

Buffalo County Home & Center Child Care Providers

Application & Participation Criteria to Participate in Pyramid Model Implementation



Participation Criteria for Pyramid Model Implementation

- Programs must be licensed by DHHS.
- For Center-Based providers, administrative support to implement the Pyramid Model must be secured.
- Commit to the implementation of the Pyramid Model for 3 years. Implementation includes participation in:
 - Year 1
 - **--Trainings:** Training will consist of <u>four (4)</u> full-day module trainings (6 hrs. each; 24 total hours of training). Trainings will be on Saturdays from 9-3. In center-based programs the director or a designee must attend the training along with participating providers. The training dates for year 1 are:
 - Module 1 Training: August 24, 2019
 - Module 2 Training: October 19, 2019
 - Module 3 Training: January 4, 2020
 - Module 4 Training: March 7, 2020
 - --Director Training: Directors are required to attend all module trainings along with their center-based providers. In addition, directors will also attend a ½ day training prior to the start of provider training. This training is focused on the role of the director in implementation of the Pyramid Model. The Director's training is:
 - July 19, 2019 from 9:00 am-12:00 pm
 - **--Coaching**: Each selected provider will be assigned a coach. Providers will participate in 2 ½ hours of coaching per month. Coaching will be based on the needs of the provider and at the coach's discretion.

Year 2

--Trainings: Trainings will consist of <u>three (3)</u> full-day module trainings (6 hrs. each; 18 total hours of training). Dates TBD.

Updated 4/19/2019



--Coaching: Coaching needs are expected to decrease to 1 ½ hours of coaching per month. Coaching will be based on the needs of the provider and at the coach's discretion.

Year 3

- **--Trainings:** Trainings will consist of two (2) full-day module trainings (6 hrs. each; 12 total hours of training). Dates TBD.
- **--Coaching:** Coaching will be based on the needs of the provider and at the coach's discretion. Coaching supports will phase out by the end of the third year.
- Participation in Provider Collaboration Meetings—a minimum of 6 meetings each year, designed to build a network of support for the participating providers to ensure sustainability of practices after coaching has ended.
- Participate in necessary evaluation and data collection processes.

Participating providers should also:

- Consider participation as a member of the Buffalo County Rooted in Relationships committee.
- Be committed to parent education for the families in your program(s)
- Be willing to provide mentoring for those interested in implementing the Pyramid Model in the future.
- Make referrals for children and families when appropriate (Circle of Security Parenting Classes, other parenting supports offered in community, etc.)
- Engage in transition planning for children as appropriate.

Incentives for Participation in Pyramid Model Implementation

- --The selected childcare providers and center-based directors will be paid \$100 for attending each module training. The trainings listed above will be open to other providers, however only 12 will receive compensation for attending and follow-up coaching.
- --The selected providers will be paid \$50 per month for coaching in year one and \$25 per month for coaching in years two and three.
- --A bonus payment of \$500 will be paid to each provider at the end of year 3 for successful completion in required participation, such as module trainings, coaching sessions, and provider collaboration meetings.

For additional questions please contact Buffalo County Rooted in Relationships Coordinator:

Tana Miller



Behavioral Health Coordinator, Buffalo County Community Partners HealthyMINDS@bcchp.org | (308) 865-2278 | PO Box 1466, Kearney, NE 68848



Application for Pyramid Training/Coaching

Name:					
Name of Program:					
Program Address:					
Phone:	Fax:				
Email:	Type of Program: (circle one)	: Center-Based Home-Based			
Primary Administrator:	Number of staff (if applicable):				
Do you serve children on the child care subsidy?	Yes	No			
Is your program enrolled in Step Up to Quality? Yes	No	Step: 1 2	3 4 5		
Do you currently have a coach working in your program?	Yes No	Name:			
Ages of children currently serving: infant (circle all that apply)	toddler	preschool	school-age		
Number of children currently serving:					
Do you have any children in your care that require special supports or services? If yes, explain.					
Have you had any previous Pyramid Model Training? If yes, explain.					



Describe why you would like to have Pyramid Model Training/Coaching.
Please list the current challenging behaviors you are experiencing in your program.
Describe what you are currently doing to support children's social and emotional development.
Describe what you are currently doing to support children's social and emotional development.
What are your strengths?



CENTER BASED PROGRAMS ONLY: Please provide the following for <u>each</u> classroom that will participate in
coaching.

Classroom Name	Age of Children	Number of Children	Name of provider who will receive coaching

Application Submission

By submitting this application you acknowledge that you are willing and able to complete all of the required coaching and training specified on page one of this application.

Applications should be submitted to:

Tana Miller

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Applications are due by May 3, 2019

