Year 2 providers

- Pyramid Model coaching has positively affected the way they support the overall social-emotional development of children.
- Pyramid Model trainings gave providers strategies to handle children’s challenging behaviors.
- Providers who met consistently with their coach felt strongly supported and found the most success in RiR.
- Being in the RiR initiative enhanced the providers’ relationships with families in their program.
- Challenges to participation in RiR included finding time for trainings and meetings, learning new ways to work with children and unlearning “the way it had always been,” and working with staff who had not participated in Pyramid Model trainings.
- COVID disrupted coaching and training. Some providers felt they lost momentum in implementing Pyramid strategies. Others found it hard to switch to online training and coaching. However, they also got tremendous support – both emotionally and materially – from their coaches.

## Provider EXIT Survey Results

A total of 23 providers, at the end of Year 3 in RiR, completed an exit survey that included their assessment of their children’s social-emotional skills, reflections on their mastery of Pyramid Model practices, and feedback about their experience in RiR.

### Providers find that the children in their care have strong social-emotional skills. n=23



The veteran providers report that the children in their care are consistently meeting behavior expectations and demonstrating positive social-emotional skills. Nearly all (95%) of the infant-toddler providers feel that they can “almost always” soothe the infants in their care. Based on these exit survey results, children are benefitting from the RiR Pyramid Model Initiative.

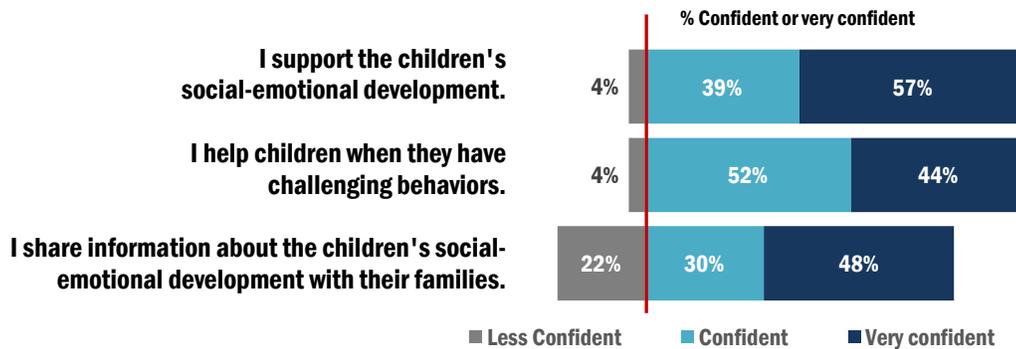
All providers found the Pyramid Model training to be useful and relevant to their work. All but two providers (92%) rated the coaching experience as valuable or highly valuable. The majority (69%) of the providers valued the provider collaboration meetings that brought together providers from across their community six to 12 times a year. These meetings helped RiR participants build relationships so they can learn from and support each other. The remaining providers (31%) found the collaboration meetings only moderately valuable.

Year 3 Providers reflect on what they learned:

“I am more in tune to how the children feel. **I am better able to discuss feelings and emotions** with the children and their parents. The children know the rules and expectations and we just overall flow better throughout the day.”

“We have created a social emotional team at our school to be a resource to children and teachers. I am part of that committee. **I plan to use our books and other resources to continue teaching social emotional skills** in the center.”

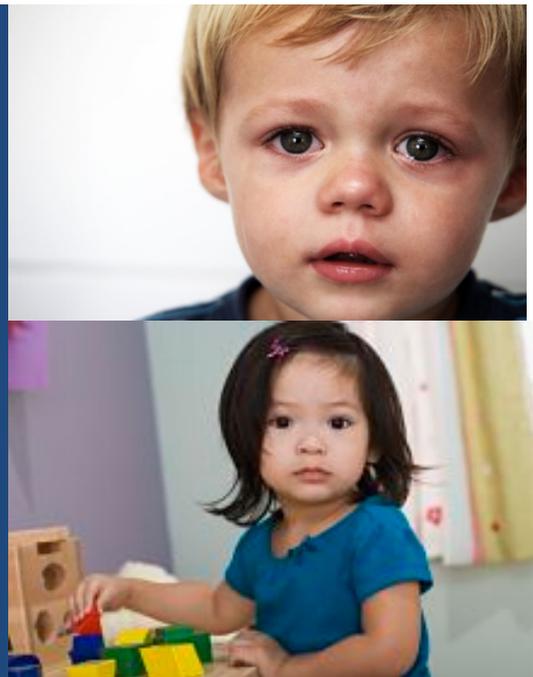
**Most providers are confident in their Pyramid Model Skills, including working with families to support children's social-emotional development. n=23**



Overall, providers express strong levels of confidence in their Pyramid Model skills to support children’s social-emotional development. The majority are comfortable reaching out to families to support their children. All but one (96%) of the respondents would recommend Pyramid Model training, coaching and collaboration to another child care provider. All respondents report that they have a plan to continue using Pyramid Model strategies when they no longer receive coaching. This finding is important for the sustainability of the RiR initiative.

“Beginning the Pyramid Model was uncomfortable. It pushed me out of my comfort zone and forced me to think outside the box to how I could incorporate it into my in-home child care. It helped me let go and see amazing results in my children's behaviors. My daycare families noticed such a large change. They brag to their friends how awesome these little toddlers are with their emotions and socializing. That makes me feel proud. I noticed my confidence grow and so did my patience.”

A provider reflects on the impact of RiR



## Coaching

### What was the frequency and intensity of coaching?

Coaches were expected to meet with providers 2.5 hours each month in Year 1 and 1.5 hours each month in Year 2. In Year 3, in preparation for the phasing out of all coaching by the end of the implementation, coaching was less frequent and was customized to the needs and preferences of each provider. Approximately 18% of providers were in the first year, 45% were in their second year and 37% were in the third and final year of the RiR implementation. In 2020, coaches logged 2,490 in-person visits, phone consultations and teleconferencing sessions. This is an increase of 500 session logs from 2019.

The number of coaching entries varied widely from coach to coach, from as few as 6 to as many as 196. The average coaching session was 51 minutes long. Because of the wide variation in the number of sessions logged, the data should be viewed as an indication of coaching practice trends but not a complete record of RiR coaching sessions.

