

**SUSPENSION AND EXPULSION IN PRESCHOOL EARLY CHILDHOOD SETTINGS:
A MIXED METHODS INVESTIGATION**

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Suspensions and expulsions in early childhood programs have become a concern at national, state, and local levels (Gilliam, 2005; Gilliam & Shahar, 2006). This concern has resulted in direction from the federal government for state government to develop guidance to lead local programs in the development of policy to address this issue of concern. This study sought to understand how preschool early childhood programs in one county in Western Pennsylvania are addressing behaviors of concern in young children by identifying current disciplinary practices in these programs. Additionally, the study examined the existing gaps in policy and staff training related to behavioral concerns. Specifically, the study utilized mixed research methods to examine the rates of suspension and expulsion in the participating preschool programs as well as the self-identified needs of each preschool in terms of providing positive behavior supports in response to behaviors of concern. Programs were asked to participate in a survey and interviews that examined their demographics, their need for assistance in policy development, and their professional development needs with regard to positive behavior supports. Data from this study will be used to assist preschool programs in future development of policy and procedure aimed at the significant reduction of suspensions and expulsions in preschool early childhood settings.

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PREFACE

Thank you to my husband, Mark. You are my rock and my knight in shining armor. You have shown me that with faith and determination, anything is possible.

Thank you to my children, Lauren and Austin. You make my heart swell with joy and love. You keep me young and grounded. Reach for the stars as you go on your journey through life!

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1.0 INTRODUCTION

Across the country, preschool children are suspended and expelled at a rate that is 3.2 times greater than that of their school-aged peers (Gilliam, 2005). The United States Department of Health and Human Services (HHS) in collaboration with the United States Department of Education (ED) has collected and analyzed data regarding the rates of expulsion and suspension of children in early childhood settings in the United States. They have found that not only do high rates of suspensions and expulsions exist but that there are also alarming disparities in this data with regard to race and gender (HHS & ED, 2014). According to the March 2014 Report on Civil Rights Data Collection completed by the U.S. Department of Education Office of Civil Rights, boys make up 54% of the national preschool population. Seventy-nine percent of these boys were suspended once and 82% were suspended multiple times. The same report states that African American children make up 18% of the preschool population and of that percentage, 42% were suspended once and 48% had multiple suspensions. For girls of certain ethnic groups (i.e., Black, Native Hawaiian or other Pacific Islander), 30% or more received out of school suspensions, which is higher than girls in other ethnic groups. Furthermore, children with disabilities were reported to make up 22% of the preschool population in the nation and of those children, 19% were suspended once and 17% more than once (US Department of Education, 2014).

The United States Department of Health and Human Services and the United States Department of Education issued a joint policy statement in 2014. This statement directs states to respond by developing policy and procedures designed to lead to significant reductions in the use of suspension and expulsion to address the challenging behaviors of young children in all early childhood (EC) programs. The Pennsylvania Departments of Health and Human Services and Education have responded by issuing a similar statement to EC programs that operate under the Office of Child Development and Early Learning (OCDEL). OCDEL issued a draft announcement in 2015, directing EC programs to take steps to develop and implement the following: written policy for Positive Behavior Supports (PBS), written procedures for the reduction of suspension and expulsion, written behavior policies for distribution to families, training and professional development, and awareness of available resources (Office of Child Development and Early Learning, 2015).

1.1 STATEMENT OF PROBLEM

My observations and experience as a practitioner in the field of early childhood education have led to a realization that children with behaviors of concern are being suspended and expelled from preschool programs. Suspensions and expulsions from these programs often occur before early intervention or behavioral health agencies have been afforded the opportunity to offer any support or strategies to address behaviors of concern.

This inquiry will be used to help local preschool programs to look deeper into the identification of systemic issues that may be contributing to challenges in supporting children with behavioral concerns. Based on the findings, a future model policy will be developed for EC

programs. This policy template will be designed so that an EC program can modify it based on its needs. The template will include the items outlined in the directive from OCDEL: a written policy for PBS, written procedures for the reduction of suspension and expulsion, written behavior policies for distribution to families, training and professional development, and awareness of available resources (Office of Child Development, 2015).

2.0 REVIEW OF THE LITERATURE

Typically developing children are prone to exhibit a variety of challenging behaviors during early development (Benedict, Horner, & Squires, 2007). Researchers in the fields of early childhood (EC) education and behavioral interventions report that preschool children who demonstrate challenging behaviors are expelled at a rate that is 3.2 times greater than that of their school-aged peers (Feil et al., 2014; Hemmeter, Fox, Jack, & Broyles, 2007). Additionally, children who develop problem behaviors during the preschool years are significantly more likely to develop other significant behavioral disorders in later years of development (Bayat, et al., 2010; Drogan & Kern, 2014; Feil, et al., 2014; Fox, Hemmeter, & Ostrosky, 2006). The prolonged occurrence of behaviors of concern in the preschool years and the potential for increased frequency and severity of behavior in later years create a need for frameworks that support the social and emotional development of children at a young age. One model that is rapidly gaining ground as a framework for providing behavioral supports to young children is the tiered system of positive behavior support (PBS; e.g., Dunlap & Fox, 2011). Whereas the school-wide version of this model has been used effectively to address challenging behaviors of children in elementary through high school (Benedict, Horner, & Squires, 2007), the program-wide positive behavior support (PWPBS) model has been developed to support the needs of young children (Bayat et al., 2010; Dunlap & Fox, 2011; Feil et al., 2014; Frey & Park, 2010). In addition to PWPBS, a variety of packaged curricula (e.g., Domitrovich, Cortes, & Greenberg,

2007; Feil, Frey, Walker, Small, Seeley, Golly, and & Forness, 2014; Gunter, Caldarella, Korth, & Young, 2010; Schultz, Richardson, Barber, & Wilcox, 2011; Webster-Stratton, Reid, & Stoolmiller, 2008) and targeted interventions (e.g., Drogan & Kern, 2014; LeBel, Chafouleas, Britner, & Simonsen, 2012; Menzies & Lane, 2011) aimed at reducing rates of problem behavior of preschool children and teaching them appropriate social emotional skills, are available.

