

WISCONSIN PYRAMID MODEL VISION

Each and every Wisconsin infant and young child will experience nurturing and authentic relationships within engaging, culturally responsive environments that honor diversity in all its forms in order to ensure healthy social and emotional development.

WISCONSIN PYRAMID MODEL MISSION

We advocate, train and coach to elevate awareness, honor relationships and support adults to apply skills and strategies that ensure equitable outcomes for infants, young children and their families through intentional implementation of the Wisconsin Pyramid Model in programs and communities.

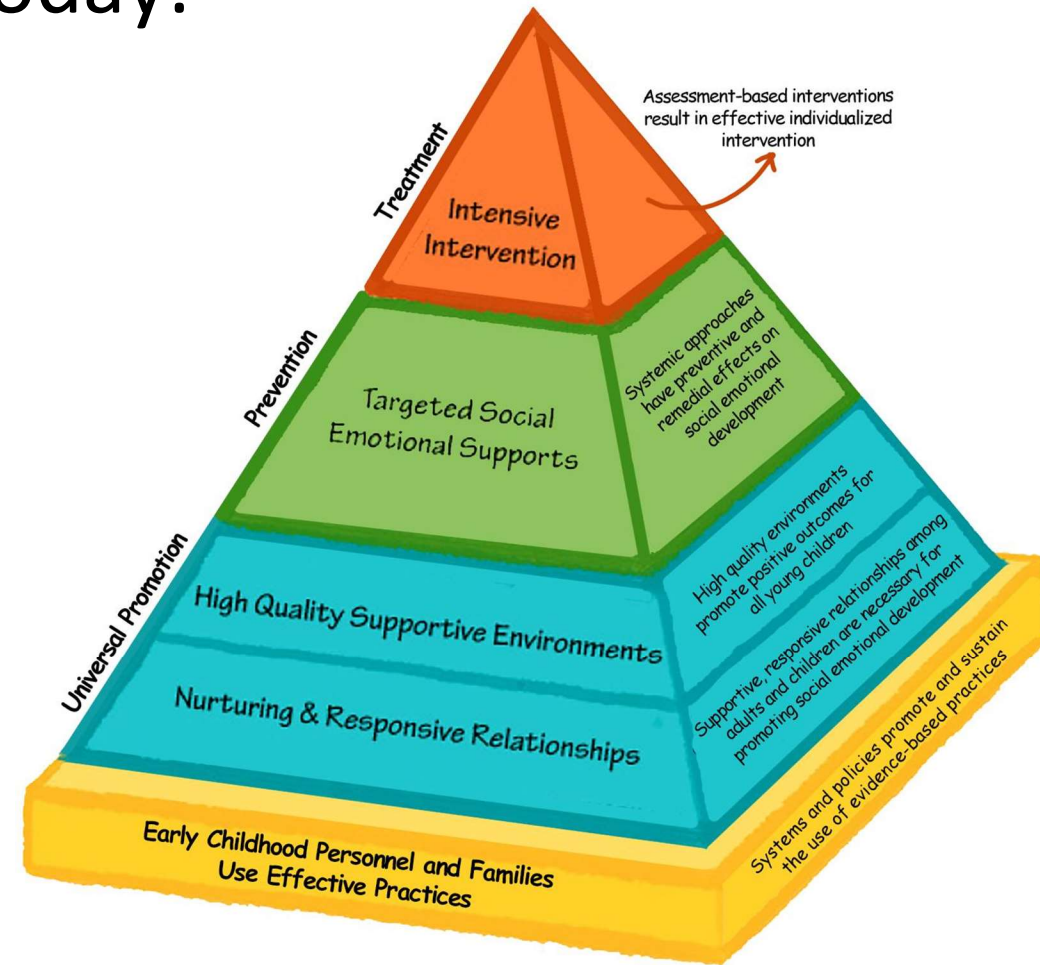
Recrafted by Core Leadership Team, July 2021

Wisconsin Pyramid Model State Leadership Advisory Team Meeting

October 18th, 2022

Our WI Pyramid Model State Advisory Team meeting objectives for today:

- Review highlights from Wisconsin's Pyramid Model effort to build an effective workforce to meet the needs of infants, toddlers and their families
- Consider opportunities to sustain and expand Pyramid Model efforts
- Highlight advocacy for the Pyramid Model as an effective and evidence-based model



Wisconsin Pyramid Model Leadership Teams Purpose and Responsibilities

Core Team: Smaller group more closely connected to procedural decision making	State Leadership Advisory: Larger group of people/organizations invested in the vision of the Pyramid Model Initiative
<ul style="list-style-type: none"> • Attend and actively participate in quarterly meetings of the group • Inform procedures for bringing on approved trainers/coaches/sites/communities • Develop an action plan by prioritizing activities based on the annual Benchmarks of Quality rating and monitor progress of the plan • Develop processes and systems for data based decision making about fidelity of implementation • Advocate for and determine appropriate funding to cover activities and staffing • Advise and support state coordinators in making key decisions • Inform Pyramid Model advisory group of accomplishments and outcomes 	<ul style="list-style-type: none"> • Attend an annual State Leadership Advisory meeting, review updates from the quarterly Core Team minutes and inquire and participate in Pyramid Model updates at state wide meetings • Develop and sustain infrastructure to support program wide implementation; • Disseminate information about the Pyramid Model priorities, actions, and accomplishments, including messaging to families; • Provide capacity for professional development to cross systems professionals in evidence based practices; • Share resources that support the work of the Pyramid Model action plan; • Understand and integrate practices promoted by the Pyramid Model into state infrastructure

- ★ Grounded in implementation science to measure high-fidelity implementation
- ★ Used to track progress and plan future work

Critical Elements
State Leadership Team
Family Engagement
Implementation and Demonstration Programs/Sites
Professional Development
Evaluation/Data-Based Decision Making

State Leadership Team Benchmarks of Quality: Implementing the Pyramid Model Statewide

State Leadership Team (SLT)

- Membership and Logistics
- Action Planning
- Coordination and Staffing
- Funding
- Communication and Visibility
- Authority, Priority, and Communication Linkages

Family Engagement

- Family Participation
- Communication

Implementation and Demonstration Programs/Sites

- Implementation/Programs/Sites
- Demonstration Programs/Sites
- Implementation Communities

Professional Development

- Program Coaches
- Ongoing Support and Technical Assistance

Evaluation/Data-Based Decision Making

- Data-Based Decision Making



State Leadership Team Benchmarks of Quality: Implementing the Pyramid Model Statewide



Critical Elements (& sub-elements)	Benchmarks of Quality	Who (e.g., SLT, staff)	Element		
			Not in place 0	Emerging/ Needs Improvement 1	In Place (Evidence) 2
State Leadership Team (SLT)					
SLT Membership and Logistics	1. The SLT has written criteria for membership which ensures broad representation from a range of stakeholders, programs, and agencies (e.g., early childhood special education, early intervention, etc.)				

The "Critical Elements" listed in this column represent the core features and structures needed to implement and sustain the use of the Pyramid Model successfully.

The items under the "Benchmarks of Quality" column describe the functions to be performed in order to operationalize the core feature. The relevant implementation stage is aligned with each Benchmark function to help the SLT match activities to the stage of work.

In the "Who" column, indicate the person or structure (e.g., coordinator, staff, SLT) responsible for that item.

For each item marked as "In Place," provide evidence such as documents, data, descriptions, minutes of meetings etc.

Home	
ASQ:SE Screenings	3084
Other Social Emotional Screenings	0
Behavior Incident Reports	3541
Benchmarks Of Quality 2.0 Forms	63
Benchmarks Of Quality FCC Forms	0
Children	3521
Classrooms	451
Classroom Coaching Logs	52
Community Leadership Team	3
Employees	782
Leadership Coach Dashboard	
State Leadership Team	1
TPITOS Observations	40
TPOT Observations	94
Uploaded Files	179

+ Show News

Welcome to the Pyramid Model

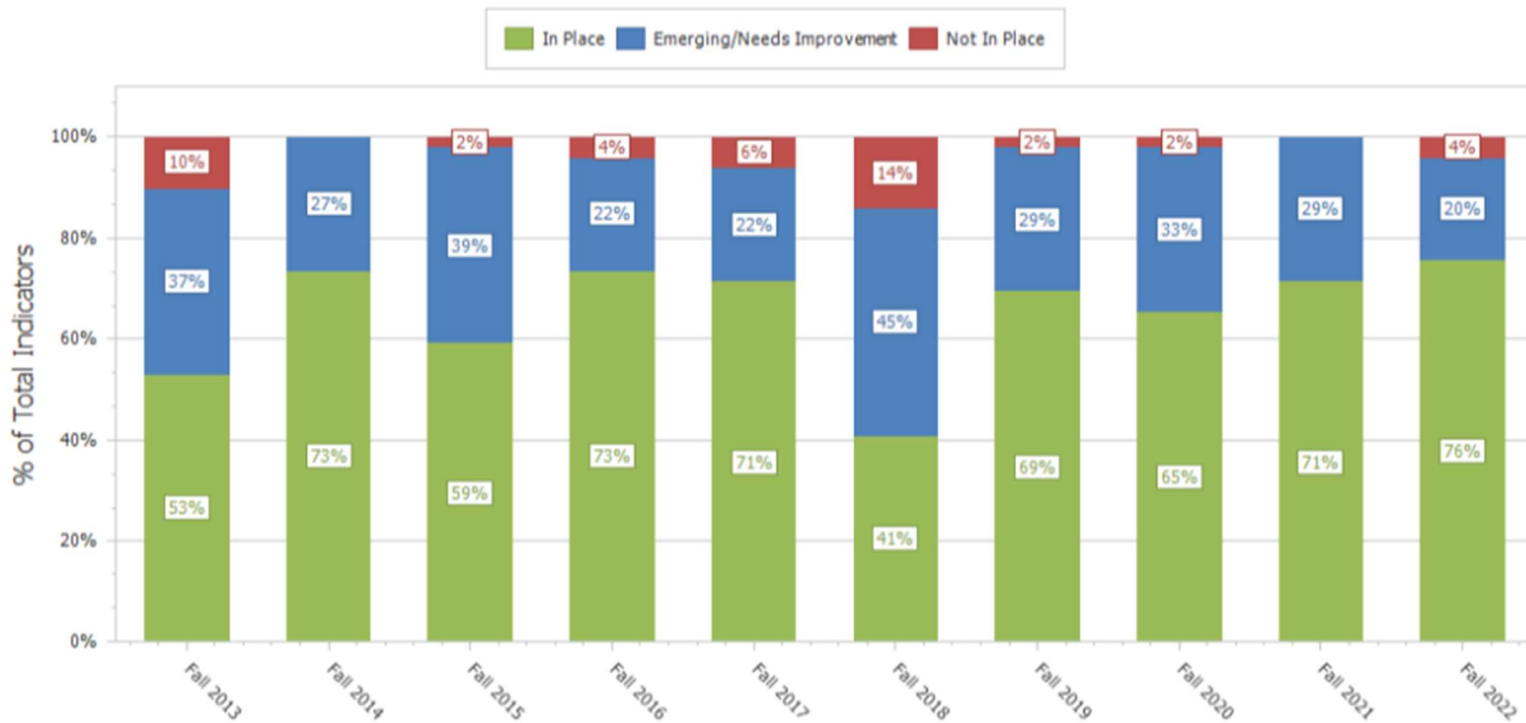


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October 18, 2022 BoQ rating completed this morning

State Leadership Team BOQ Trend Report

State Leadership Team Benchmarks of Quality by Time Period



Details are on the following pages...



What

Who

Where

When

How

Why

?



What is it?

"The Power of Connection Online Experience" is a new online resource that helps parents and caregivers in Wisconsin appreciate how important they are in the social and emotional development of the young children in their lives.

Power of Connection

Parents and caregivers of young children (age 0-5) in Wisconsin.