The coaching logs serve as a record of how coaches continued to support their providers once COVID-19 arrived in mid-March. With many child cares closing at various points throughout the program-year, coaches moved from an in-person intervention model to remote coaching. They often shifted the focus of their sessions from Pyramid Model strategies to more pressing needs. In the logs, they frequently noted they “checked-in about COVID” and then provided whatever material or emotional support was needed.

The following presents some of the highlights from the coaching survey including coaching topics, most common coaching strategies, and how coaches supported teachers around individual children’s challenging behaviors.



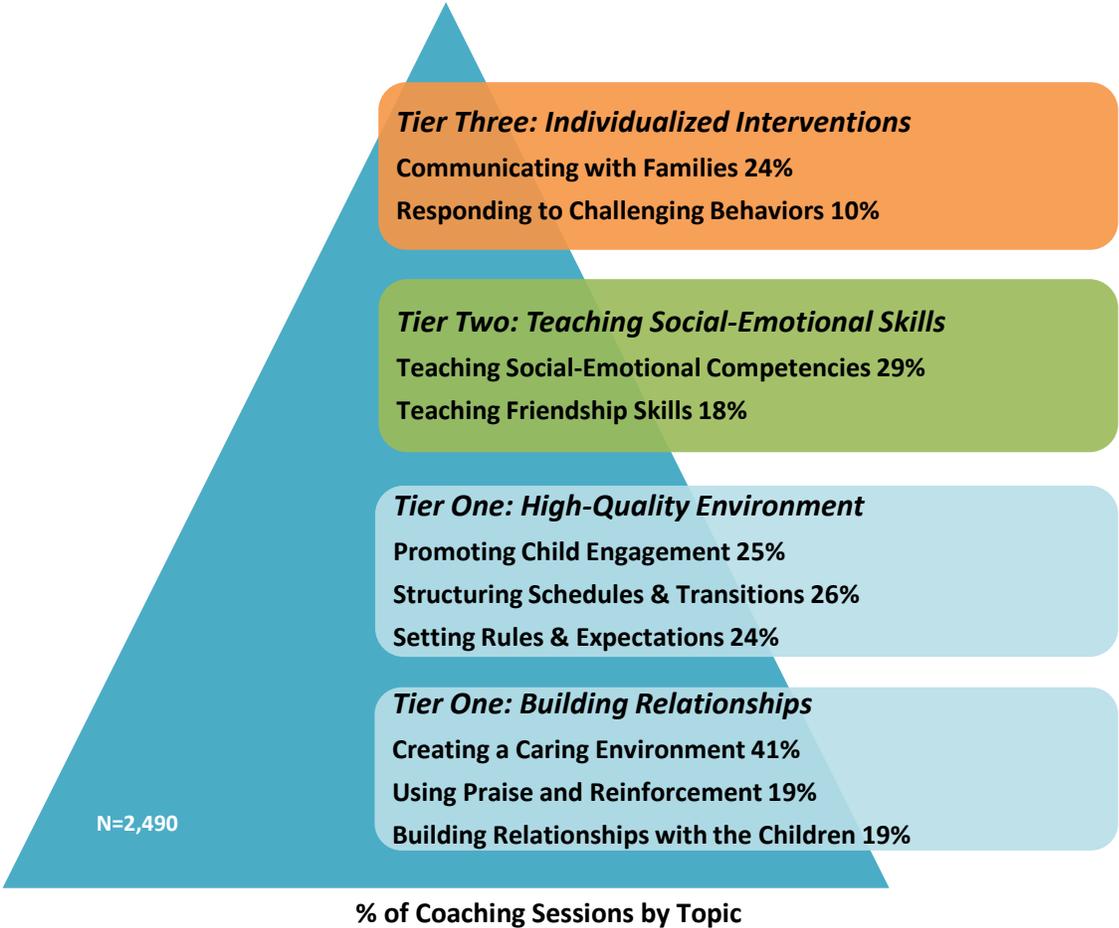
**“I have learned so much while being in Pyramid. It has changed my daily life with my kids completely!”**

**A provider reflects on RiR**

## What was the content of the coaching sessions?

The content of the coaching sessions can be mapped onto the tiers of the Pyramid Model. The percentage indicated after each item in the graphic below indicates the frequency that the topic was addressed during the coaching sessions.

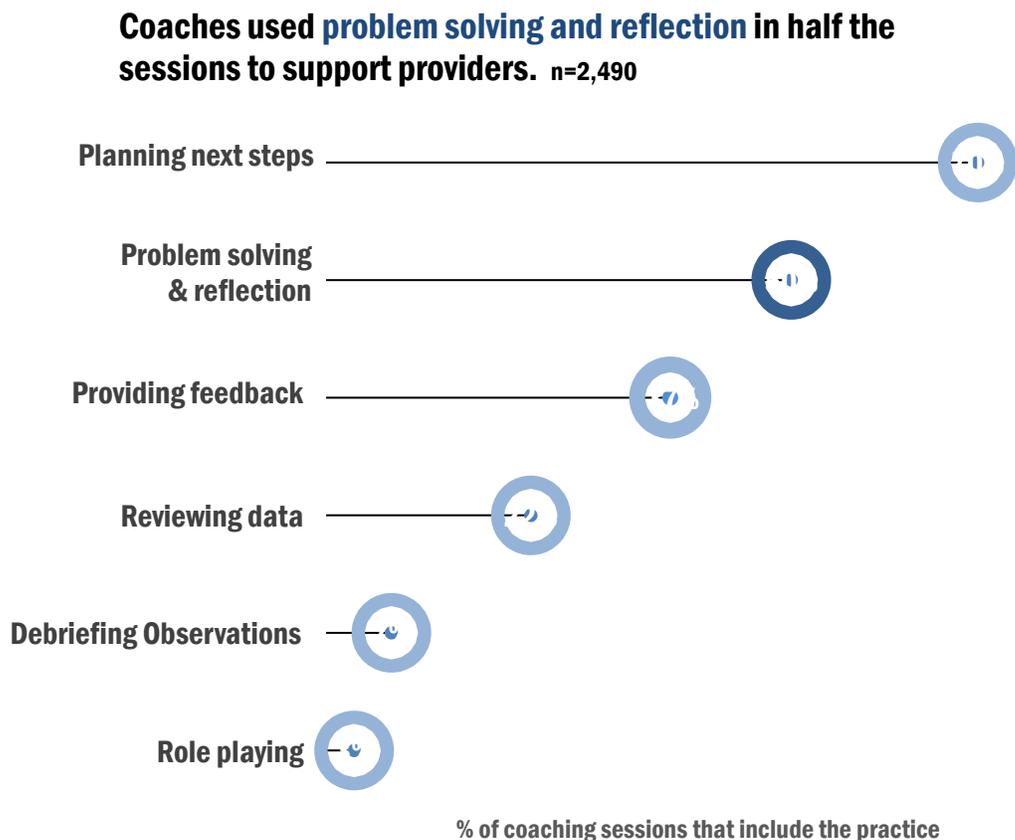
**41% of coaching sessions focused on creating a supportive classroom environment. Fewer coaching sessions (10%) focused on responding to challenging behavior.**