Those treatment models and strategies may be one way that preschool EC programs can respond to the call for policy that includes the use of positive behavior supports, thereby reducing the use of suspension and expulsions in response to challenging behavior. Moreover, the identification of specific research-based curricula and strategies for addressing challenging behavior with positive supports is a key requirement of the directive made by federal and state government to significantly reduce suspension and expulsion in EC settings. Therefore, further examination of the existing behavioral models and strategies aimed at addressing challenging behaviors of young children, is warranted.

The purpose of this literature review is to address the following questions:

1. What types of behavioral interventions (program-wide comprehensive curricula and models as well as targeted strategies) may be utilized in early childhood (preschool) settings to address children's challenging behaviors?
2. What is the effectiveness of those strategies in addressing behaviors of concern and improving social outcomes in preschool children?
3. How might the current literature assist preschool programs in meeting the call for reduction in the use of suspension and expulsion to address challenging behaviors?

2.1 METHOD

A search of the literature was conducted using the PsycINFO and ERIC databases. Key words positive behavior support, Tier 2, social emotional curriculum and preschool were used in a preliminary search. To narrow the search results the following search terms were added: classroom based methods, teaching methods, preschool teachers, program evaluation, interventions, preschool students, and behavior problems. Search results were ordered in relevance from oldest to newest. English-language peer-reviewed studies only were included. A time limit of January 2000 to July 2015 was added; this narrowed the search results to 150 records. The following inclusion criteria were used:

1. The article pertained to preschool population (2-5 years of age).
2. The article examined the use of a comprehensive treatment model or focused strategy to address the behaviors of children at risk.
3. The article contained a report or description of the effectiveness of the framework in supporting social and emotional development.

Of the 150 records, 13 articles met the inclusion criteria and were selected for further analysis. There were three broad groups of approaches that emerged: (a) program-wide Positive Behavior Supports (PWPBS), (b) packaged social-emotional curricula, and (c) specific targeted strategies. Those groups of studies will be discussed in more detail below. Tables 1, 2, and 3 summarize the results of the studies.

2.2 RESULTS

2.2.1 Preschool model for PWPBS

The literature search revealed three types of PWPBS Models (see Table 1), specifically: (a) the Pyramid Model (Fox, et al., 2006), (b) Response to Intervention (Bayat et al., 2010), and (c) Prevent, Teach, Reinforce for Young Children (PTR-YC; Frey et al., 2010). A unifying feature of all PWPBS models is the use of tiered system of support, in which the strategies utilized at each tier become increasingly more intensive. The first or primary tier in this model features universal approaches that are designed to promote the development of social and emotional competence across the entire early childhood setting. Children are taught clear and explicit behavioral expectations through direct instruction provided to the large group. This is embedded in a supportive and caring environment that supports predictable daily routines of the preschool environment. Frequent feedback to children is given to support their understanding of classroom expectations. The intention is that this level of intervention will support the social and emotional development of approximately 80% of the children in the program (Benedict et al., 2007).

The secondary tier of the PWPBS model utilizes direct and systematic instruction of social and emotional competencies to children who demonstrate or are at risk for severe challenging behaviors due to social and emotional skill deficits. Approximately 15% of children in the early childhood program are anticipated to need this level of support (Benedict et al., 2007). The behavioral needs of these children are addressed with targeted interventions, often found in specific curricula designed for social and emotional development. Examples of intervention at this level include small group instruction and the use of specific strategies by the teacher to elicit the development of self-regulation skills (Benedict et al., 2007).

The tertiary level of support is the most intensive and is used for those children who have not responded to the more generalized interventions of the first two tiers of support and who demonstrate a high level of risk for challenging behaviors. Research indicates that a very small percent of the early childhood program (about 5%) should require this level of support (Benedict, et al., 2007). Interventions at this level involve individualized behavior plans based on functional behavior assessments which are developed for children who are demonstrating persistent behaviors which have not been responsive to tiers one and two interventions (e.g., Bayat et al., 2010; Dunlap & Fox, 2011; Feil et al., 2014; Frey & Park, 2010; Hemmeter et al., 2007).

Table 1. Studies of PWPBS

Citation	Model Sub-type	Participants	Setting	Methods	Results
Fox et al., 2006	Teaching Pyramid	N/A	N/A	Concept Paper	Described foundation for Teaching Pyramid
Bayat et al., 2010	Response to Intervention	N/A	N/A	Concept Paper	Described foundation for RtI for Behavior
Frey et al., 2010	Program Wide Positive Behavior Support	62 EC staff members divided into 8 focus groups	Urban EC setting in Midwest U.S.	Interview Observation Survey	Noted five significant limitations (e.g., aspects of PWPBS not covered in study, participants may not be representative of all teachers in program, no parent involvement, single program)

Table 1. Continued

Citation	Model Sub-type	Participants	Setting	Methods	Results
					study, tools in developmental stage which makes interpretation of results difficult

Frey et al. (2010) indicate that some of the strengths of program-wide positive behavior support (PWPBS) programs are:

- Focus on primary prevention
- Program-wide, common and systematic approach to social-emotional development
- Need for direct instruction of social competency
- Attention to the role of family
- Emphasis on a classroom climate that fosters the development of social-emotional skills

Hemmeter et al. (2007) emphasize the importance of incorporating the following essential characteristics into the PWPBS model, which make it distinct from SWPBS: (a) attention to the variety of settings in which young children are educated, (b) the varying levels of training and certification of staff in EC programs, (c) the frequent lack of resources such as behavior consultants and other specialists in EC programs, (d) the developmental levels and needs of children in an EC program.