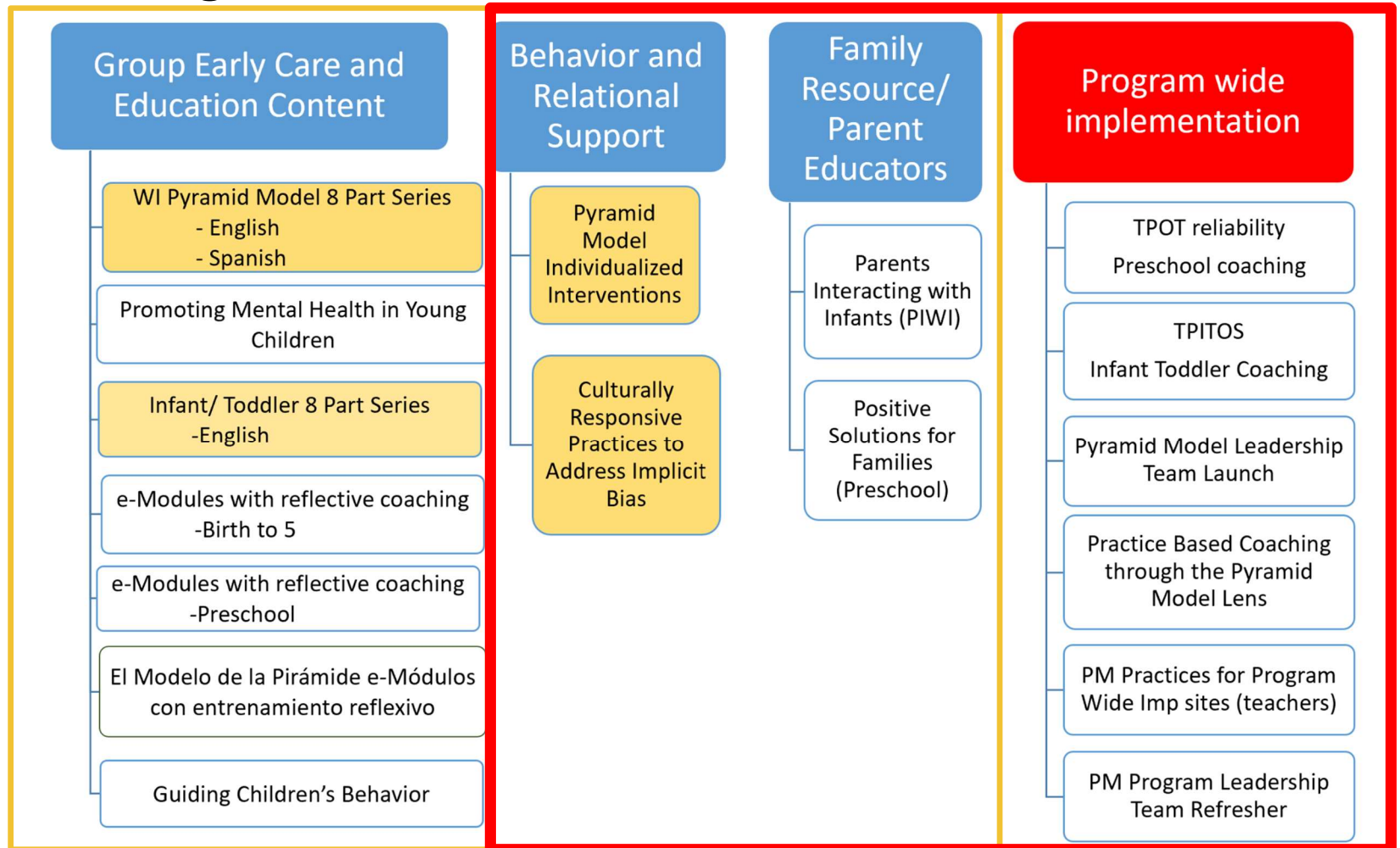
What does it do for parents?

With an exciting array of original videos, photos, and interactive graphics, The Power of Connection is a fun and engaging way to raise awareness of social and emotional skill development such as "Empathy" and "Identifying and Managing Feelings."

<https://the-power-of-connection.org/>



Implementing Evidence Based Practices to Ensure Positive Outcomes: Starts with training



How

IMH ENDORSEMENT		
	Infant Family Associate (IFA) (PROMOTION)	Infant Specialist (PROMOTION)
Education	Any academic ² degree	Masters or degree
Work Experience	OR Minimum 2 years infant/early childhood-related work or volunteer experience in an applicable role ³	Minimum 2 years in a position serving children and their families
In-service Training	Minimum 30 hours, average 40 hours	Minimum 40 hours, average 40 hours
Membership in WI-AIMH or other IMH association	Yes	Yes
Code of Ethics	Signed	Signed
Endorsement® Agreement	Signed	Signed
Reflective Supervision or Consultation (RSC)	N/A	Minimum within a 1 month time period working with toddlers, & preschoolers
Reference Ratings	Three (from current program supervisor, teacher, trainer, consultant, or parent/service recipient)	Three 1. Current supervisor 2. Person 3. Another teacher, trainer, consultant, or parent/service recipient
Written Exam	No	No
Application	Applicant will submit an application that meets the requirements specified for the Endorsement® within the <i>Competency Guidelines</i> ®	



Infant Mental Health Endorsement® & Wisconsin Pyramid Model Toolkit



What is IMH Endorsement®? Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® is an internationally recognized credential that supports the development and proficiency of professionals who work with or on behalf of infants, toddlers, preschoolers and their families based on a set of Competencies designed to support and enhance culturally sensitive, relationship-focused practice within a framework of infant mental health. An applicant demonstrates acquisition of these competencies through a combination of their education, work, training and reflective supervision experiences.

What is the Wisconsin Pyramid Model?

The Wisconsin Pyramid Model is a conceptual framework of evidence-based practices for promoting social and emotional development by implementing a culturally responsive and equitable tiered system of supports designed to enhance social and emotional competence of young children, promote the development of program policies and practices that support wellness, and provide early care and education providers with practice-based coaching to ensure that evidence-based practices are integrated and used with fidelity. Wisconsin Pyramid Model training aligns with training requirements to earn Infant Mental Health Endorsement®.

to support professionals to apply Pyramid Model that ensure equitable outcomes for infants, young children, and their families.

Good for the Field: Informs professional development and career planning within an organized framework; creates a competent, high quality workforce leading to desired child/family outcomes; and uplifts the professional credibility of the IMH field and the multiple

to support professionals to apply Pyramid Model that ensure equitable outcomes for infants, young children, and their families.

Why pursue Endorsement® if I am a Pyramid Model provider?

Completion of Wisconsin Pyramid Model trainings is a key component in one's professional career equipping them with evidence-based practices to work with infants, toddlers, and their families. Endorsement® validates professional credibility by validating the additional training and reflective experiences that make up the full range of competencies and experiences one needs for IMH informed practice to ensure equitable outcomes for children, families and communities.

Endorsement® is:

Good for You: Enhances professional credibility and visibility in the infant and family field.

Good for Babies and Families: Supports infants, toddlers, preschoolers and their families by ensuring professionals in a culturally competent, reflective, and relationship-focused practice.

Good for Communities: Provides assurance to families and the public at large that the Endorsed professional is qualified to provide care.

Good for Employers: Verifies professionals have attained the necessary skills, knowledge, and understanding about the promotion of IMH and relationship-based approaches to working with



Infant and Early Childhood Mental Health Endorsement® Training Record

Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health® are internationally valued credentials that support and recognize professionals who work with or on behalf of infants, toddlers, preschoolers and their families. It is the largest and most recognized IMH credentialing system in the United States and is available to you here in Wisconsin. Professionals working in early care and education, home visiting, health care, public health, child welfare, and mental health can work towards earning Endorsement®.

The Infant and Early Childhood Mental Health-Endorsement Competencies® provide the framework from which I/ECMH-Endorsement® was developed. Endorsement applicants show how they've learned and applied the competencies through education, training, work and reflective experiences with infants/toddlers 0-36 months (IMH-Endorsement) and/or young children 3-6 years old (ECMH-Endorsement).

Use this form to keep training records of each training or other professional development you attend that address the needs and capacities of infants, young children and families. Later, when you apply for IMH-Endorsement® and/or ECMH-Endorsement®, these training records will help you in complete the training section of your Endorsement® application.

You will need a minimum of 30 training hours of training in your records to apply.

Presentation Title:	Date(s):
Presenter or Trainer(s):	Number of Hours:
Location:	Sponsor:
Brief Description:	

Please select the I/ECMH-E Competencies® you gained by attending this training
* 1 I/ECMH Competency® for each hour of training, i.e. a 4-hour training would have no more than 4 competencies selected.

- | | |
|---|---|
| <input type="checkbox"/> Trauma/Separation/Loss | <input type="checkbox"/> Psychotherapeutic and behavioral theories of change |
| <input type="checkbox"/> Attachment | <input type="checkbox"/> Observation, screening, <u>assessment</u> , <u>diagnosis</u> |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Treatment planning/intervention |
| <input type="checkbox"/> Relationship-Focused Practice | <input type="checkbox"/> Collaboration, community resources, and delivery systems |
| <input type="checkbox"/> Relationship-Focused Therapeutic Practice | <input type="checkbox"/> Law, ethics, regulations, guidelines |
| <input type="checkbox"/> Family relationships and dynamics | <input type="checkbox"/> <u>Supervision</u> (reflective) |
| <input type="checkbox"/> Pregnancy and early parenthood | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Infant-and young child development and behavior | <input type="checkbox"/> Coaching/Mentoring |
| <input type="checkbox"/> Infant/very young child and family centered practice | <input type="checkbox"/> Adult Learning Theory |
| <input type="checkbox"/> Disorders of infancy and early childhood (mental health) | <input type="checkbox"/> Data, research, evaluation, program development, policy |
| <input type="checkbox"/> Mental and behavioral disorders in adults | <input type="checkbox"/> Leadership/administration |
| <input type="checkbox"/> Adult mental health, learning, and cognitive functioning | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Parent-Infant Relationship base therapies and practice | <input type="checkbox"/> |



Implementing Evidence Based Practices to Ensure Positive Outcomes: Relies on systemic change at the program level

1. **Program leadership team** uses the Early Childhood Benchmarks of Quality and are supported by “Program/ External Coaches”
2. Program “Practitioner/Internal Coaches” use observation tools to **coach teachers to build practices**
3. Program and coaching decisions are made, and results celebrated, **using data**.



Program wide implementation

TPOT reliability
Preschool coaching

TPITOS
Infant Toddler Coaching

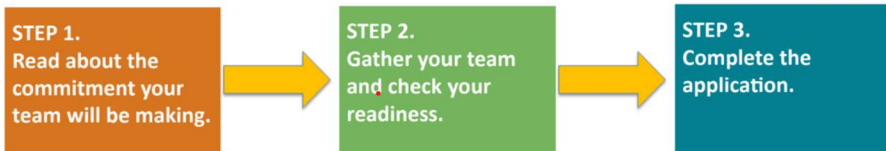
Pyramid Model Leadership
Team Launch

Practice Based Coaching
through the Pyramid
Model Lens

PM Practices for Program
Wide Imp sites (teachers)

PM Program Leadership
Team Refresher

Implementing Evidence Based Practices to Ensure Positive Outcomes: Supporting systemic change



Pyramid Model Implementation Memorandum of Understanding- New programs

Parties: This Memorandum of Understanding (hereinafter referred to as "MOU") is made and entered into by and between the Wisconsin Alliance for Infant Mental Health (WI-AIMH) and **IMPLEMENTING PROGRAM.**

Purpose: The purpose of this MOU is to establish the terms and conditions under which the Pyramid Model Implementation will be supported and clarify expectations for participating programs.

Term: This MOU is effective upon the day and date executed through December 31st 2022. This MOU will be updated in January, 2023 to reflect commitments needed for the next year of implementation. This MOU may be terminated, without cause, by either party upon 30 days written notice.

Responsibilities of AGENCY:

1. Identify staff to fill Program Leadership Team members roles and participate in the Implementation of Pyramid Model during the November 2021 to December 2022 program year. Note that in small organizations some individuals will fill multiple roles:
 - Administrator
 - Internal Coach
 - Behavior Specialist
 - Data Coordinator
 - Teacher Representative (preferred Preschool and Infant Toddler)
 - External Coach (contracted through WI-AIMH)
2. Identify classroom(s) that will receive Practice Based Coaching (PBC) - guided by either the TPITOS or TPOT- as part of implementation in the 2021-2022 implementation year. Provide active coaching to staff in identified classroom(s) with, minimally active coaching conversations every 2 weeks. Create and review a coaching plan to eventually provide PBC to all classroom staff.
3. Administration ensures that leadership team members are able to carry out their identified roles and responsibilities.
 - Internal coach - carry out all PBC expectations including monthly coaching meetings and bi-annual TPOT/TPITOS observations with additional support of PBC elements as needed. Attend monthly Coaches Connection hosted by

WISCONSIN ALLIANCE FOR
INFANT MENTAL HEALTH
Early Relationships Matter

Home
Action Plans
ASQ:SE Screenings
Other Social Emotional Screenings
Behavior Incident Reports
Benchmarks Of Quality 2.0 Forms
Children
Classrooms
Classroom Coaching Logs
Employees
TPITOS Observations
TPOT Observations
Uploaded Files

Welcome to the Pyramid Model Implementation Data System!



Pyramid Model Institute

Pyramid Model Institute

Questions? Need the meeting link? Contact Us

DATE AND TOPIC
RECORDINGS

External Coaches Network

External Coaches Network

Wisconsin Pyramid Model Coaches Connection

- Practice Based Coaching is an essential component of program wide implementation of the Pyramid Model.
- Effective coaches provide the support needed for teachers to build practices that address the needs of ALL children.
- Wisconsin's Pyramid Model team is committed to supporting the skill and the art of coaching through monthly Coaches Connection meetings.