Most coaching sessions focused on Tier One strategies that include building strong relationships with the children and creating a predictable and developmentally appropriate classroom environment. Coaches used data to inform practices in 14% of coaching sessions. In about a third of the sessions (32%), coaches brought the providers materials and resources to build their capacity. Coaches were less likely to work with providers to develop strategies to respond to challenging behaviors. This is not a surprising finding because when the Pyramid Model is in place, challenging behaviors should decrease, and fewer children should need individualized support.

## Which coaching characteristics were used in coaching conversations?

A typical coaching conversation uses a cyclical process: the coach begins with the previous joint plan set with the provider, moves into some combination of the other characteristics, and ends with a new joint plan. The data is indicative of this process.



## How were coaches supported in their work?

Coaching child care providers can be challenging work. To support the coaches and prevent burnout, RiR provided Reflective Consultation (RC) to the coaching team in each community. A trained consultant who is either a licensed therapist or an Early Childhood professional with coaching experience led monthly RC sessions in person, by Zoom, or by phone. The sessions provided a supportive space to discuss the challenges of their work, including COVID, to learn from each other, and to find strength from empathetic listeners and an expert consultant.

In December, 32 coaches completed a survey about their experiences with Reflective Consultation.

**90%** of coaches felt the reflective consultant consistently helped them process their “in the moment experiences” during RC sessions and helped them identify where they felt good about their decisions or feelings.

**83%** felt the reflective consultant helped them identify where they struggled with their decisions or feelings.

**72%** felt that RC sessions contributed positively to their coaching.

Consistently, coaches expressed appreciation for the ways that RC supported them in their work. This year, nearly half (45%) felt that RC was even more helpful to them during COVID when they were experiencing many additional stressors, both personally and professionally.

A number of RiR coaches have attended FAN (Facilitating Attuned iNteractions) training, which is the basis for RC. This year, 20 additional coaches reported getting this training. FAN has enhanced the coaches’ listening, framing and responding skills. It has been exceptionally valuable for coaches to use FAN techniques to support providers who have often felt overwhelmed with the professional and personal uncertainties created by the pandemic. As one coach noted, “I feel that this has been the single most helpful training in preparing us for this pandemic that we could have had. The FAN model is where 90% of my coaching tactics came from these past 6 months.” FAN has helped coaches maintain strong relationships with their providers by giving them the emotional support they have needed to process what COVID has done to their lives, their families, and their community.



**“I am finding that providers need extra time to sit with their feelings during COVID. The FAN has helped me be present with providers using empathic inquiry.”**

**“I practice and teach the mindful regulation techniques - mainly the deep breathing since that is something providers (and me) can do anytime and anywhere... I have been trying to incorporate more capacity building to give encouragement.”**

**Coaches reflect on the value of FAN**

# What were the social-emotional needs of the children?



### Social-Emotional Measure

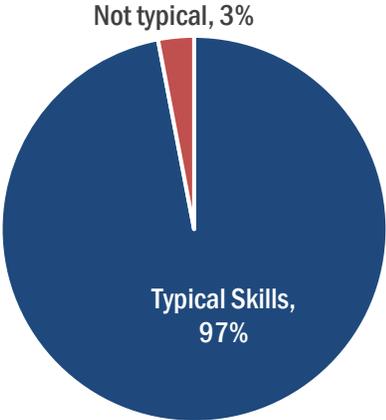
**Ages & Stages Questionnaire, Social-Emotional 2<sup>nd</sup> edition (ASQ-SE2)** Squires, Bricker & Twombly, 2015. The **ASQ-SE2** is a parent-completed 30 item social-emotional screener assessing self-regulation, compliance, affect and interactions.

A premise of the Pyramid Model is that as providers build caring relationships with the children, create positive and supportive environments, and directly teach children social-emotional skills, children’s challenging behaviors will decrease. However, it is expected that a small number of children (<5%) may still need more individualized, targeted support. The Model includes training and individualized interventions that providers can use in working with children who struggle. Additional resources are available through RiR to fund more intensive interventions should no other funding source be available.

To assess the social-emotional development of individual children, 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 the child may be at risk for delays in social-emotional development.

In the fall of 2020, 70 programs across the Pyramid Model Initiative collected parent-completed ASQ-SE2 screeners for 962 children, which is about 45% of children enrolled in RiR child cares. While a 100% return rate is the goal, even with incentives, getting parents to complete and return the screener is a challenge. Results indicated that 97% of the children had typical social-emotional competencies. They demonstrated the ability to engage in positive interactions with peers and adults and were able to regulate their emotions appropriately for their age. However, a small percentage (3%) did not demonstrate typical skills. A total of 29 children were flagged by the ASQ-SE2 because they did not meet the cutoff score. The tool indicates that children who do not score in the typical range might be at-risk for delayed social-emotional development and further assessment may be warranted.

Nearly all children assessed had typical social-emotional skills. n=962



In RiR, coaches are available to assist providers in interpreting the ASQ-SE results and determining next steps. Sometimes, when a child is flagged by the ASQ-SE, the child's behavior is not concerning and no further action is required. For others, the child's challenging behavior or lack of social-emotional competencies are readily apparent. Coaches work closely with providers to identify children who have demonstrated persistent challenging behaviors or delays in social-emotional development. In some cases, the coach may do focused observation to collect data on child behaviors and note situations or transitions that are particularly challenging. Once identified, the coach helps providers select the best strategies to support the child.