One program-wide model frequently used within the EC community is the *Teaching Pyramid* (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003). The majority of the articles included in this literature review emphasized the use of this model (e.g., Drogan & Kern, 2014; Dunlap &

Fox, 2011; Feil et al., 2014; Fox et al., 2006; Frey et al., 2010; Hemmeter et al., 2007; LeBel et al., 2012). The *Teaching Pyramid* is a framework for teaching social and emotional development, which is comprised of the components and tiers previously discussed in this chapter. One feature that sets the *Teaching Pyramid* apart from other tiered systems of support, is that it has two tiers at the primary level. The first of these is described as a “foundation” of caring individuals in the EC community who are dedicated to providing a caring and supportive environment for young children (Fox et al., 2003).

Furthermore, Bayat and colleagues describe a *Response to Intervention* (RTI) model for preschool (Table 1). RTI is a three-tier framework for addressing the behavioral challenges in EC settings. Implementation of this model depends upon a team of professionals who “problem solve” to determine the cause and an intervention for a child who is at risk of failure (Bayat et al., 2010). This team monitors and evaluates the progress of the child and then makes plans for future course of action based on the child’s success or lack of success with the intervention. In both models, if a child is not responding to an intervention at a lower level in the model then a more intensive intervention is needed so a move is made to the next level or tier in the model. The main difference between the RTI and *Teaching Pyramid* models is the “foundation” upon which the Teaching Pyramid rests (i.e., nurturing staff, a welcoming environment and universal supports for all children), which is not included as part of the RTI model. The RTI model provides intervention, evaluation of progress, and continued intervention if child does not demonstrate progress, all of which occurs prior to referral for special education (Bayat, et al., 2010).

Prevent, Teach, Reinforce for Young Children (PTR-YC; Dunlap, Lee, Joseph, & Strain, 2015) is another PBS model used to address the challenging behaviors of young children. It

differs from the previously discussed models of RTI and the *Teaching Pyramid* in that it is highly individualized. Prior to implementing PTR-YC, a team is formed, behavioral data are collected for the child with challenging behaviors, a functional behavior assessment (FBA) is conducted, and a behavior improvement plan (BIP) is developed and implemented (see Table 1). The staff working directly with the child are trained in the components of PTR-YC and use this in developing intervention strategies which become part of the BIP. Throughout the implementation of the BIP, data are collected and analyzed to determine next steps in supporting the child's behavior (Dunlap et al., 2015). Dunlap and colleagues (2015) emphasize that PTR-YC works well when implemented within a tiered framework such as RTI or the Teaching Pyramid because the top tier of such a model warrants highly individualized interventions, which are determined through the FBA and BIP process. The effectiveness of the BIP rests on the ability of the FBA to determine what the function of the behavior(s) of concern such that an individualized plan can be developed to address those behaviors.

In summary, the literature on PW-PBS reviewed above described and/or evaluated three models for PWPBS: The Teaching Pyramid, RTI, and PTR-YC. Overall, the three studies examined suggest that these models are effective in creating a foundation for a tiered model of supports for challenging behavior. Whereas the three models differ in structure, with PTR-YC being an individualized intervention and the others being multi-leveled tiers of support, the common components include the need for staff training and buy in. All three models require data collection for decision making and planning for interventions. Without these elements, these models would offer limited success in addressing challenging behaviors. One limitation of this particular literature review is that the articles describing the *Teaching Pyramid* and RTI presented no empirical data on the use or effectiveness of those models in EC settings. Studies

with empirical data were not included in the review, with the exception of the article by Dunlap et al. (2015). In addition to describing the PTR-YC model, it presented qualitative data collected via the monitoring of progress on behavior goals set for the subject in the study. Additional empirical examinations of the effectiveness of tiered models of behavioral support in EC settings are warranted.

2.2.2 Social and emotional skills curricula

Another group of studies identified through this literature search used published social and emotional skills curricula to address the challenging behaviors of young children. It included six studies focused on specific social-emotional skills curricula (see Table 2). Social and emotional skills curricula for young children focus on the development of skills that foster social and emotional competence. Domitrovich, Cortes, and Greenberg (2007) indicate that such instruction focuses on a child's ability to self-regulate, solve problems, identify his / her own emotions, consider the point of view of a peer, and to exhibit self-control. These skills can be generalized across not only the emotional domain of development but also the cognitive domain and the behavioral domain. Domitrovich et al., (2007) further explain that children who do not have these skills are at risk for behavioral issues and issues with peers. Such skills might include problem solving, making positive choices, understanding and regulating emotions, self-control, and conflict resolution. These skills are taught directly through classroom lessons and activities, modeled by staff, and reinforced throughout the classroom routine.

