

## APPENDIX A: Pyramid Model's Impact on SED

The evidence for the Pyramid Model as an effective approach to increase SED in young children (including children with disabilities), reducing challenging behaviors, and decreasing suspensions and expulsions is well-documented in academic literature (e.g., Dunlap et al, 2006; Howes & Hamilton, 1993; Walker et al., 1996; Webster-Stratton, Reid, & Hammond, 2004). In particular, the Pyramid Model is an effective approach for addressing challenging behaviors that may lead to the suspension of preschool children (Fox & Hemmeter, 2009). A 2018 provider survey shows that 44% of administrators have suspended children and 51% have expelled children (as young as one year old) because of challenging behavior, with African American children being significantly over-represented. Data from this same survey show that when providers complete Pyramid Model training, they report 70% fewer challenging behaviors. In an additional survey of programs implementing the Pyramid Model with fidelity (i.e., highlighting the culturally responsive practices that are naturally embedded during training and coaching and intentionally applied in classrooms), 95% report no expulsions of children in the past year (Fox & Hemmeter, 2015; Fox, Smith, Hemmeter, Strain & Corso, 2015).

There are also important ties between SED and academic and long-term child life outcomes. The early promotion of positive SED is considered a “protective factor” in preventing high school dropout (NC Department of Public Instruction, 2017). A 2017 Collaborative for Academic, Social, and Emotional Learning (CASEL) meta-analysis found that, on average, the academic performance of students who had received a SED intervention approximately 3.5 years prior was 11 percentile points higher than peers who had not. The same study found that early investments in SED continue to pay off throughout a child's life, through increased social and emotional competencies, pro-social behavior, and pro-social attitudes (Durlak, et. al., 2011). Better SED is also linked to long-term decreases, in comparison to control groups, in negative outcomes such as conduct problems, emotional distress, drug use, and justice system involvement (Taylor et. al., 2017).

In terms of the impact of SED on students in K through high school, a 2015 meta-analysis by the Brookings Institute of 200 SED programs for students in K through high school demonstrated that enrolled students had significant improvements in academic outcomes. For some students, this gain was equivalent to moving from the middle of the class to the top 40 % of the class over the course of the intervention. Students also showed gains on five key non-academic measures, specifically improved social skills, decreased emotional stress, improved attitudes, fewer conduct problems, such as bullying and suspensions, and increased positive behavior, including cooperation with and helping other students (Price, 2015).

## APPENDIX B: Examples of Evidence-based Family-Based SED Interventions

The following is a sample list of interventions that have been identified as having demonstrated the capability to improve social emotional outcomes for young children (Powell & Dunlap, 2010; O'Connell, Boat, Warner, 2009; Kaminski et al., 2013).

- **Triple P, Levels 2, 3, and 4:** multilevel parenting and family support interventions designed to prevent and treat behavioral and emotional problems in children and teenagers
- **Incredible Years: Preschool:** group-based intervention designed for parents of children ages 3 to 6 years. It teaches parents how to build their children's school readiness skills and encourages them to partner with teachers and childcare professionals to promote children's social and emotional development.
- **Strengthening Families Program:** family skills training intervention to strengthen parenting skills, improve children's behavior, improve social skills, reduce child depression and aggression, and enhance family functioning. It is designed for high-risk families with children 0 to 3, 3 to 5, 6 to 11, and 12 to 16 years old.
- **Legacy for Children:** group-based, parent-focused public health preventive intervention model to provide low-income mothers with an opportunity to develop and explore goals for their children with other mothers in similar circumstances. The model includes regular group meetings for mothers, including mother-only time and mother-child time.
- **Circle of Security:** group-based intervention designed to create a secure attachment between children and their caregivers or help them shift to a secure attachment.

## APPENDIX C: Summary of ELN Approach

NC Preschool Pyramid Model (NC PPM) is funded through the 619 Preschool Disabilities grant to help improve child outcomes for Pre-K children with disabilities, to increase opportunities for instruction in high-quality inclusive environments, and to engage families as partners in supporting their children's development and growth. Since 2009 the DPI Office of Early Learning has provided funding for training, consultation, and on-going implementation support for Local Education Agencies (and their locally-identified Pyramid Model practice-based coaches and trainers) to implement the NC PPM framework district-wide throughout the state.