In 2020, approximately 11% of coaching sessions focused on strategies to address children's challenging behaviors. Coaches documented 17 instances of referring a child to EDN or school district special education services, eight instances of making referrals to a mental health provider, and one referral to a child's pediatrician. These referrals resulted in nine children being verified for special education services. Coaches reported six instances of a child being expelled from child care.

## Expulsion from Child Care

The U.S. Department of Education Office of Civil Rights data show that expulsion and suspension are widely used in early childhood programs and that there are gender and racial disparities (United States Department of Education, 2016). Nationally, the rate of expulsion for young children from state-funded pre-K programs has been found to be three times the expulsion rate for children in K-12<sup>th</sup> grade (Gillam, 2005). It is estimated that the expulsion rate from private preschool programs is even higher.

Expulsion is a risk factor for young children. Experiencing a disruption in care can be bewildering for a child and adjusting to a new caregiver and building a positive relationship with him or her can take time. Expulsion is also a tremendous challenge for parents. When children are removed from a child care, parents may have difficulty finding a new caregiver on short notice, which adds stress for the family.

The RiR Pyramid Model Implementation Team recognizes the importance of addressing the issue of suspension and expulsion of children in early care and education settings. They provide training to coaches to increase their awareness of the equity issues related to suspension and expulsion of young children. They have also created and distributed information cards for parents about the effects of suspension/expulsion, definitions of different kinds of suspension, discussion prompts and questions for parents to use in the event that their child has been expelled or suspended, and the number for the Nebraska Family Helpline to be used if a parent is interested in seeking help working through their child's challenging behavior. A companion resource has been developed for child care providers.

RiR coaches track the number of expulsions in the child cares they support. In 2020, **18** children were expelled. **67%** were male. The expulsion rate across all RiR sites is less than **1%** (rate is approximately .8%). Because there is no national or state level requirement to report the expulsion of young children from private child care or preschool, it is not possible to compare the RiR expulsion rate to what is happening in other early childhood programs in Nebraska or across the country.

## How did RiR impact the providers' connections with families?

**Participation in the program has strengthened providers' relationships with families.** Most providers indicated they already had positive relationships with parents, but the program gave them tips to make them even stronger. They appreciate that teacher consistency helps build relationships, so keeping quality providers on staff has indirectly supported relationships. And as one provider noted, "It is very important ... to build a relationship with the families. If you have trust with the families, they are much more willing to meet with you to do a parent-teacher conference or a home visit."

**Most providers reported they now have better communication with parents.** They know they can talk to the parents about what they are doing in their child care so the parents can replicate that at home and the child gets consistent models in both locations. Providers felt better prepared to have difficult conversations about behavior and would end these conversations with something positive about the child. They also would send home positive child reports. Focusing on positive behavior, providers believe, has helped parents not feel attacked, which has helped both the parent-provider relationship but also facilitated parent use of strategies at home. Coaches offered ideas for how to communicate with parents during drop off, like making more time to talk to them or having them fill out a form about the child's evening. They have also encouraged simple things like remembering to greet parents, not just students, as they come in the morning. Providers have also started "being more intentional about what I share with parents" and have started sharing information via more than one medium, like email, Facebook, handouts, and in-person communication.

**Providers also reported feeling more confident about their role.** Training and licensing requirements provided legitimacy to their roles as professionals and providers reported feeling more confident. Some commented that parents have noticed the positive changes they have made to their child care programs to prepare the children for the school environment. One provider shared, "I think our parents are more responsive to what we are saying. They know that we are doing (RiR) and they are taking what we are saying more seriously." Another noted, "They see I'm not sitting on the couch doing the babysitting thing. I'm actually helping the kids grow in all aspects of life." Structure and expectations have also empowered parents to be a part of the classroom in new ways; one provider noted her coach helped her create an adult visitor protocol, which allowed visitors to be more supportive and less disruptive.

Some challenges remain, however. Specifically, providers noted that the pandemic has disrupted their relationships with parents. Many do not see the parents every day, which makes it hard to stay in contact. One provider noted additional challenges, sharing; "We always have really tried to build relationships with families; we know it's very important. But it's probably eight times harder here than anywhere else. Phone numbers change, they don't check their emails, whatever the reasons are...but it's challenging, and there is nothing Pyramid Model can do to change how challenging it is."

## Increasing Child Care Quality: A Tale of Two Initiatives

In several communities, RiR and the Sixpence Child Care Partnership (CCP) initiatives have been offered to selected child care providers. Both initiatives focus on quality care and provide individualized coaching and training to help child care providers reach their goals and increase their expertise in early childhood development and education. The initiatives differ in that CCP coaches support providers in attaining at least a Step 3 in the Nebraska Department of Education Step Up 2 Quality system. Conversely, RiR coaches help providers learn and implement specific Pyramid Model strategies to support children’s social-emotional development.

In order to learn more about the benefits and pitfalls of enrolling programs and providers in both initiatives in a sequential or overlapping way, a focus group and interviews were conducted with four CCP/RiR coaches and a CCP coach who has implemented the Pyramid Model separately from RiR. Participants were asked to reflect on the experience of coaching in the two models at the same time.

It is important to note that all of the coaches in the study worked in both the CCP and RiR initiatives. One coach emphasized that it was very important to her providers that they have the same coach across both initiatives. She felt they would not have agreed to participate in a second initiative if they had to work with a second coach. Having one contact person was key.

Coaches noted that the two initiatives are complimentary to each other and that it is “not hard to navigate” both initiatives. They recommended that providers start with the CCP initiative and then join RiR. They explained that the CCP initiative is foundational and broader in scope as it emphasizes basics like room arrangement, health and safety practices, and appropriate classroom materials. Once providers master these elements, they are ready to focus on supporting children’s social-emotional development through the RiR initiative. Reflective consultation was a key strategy for coaches to use with providers in both initiatives. Coaches also found that connecting providers across sites who were participating in the initiatives was beneficial. Providers shared resources and supported each other as they grew as early childhood professionals.