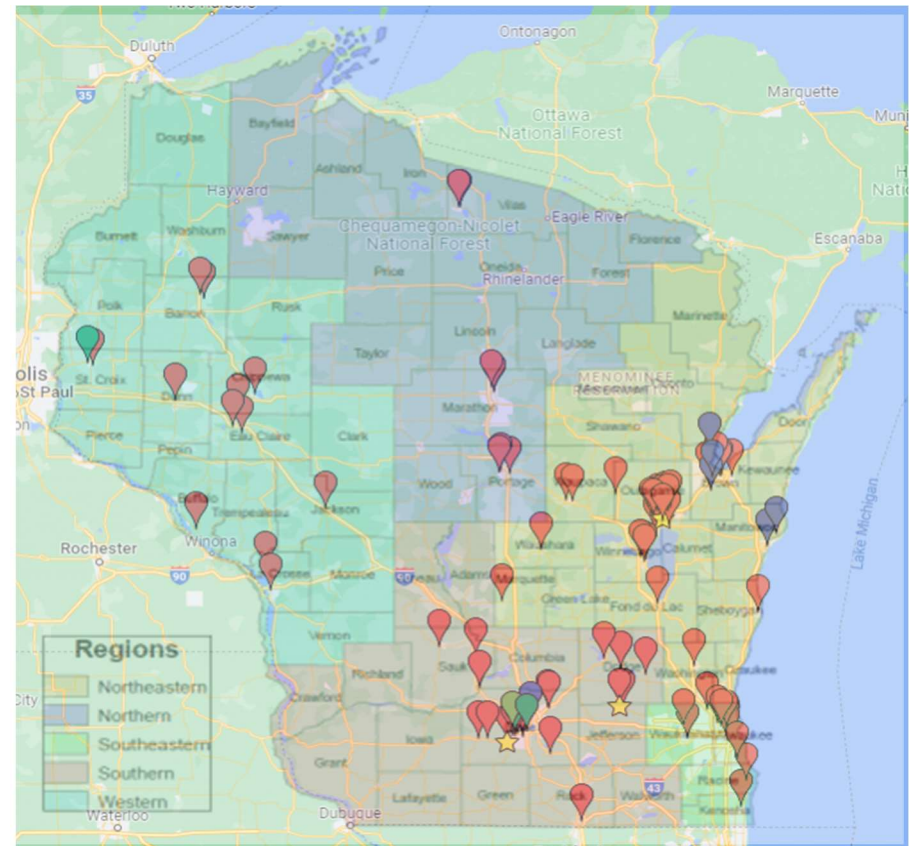
Communities of Practice

Communities of Practice

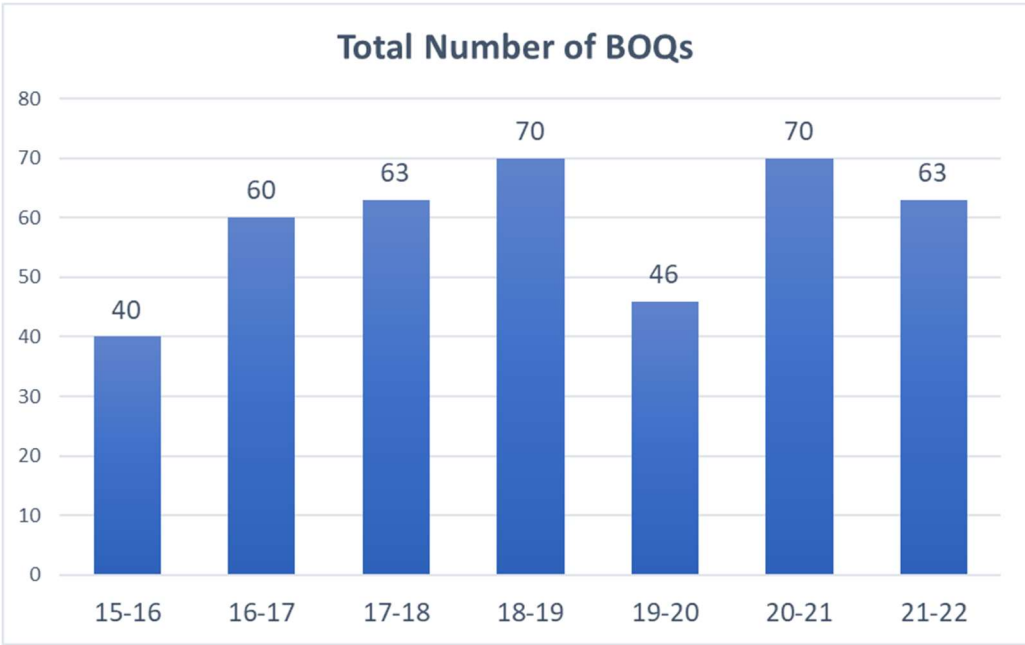
Our Wisconsin Pyramid Model Implementation Sites

18 “Cohorts” of programs to date
We welcomed:

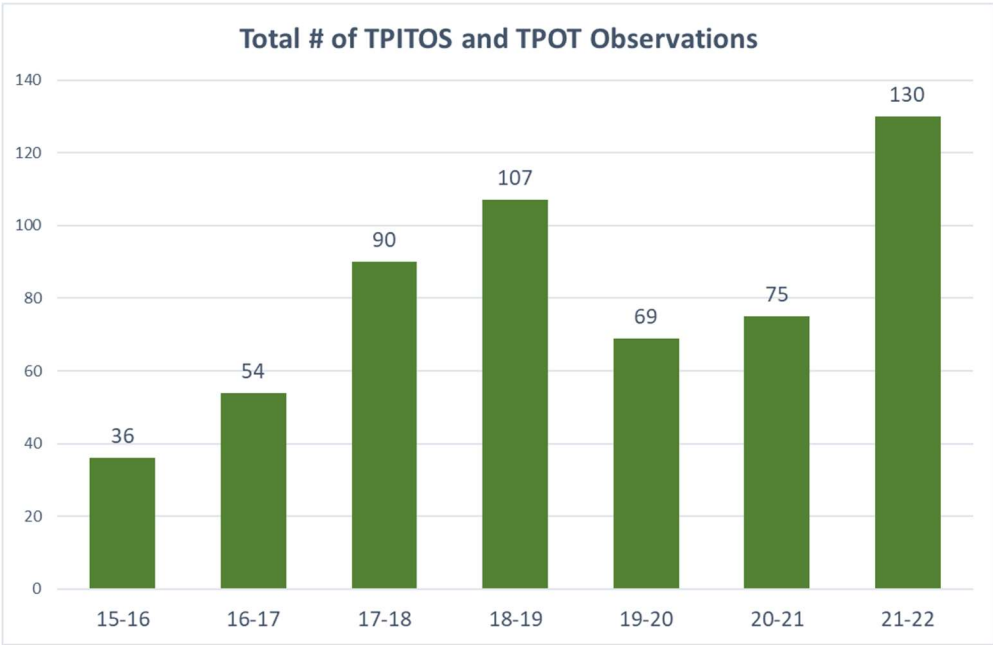
- Cohort 17: April/May 2022
- Cohort 18: July/August 2022
- **61 actively implementing programs**
 - **157 Individual Sites**
 - **3 Communities**



The last several years have been difficult for programs, and yet...