In one of the studies, Domitrovich, Cortes, and Greenberg (2007) used a randomized clinical trial to examine the effect of the Promoting Alternative Thinking Strategies (PATHS) curriculum on the social-emotional development of 246 children in 20 Head Start classrooms in

the state of Pennsylvania (see Table 2 for summaries of the studies in this group). PATHS is a universal, classroom-based curriculum designed to develop social and emotional competence. As part of this longitudinal three-year study, the curriculum was first created and piloted, implemented in randomly assigned classrooms, and then offered to control classrooms. Pre-assessments were used in the form of parent questionnaire and direct assessment with each child individually to examine emotion vocabulary, emotion expression knowledge, anger bias, perspective taking, inhibitory control, sustained attention, visual spatial memory, problem solving, verbal ability, social skills, and problem behaviors. Teachers were trained to deliver 30 lessons (one per week) during the “circle-time” activity. These lessons sought to teach self-control, giving compliments, feelings, and problem solving (Domitrovich et al., 2007). Post-assessments were then conducted in the above named skill areas. Assessment results indicated that by implementing the PATHS curriculum, the teachers were able to “deliver a universal social-emotional curriculum and improve children’s emotional knowledge, self-regulation, social interaction level and social skills in less than one preschool year” (Domitrovich et al., 2007, pp. 82-83).

Table 2. Social and Emotional Curricula

Citation	Curricula	Participants	Setting	Methods	Results
Domitrovich et al., 2007	PATHS	Preschool children and their families	Head Start	Randomized Clinical Trial	Significant intervention effects on social competence
Feil & colleagues (2014)	First Step to Success	Preschool Teachers	Head Start	Randomized Controlled Trial	Significant changes in behavior
Gunter et al., (2012)	Strong Start Pre-K	Teachers and preschool students	Title I Preschool Program	Quasi-experimental, non-equivalent	Significant positive changes in

Table 2. Continued

Citation	Curricula	Participants	Setting	Methods	Results
				control group	behavior
Shultz et al., (2011)	Connecting with Others	Preschool children	Federally funded preschool	Pilot, Pre- and post-intervention outcomes	Significant positive changes in behavior
Upshur et al., (2013)	Second Step	Teachers	Community based child care centers	Cluster-randomized	Supports the Efficacy of curriculum for supporting social and emotional development
Webster-Stratton et al., (2008)	The Incredible Years/Dinosaur School	Teachers of Pre-K, grades 1-2	Head Start and Elementary Schools	Randomized Trial	Intervention group showed greater social emotional competence than control group

Feil and colleagues (2014) used a randomized control trial design to examine the effect of the Preschool First Step to Success curriculum (Feil et al., 2014) as a secondary prevention for preschool children who demonstrate challenging behaviors. The study of 126 children was conducted in preschools and Head Start programs across Oregon, Indiana, and Kentucky. Children were assigned to either the intervention group or the control group. Three cohorts participated over a three-year period. A class-wide screening process was used to identify children who met established criteria for challenging behaviors. Randomization was by classroom with a result of 128 classrooms being selected with one teacher and one student from each classroom randomly assigned either the intervention or control groups. Social skills and problem behavior scales were used as pre- and post-assessments in order to measure progress over time (Feil et al., 2014). The First Step curriculum is designed to be a secondary (Tier Two)

intervention that “uses in-classroom coaching of teachers to cue sustained engagement in pro-social and adaptive activities using a reinforcement system that is designed to enhance the target child’s social desirability and peer interactions” (Feil et al., 2014). Results of the study indicated significant increases in social skills and significant decreases in problem behaviors for the intervention group following the implementation of the First Step curriculum.

Gunter, Caldarella, Korth, and Young (2012) used a quasi-experimental, non-equivalent control group design to evaluate the effects of the Strong Start Pre-K curriculum on the social and emotional competence of 52 preschool children. This was a non-equivalent design because children were not randomly assigned to any of the groups. Instead, teachers and their classrooms were randomly assigned to one of three groups: treatment, treatment plus booster, or a control (no intervention) group. This particular curriculum is designed to offer 10 lessons and 2 booster lessons, which target needs in the areas of cognitive, social and emotional development. This study focused on emotional regulation, internalizing behaviors, and improved student-teacher relationships during the intervention phase (Gunter et al., 2012). It also examined fidelity of implementation and social validity of the Strong Start Pre-K curriculum. Dependent measures in the study were measured at pre- and post-intervention via teacher ratings using three separate behavior rating subscales. Social validity was measured using a teacher rating scale that was completed following post-test. Results indicated a decrease in internalizing behaviors for both the treatment group and the treatment plus booster group with the treatment booster group result being reported as significant. The study did not indicate the impact on the internalizing behaviors of the control group. Teachers reported that there was an increase in the ability of the children to regulate their emotion across all three groups. Treatment fidelity observations were done with results indicating that 90% of the curriculum was implemented as indicated by the manual.

Schultz, Richardson, Barber, and Wilcox (2011) examined the effect of the curriculum *Connecting with Others: Lessons for Teaching Social and Emotional Competence* on the behavior of children in a preschool program. This pilot study involved one group of 18 children in a preschool program for at-risk and/or low-income families in the state of Nebraska. Two norm-referenced instruments were used by the preschool teacher to collect pre- and post-assessment data regarding the social and behavioral characteristics of each child. The curriculum served as the intervention and was formatted in 30 lessons, which focused on “Concept of Self and Others, Socialization, Problem Solving/Conflict Resolution, Communication, Sharing, and Empathy/Caring” (Richardson et al., 2011, p. 145). It was delivered in hour-long sessions one to two times per week. This curriculum was designed such that it may be implemented within the academic curriculum or taught separately. It has a flexible design, which can be adjusted to the needs of the class or of an individual child (Richardson, et al., 2011). Results demonstrated evidence of significant positive changes in the behavior of the children in the study following the implementation of the curriculum.