# Building Statewide Capacity to Support Early Childhood Systems of Care

A primary goal of Rooted in Relationships (RiR) is to strengthen the system of care at the state level through cross-system collaboration and partnerships to ensure alignment across initiatives and build state infrastructure and capacity. This cross-system collaboration is accomplished through regular RiR Implementation Team meetings and ongoing communication with statewide initiatives that are working towards similar goals. Key areas that were addressed during this year included support of early care and education providers during the pandemic, the continuing establishment of common coaching processes inclusive of the development of Coach Competencies, increased awareness and access to quality early childhood mental health services, collaboration among initiatives with focus among partners regarding regional systems of support for Pyramid and development of infrastructure to expand Parents Interacting with Infants (PIWI).

## Collaborative Efforts to Align Early Childhood Social-Emotional Initiatives

### Coaching

**Pyramid State Leadership Team.** RiR partners with the Nebraska Pyramid State Leadership Team to work on the long-term goal of integrating the Pyramid Model into early childhood systems of care for young children and their families. This team, consisting of partners from across various systems (government, universities, and private organizations) is working together to implement the Pyramid process consistently in a variety of settings. This past year the team focused on development of a work plan after completing the Benchmarks of Quality for State Leadership Teams.

**Coach Collaboration Team.** The Coach Collaboration Team continues to work to develop standardized processes for coach training (both initial training of coaches and ongoing support once in practice), improved methods of communication among multiple coaches working in the same program or with the same provider, identification of strategies for reducing coaching overload, and alignment of coaching processes and practices across initiatives. The mission of this team is to encourage the optimal development of young children in Nebraska by supporting high-quality child care, home, and educational environments and experiences through the provision of effective on-site coaching.

RiR collaboration with statewide partners has resulted in **common processes** across initiatives and has **promoted alignment** of cross-agency activities.

The Coach Development Team (CDT), a sub group of the Coach Collaboration Team, coordinates the development of initial and ongoing coach training and support. The Coach Development Team plans a series of Coach Booster Trainings provided twice a year to address ongoing coaching needs. RiR provides resources to support these Coach Booster sessions. Over the past year, the Coach Development Team

finalized two documents. The Early Childhood Coaching Initiatives document provides an overview of statewide coaching initiatives. The *Nebraska Early Childhood Coaching Guidebook: Competencies for Professional Practice* will serve many purposes including providing an outline of a common set of principles or standards for coaching in early childhood education settings as well as serving as a reflective tool for coaches to assess their own competencies in the following areas: Setting the Foundation, Co-Creating the Relationship, Facilitating Learning Through Coaching Strategies, and Assessing the Success of the Coaching Partnership. The CDT is in the process of creating a dissemination plan and training around the Coach Competencies. Both documents can be located at [Early Childhood Coach Training – Nebraska Department of Education](#). Rooted in Relationships staff partnered with NDE to develop the concept of a regional coaching system and look forward to further partnerships as they pilot Early Childhood Coach Consultant Positions at ESU 6 and ESU 3. A regional coaching system has been a priority for some time as the potential to train and support coaches would increase capacity across initiatives and build sustainability; implementation of a regional coaching system is included in the Preschool Development Grant. The Pyramid Coach Training was also updated this year and both coach trainings (EC and Pyramid) were converted to be delivered virtually due to the pandemic.

### RiR builds the state capacity for Early Childhood and Pyramid Coaches-new coaches trained by year:



**Step Up to Quality.** RiR continues collaboration with Step Up to Quality (SUTQ), Nebraska’s quality rating and improvement system, to establish content and guidelines for coaches who are coaching in multiple initiatives (for example, a coach who provides coaching support for both Pyramid Model and SUTQ) or who are coaching in a setting where there are multiple coaches. This concept has been piloted through the Sixpence Child Care Partnerships (CCP) in limited areas. Evaluation, consisting of focus groups with coaches and interviews with providers who had engaged in both initiatives was

conducted to determine best practices to ensure maximization of resources and positive outcomes. Providers and coaches were positive about both initiatives and recommended Step Up to Quality coaching through Sixpence CCP's be provided prior to Rooted in Relationships. Having the same coach for both initiatives was the preferred model as it ensured providers received a consistent message, built a solid relationship with one coach, and was efficient. Rooted in Relationships staff are engaged on the team that is reviewing Step Up to Quality as part of the Preschool Development Grant. Recommendations for changes to Step Up to Quality derived from this work group will be finalized in January 2021, then will be offered to providers to elicit feedback with final recommendations projected for April 2021.

**Communities for Kids.** In June of 2017 the Communities for Kids (C4K) Initiative was created at Nebraska Children and Families Foundation in response to community requests for assistance with shortages of high-quality early care and education programs. Rooted in Relationships is working closely with this initiative to maximize early childhood community planning efforts and resources. They continue to strategize on alignment and sequencing the work in communities to streamline efforts and reduce duplication. As part of the Preschool Development Grant, Communities for Kids Plus has launched, with one aspect being funds to support Early Childhood Coordinators at the local level. Many communities are creating positions for coordinators to support both C4K expansion focus and RiR's social emotional/quality work.

## Nebraska Center on Reflective Practice

Rooted in RiR continues to support the Nebraska Center on Reflective Practice (NCRP). The Center is housed within the Nebraska Resource Project for Vulnerable Young Children (NRPVYC), located within the Center on Children Families and the Law (CCFL) at UNL and is funded by RiR with additional supplementary funds from the Nebraska Department of Education, University of Nebraska at Lincoln, and Munroe-Meyer Institute (MMI) at the University of Nebraska Medical Center. Over the past several years 8 trainers have been trained to provide the FAN (Facilitating Attuned iNteractions) Model training. One individual employed by the NCRP has been approved by the Erikson Institute to become a Trainer of Trainers and is expected to complete this process in early 2021. This will enable capacity building without having to contract with out of state trainers. RiR continues to engage in a training process in collaboration with Step Up to Quality and Munroe-Meyer Institute, to get all initiative coaches trained in the Reflective Consultation model. This is a 6-month training model where they attend a total of 3 days of training and participate in ongoing mentoring to achieve Level 2 status with the Erickson Institute in the FAN Model. Rooted in Relationships has 26 coaches who have completed the process and 6 coaches and 3 child care directors that are currently in the middle of the process. This will give coaches the opportunity to build their capacity in coaching by being able to understand the importance of reflection and to assist child care providers with this practice. CCFL, in collaboration with its partners, has refined the evaluation plan. They continue to gather data from participants being trained and receiving Reflective Practice and report on data annually. Coaches have shared through focus groups, surveys, and personal report that reflective practice training has proven to be an asset during the pandemic. They relied on those skills heavily in their coaching sessions with providers. Due to the impact

of COVID on home based child care providers and available funds, it was decided to offer the opportunity to join and complete a reflective consultation group.