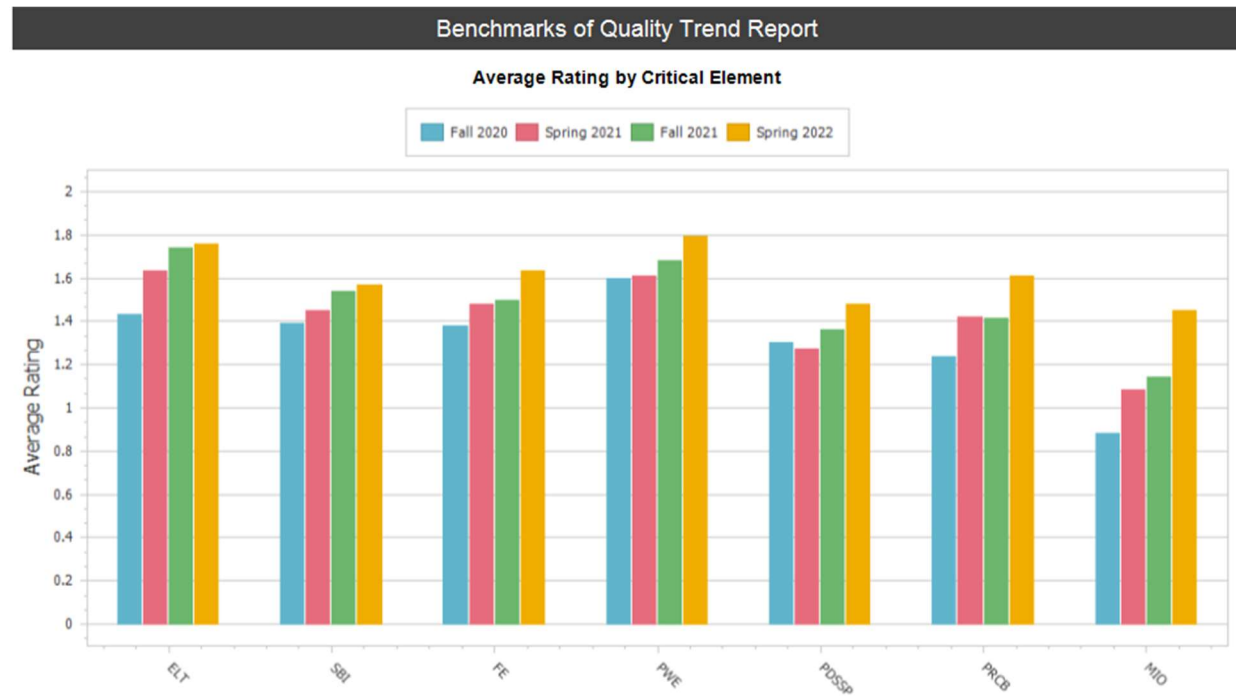


Team rated program element self-assessment



Coaches observations in classrooms to guide coaching conversation

Programs are setting the stage for success



Infants and toddlers are experiencing relational, high quality environments

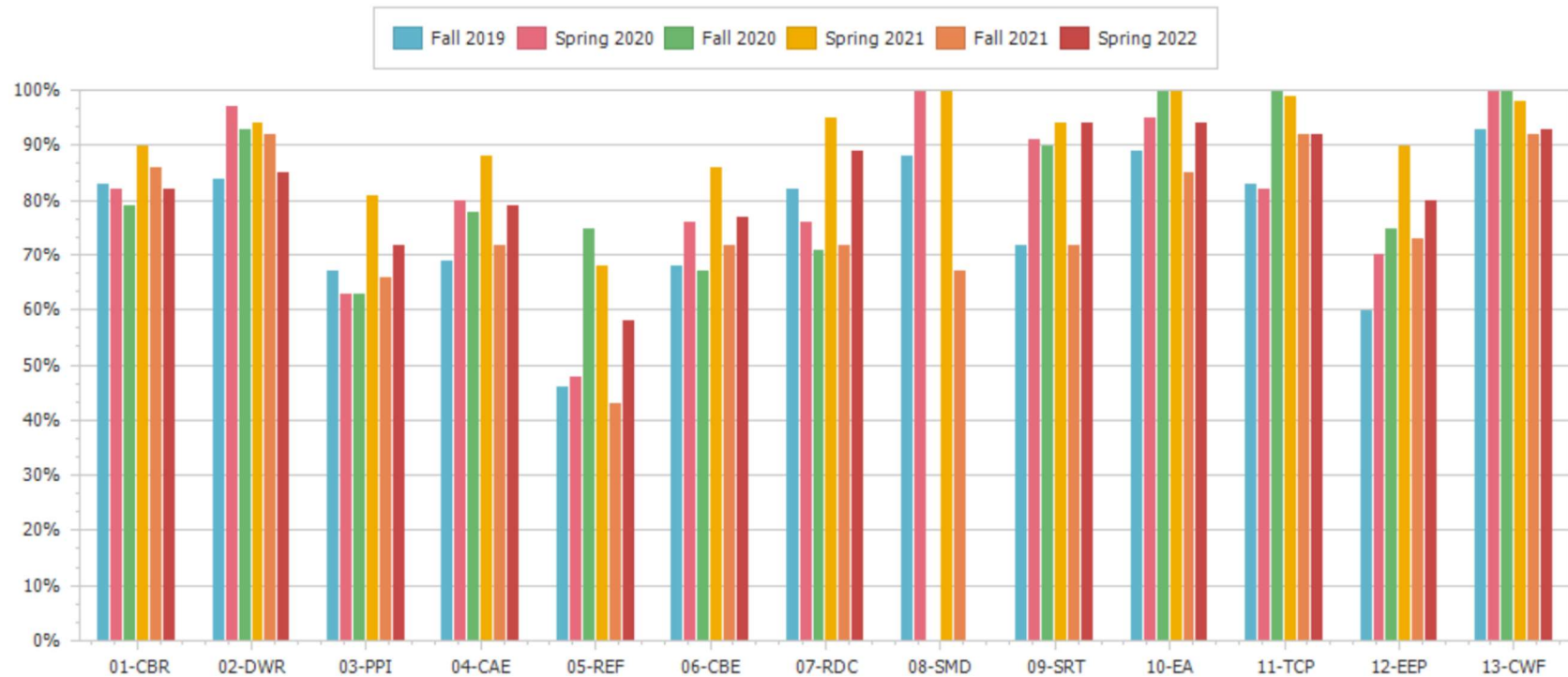
TPITOS Trend Report

First Form Date: 09/25/2019

Number of Forms Included: 71

Last Form Date: 05/10/2022

Percentage of Indicators Observed by Item



Preschoolers are being taught and guided in their learning

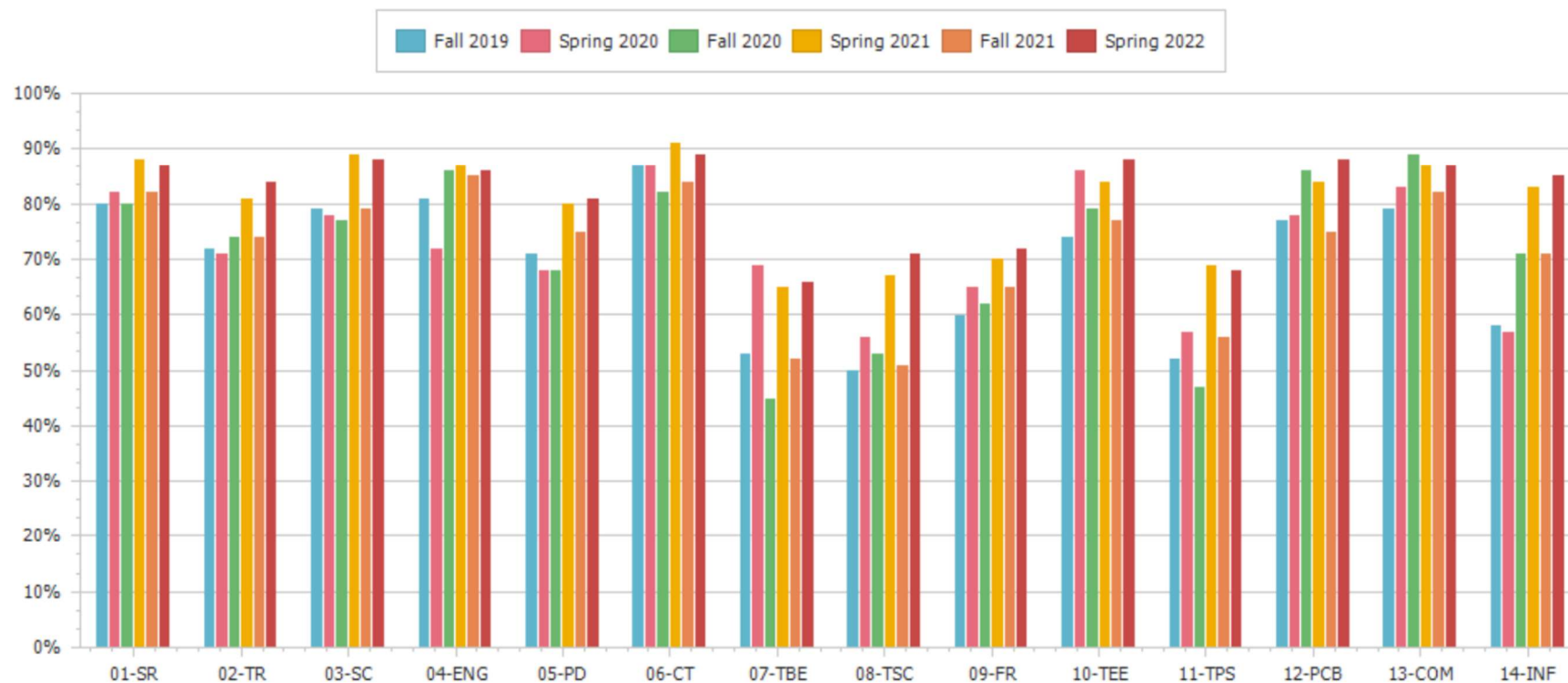
TPOt Trend Report

First Form Date: 08/09/2019

Number of Forms Included: 189

Last Form Date: 05/24/2022

Percentage of Indicators Observed by Item



Coaching builds connection

Program

Training

Climate

Outcomes

Policies. ram

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Wisconsin Pyramid Model Staff Survey

Thank you for taking the Wisconsin Pyramid Model Staff Survey. Survey responses are anonymous. Responses are shared with community and state level teams. Results from this survey are used to help us to improve communication, outreach, training opportunities, policies and procedures in our program, community and across the state. Survey responses are anonymous. Responses are The survey is about 15 questions and should take approximately 10-15 minutes to complete.

wipyramidmodel@gmail.com (not shared) [Switch account](#)

1. I have received at least 8 hours of Pyramid Model training.

Yes

No

Not Sure

2. I am a member of my program's leadership team.

Yes

No

Not Sure

N/A

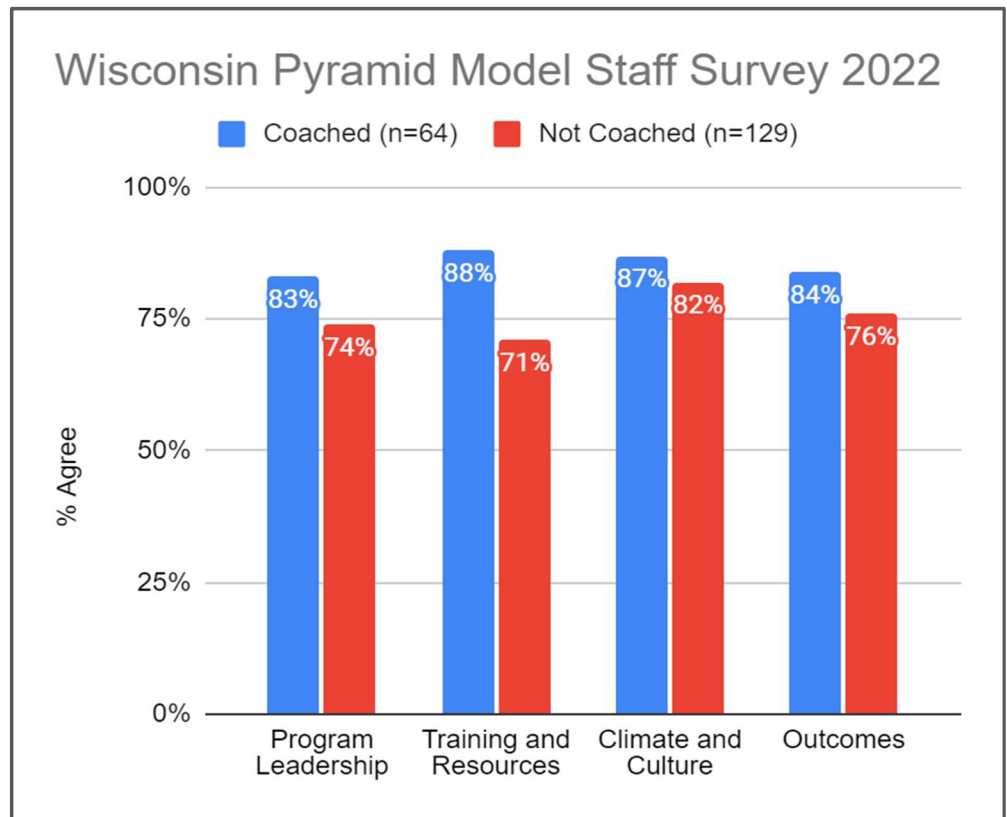
3. I am currently working with a coach on implementing Pyramid Model practices in my classroom.

Yes

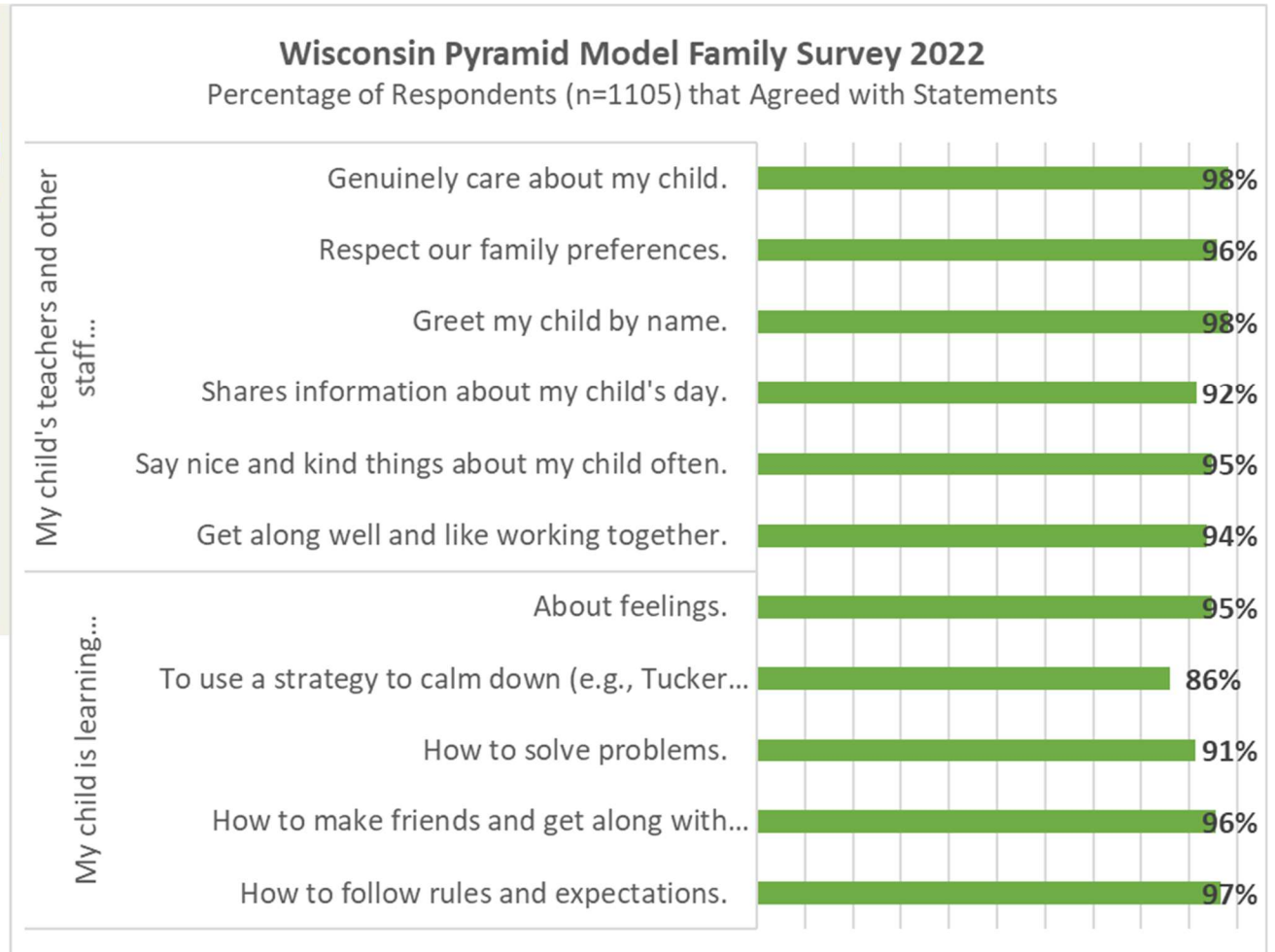
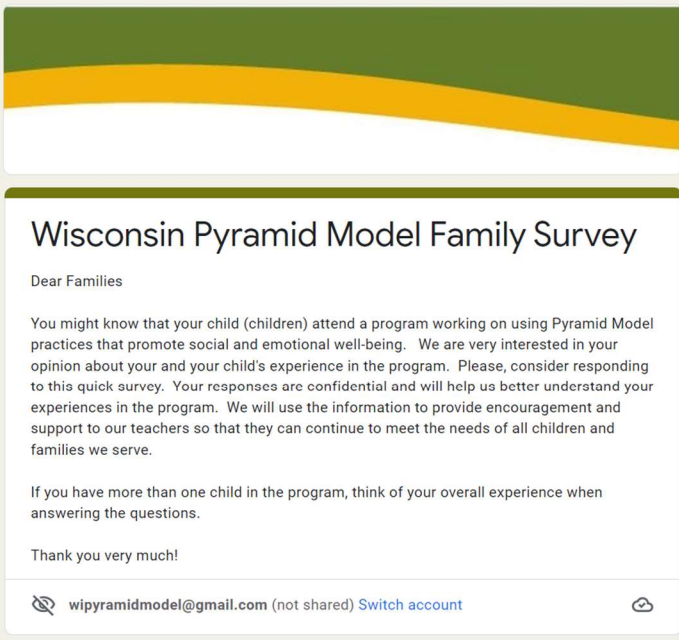
No