Upshur, Wenz-Gross and Reed (2013) focused on behavior problems and social skills, the climate of the classroom, and the interaction skills of the teacher. The *Second Step* curriculum was designed to be used as a universal intervention that can be paired with more intensive targeted interventions when needed (Upshur et al., 2013). For the purpose of this study, the delivery of the curriculum was modified from once per week to four 15-minute sessions per week with 89 lessons. Subjects were from four childcare centers in a mid-sized city in the Northeast. Two centers were randomly assigned as treatment centers and two were randomly assigned as control centers. Assessment data was collected in the fall and spring of both the first and second year of implementation. Rating scales were used to assess elements of teacher

burnout, classroom climate, classroom quality, teacher interaction skills, teacher-rated behavior problems and teacher-rated pro-social skills. A five-point scale was used by an observer to rate lesson fidelity on a monthly basis. Teachers were surveyed in the spring of each year to determine their satisfaction with the curriculum and parents were asked to report their degree of engagement with the curriculum. Finally, analyses were used to examine differences between baselines in the control and intervention groups (Upshur et al., 2013). Results indicate positive changes in all focus areas of the study.

Finally, Webster-Stratton, Reid, and Stoolmiller (2008) examined *The Incredible Years: Dinosaur School* curriculum in a study of 158 teachers and 1,768 students in Head Start, kindergarten and first grade in schools at risk for high levels of poverty. This universal curriculum promotes the use of positive classroom management skills. Teachers focus on the development skills for self-regulation of emotions decreased conduct problems (Webster-Stratton et al., 2008). Schools were assigned as matched pairs to either the intervention or the control groups. Teachers in the intervention groups implemented the 30-lesson curriculum through bi-weekly lessons with weekly homework assignments. Pre- and post-assessments were used to examine progress of both the intervention and control groups. Results indicate that following treatment, the intervention group demonstrated higher levels of social competence and ability to self-regulate than peers in the control group did. Fewer conduct problems were reported within the intervention group because of treatment.

In summary, the studies of comprehensive curricula examined above showed promising results with regard to improving student behaviors and teaching appropriate social skills to young children. Common components of these studies of curricula include the use of specific tools for data collection to determine pre- and post-intervention measures of social and emotional

development. Another shared component was the use of screening tools to determine which children were at risk for challenging behaviors. Finally, the studies each focused on a training component in which teachers learned how to use the curricula and specific strategies to induce changes in the children participating in the studies.

2.2.3 Specific targeted strategies

Another group of four studies investigated the use of specific targeted (i.e., Tier 2) strategies to improve young children's behavior (see Table 3). Each of these focused interventions depend on direct teaching of a specific strategy from which the child is expected to learn discrete skills (Odom, Collet-Klingenberg, Rogers, & Hatton, 2010). Tier Two strategies focus on direct instruction with small groups or individual children to teach social emotional skills such as how to interact and play with peers, how to express and handle emotions, how to solve problems, how to build friendships and how to handle disappointments. Drogan and Kern (2014) examined a strategy called the Turtle Technique, which entails a four-step approach for teaching self-control, specifically, the skills needed to handle anger and to accept disappointment. The Turtle Technique can be found in not only the resources of the Center for the Social and Emotional Foundations for Early Learning (CSEFEL) but also in social and emotional curricula such as PATHS and Dinosaur School (Drogan & Kern, 2014). This study focused on three children in a private preschool setting who were identified as eligible for participation because either they had not responded to universal intervention or they had received at least two behavior incident reports from a teacher. Teachers were trained to teach children the steps of the technique. Children were observed during play sessions to determine whether they were initiating use of the strategy. Pre- and post-assessment were conducted via direct observation and were used to

determine if a change in behavior of concern occurred because of the intervention. This study used a multiple baseline across participants design to demonstrate a decrease in problem behaviors; however, the authors were not able to attribute the improvement in behavior to the Turtle Technique because the subjects did not demonstrate the use of this strategy when observed for data collection.

Table 3. Studies of Focused Tier Two Interventions

Study	Participants	Setting	Dependent Variable	Independent Variable	Methods	Results
Drogan et al., 2010	3 preschool – aged children	Community-based preschool	Problem behavior	Turtle Technique	Multiple baseline across participants	Inconclusive
Duda et al., 2004	2 preschool- aged children	Community-based preschool	Challenging behavior; engagement	Positive Behavior Support	ABAB design	Reduction in challenging behaviors for both; Increase in engagement for both
LeBel et al., 2012	4 preschool aged children	School to home	Disruptive behavior in preschool	Daily Report Card	Multiple baseline across participants	All 4 participants had a reduction in disruptive behavior; only study with parent involvement

Duda, Dunlap, Fox, Lentini, and Clark (2004) explored the use of targeted PBS strategies with two three-year-old girls in an inclusive preschool setting. Both children were exhibiting challenging behaviors during large group activities in the classroom. One child had trouble staying on task and was becoming increasingly aggressive with her peers if she was not able to

do things her way. The other child would cry excessively or flee if limits were placed upon her and her peers were beginning to call her a “crybaby” as a result. Both girls demonstrated difficulties with peer interactions. The study incorporated the use of a consultation model where a trained consultant was available to facilitate the steps taken to support these children. The consultant helped to establish a team, to conduct a functional assessment, to develop a plan of support, and ultimately to select and implement an intervention (Duda, et al., 2004). The consultant led the team to determine that they would make some changes to the structure of the classroom. First, they marked out a “U” shape on the carpet and had children sit on that shape during group carpet activities. They made sure that all children had their own space and that the two children having challenging behaviors were not seated by each other and were in direct view of the teacher. Next they developed a picture schedule which the girls could physically manipulate so that they knew the beginning and end of an activity. The teacher also implemented the use of “high-motor” (lots of movement) and low-motor (more stationary) activities alternately throughout the lesson to help the children learn how to regain focus. Finally, staff made it a point to give the children specific expectations orally so they could determine the exact beginning and end of activities. These interventions were used with all of the children in the classroom to promote the inclusive environment that was already established in the program. The interventions were modeled by the consultant for staff and she also coached them in how to use these specific strategies. For both girls, the implementation of these interventions resulted in increased engagement and decreased challenging behaviors. The authors concluded that there was fidelity in the implementation of the structural components of PBS. However, there was a lack of fidelity in the aspects of PBS related to interactions. Their conclusion is that the consultant is necessary to promote positive interactions through coaching and modeling. The

study used an ABAB design in which the impact of interventions was measured for each subject across two different activities.