## Cross-Agency Collaborations

Cross agency collaboration is a key component of the RiR systems work. This work has contributed to enhanced workforce and professional development across systems (early childhood, before/after school, and mental health); expansion of the referral base for families needing early childhood mental health services; improved the coaching system in Nebraska, and increased awareness regarding effective practices related to Trauma Informed Practices across systems.

**Early Childhood Groups.** RiR staff participate in many early care and education groups in order to align work and contribute at the state and community levels. These include:

- Early Childhood Interagency Coordinating Council (RiR Coordinator serves as a Technical Assistant to the Governor appointed Council)-this group only met once in 2020 due to the pandemic
- Early Childhood Mental Health Community of Practice Steering Committee
- Early Learning Connection Coordinators (attend quarterly meetings)
- Early Childhood Data Coalition-this group only met once in 2020 due to the pandemic
- UNK Early Childhood Committee
- Early Childhood Partners Group
- Preschool Development Grant Program Management Team
- Preschool Development Grant Nebraska Leadership Team
- CARES ACT funding work group - worked with state partners to determine procedures and policies for distribution of funds and continue assisting in distribution through contract with DHHS
- Lincoln Early Childhood Network, which unites the work of RiR, Prosper Lincoln, and Help Me Grow Lincoln/Lancaster
- Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP) Advisory Group
- Pregnancy Risk Assessment Monitoring Systems (PRAMS) Postpartum Depression and ACE's Workgroups
- Results Driven Accountability Stakeholder Team-NDE Part B and C
- NE Young Child Institute Planning Committee
- Pyramid Partners Collaborative Group (systems development/integration around Multi-Tiered Systems of Support implementation)-now meeting as Goal Group 2 of Pyramid State Leadership Team.
- Pyramid Facilitators Collaborative Group focused on integration/alignment of Pyramid (NDE-MTSS) and Community Based Pyramid (Rooted)
- Participation in all four workgroups of the Pyramid State Leadership Team
- Child Welfare Community Collaboration Grant Core Team - Omaha
- Child Care Referral Network Leadership Team and Advisory Committee

- Early Childhood COVID Collaborative Group- Nebraska Children and Families Foundation began hosting a meeting of child care stakeholders, initially meeting every morning to assist in responding to needs being relayed from child care providers and parents. This group continues to meet once a week with 50+ consistent participants.

**State Systems Teams.** Staff are members of numerous teams at the state systems level to promote cross system supports for RiR and other initiatives. For example, Nebraska Children coordinates a Monday morning phone call, referred to as “Connect the Dots.” Participants include administrative representation from DHHS (Health, Behavioral Health, Children and Family Services), the Nebraska Supreme Court (Court Improvement Project), Office of Probation, Department of Education, Society of Care (intertribal entity supporting behavioral and social services in NE), and representatives from Nebraska Children Initiatives. This weekly one-hour phone call allows participants to stay informed, align, and reinforce cross systems work.

The Rooted in Relationships Implementation Team meets quarterly and is comprised of cross systems stakeholders who advise and collaborate regarding early childhood mental health activities and initiatives statewide.

Additionally, Rooted in Relationships staff participate in the following:

- State Health Improvement Plan (DHHS Division of Public Health) Suicide and Depression subgroup
- System of Care Training Workgroup to advocate for additional consideration of early childhood initiatives, including Parent Child Interaction Therapy (PCIT), which the team has integrated as a strategy.
- System of Care Services and Supports Workgroup-receiving current updates regarding Family First implementation to ascertain crossover with NC supported-based practices.
- Nebraska State Suicide Prevention Coalition
- Rural Stress and Family Wellness Workgroup
- Community Playbooks-NC supported the formation of work groups that involved both local and state partners which systematically documented critical areas of need to be addressed within local communities as COVID progressed. Needs were then shared with policy makers to find solutions. RiR staff participated and assisted in process to support EC systems.

**Nebraska Association for Infant Mental Health.** Rooted in Relationships staff collaborate to ensure that messaging around infant and early childhood mental health has continuity across organizations. RiR staff support the Nebraska Association for Infant Mental Health’s (NAIMH) mission to continue offering professional development opportunities and awareness by serving as a co-lead (along with a representative from UNL Extension). Membership continued to grow through 2020, and members came together several times through workgroups and the annual meeting (held via Zoom Technology). New materials promoting the importance of infant and early childhood mental health were developed and distributed. The group also designed and distributed resources related to transitions and change, caregiver stress, and social stories in response to the pandemic. NAIMH co-leads provided several training opportunities utilizing the new materials to child care providers, educational staff, and other early childhood mental health professionals.

**Early Childhood Mental Health Community of Practice.** In 2019, a new Early Childhood Mental Health Community of Practice was developed, organized by the University of Nebraska Center on Children, Families and the Law with input from Rooted staff, Options in Psychology, Child Savings Institute, Children’s Hospital and Medical Center, Woodhaven Counseling Inc, and the University of Iowa. In 2020, the decision was made to hold the event virtually; approximately 275 professionals from across the state attended. Special sessions were tailored to attendees specializing in Child Parent Psychotherapy, Parent-Child Interaction Therapy, and Circle of Security Parenting. The intent is to hold this event annually to connect and support those that work in the early childhood mental health field. The planning group continues to assess the best ways to meet the needs of those working in the early childhood mental health field.

## Support of Evidence-Based Practices

**Child Parent Psychotherapy.** Nebraska has a shortage of mental health providers which is further exacerbated by the lack of professionals trained in early childhood mental health. To increase the availability of early childhood mental health, RiR has supported the effort to train mental health providers in Child Parent Psychotherapy (CPP).