Not Sure

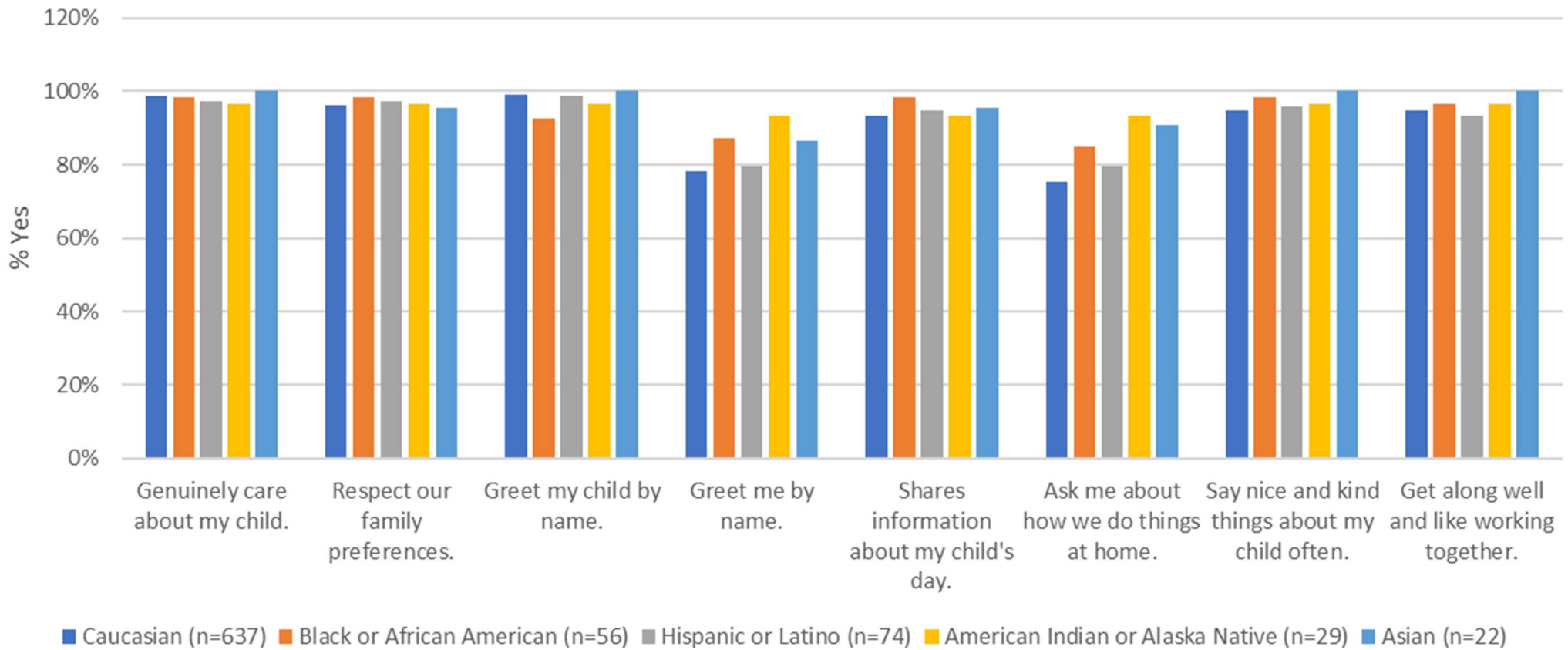
N/A



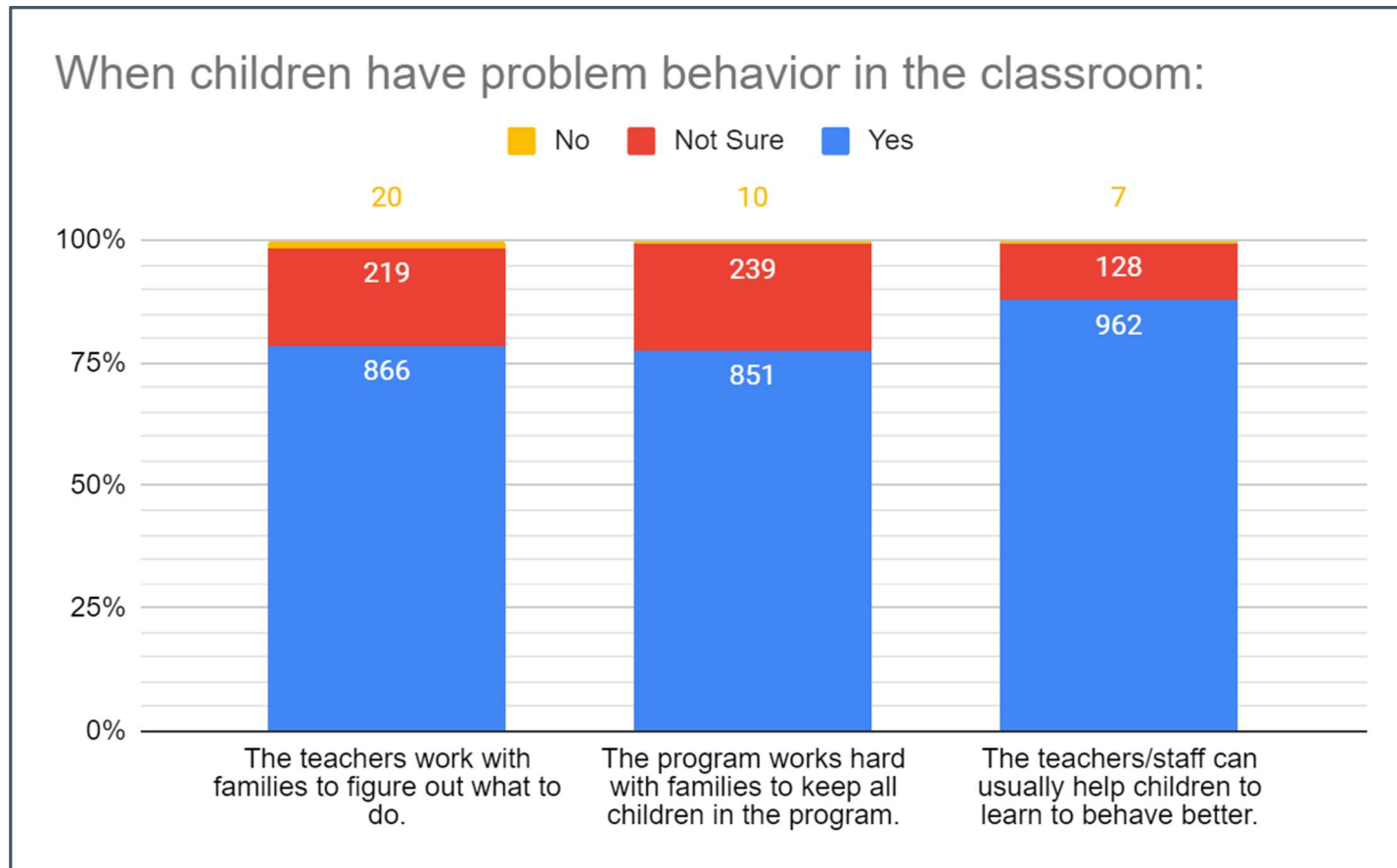
Families experience connection



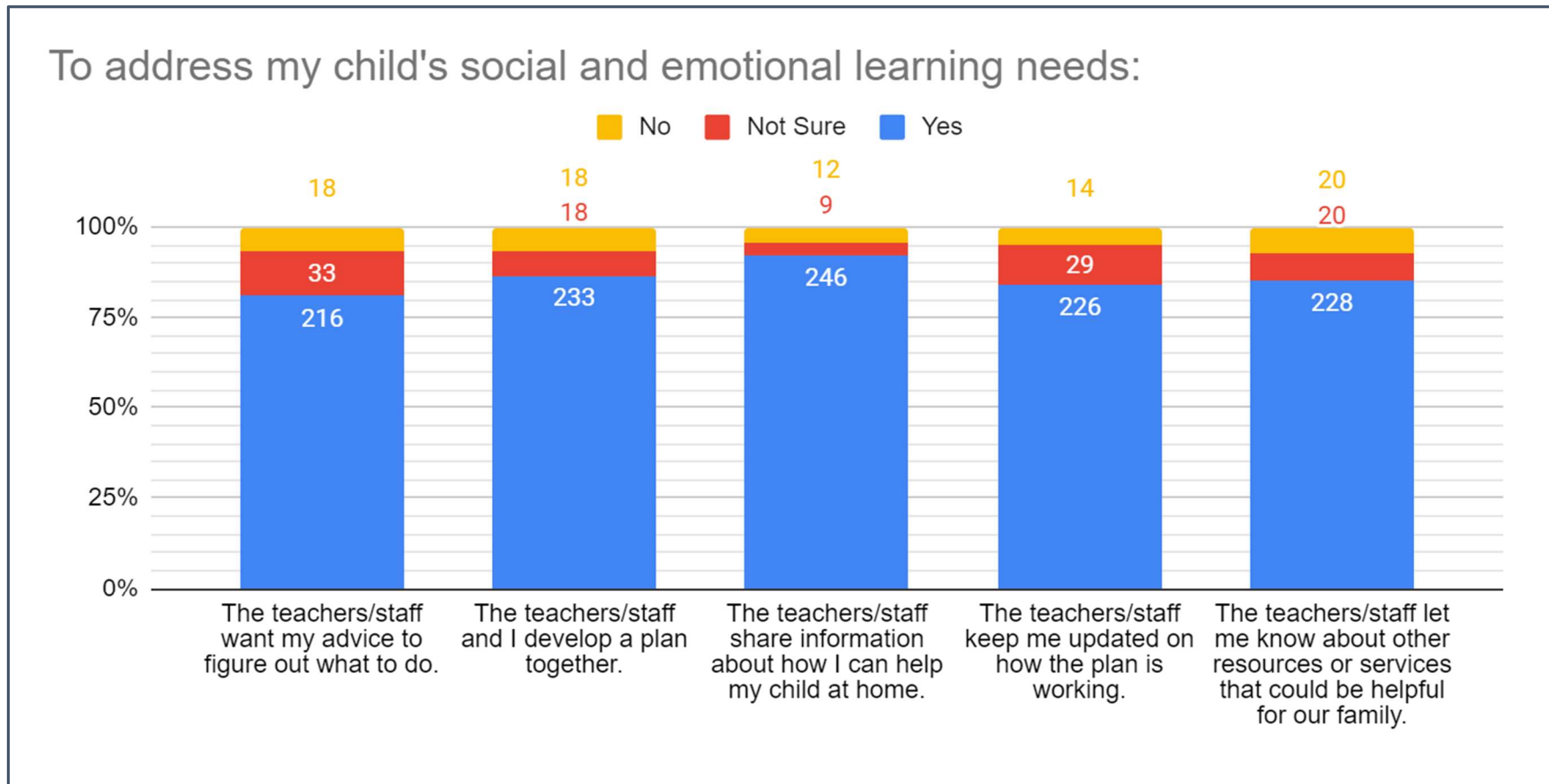
My Child's Teacher and Other Staff Members...



Families see the effort



Considering the experience of families



Families report benefit

Feelings seem to be big and overpowering at a young age, I wish I learned these coping strategies when I was younger. I feel that learning these tools now will carry on and help as she gets older.

Young Child Development Center
(Appleton)

They help me, help [my child]. I really appreciate that they assist and help parents get through rough times. I believe there is a village to raise a child and I appreciate the support.

UW Oshkosh Head Start - East (Appleton)

He has learned so much since he has been here. In less than a year! Preparing him for school and the future is so important. He also is learning social and emotional skills which I believe is also extremely important. I can't choose which is the biggest benefit because they are all so important.

Willows Christian Child Care (Iron Ridge)

She has improved in her ability to problem-solve (rather than getting frustrated) in social situations with other kids. She has also become even more excited about learning, thanks to the fun and creative school environment.

Point 4 the Future (Stevens Point)



Using information on significant behavior incidents to make improvements

Welcome to the Pyramid Mod

Home

- ASQ:SE Screenings 3084
- Other Social Emotional Screenings 0
- Behavior Incident Reports 3541**
- Benchmarks Of Quality 2.0 Forms 63
- Benchmarks Of Quality FCC Forms 0
- Children 3521
- Classrooms 451
- Classroom Coaching Logs 52
- Community Leadership Team 3
- Employees 782
- Leadership Coach Dashboard
- Master Cadre Dashboard
- State Leadership Team 1
- TPITOS Observations 40
- TPOT Observations 94
- Uploaded Files 179

+ Show News

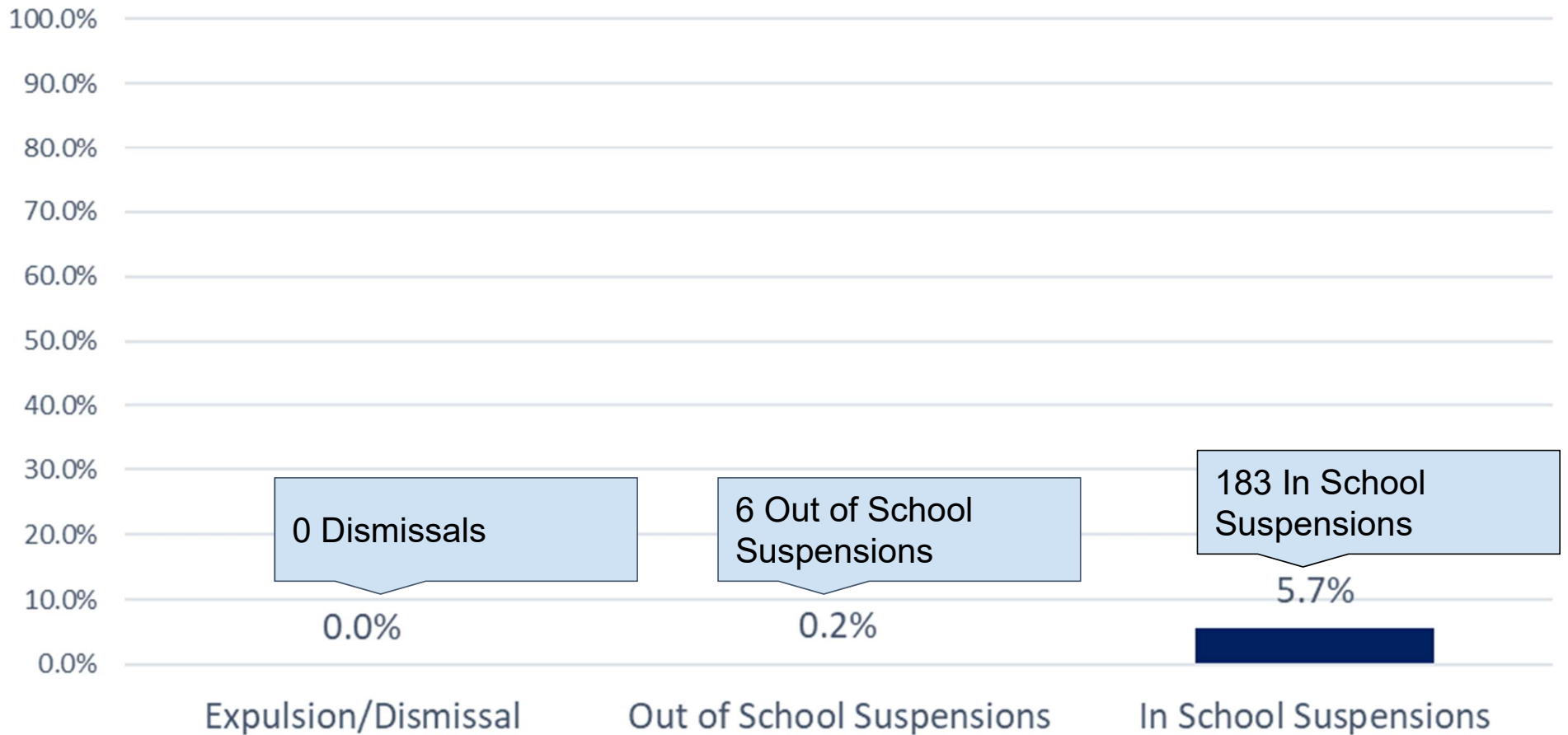
Behavior Incident Report Program ID: _____

