**Rooted in Relationships Expansion Readiness Checklist**

This checklist is designed to assist communities in assessing their own capacity and readiness to expand Pyramid Model implementation to additional providers. Ideally, this checklist is completed via facilitation by Rooted in Relationships staff alongside the coaching team, coordinator, and fiscal/backbone agency.

Based on the completion of the readiness checklist and stakeholder survey, communities can choose either to continue their existing work for a third year or to expand both their Pyramid and systems work in the third year. Communities that choose to expand their work will apply for additional funding to implement community activities focused on early childhood mental health, including adding a new cohort of providers to implement the Pyramid Model. Communities that choose to continue their work without expanding will develop a budget and work plan following the same practices they did in years 1 and 2, an additional application is not needed.

**Pyramid Model Continuation**. If communities determine that they would like to expand implementation, they are required to submit a plan, as part of their expansion application, that includes continuing existing Pyramid Model work for a third year. In this plan, communities must describe plans for phasing out coaching over the third year while planning for how to sustain the work that has been done. Requirements of the third year of Pyramid Model Implementation include:

* + - 2 Module Trainings (6 hours each), UNL Extension Learning Child team members will deliver; community will contract with Extension for these trainings.
  + Trainings offered that complement and include Pyramid focus:
* Using Mindfulness in the Early Care and Education Setting
* A Trauma-Sensitive Approach in Early Care and Education
* Effective Family Engagement Strategies in Early Care and Education
* Individualized coaching time dependent on the needs of the provider (minimum of 6 hours and maximum of 12 hours coaching spread throughout year 3), with a plan for full coach phase out by the end of the third year.
* Coaches continue to participate in Rooted in Relationships Coach Consultation meetings monthly.
* Coaches meet regularly with their coaching team and community collaborative, as appropriate.
* 6-12 provider collaboration meetings for current cohort of providers. By the end of the third year, the meetings should become the responsibility of the community providers with minimal support from the coaching team.
* Coaches and providers participate in the required data collection process as outlined by Munroe-Meyer Institute.

**Pyramid Model Expansion**. In addition to continuing your existing Pyramid Model work into a third year, communities can choose to expand Pyramid Model implementation to additional childcare providers within their current or neighboring counties. The requirements for the first-year Pyramid Model implementation are as follows:

* The new cohort must consist of 9-15 providers from both center-based programs and family childcare homes.
* Prior to the initiation of coaching activities, coaches must be trained per Pyramid Model coach training requirements.
* Conduct all required trainings: 1 director training (3 hours) and 4 Pyramid Module Trainings (6 hours each).
* Host 6-12 provider collaboration meetings for the new cohort of providers.
* Coach at a maximum of 2.5 hours/provider.
* Coaches participate in coach consultation monthly.
* Coaches meet regularly with their coaching team and community stakeholder team.
* Coaches and providers participate in the required data collection process as outlined by Munroe-Meyer Institute.

**Systems Strategies**. Communities are also expected to use funds to support the addition, continuation, or expansion of their identified social-emotional systems work.

\*\*If a community chooses not to expand **in** the third year, opportunity for expansion will be provided at the **end** of the third year, pending the availability of funds\*\*

1. **Current Collaborative Capacity - Leadership and Involvement**

Community leaders and program administrators work with as many supportive local partners as they can think of to take advantage of all existing and available facilities and resources for helping and supporting young children, child care providers, and families in the community. This section is used to consider your current community capacity in the sectors listed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments**  **(Consider level of involvement in ongoing activities, meetings, etc.)** |
| **Parent/Consumer** |  |  |  |
| **Medical Providers** |  |  |  |
| **Local Health Department** |  |  |  |
| **Home Visitor** |  |  |  |
| **School (PreK – 3)** |  |  |  |
| **University/College** |  |  |  |
| **Early Childhood Educators** |  |  |  |
| **Head Start/Early Head Start** |  |  |  |
| **Mental Health Providers** |  |  |  |
| **City/County Officials** |  |  |  |
| **Child Welfare (DHHS)** |  |  |  |
| **Elected Leaders** |  |  |  |
| **Child Care Licensing (DHHS)** |  |  |  |
| **Public Library** |  |  |  |
| **Businesses** |  |  |  |
| **Early Learning Connection Coordinator** |  |  |  |
| **Faith Community** |  |  |  |
| **Nebraska Extension** |  |  |  |
| **Community Leader/Volunteer/Champion** |  |  |  |
| **Other:** |  |  |  |

1. **Community Initiatives—**Communities are engaged in a variety of initiatives that involve many of the same partners and players. This is an asset to the community but can also be taxing on local capacity, especially human capacity, to carry out the Rooted in Relationships work. This section is designed to allow communities to take a quick inventory of the initiatives their community and collaborative partners are currently engaged in.