Rooted in Relationships initially supported two training cohorts for Child Parent Psychotherapy, an evidence-based counseling modality geared towards children birth-5 and their families that is approved as a Medicaid reimbursed therapeutic practice, in which 70 mental health providers completed training. The training process coordinated by UNL-CCFL’s Resource Project for Vulnerable Young Children (NRPVYC) is working towards being self-sustaining and continues to provide training annually. Nebraska has three active endorsed Child-Parent Psychotherapy (CPP) trainers who train Nebraska clinicians, with three additional individuals in the process of becoming endorsed trainers. NRPVYC manages CPP training in Nebraska with the support of the national CPP certifying body at the University of California at San Francisco, and it is continuing to build a program to increase and sustain high quality CPP practitioners. The NRPVYC works with model developer Dr. Joy Osofsky to train and support new CPP trainers and trainer candidates. Rooted encourages and, if needed, helps to support community mental health providers to attend training.

RiR collaborates to build **the capacity** of Nebraska **therapists** to serve young children.

There are currently 112 therapists in Nebraska trained to provide CPP (an increase from 95 therapists on October 1, 2018). In January 2019, 15 therapists began the 18-month CPP training program. The 2020-21 CPP training cohort began in January 2020 and held its first Intensive Training on September 28-30 and October 1. This training was delayed from July due to COVID-19 and was held over half days via Zoom. There are currently 17 trainees in the 2020-21 cohort.

The website, NebraskaBabies.com, includes a searchable database of trained CPP therapists for purposes of locating practitioners and matching referrals.

**Parent Child Interaction Therapy (PCIT).** In 2019 RiR was tasked with supporting work that has been led/supported by the Nebraska Child Abuse Prevention Fund Board (NCAPF), specifically related to PCIT and PIWI. Staff met with UNL-CCFL's NRPVYC to explore creation of a similar system of support for training and support around PCIT that has been implemented successfully with CPP. Core to this support structure is a training system within NE so therapists do not have to travel out of state for training to develop a greater number of therapists proficient in this therapy modality. Through a contract with NRPVYC, training options have been explored and a partnership was formed with System of Care/Society of Care to fund PCIT training for individuals in NE in 2020. The NRPVYC has been working with Dr. Beth Troutman and Iowa-PCIT to build a PCIT training program. The first PCIT training cohort sponsored by NRPVYC began its 12-month training program with Initial Training in September 2020. Eight trainees and one trainer candidate participated virtually through Zoom which was an adaptation put in place due to the pandemic. The NRPVYC continues to enhance its resources about PCIT, which includes both a map and a list of PCIT therapists. There are currently 51 PCIT therapists on the NRPVYC list/map. The webpage also includes a link to the PCIT International list of certified PCIT therapists. For more information, visit <https://www.nebraskababies.com/ecmh>.

**Circle of Security™ Parenting (COSP).** Rooted in Relationships continues to provide a level of support for COSP facilitators through building a stronger statewide website, developing common evaluation and marketing tools, and supporting additional training of facilitators. Rooted in Relationships staff also leads the Circle of Security Leadership team in Nebraska. They have continued to build local capacity for reflective consultation to support facilitators and have supported three COSP facilitators and trained reflective consultants to be Level 2 facilitators recognized by Circle of Security International (COSI). In 2020, these Level 2 facilitators conducted 24 sessions of peer reflective consultation that were offered at no cost to any COSP facilitator in Nebraska via Zoom technology. RiR was also able to support a Circle of Security International (COSI) approved session of Fidelity coaching for 4 facilitators in the spring of 2020.

Due to the pandemic, permission was given from COSI to be able to offer the program virtually. Rooted Staff supported question and answer sessions to assist facilitators with the transition, updated evaluation materials to be more conducive to online programs, and kept in contact with International about changing guidelines.

The Nebraska Association for the Education of Young Children (NeAEYC) manages the system to reimburse facilitators for court ordered parents to participate in the program through a contract with DHHS. NeAEYC also serves as the fiscal manager for Nebraska Child Abuse Prevention Funds that are supporting many COSP classes across the state. They supported 12 classes through 2020 and will support twenty more in early 2021. Facilitators were all invited and encouraged to attend the 2<sup>nd</sup> annual Early Childhood Mental Health Community of Practice to support them in their practice and continue professional development. A full report of the statewide evaluation of COSP can be found at [necosp.org](https://necosp.org)

Nebraska was featured in the National Center for Children in Poverty's "Research-informed State IECMH Policies and Scaled Initiatives (PRISM)." They were recognized for the work and effort around workforce development and supporting parenting programs. <https://www.nccp.org/nebraska/>.

**TPOT and TPITOS Training.** Evaluation of the Pyramid Initiative requires a cadre of observers trained in the Teaching Pyramid Observation Tool – Research Edition (TPOT) and Teaching Pyramid Infant-Toddler Observation Scale – Revised (TPITOS). Capacity now exists within Nebraska to implement these trainings regularly; previously, observers had to travel to the national training in Florida. The in-person trainings had to be postponed twice due to the pandemic. Trainings have been scheduled for August, 2021. Nebraska continues to ensure fidelity through the reliability measures put in place by UNMC. To be considered a TPOT observer for RiR a yearly reliability check must be completed. Observers score a two-hour video of a preschool classroom using the TPOT protocol. After scoring the video, observers meet with an evaluator from MMI to review the scores. As RiR continues to support the training of TPOT observers, the geographic location of the observers is considered to ensure that TPOT expertise is distributed across the state.

TPOT observers (who are frequently also Pyramid coaches) report that mastery of this evaluation tool deepens their understanding of the Pyramid Model. The attention on Pyramid practices during the observation and debrief with child care providers provides the observer an opportunity to focus on each of the Pyramid practices, thus providing additional professional development around the Pyramid Model.

**Parents Interacting with Infants (PIWI).** Parents Interacting with Infants (PIWI) is an evidenced-based set of practices based on beliefs (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 0-2. It does so by keeping the parent-child relationship at the center and by supporting responsive, respectful parent-child interactions. The primary focus of PIWI is parent-child groups but it may be used in home visitation and other settings. The Nebraska Child Abuse Prevention Fund Board (NCAPF) had funded communities to support PIWI facilitation for several years. In 2019, Rooted in Relationships was tasked with developing infrastructure to support expansion of PIWI classes more broadly in NE. In September 2020, a training of facilitators was held virtually with the goal of increasing the capacity for interested communities to provide PIWI to families in their area. Rooted staff planned and Nebraska Children consultants conducted training for 11 new facilitators. In 2019, an experienced PIWI facilitator was trained to be a trainer. She had the opportunity to co-facilitate her first training of facilitators in 2020 and also presented to a group of home visitors about the curriculum. Additionally, two Rooted staff were trained to be trainers and will begin co-facilitating training of facilitators designed to build capacity.