The NC Early Learning Network (NC-ELN) Project at UNC Chapel Hill FPG Institute receives funding from DPI Office of Early Learning to support Pyramid implementation in NC by providing consultation, training, implementation coaching, and other technical assistance activities focusing on increasing state capacity to develop and enhance the four essential structures for successful Pyramid Model implementation:

- State Leadership Team
- Professional Development Network of Program, or Implementation, Coaches
- Implementation Sites (including local leadership teams and practice-based coaches)
- Data and Evaluation Systems

Currently, the NC Preschool Pyramid Model implementation is being supported in 37 implementation sites, or school districts, which include 1,056 classrooms. Additionally, NC-ELN Project has trained over 300 Pyramid Model practice-based coaches identified by the local implementation sites and approximately 600 local implementation site Pyramid Model trainers so they can provide and sustain Pyramid Model training and practice-based coaching in their local areas.

<https://nceln.fpg.unc.edu/sites/nceln.fpg.unc.edu/files/imce/documents/NCELN-PPMImplementationSites.pdf>

## APPENDIX D: Summary of HSB Approach

Since its inception in 2005, the *Promoting Healthy Social Behaviors in Child Care Centers initiative (HSB)* has worked to promote the social, emotional, and behavioral health of children enrolled in licensed child care centers through the provision of specialized professional development and technical assistance to the early care and education (ECE) workforce. HSB utilizes *The Teaching Pyramid Model*, developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), as its evidence based conceptual framework of practices that promote young children's healthy social-emotional development. HSB specialists:

- Partner with early childhood educators to modify instructional and classroom management practices and classroom environments to promote children's social-emotional competencies and address/prevent challenging behaviors;
- Deliver license credit bearing training and CEUs related to children's social emotional development and Pyramid Model strategies; and
- Identify appropriate community resources and referrals for children who require additional intervention and/or for the adults (family members or teachers) who care for these children.

## APPENDIX E: Pyramid Model Readiness

Answers to the following questions will help assess a facility's readiness to take on the challenges of achieving program-wide Pyramid Model fidelity and sustainability of Pyramid Model practices. Coupled with staff training on the principles of the Pyramid Model and classroom-based self-assessment of teacher practices, these indicators provide valuable knowledge for both program leadership and the PMFP Coach about the center's coaching needs.

In some cases, questions may require more than a Yes/No response; in these cases, respondents may add pertinent notes. It is not required that all questions be answered as "Yes" in order to qualify for the Pyramid Model Fidelity Program opportunity, but if the majority of questions are answered "No," the center would be better served by focus on foundational components of fidelity readiness.

The Checklist should be completed by the facility administrator.

Readiness Items to Consider	Yes	No
1. Center is licensed.	<input type="checkbox"/>	<input type="checkbox"/>
2. Center is NOT a public school or a Head Start facility.	<input type="checkbox"/>	<input type="checkbox"/>
3. Center is currently in good standing with DCDEE and has a minimal history of licensing violations.	<input type="checkbox"/>	<input type="checkbox"/>
4. Center has stable, established program leadership and administration with at least 2 years of experience.	<input type="checkbox"/>	<input type="checkbox"/>
5. Center has a history of stable teaching staff with at least 1 year of employment.	<input type="checkbox"/>	<input type="checkbox"/>
6. Center administrators understand developmentally appropriate practices and expect teaching staff to utilize them.	<input type="checkbox"/>	<input type="checkbox"/>
7. Center has policies and procedures in place to support staff discussion, updates, and feedback.	<input type="checkbox"/>	<input type="checkbox"/>
8. Center administration promotes ongoing professional development for teaching staff.	<input type="checkbox"/>	<input type="checkbox"/>
9. Center has procedures and funding available to support staff compensation for time spent in required professional development.	<input type="checkbox"/>	<input type="checkbox"/>
10. Center has established procedures to address children using challenging behavior, both in crisis situations and in persistent problem behavior.	<input type="checkbox"/>	<input type="checkbox"/>
11. Center has procedures in place to support teaching staff dealing with children using challenging behavior.	<input type="checkbox"/>	<input type="checkbox"/>
12. Administration and teaching staff are willing to commit to implement practice changes recommended by their Fidelity Coach.	<input type="checkbox"/>	<input type="checkbox"/>
13. Center leadership is willing to commit long-term to Pyramid Model implementation.	<input type="checkbox"/>	<input type="checkbox"/>
14. Teaching staff are willing to commit long-term to implementation of Pyramid Model strategies.	<input type="checkbox"/>	<input type="checkbox"/>
15. Center is committed to work with other projects over the next two years that may prevent full commitment to Pyramid Model fidelity work. <i>(Identify projects)</i>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have current center staff participated in Pyramid Model training previously?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have current center staff received HSB technical assistance previously?	<input type="checkbox"/>	<input type="checkbox"/>

## APPENDIX F: Transition from Preschool to Kindergarten Benchmarks of Quality

Applicants are required to submit answers to the following questions will help assess the quality of the center's transition from Preschool to Kindergarten, with or without K Transition.