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| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Who leads?** | **Comments**  **(Consider the length of time the initiative has been in the community, turnover, etc.)** |
| **Home Visiting** |  |  |  |  |
| **Community Well-Being** |  |  |  |  |
| **Child Abuse Prevention Council** |  |  |  |  |
| **Child Abuse Prevention Funding  (PIWI and/or PCIT)** |  |  |  |  |
| **Sixpence** |  |  |  |  |
| **Communities for Kids** |  |  |  |  |
| **All Our Kin (AOK)** |  |  |  |  |
| **Ready Rosie** |  |  |  |  |
| **Alternative Response** |  |  |  |  |
| **Community Response** |  |  |  |  |
| **Connected Youth Initiative** |  |  |  |  |
| **Step up to Quality** |  |  |  |  |
| **School-based pre-k Pyramid Model** |  |  |  |  |
| **Other emerging opportunities:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |

1. **Infrastructure Review** -This section is designed to allow communities to evaluate their capacity to add additional child care providers, their ability to manage multiple cohorts who are at different phases of training and coaching and assess any capacity/infrastructure needs.

|  | **Yes** | **No** | **Maybe** | **Who Responsible?** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| The fiscal management entity is willing and able to manage additional payments, contracts, reimbursements etc. |  |  |  |  |  |
| **The coordinator is willing and able to manage the coordination of the following:** | | | | | |
| Provider recruitment for additional cohort (including informational meeting, application selection, etc.) |  |  |  |  |  |
| Scheduling and managing logistics for 7 trainings in the third year (5 for the new cohort and 2 for the current cohort) |  |  |  |  |  |
| Scheduling of Provider Collaboration Meetings (either 6-12 meetings together for both cohorts, 12-24 meetings if separate, or some combination depending on provider and coach feedback) |  |  |  |  |  |
| Management of additional contracts for the new cohort of providers |  |  |  |  |  |
| Managing the reporting and budgeting requirements for the project |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Coaches are willing and able to do the following:** | | | | | |
|  | **Yes** | **No** | **Maybe** | **Who Responsible?** | **Comments** |
| Coach an additional 9-15 providers up to 2.5 hours/month in addition to phasing out coaching with current providers |  |  |  |  |  |
| Attend all trainings (7) in the 3rd year |  |  |  |  |  |
| Facilitate and participate in Provider Collaboration Meetings (6-24 depending on community needs) |  |  |  |  |  |
| Facilitate data collection for 18-30 participating providers |  |  |  |  |  |
| There are adequate numbers of TPOT/TPITOS observers in a reasonable radius of the community to complete the additional data collection that will be needed. |  |  |  |  |  |
| **Other Capacity Considerations:** | | | | | |
| The Stakeholder Team is engaged in the planning and ongoing work of not only Pyramid Model implementation but also systems work. |  |  |  |  |  |
| The Stakeholder Team membership and engagement is adequate to carry out the community’s work plan. |  |  |  |  |  |
| The Stakeholder Team has identified a clear systems strategy and is moving it forward. |  |  |  |  |  |
| The community has a trainer within a reasonable driving distance who can deliver the RiR Pyramid Model trainings (7) |  |  |  |  |  |
| The community has a trainer who is willing and able to deliver the 7 trainings in the 3rd year. |  |  |  |  |  |
| The community has a coaching team with the capacity to support the coordinator and provide guidance and technical assistance to new coaches. |  |  |  |  |  |
| There are an adequate number of child care providers interested in participating to justify expansion at this time. |  |  |  |  |  |

Discussion Questions:

* How does Rooted in Relationships fit with other community initiatives?
* Are there other community dynamics to take into consideration?