The team of PIWI trainers are now working on further developing the curriculum and resources associated with the PIWI Training of Facilitators to make it more specific to Nebraska. The team has developed a tool to help new facilitators assess their fidelity to the PIWI model as they conduct their first class. They are also in the middle of completing new video clips to support the training as the current clips needed updating. It was planned initially that the video clips would be completed in 2020, however the pandemic made it impossible for PIWI classes to continue safely, so the video project has been put on hold until classes can resume. At the end of June 2020, the Nebraska Child Abuse Prevention Fund Board discontinued funding for PIWI classes in eight community collaboratives across the state. Four of

the eight communities had been supported for at least six years. Those communities had built sustainability around PIWI. RiR staff will continue to support them by providing technical assistance. The four communities that had received three or fewer years of funding were provided up to \$4000 from Rooted to continue their infrastructure development around PIWI practices in their communities.

## Policy

RiR engages in several efforts to support policy development that impacts early childhood mental health. The Nebraska Department of Health and Human Services initiated strategic planning to develop a System of Care (SOC) framework for designing mental health services for children and youth with a serious emotional disturbance and their families through collaboration across public and private agencies. RiR continues to collaborate with System of Care and Society of Care (focus on Tribal SOC) to ensure attention to and integration of ECMH work. RiR also works with First Five Nebraska around early childhood legislation and policy issues. Additionally, the Nebraska Early Childhood Partners group, formed in 2017, enhances early childhood collaboration. The group includes Nebraska Children and Families Foundation, Buffet Early Childhood Institute, First Five Nebraska and the Buffet Early Childhood Fund. As part of these groups, RiR has assisted in grant development that includes policy advancement, most recently the Preschool Development and Pritzker Grants.

## Conclusions

### Supporting Community Early Childhood Systems of Care

- **RiR Stakeholder Collaboratives modified strategies to support parent engagement with their children due to the pandemic, e.g., virtual interactions and trainings. Materials (e.g., online resources) and children’s books were distributed to parents.**
- **RiR Stakeholder Collaboratives built community capacity to support young children’s social-emotional well-being through training child care and school programs and partnerships with libraries. Schools were supported with materials and resources to support the needs of children during the pandemic.**
- **RiR Stakeholder Collaboratives worked to increase public awareness of the importance of early childhood mental health and social-emotional well-being through multiple venues. Few public events were held.**
- **Circle of Security™-Parenting was implemented across communities with parents demonstrating significant increases in parenting skills, improved relationships with their children, and decreased parenting stress. A virtual format was piloted so that the program could be implemented this year.**

### Pyramid Model Implementation

- **Pyramid Model coaches have supported center and home-based child care providers to implement high quality social-emotional practices.**
- **Throughout COVID, coaches have provided emotional support and helped providers manage unprecedented stressors.**
- **Programs implementing the Pyramid Model program-wide demonstrated increased**

fidelity over time. By Year 2, centers had 62% of Pyramid practices fully in place. Home-based providers had 81% fully in place.

- By Year 2, 44% the infant/toddler rooms and 15% of preschool classrooms met the quality benchmarks for classroom practices.
- Providers have demonstrated significant improvements in their ability to use Pyramid practices to support children’s social-emotional development.
- 45% of the children enrolled in the RiR programs had a social- emotional screener. Very few children (3%) were flagged for additional evaluation.

## Building Statewide Capacity to Support EC Systems of Care

- RiR, through cross agency collaboration, has helped to align activities across statewide initiatives. These established partnerships proved to be essential during the pandemic to support rapid mobilization.
- RiR and partners continue to standardize processes for coach training, methods of communication, strategies for reducing coaching overload, and alignment of coaching processes and practices across initiatives. A regional coach support system pilot is being expanded to enhance these efforts.
- RiR continues to support the development and expansion of the Nebraska Center on Reflective Practice (NCRP).
  - Coaches from RiR and Step Up to Quality are completing the training process and RiR is now beginning to offer training to child care directors and home-based providers, thus supporting workforce development.
- RiR continues to collaborate to build and support systems that enhance early childhood mental health in Nebraska such as Child-Parent Psychotherapy, Parent-Child Interaction Therapy, Parents Interacting with Infants, and Circle of Security Parenting.

“I have been teaching for over 35 years. The Pyramid Model has changed the way I organize my room, teach my students and manage their challenging behaviors, establish the atmosphere of my classroom with my staff, and serve my students' parents and families. The result has been all positive. There are always more excellent practices to put into place; one school year is never enough. I have a much more comprehensive "tool box" in problem solving student behaviors as well as staff and parent/family issues that will serve me well in the future.”

A Year 3 provider reflects on RiR



# Appendix: RiR Acronyms

**CCDF**-Child Care Development Fund  
**CDT**-Coach Development Team-subgroup of the Coach Collaboration Team  
**C4K**-Communities for Kids  
**COSI**-Circle of Security International  
**COSP**-Circle of Security Parenting  
**CPP**-Child Parent Psychotherapy  
**ECMH**-Early Childhood Mental Health  
**FAN**-Facilitating Attuned iNteractions  
**MMI**-Munroe-Meyer Institute; located at the University of Nebraska Medical Center  
**MTSS**-Multi-Tiered Systems of Support  
**NeAEYC**-Nebraska Association for the Education of Young Children  
**NAIMH**-Nebraska Association for Infant Mental Health  
**NC**-Nebraska Children and Families Foundation  
**NCAPF**-Nebraska Child Abuse Prevention Fund Board  
**NCRP**-Nebraska Center for 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  
**NRPVYC**-Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center for Children, Families and the Law  
**PCIT**-Parent Child Interaction Therapy  
**PIWI**-Parents Interacting with Infants  
**PDG**-Preschool Development Grant  
**RiR**-Rooted in Relationships  
**SUTQ**-Step Up to Quality  
**TPITOS**-Teaching Pyramid Infant-Toddler Observation Scale-Revised  
**TPOT**-Teaching Pyramid Observation Tool-Research Edition  
**TOT**-Training of Trainers

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