Classroom ID:	Child ID:	Date:	Time:								
Behavior Description:											
Problem Behavior (check most intrusive)											
<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Repetitive behaviors									
<input type="checkbox"/> Disruption/Tantrums	<input type="checkbox"/> Social withdrawal/Isolation	<input type="checkbox"/> Hurting self									
<input type="checkbox"/> Inconsolable crying	<input type="checkbox"/> Running away	<input type="checkbox"/> Trouble falling asleep									
<input type="checkbox"/> Verbal aggression	<input type="checkbox"/> Breaking/Destroying objects or items	<input type="checkbox"/> Other: _____									
<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Unsafe behaviors										
Activity (check one)											
<input type="checkbox"/> Arrival	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> Departure									
<input type="checkbox"/> Circle/Large group activity	<input type="checkbox"/> Special activity	<input type="checkbox"/> Therapy									
<input type="checkbox"/> Small group activity	<input type="checkbox"/> Field trip	<input type="checkbox"/> Quiet time/Nap									
<input type="checkbox"/> Centers/Indoor play	<input type="checkbox"/> Self-care/Bathroom	<input type="checkbox"/> Transportation									
<input type="checkbox"/> Diapering	<input type="checkbox"/> Transition	<input type="checkbox"/> Individual activity									
<input type="checkbox"/> Meals	<input type="checkbox"/> Clean-up	<input type="checkbox"/> Other: _____									
Others Involved (check one)											
<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Member	<input type="checkbox"/> Transportation driver									
<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Support/Administrative staff	<input type="checkbox"/> Kitchen staff									
<input type="checkbox"/> Peers	<input type="checkbox"/> Substitute	<input type="checkbox"/> None									
<input type="checkbox"/> Therapist	<input type="checkbox"/> Classroom volunteer	<input type="checkbox"/> Other: _____									
Possible Motivation (check one)											
<input type="checkbox"/> Obtain desired item	<input type="checkbox"/> Gain adult attention/comfort	<input type="checkbox"/> Avoid sensory									
<input type="checkbox"/> Obtain desired activity	<input type="checkbox"/> Avoid adults	<input type="checkbox"/> Don't know									
<input type="checkbox"/> Gain peer attention	<input type="checkbox"/> Avoid task	<input type="checkbox"/> Other: _____									
<input type="checkbox"/> Avoid peers	<input type="checkbox"/> Obtain sensory										
Response (check one or the most intrusive)											
<input type="checkbox"/> Verbal reminder	<input type="checkbox"/> Provide physical comfort	<input type="checkbox"/> Teacher contact family									
<input type="checkbox"/> Redirect to different activity/toy	<input type="checkbox"/> Curriculum modification	<input type="checkbox"/> Time out									
<input type="checkbox"/> Move within group	<input type="checkbox"/> Re-teach/Practice expected behavior	<input type="checkbox"/> Physical guidance									
<input type="checkbox"/> Remove from activity	<input type="checkbox"/> Loss of activity	<input type="checkbox"/> Physical hold/Restrain									
<input type="checkbox"/> Remove from area	<input type="checkbox"/> Time with a teacher	<input type="checkbox"/> Other: _____									
<input type="checkbox"/> Remove item	<input type="checkbox"/> Time in a different classroom or adult outside of classroom										
Administrative Follow-Up (check one or most intrusive)											
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Targeted group intervention	<input type="checkbox"/> Conditional enrollment									
<input type="checkbox"/> Talk with child	<input type="checkbox"/> Temporary removal from classroom	<input type="checkbox"/> Transfer to another program									
<input type="checkbox"/> Contact family	<input type="checkbox"/> Sent home for remainder of day	<input type="checkbox"/> Reduce hours in program									
<input type="checkbox"/> Family meeting	<input type="checkbox"/> Sent home for 1 or more days	<input type="checkbox"/> Dismissal from program									
<input type="checkbox"/> Arrange behavioral consultation/team	<input type="checkbox"/> Other: _____										
Comments:											
<p><i>If this is the first BIR for the child, please select the following demographic information:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><input type="checkbox"/> Male</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Dual language learner</td> <td colspan="2" style="border: none;">Ethnicity: <input type="checkbox"/> Hispanic or Latino of any race <input type="checkbox"/> Not Hispanic or Latino</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Female</td> <td style="border: none;"><input type="checkbox"/> IEP in place</td> <td colspan="2" style="border: none;">Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> White</td> </tr> </table>				<input type="checkbox"/> Male	<input type="checkbox"/> Dual language learner	Ethnicity: <input type="checkbox"/> Hispanic or Latino of any race <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Female	<input type="checkbox"/> IEP in place	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Dual language learner	Ethnicity: <input type="checkbox"/> Hispanic or Latino of any race <input type="checkbox"/> Not Hispanic or Latino									
<input type="checkbox"/> Female	<input type="checkbox"/> IEP in place	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> White									

BIR_V2_10.2018

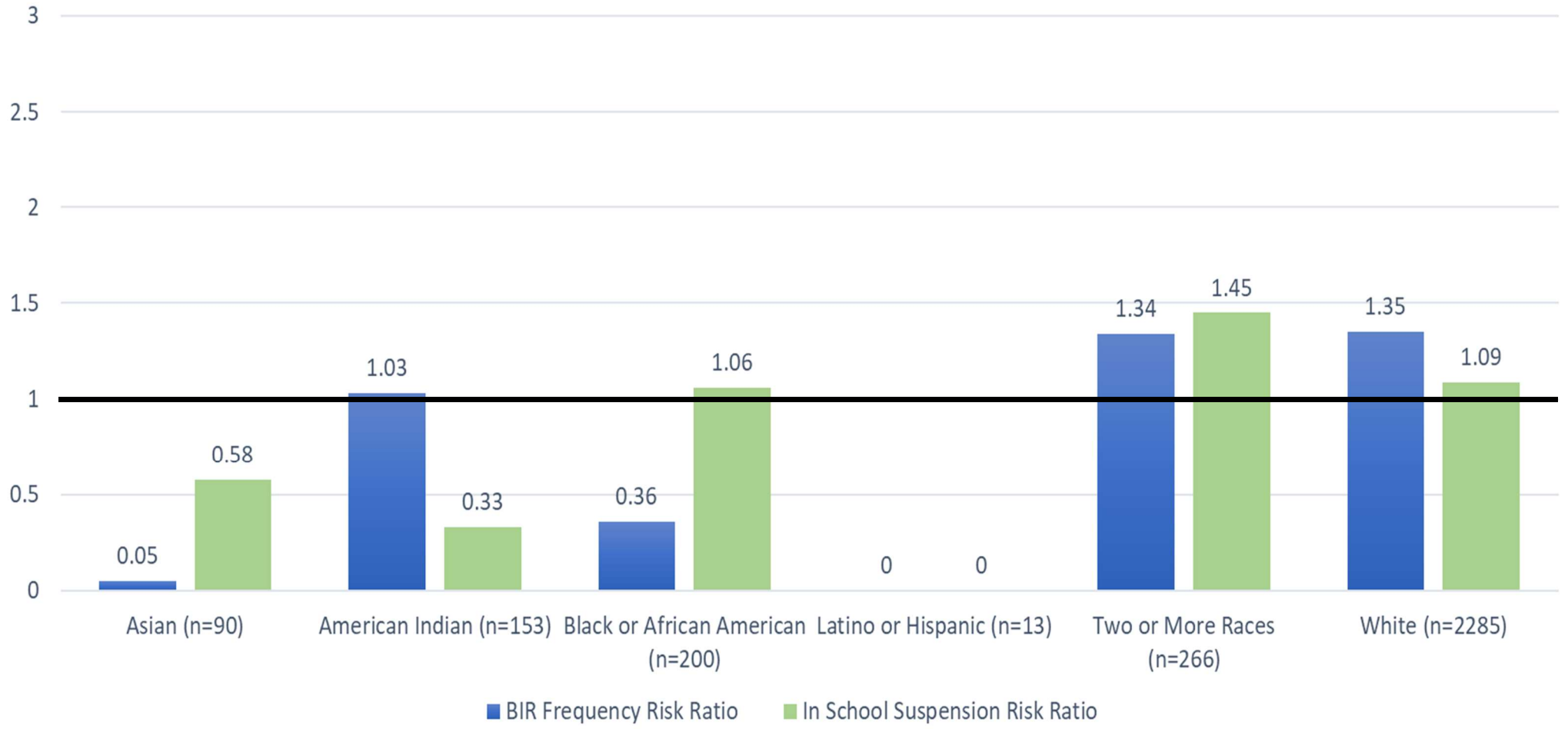
% of BIRs Resulting in Suspensions and Expulsions in PIDS

Total Number of BIRs=3226



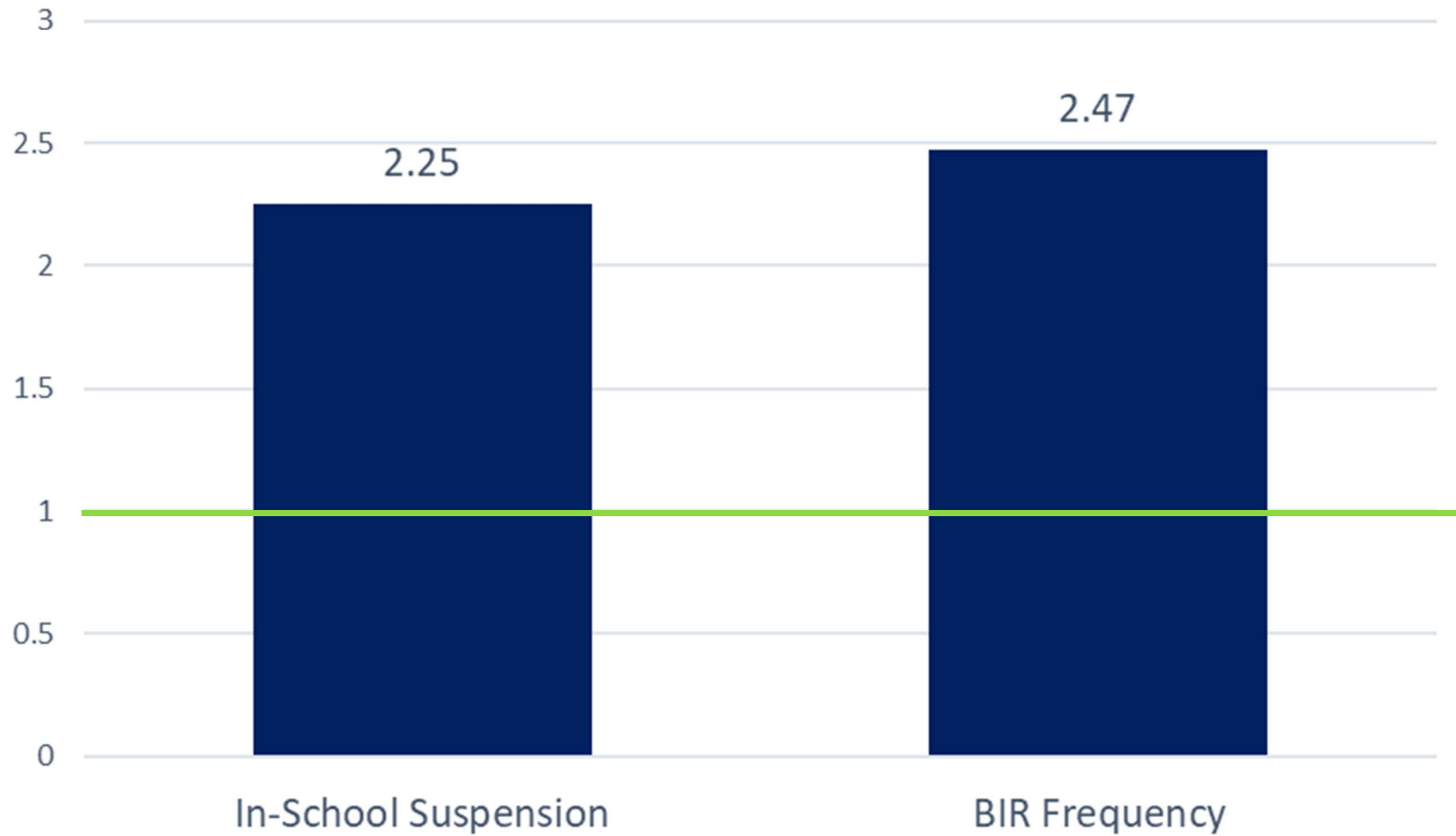
Risk Ratio for In School Suspension and BIR Frequency by Race

September 1, 2021-August 30, 2022



Male Risk Ratio

September 2021-August 2022



Supporting Families

Positive Solutions for Families:

- Released nationally July 2021 (English) / May 2022 (Spanish)
- Provided PSF Trainer of Facilitators
 - Two 2-day
 - Three 1-day "Update/ Reviews"

Our facilitators can access low cost family handbooks when they collect and share data

We are collecting information on families experience with the Positive Solutions for Families content.