LeBel, Chafouleas, Britner, and Simonsen (2012) conducted their research study by examining the use of a “Daily Report Card” (DRC) as an intervention to provide school-to-home communication and contingent reinforcement for decreasing disruptive behavior. The report targets the behaviors a child is working on, such as “used walking feet”. Behaviors are rated daily, stickers are used for reinforcement and the report is sent home to parents. The focus of this method is communication between school and home, as it relies on the family to follow up at home upon the information provided on the daily report. Specifically, parents collaborate with educators to provide positive reinforcement at home when the child has had a successful day in school. The parents review and reinforce the daily results, sign, and return the card to school the following day.

This study took place in a preschool in a public school setting in New England. Four children were selected for participation based on teacher recommendation due to disruptive behavior as well as a score of significant or at risk on at least one behavior rating scale. The study design was multiple baseline across participants. The children in this study were taught social emotional skills using CSEFEL strategies and materials. Direct observation was used to collect baseline and intervention data. Results indicated that all four children demonstrated a significant decrease in behaviors of concern during the intervention phase of the study and that for most of the children the results were almost immediate when the intervention was implemented.

The studies summarized in this section (see Table 3) are all focused strategies used to support the development of social and emotional competence as well as to support the decrease

of challenging behaviors. The studies by Duda et al., (2004), Feil, et al.,(2014), and LeBel et al., (2012) all showed success in helping children to reduce their challenging behaviors. While the results of the study of the Turtle Technique (Drogan et al., 2010) were inconclusive, it is a systematic process for teaching children to work through anger and frustration, which could potentially give them the skills to reduce challenging behavior. All three studies focused on positive behavior supports and providing staff with the training needed to use these supports in their classrooms. The studies by Drogan et al., (2010) and Feil et al., (2014) involved the direct instruction of skills while the study by Duda et al., focused on changes in environmental factors within the classroom to support children in reducing challenging behaviors. Components of these studies that may provide insight for future study are those involving direct instruction of skills, training provided to staff, and the focus on environmental factors and their impact on challenging behaviors. Further exploration of the strength of the components in preschool programs may help to reveal program strengths and needs when it comes to helping children develop socially and emotionally.

2.2.4 Discussion

Review of the existing literature regarding tiered models, social-emotional curricula, and focused Tier 2 interventions for young children with challenging behaviors revealed some common themes. First, researchers share the belief that there are foundational components of PWPBS, which must serve as a framework for the implementation of such a model (Dunlap & Fox, 2011; Feil et al., 2014; Frey et al., 2010). Specifically, when implementing the PBS models in preschool, researchers and practitioners should consider: (a) the variety of settings in which young children are educated, (b) the varying levels of training and certification of staff, (c) the

lack of resources such as behavior consultants and other specialists, and (d) the developmental levels and needs of children in an EC program.

Second, researchers argue that the PWPBS model should be adapted for preschool with some careful attention to characteristics of early childhood programs and preschool-aged children and their developmental needs (Hemmeter et al., 2007; Frey, et al., 2010). There are also implementation issues that relate back to the differences between the infrastructure of an EC setting and a school setting. Careful attention to the issues of the culture of these organizations, the curriculum, the levels of experience with behavioral interventions and the ability to use data for decision-making will be vital to the successful implementation of a tiered model of support (Frey, et al., 2010).

The studies examined in this literature review support the use of tiered models for providing positive behavior supports to children who exhibit challenging behaviors. As LeBel et al. (2012) indicate, EC teachers need to have a repertoire of strategies for teaching social and emotional competence to young children. It is the need that has led to the creation of a variety of commercially packaged and promoted curricula designed for just this purpose. Hemmeter et al. (2007) and Frey et al. (2010) support the need for a “tool kit or tool box” from which educators can select an appropriate strategy for addressing challenging behaviors in the EC classroom. Additionally, the use of a classroom coach has shown significant increases in the prosocial and adaptive skills of the children in the classroom (Feil et al., 2014).

By demonstrating the effectiveness of focused interventions for challenging behavior, the focused Tier Two Interventions as well as the six social emotional curricula examined in this literature review may well serve as resources for programs that are looking for “tool kit” to help in their efforts to reduce and/or eliminate suspensions and expulsions in the preschool setting.

With the exception of First Steps to Success (Feil et al., 2014), these curricula are designed for use at the universal level or Tier One of a PWPBS model. Those programs represent class-wide models for teaching social and emotional competence. Strong Start Pre-K (Gunter et al., 2012) and Connecting with Others (Schultz et al., 2011) have additional components that are designed for Tier Two targeted interventions for those children who have not responded to Tier One intervention. First Steps to Success (Feil et al., 2014) was the only curriculum in this review that was designed specifically for Tier Two intervention. Most of the curricula and strategies reviewed above were highly effective in increasing the social skills and reducing the rates of problem behavior in their young participants.

2.3 CONCLUSION

The articles included in this literature review examined the behavioral interventions that are used to address problem behaviors and teach useful alternative skills to young children and investigated the effectiveness of those interventions in EC settings. The results of most studies were promising in demonstrating improved outcomes for young children with problem behaviors. Specifically, the success of the use of targeted Tier Two interventions and tools, which involve parents in the interventions, gives hope to programs that strive to engage families in collaborating with the EC program to make positive changes in behavior. With further study of the “use of interventions that require direct observation, investigators may find data that proves these strategies to be effective. However, they may also find the need for potential lengthy observations may prove to be a cumbersome intervention for staff tasked with data collection to determine its effectiveness.