Guiding Practice Critical Elements	Benchmarks of Quality	Check One		
		Not in Place 0	Partially in Place 1	In Place 2
Establish a Leadership Team	1. Team has broad representation that includes at a minimum a parent of a child enrolled in the preschool program, a preschool and kindergarten teacher, the NC Pre-K contract administrator or designee, a public school preschool and kindergarten administrator.			
	2. Team develops an implementation plan that includes all of the Guiding Practice critical elements. A written implementation plan guides the work of the team. The team reviews the plan and updates their progress. Action steps are identified to ensure achievement of the goals.			
	3. Team reviews and revised the plan at least annually.			
Staff Buy-In	4. A staff poll is conducted in which at last 80% of staff indicate they are aware of and support the need for a transition from preschool to kindergarten program.			
	5. Staff input, and feedback is obtained throughout the process (formal and informal means). Leadership team provides update on the process and data on the outcomes to program staff on a regular basis.			
Conduct a Kindergarten orientation in each child's receiving elementary school	6. Preschool and kindergarten representatives have developed an agreed upon orientation process.			
	7. Preschool and Kindergarten teachers engage in kindergarten orientation sessions at receiving elementary schools.			
	8. The kindergarten orientation process is shared with the families of all children who attend a preschool program.			
	9. The kindergarten orientation process is shared with families of children who do not attend a preschool program.			
Families share information about their child with the Kindergarten teacher	10. There is a written plan for the process used to develop and/or revise the "All About Me" form.			
	11. Family members provide input into the development of the "All About Me" forms.			
	12. Multiple opportunities are provided for families to get a copy of the "All About Me" form to complete.			
	13. If necessary, families are supported by preschool teacher when completing the "All About Me" form.			
	14. Families share the "All About Me" form with kindergarten teachers.			
	15. The "All About Me" form and the process for completing/sharing it with receiving kindergarten			

<b>Families share information about their child with kindergarten teacher</b>	teachers is known and understood by families of children who do not attend a preschool program in this district.			
	16. Kindergarten teachers acknowledge to families that they received the “ <i>All About Me</i> ” form and ask follow-up questions, if necessary.			
<b>Preschool and kindergarten work collaboratively to develop home activity packets.</b>	17. Preschool and kindergarten teachers collaboratively develop activity packets, such as “What to Expect in Kindergarten.”			
	18. “ <i>What to Expect in Kindergarten</i> ” activity packets are shared with the families of all preschool children.			
	19. “ <i>What to Expect in Kindergarten</i> ” activity packets are shared with families of children who do not attend a preschool program.			
	20. An implementation team is in place that reviews this process, evaluates its effectiveness, and makes recommendations for revisions			
<b>Preschool teachers intentionally use “I Can Do It!” statements with children in the spring of each year.</b>	21. Professional development is provided to preschool and kindergarten teachers on the purpose of “ <i>I Can Do It</i> ” statements, including the development of <i>self-efficacy</i> and its impact on later school success.			
	22. The Leadership Team guides the development and implementation of a plan to implement this process.			
	23. A team of preschool and kindergarten teachers collaborate on the development of a bank of “ <i>I Can Do It</i> ” statements geared toward expectations upon kindergarten entry.			
	24. Family representatives are included as team members in the development of “ <i>I Can Do It</i> ” statements so that they can give suggestions on how to embed them into home routines.			
<b>Preschool teachers share child development status information with families and kindergarten teachers.</b>	25. A written process and timelines are in place for sharing the “ <i>Child Developmental Information Form</i> ” with families.			
	26. There are multiple mechanisms for sharing the “ <i>Child Development Information Form</i> ” with families including narrative documents, conferences, and family-teacher meetings to ensure that all families understand the information contained within the form.			
	27. Leadership tracks data on the number and percent of families who share the “ <i>Child Development Information Form</i> ” with kindergarten teachers as a means of informing program improvement.			
	28. A written process and timelines are in place for sharing the “ <i>Child Developmental Information Form</i> ” between the preschool programs and the LEA.			

## APPENDIX G: References

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