Session	Primary Focus	Objectives
Session 1 - Making the Connection	Orient the group to the Positive Solutions for Families format, building connections with your child, and using positive encouragement.	<ul style="list-style-type: none"> Meet each other and learn about our families. Discuss the purpose of the group. Discuss ground rules we might have for our group. Discuss the role families have in promoting their child's social-emotional development. Identify the importance of building positive relationships with children.
Session 2 - Keeping It Positive	Learn how to use playful interactions to strengthen the caregiver-child relationship, understand the meaning of challenging behavior, and how to use positively stated directions.	<ul style="list-style-type: none"> Understand how playful interactions and creating fun in everyday moments can be a powerful practice. Link building relationships, using positive comments and encouragement, and play to children's behavior. Examine why children do what they do. Understand how to use positive language with children.
Session 3 - Behavior Has Meaning	Determine the meaning of children's behavior, being a behavior detective, and developing and teaching rules.	<ul style="list-style-type: none"> Examine why children do what they do. Practice ways to determine the meaning of behavior. Understand effective ways to develop and teach household rules.
Session 4 - The Power of Routines	Setting up successful routines and transitions and using prevention strategies.	<ul style="list-style-type: none"> Discover the importance of routines and how to set them up for success. Introduction to the Family Routine Guide. Identify strategies for making transitions successful. Plan for when things go well.
Session 5 - Teach Me What to Do!	Teaching emotional vocabulary, anger management, and problem-solving skills.	<ul style="list-style-type: none"> Understand why teaching key social and emotional skills is needed. Identify the best time for teaching of social and emotional skills. Identify feeling words and identify effective ways to teach feeling vocabulary. Identify how the use of calming strategies can be used to cope with feelings and teach self-regulation skills. Learn how to teach problem-solving skills.
Session 6 - Responding With Purpose	Understanding how to respond to challenging behaviors.	<ul style="list-style-type: none"> Review powerful prevention strategies and learn two new prevention strategies. Learn specific strategies that can be used to respond with purpose to child behavior in home and community settings.
Session 7 - Putting It All Together With a Plan	Developing a behavior plan to use during daily routines.	<ul style="list-style-type: none"> Identify the meaning of behavior by examining what happens before and after the problem behavior. Identify the three parts of a behavior plan: prevention, new skills to teach, and new responses. Learn to use the Family Routine Guide to identify supports for use with children during daily routines.

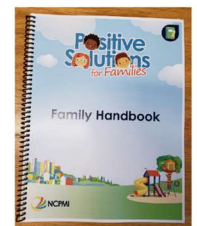
Positive Solutions for Families: Sessions 1-7

Positive Solutions for Families: Sessions 1-7 (Spanish)



Thank you for your interest and dedication to increasing the supports families can provide to their preschool children. **Organizations that register their events by completing this form will be provided with discounted Family Handbooks* for each participant and a link to an electronic evaluation survey that will provide you with detailed results on the impact of your workshop.** Please register your event at least 2 weeks before the first gathering to allow enough time for mailing. All family handbooks requested will be shipped to one mailing address. Organizations holding virtual Positive Solutions for Families are responsible for delivering the Family Handbooks to enrolled families.

*These Family Handbooks are spiral bound with durable covers and include both the Positive Solutions for Families Handouts and the Family Routine Guide. Handbooks cost \$1.75 each to offset some of the printing and shipping costs for the Wisconsin Pyramid Model.



Community Wide Implementation: Connected and collaborative services for infants, toddlers and young children/ families



Wisconsin State
Pyramid Model Implementation Data System
Teach. Coach. Change.

Dashboards ▾ News

Home

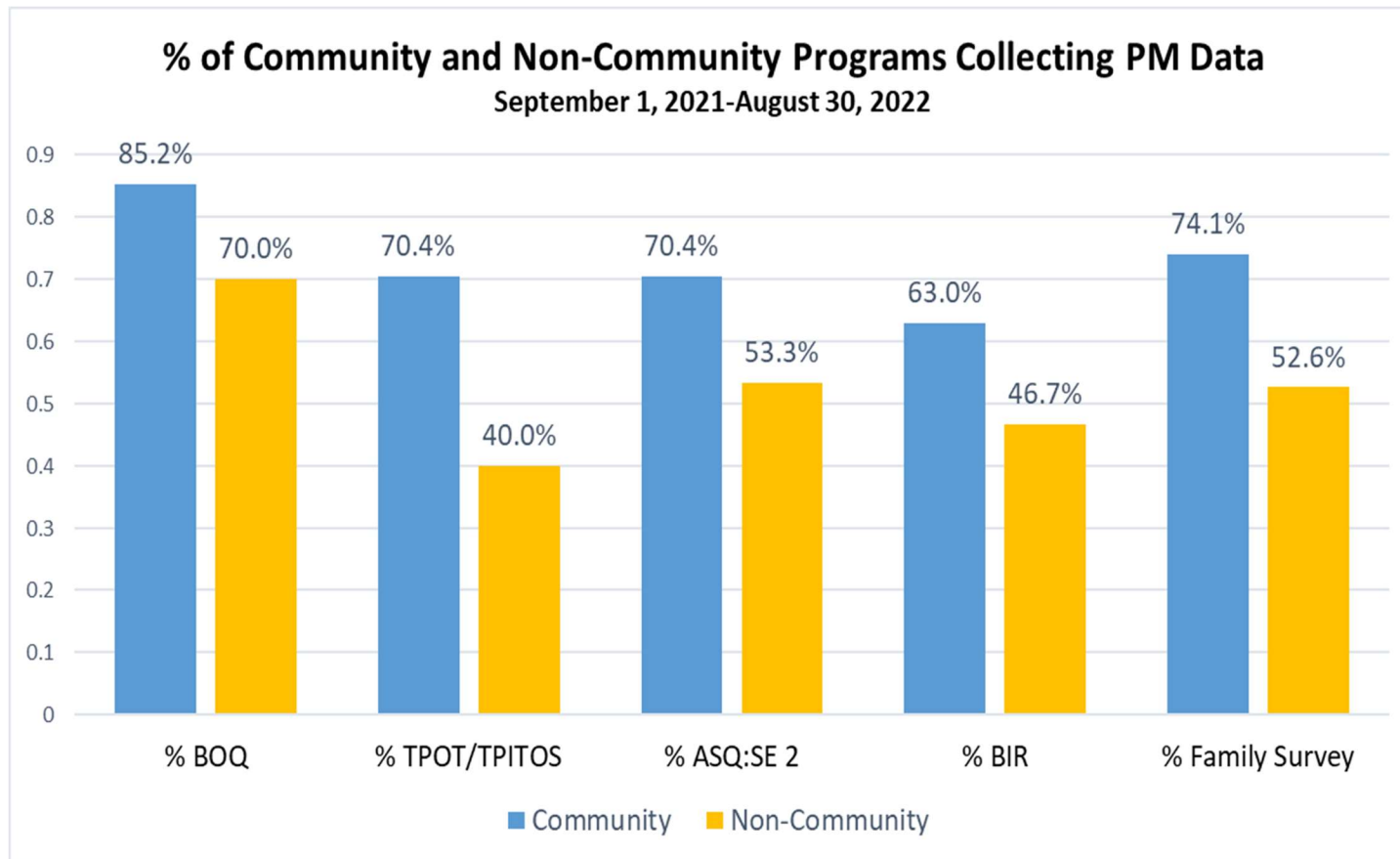
- ASQ:SE Screenings 2966
- Other Social Emotional Screenings 0
- Behavior Incident Reports 3693
- Benchmarks Of Quality 2.0 Forms 61
- Benchmarks Of Quality FCC Forms 0
- Children 3495
- Classrooms 453
- Community Leadership Team 3
- Leadership Coach Dashboard
- Master Cadre Dashboard
- State Leadership Team 0
- TPITOS Observations 40
- TPOT Observations 95
- Uploaded Files 179

Pyramid Model Community Implementation Team Launch

October 20, 2022
December ?



“Never do hard things alone” (Jeree Pawl)



Expansion of the Pyramid Model framework in communities: Family Child Care programs



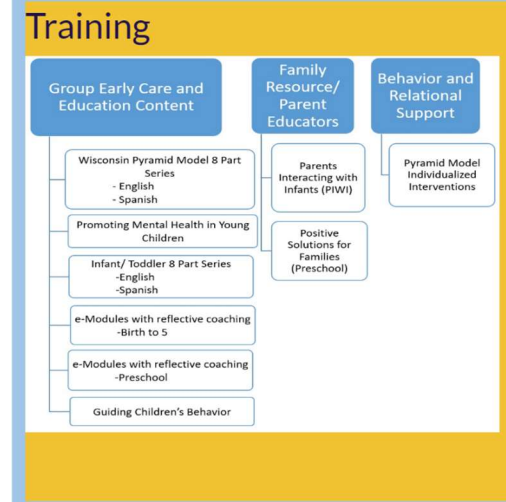
Wisconsin State
Pyramid Model Implementation Data System
Teach. Coach. Change.

Home

- ASQ:SE Screenings **2989**
- Other Social Emotional Screenings **0**
- Behavior Incident Reports **3839**
- Benchmarks Of Quality 2.0 Forms **59**
- Benchmarks Of Quality FCC Forms **0****
- Children **3711**
- Classrooms **453**
- Classroom Coaching Logs **51**
- Community Leadership Team **3**
- Employees **820**
- Leadership Coach Dashboard
- Master Cadre Dashboard
- State Leadership Team **0**
- TPITOS Observations **42**
- TPOT Observations **97**
- Uploaded Files **179**

[+ Show News](#)

“application of the Pyramid Model framework within Family Child Care”



Coaching

NCPMI Family Child Care Home (FCHC) Program-Wide PBS Benchmarks of Quality
Use Fox, Rochelle Lentini, Anna Winnaker, and Twedy Yates

Program Name: Family Child Care Home (FCHC) Program-Wide PBS Benchmarks of Quality

Location: _____

Team Members: _____

Critical Benchmarks

Critical Benchmark	Benchmarks of Quality	Check One		
		Not in Progress	Partially in Progress	In Progress
1. Leads and maintains a safe and secure environment.	2.1 provides team program and implementation developed with input from program staff and families.			
2. Provides a program that is developmentally appropriate and based on current evidence for behavior within activities and settings.	10. Expectations are written in a way that apply to both children and staff. When expectations are discussed, an application of expectations to program staff and children is acknowledged.			
3. An implementation plan is developed for the FCHC following a needs assessment.	11. Expectations are developmentally appropriate and based on current evidence for behavior within activities and settings.			
4. Provides a program that is developmentally appropriate and based on current evidence for behavior within activities and settings.	12. Expectations are posted in all learning areas in a language and symbol used by program staff to support the implementation plan.			
5. Provides a program that is developmentally appropriate and based on current evidence for behavior within activities and settings.	13. A plan for responding to crisis situations related to challenging behavior is developed.			
6. Family engagement is a priority for the program.	14. A team-based process for addressing individual children with persistent challenging behavior is developed. Providers and staff can identify the goals for the process including involving the participation of the family in the development of a plan.			
7. Family engagement is a priority for the program. (e.g., monthly home visits, family meetings, etc.)	15. Providers and program staff identify an individualized goal of behavior supports for children with persistent challenging behavior.			
8. Family engagement is a priority for the program. (e.g., monthly home visits, family meetings, etc.)	16. Providers and staff utilize family expertise and partner with the families to develop strategies to prevent challenging behavior and promote social interaction skills.			
9. Family engagement is a priority for the program. (e.g., monthly home visits, family meetings, etc.)	17. Implementation fidelity is measured regularly using the Benchmarks of Quality and a practice fidelity self-assessment or observation.			
10. Family engagement is a priority for the program. (e.g., monthly home visits, family meetings, etc.)	18. The provider collects data on child outcomes (e.g., behavior incidents, child engagement).			
11. Family engagement is a priority for the program. (e.g., monthly home visits, family meetings, etc.)	19. Data are collected and summarized.			
12. Family engagement is a priority for the program. (e.g., monthly home visits, family meetings, etc.)	20. Data are shared with program staff and families.			
13. Family engagement is a priority for the program. (e.g., monthly home visits, family meetings, etc.)	21. Data are used for ongoing monitoring, problem solving, meeting child response to intervention, and program improvement.			