Overall, there is a need for additional investigations of strategies and focused interventions that have made an impact on the ability of preschool programs to diminish or eliminate the use of suspensions and expulsions to address challenging behaviors. Several of the studies examined in this literature review (i.e., Domitrovich et al., 2007; Drogan et al., 2014; Feil et al., 2014; and Hemmeter et al., 2007) bring attention to the alarming rates at which preschool children are being suspended and expelled from early childhood programs. Further study focusing on the impact of strategies and focused interventions would give the field an opportunity to review their success in reducing these extreme measures used to address challenging behaviors.

2.3.1 Implications for future research

Future research should focus on the direct observation of children as Tier Two interventions are applied in the preschool setting as this will give more measurable data for the determination of the success of specific Tier Two interventions (Drogan & Fox, 2011; Feil et al., 2014). It is the selection of the intervention that best fits the function of the behavior (Dunlap & Fox, 2011) and the needs of the child, which are vital to the promotion of positive change in behaviors. Furthermore, attention should be paid to the impact of the introduction of the intervention itself to the child and the impact it has on the behavior of concern. Specifically, it was suspected that the children introduced to the Turtle Technique (Drogan & Fox, 2011) found other ways to begin to self-regulate their behavior because they were not directly observed using the specific steps they were taught as part of this intervention. Therefore, more research is needed to discover and study what types of Tier Two strategies are being used in early childhood setting as well as direct

observation of the impact that these interventions are having on behaviors of concern in preschool children.

Other questions brought to the surface by this literature review include the impact of family involvement such as with the use of the DRC (LeBel et al., 2012) and the home-based component of Preschool First Step to Success (Feil et al., 2014) on the success of an intervention. Will an intervention be more successful if the family is involved? What impact will the intervention have if family members are trained to implement it in the home in the same manner that it is implemented in the classroom? These questions leave room for further study of the use of Tier 2 interventions and their effectiveness for children in EC settings.

Preschool programs in search of curricula and strategies for the reduction of suspension and expulsion may find the results of this literature review helpful in planning for policy development that addressed PBS, professional development, and parent involvement. Further study of the curricula, programs, and strategies chosen and their impact on the percentages of suspension and expulsion in an EC program would be beneficial in further determination of the effectiveness of the curricula and supports named in this study. A final suggestion for further study is the perspective of preschool staff regarding any challenges that they see in implementing positive behavior supports in the classroom setting.

2.3.2 Rationale for present study

Research suggests the effectiveness of positive behavior supports (PBS) in decreasing problem behaviors in EC settings (Bayat, et al., 2010; Dunlap & Fox, 2011; Feil, et al., 2014; Frey & Park, 2010). For the successful reduction of the incidence of suspension and expulsion, EC programs will need to examine their own use of PBS and how they might expand it through

professional development and collaboration with families. Literature reviewed for the present study suggests the following considerations: When implementing the PBS models in preschool, researchers and practitioners should consider: (a) the variety of settings in which young children are educated, (b) the varying levels of training and certification of staff, (c) the lack of resources such as behavior consultants and other specialists, and (d) the developmental levels and needs of children in an EC program.

The primary goal of this study is to assist preschool EC programs to reduce the rates of suspensions and expulsions by looking at the factors that both support and hinder their ability to address challenging behavior in preschool children. The participants were asked to share the information that is important to their program and is essential to their success in developing their response to the call for significant reduction in suspension and expulsion rates. A future goal is to utilize the data that results from this study to support programs with the development of a policy template, which includes all of the elements included in federal and state directives to reduce these rates of exclusion.

The research questions were the following:

1. What are some of the practices in Beaver County preschools use to address challenging behaviors?
 - a. How and when are suspensions and expulsions used?
 - b. What strategies do programs have in place?
2. What resources are available to programs (family, training, agency, etc.) to assist them in addressing challenging behaviors?
 - a. What makes programs successful?
 - b. What challenges or needs exist?

3. What practices enable / prevent effective collaboration with families?
 - a. What information do programs share with families regarding how they address challenging behavior?
 - b. What policies and procedures are in place?
4. What is needed to provide programs with a uniform policy to address challenging behaviors?

3.0 METHOD

This study used a mixed methods design, including the electronic survey, individual interviews, and secondary data analysis to examine the current practices and perceptions of EC providers.

3.1 PARTICIPANTS AND SETTING

Administrators from the twenty Keystone Stars rated preschool EC programs in one county in Southwestern Pennsylvania were selected as potential participants in this investigation. Selection of the Keystone Stars programs were identified as potential participants due to the Reach and Risk Statistics (Commonwealth of PA, 2017) which indicated that of the approximately 3800 three and 4-year-old children in this county, nearly 600 of the 1800 children in early childhood programs are enrolled in a Keystone Stars rated program. This group of individuals was also targeted for participation because at recent provider meetings they expressed concern about the need to reduce suspension and expulsion rates. A brief presentation on the study was presented at a November 2017 provider meeting. Programs were then asked to consider participation in the study. Those interested in being contacted to participate were asked to give their email addresses so that further information about the study could be provided to them. Nine programs provided contact information for participation in the study. The initial survey was sent to these nine

programs. Six programs returned the survey and of those six, five were randomly chosen and interviewed.

3.2 DATA COLLECTION

3.2.1 Survey

An anonymous survey consisting of 31 multiple-choice questions was used to determine if county early childhood programs used suspension and expulsion in the 2015-2016 school year. Surveys were also used to identify general make-up of the staff, including education levels and years of experience, annual training opportunities for staff, and the make-up of leadership within each program.