Procedures for Responding to Challenging Behavior

Monitoring Implementation and Outcomes

Collaborative Partnerships
Share Goals and Action Planning | Focused Observations | Effective Teaching Practices | Reflection and Feedback

ATPITOS for INFANT/TODDLER CLASSROOMS MANUAL
ATPOT for PRESCHOOL CLASSROOMS MANUAL

Expansion of the Pyramid Model framework in communities: Family Child Care programs

Wisconsin Pyramid Model Survey for Active Family Child Care

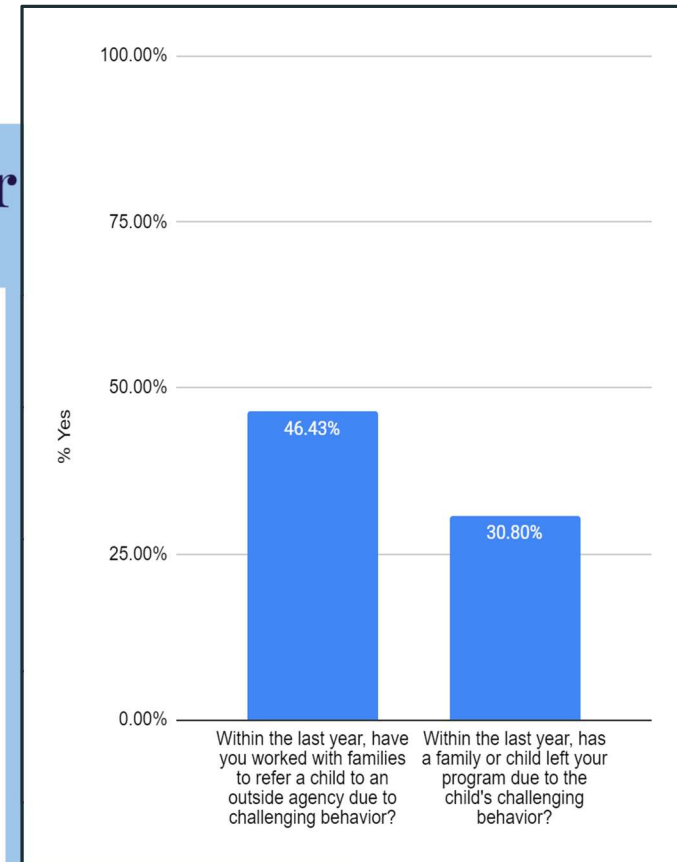
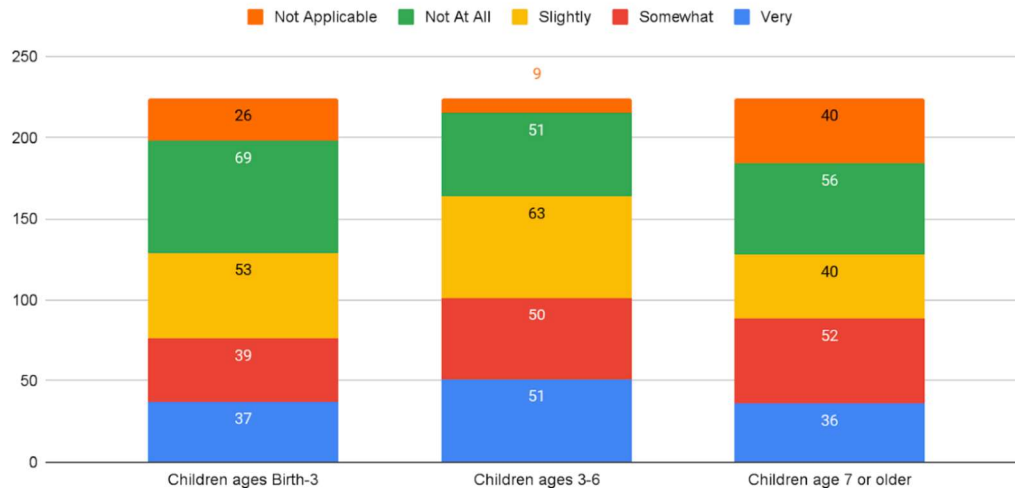
Wisconsin Pyramid Model Survey for Active Family Child Care Providers

The Wisconsin Pyramid Model is interested in how we may better collaborate with, advocate for and support family child care providers across the state. The information we receive from this survey will help us with this mission. The survey will take approximately 10-15 minutes to complete. The first 50 people who complete this survey and provide their name and email address will receive a five dollar Amazon gift card. Survey is open until August 30th.

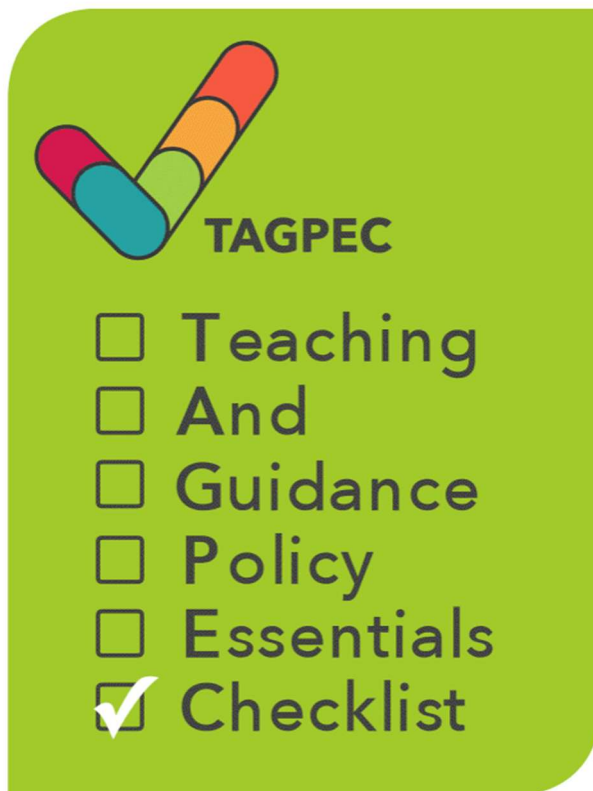
1. How many children are currently enrolled in your program?

Concerns about Challenging Behavior

Within the last year, how concerned are you about the challenging behavior in the children you have cared for in your program for the following ages:



Expansion of the Pyramid Model framework in communities: Starting with robust program policy for infants, toddlers and young children



EF1: Intentional Focus on Teaching Social Emotional Skills
EF 2: Developmentally and Culturally Appropriate Learning Environment
EF 3: Setting Behavioral Expectations
EF 4: Preventing and Addressing Challenging Behaviors Using a Tiered- Model of Intervention
EF 5: Working with Families
EF 6: Staff Training and Professional Development
EF 7: Use of Data for Continuous Improvement

Sustaining this work



Jackie Anderson
Wisconsin Early Childhood Association



WI Pyramid Model Advisory Team Meeting



weca Wisconsin Early
Childhood Association

Raising Wisconsin is powered by a multi-sector coalition led by WECA.



We believe in a Wisconsin where children and families have the social, emotional and economic supports they need to thrive. Together, we will advocate for a Wisconsin where the health, safety and optimal development of our children is an unwavering priority – the foundation of a promising future.



weca Wisconsin Early
Childhood Association

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The Landscape: What the Data Says



- Potential Need: 288,430 Children
- Supply: 171,040 Slots
- Gap: 117,090 Slots
- Percent Gap: 40.6% of Children vs. 31% Nationally
- Economic Impact: 2.5 to \$3.8 Billion

Child Care Cost & Affordability

- **High cost**
 - The average annual cost of infant care across Wisconsin child care settings is \$12,567, or \$1,047/month.
- **Unaffordable** for Wisconsin families
 - Infant care for one child would take between 18.5%-25% of a median family's income.
 - A typical family with two children would need to spend approximately 33% of their income for child care.
 - A single full-time minimum-wage worker would need to use nearly 83% of their annual income to pay for child care for an infant.

How is the pandemic affecting children?

In a recent study from Yale School of Medicine, child care providers reported that children were exhibiting 64% more externalizing behaviors and 63% more internalizing behaviors.

A staggering number of children in the U.S. (more than 140,000) have experienced the death of a parent or grandparent caregiver as a result of COVID-19

How is the pandemic affecting child care staff?

- A recent large-scale study found that just under half of child care providers screened positive for depression, exceeding the general U.S. adult population.
- This combination of a shrinking and heavily burdened early childhood workforce; stressed and depressed parents; and young children experiencing grief, anxiety and increased behavioral issues returning to early care and education programs adds up to an urgent mental health crisis.

So, where do we go from here?

Raising Wisconsin Advocacy Coalitions

Raising Wisconsin is a multi-sector coalition working to ensure every family with young children has the resources they need to access affordable, high-quality, culturally and linguistically responsive child care and the tools they need to support optimal health and well-being.

State Collaborative
Team

Employers/Economic
Development Leaders

Parents/Caregivers

Early Childhood
Providers

Child Care Y24-25 Budget Priorities

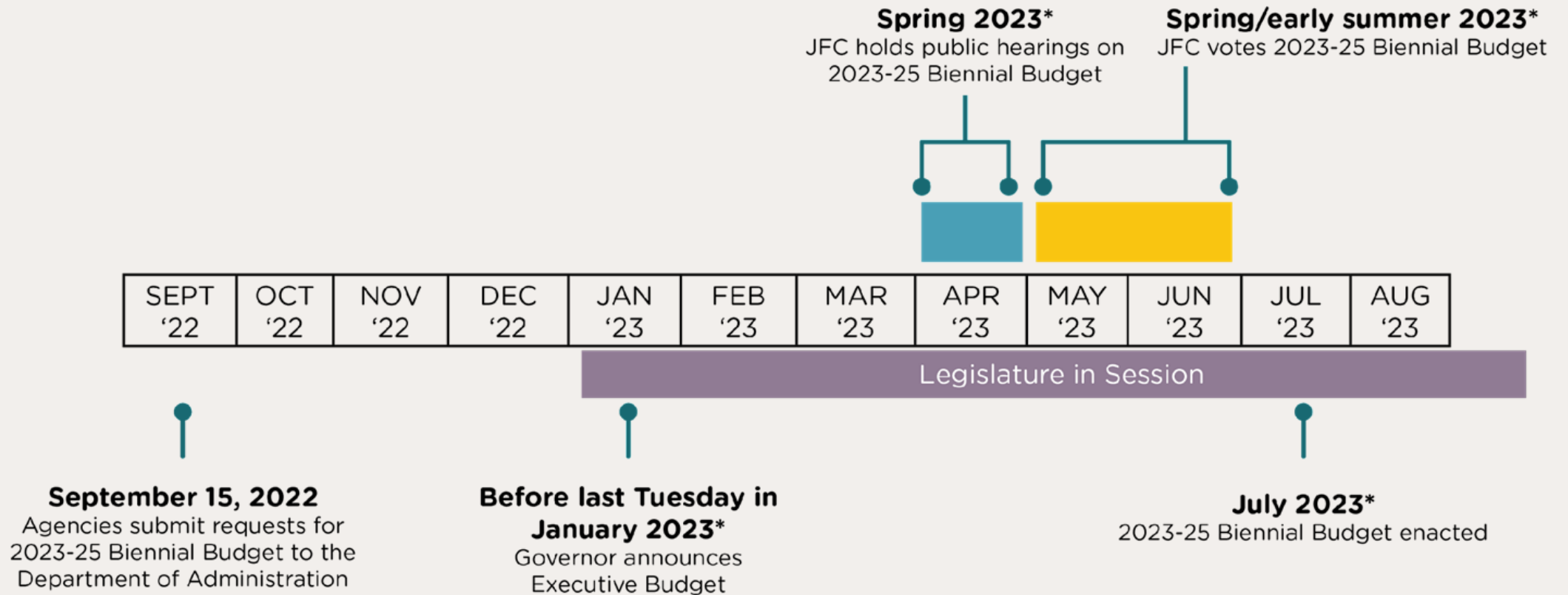


Raising Wisconsin is advocating for a \$300 million state investment to ensure ongoing funding for Child Care Counts.

Health & Well-Being Y24-25 Budget Priorities

- \$5M in GPR to Support Children's Mental Health
 - ❖ Training & Coaching
 - ❖ IECMH consultation
 - ❖ Endorsement work
- Expand Family Foundations Home Visiting Programs
- Extend Medicaid coverage in the postpartum period so birthing people can maintain their Medicaid coverage for 12-months after the birth of a new baby

Timeline for Raising Wisconsin Advocacy



2022 Action Steps

October

- Educate local and state candidates on the child care and mental health situation and its impact on the workforce and economy
- Visit the *Take Action* page on the Raising Wisconsin website for Advocacy Toolkits, voter guides and more.
- Write Letters to the Editor in your community publications

November-December

- Looking ahead to the next legislative session which starts in January, contact legislative offices and newly-elected legislators.
- This educational component will be influential as legislators prepare for the next state budget which will be introduced in early 2023.


Mark your calendars for a WIAAP/Raising Wisconsin Advocacy Day on March 1st!

Raising Wisconsin

608-729-1069 contact@raisingwisconsin.org f t i r

Raising Wisconsin

Early Care & Education v Health & Well-Being Policy Agenda & Progress v Take Action v About v




Raising Wisconsin
ROOTED IN GROWTH. INVESTED IN CHILDREN.

Welcome

We believe in a Wisconsin where children and families have the social, emotional and economic supports they need to thrive. Together, we will advocate for a Wisconsin where the health, safety and optimal development of our children is an unwavering priority - the foundation of a promising future.

Join Us



Get Involved

Sign up to receive Raising Wisconsin's e-updates on our advocacy to support early care and education and the optimal health and well-being of children and families.

First Name

Last Name

Email

SUBSCRIBE!

Raising Wisconsin values your privacy. Your personal information will be kept confidential and will not be shared to third parties.

Visit www.raisingwisconsin.org, sign up for Advocacy Alerts and follow on social media.

Questions?

Jackie Anderson

Director of Raising Wisconsin

janderson@wisconsinearlychildhood.org

608-729-1069

Raising Wisconsin is powered by a multi-sector coalition led by WECA.



@RaisingWisc



@RaisingWisconsin/



@raisingwi

Council Home

Council Structure & Members

Meeting Materials

Resources

Governor's Early Childhood Advisory Council (ECAC) - Structure and Members

ECAC Structure

Members of the Wisconsin Governor's Early Childhood Advisory Council are appointed by the Governor. The Governor's appointed Co-Chairs are [Department of Children and Families Secretary Emilie Amundson](#) and [Department of Public Instruction State Superintendent Dr. Jill Underly](#).



[ECAC 2021 Membership List](#)

Other ECAC members include:

- Individuals with early childhood expertise who represent early care and education, health care, child welfare, and mental health programs.
- Members of state agencies, advocacy organizations, and foundations.
- Others involved in the provision of services to children and families.

Wisconsin is proud to have a well-rounded Early Childhood Advisory Council (ECAC) that has surpassed the legislative guidelines and continues to have a diverse mix of individuals who take an interest in early childhood care.

The Governor's Early Childhood Advisory Council (ECAC) operates under a certain structure and guidelines. To learn more about how the Council operates and relates to other initiatives and teams, please see the [ECAC Operating Principles](#) document.

Pyramid Model ADVISORY Team meetings: 2023

Dates for 2023 meetings:

- April 18th 2023 Advisory (1:00pm-2:30pm)
- Oct 24th 2023 Advisory (1:00pm-2:30pm)