An electronic survey was emailed to the nine programs that indicated interest via the Qualtrics system. Participants were asked to respond to the survey within a two-week timeframe (See Appendix B to view the questions contained in the survey). Questions on the survey were developed to obtain background information about the programs including enrollment, staffing, and the use of suspension and expulsion, and community resources utilized by the program to address the challenging behaviors of preschool children. The final question on the survey asked for volunteers to participate in an individual interview with the researcher.

Six programs responded to the survey, for a 67% response rate. Prior to distributing the study, it was determined that in order to keep the study manageable, five of the six programs that responded to the survey would be randomly selected to be interviewed in the second phase of data collection.

3.2.2 Semi-structured interview

Semi-structured individual interviews of program administrators were used to determine how programs screen and identify children who are at risk for challenging behaviors, what steps and procedures are in place for tracking and addressing challenging behaviors, and how families are involved in the process of addressing challenging behaviors. Participants who volunteered to be interviewed were contacted by email to schedule an interview, which took place at the preschool EC setting (See Appendix C for the interview protocol). Interviews were conducted on-site at the five participating preschools. The interview consisted of 13 questions with sub-questions to probe further. Information sought by the interview included in-depth descriptions of the use of suspensions and expulsions, perceived strengths and needs of the program, training experience of the program, and program described success stories.

The interview began with the primary researcher reading the introduction and then proceeding with the interview questions. The primary researcher used audio recording app on her iPhone as well as written field notes to document the responses of the individuals participating in the interviews.

3.3 PROCEDURES

Keystone Stars preschool program administrators were approached at a provider's meeting in late November 2016 and provided with information on the study. Those who indicated an interest in being contacted to participate in the survey portion of the study were sent an electronic survey via email on December 1, 2016. A follow-up email was used to schedule a time to

conduct an interview with the five randomly selected programs. Interviews were completed by mid-January 2017. The Institutional Review Board (IRB) at the University of Pittsburgh approved the study. Coding, transcription, and data analysis were completed in January, 2017. Preliminary results were presented to the field of early childhood educators at the countywide Team Transition Day workshop on February 10, 2017.

3.4 DATA ANALYSIS

The interview with each participant was audio-recorded. Recordings of interviews and field notes were transcribed for the purpose of identifying common themes with regard to practices and needs of programs. Data collected from the survey was coded. Key words in the interview transcript were labeled by question number and line number. A table of big ideas was created for each interview. Tables reflected commonalities among the participating programs. Data was verified through discussion with a secondary coder using a consensus model. This data was then used to summarize existing strategies and protocols for addressing challenging behaviors and for identifying areas of need. Data was shared with programs and the greater EC community to assist in the development of strategies, policies and procedures for the reduction of suspension and expulsion.

4.0 RESULTS

The purpose of this study was to examine the use of suspension and expulsion in preschool early childhood settings with particular attention to the policies and procedures in place in these programs and the strengths and needs of programs with regard to addressing challenging behaviors. The research questions stated above were used to form the framework for the collection of data. Revealed in this chapter is an analysis of the data collected.

4.1 INITIAL SURVEY DATA

Six programs (60%) responded with directors or supervisors completing the initial survey. These programs provided general background information about staffing, programming, and the use of suspensions and expulsions. The number of staff employed by the six centers ranged from 11-28. The range of classrooms per site was 4-7. The range of the number of 3-5-year-old children in the participating programs was 11-112. All programs reported that staff indicate concerns of challenging behaviors in preschool children. Five programs reported collecting data to record the occurrence of problem behavior of children. Despite its report of this concern, one program did not collect data related to occurrences of challenging behavior. The programs used a wide range of systems for collecting data on challenging behavior. Some reported using very simplistic systems such as written documentation and logging in the child's account. Other programs report

the use of screening tools such as the Ages & Stages Questionnaire: Social Emotional (ASQ-SE; Squires, Bricker, Heo, & Twombly, 2002).

The survey asked programs about the use of suspension to address challenging behaviors of preschool children. Two of the programs (33%) surveyed indicated that they have used suspension in response to a challenging behavior, while only one of those programs (17%) reported that suspension was used within the 2015-2016 school year. The survey also asked programs about the use of expulsion to address challenging behaviors of preschool children. Four programs (67%) reported the use of expulsion as a response to challenging behavior, but only two programs (33%) reported using expulsion within the 2015-2016 school year.

The next set of questions asked participants to report on policies and procedures used by the programs with regard to challenging behaviors. Three programs (50%) reported that they have screening procedures in place. Five programs (83%) of the surveyed programs reported that they have written policies and procedures in place for addressing challenging behaviors, however, one-hundred percent reported that they have procedures in place to notify parents when there is an incidence of challenging behavior. Five programs (83%) reported use of referrals to early intervention and behavioral health agencies.

4.2 INTERVIEW DATA

Five randomly selected programs completed semi-structured interviews for the study. The interviewees self-identified themselves as either program directors or program supervisors. One interviewee was also the owner of the program. Common themes identified within the data were (a) strength of the programs, (b) needs of the programs, and (c) desire for common policy for

addressing challenging behaviors. The interviews also provided a range of views about the use of suspension and expulsion and the policies and procedures used across programs to address challenging behaviors.

When asked to describe the strengths of their program, four of the programs (80%) interviewed reported “staff” as their main strength. Comments specific to this theme indicated that staff have a genuine “love for kids”, that staff are “all very positive”, and staff are “the most dedicated we’ve ever had”. One participant described openness to accepting children with disabilities. This participant related that she is often able to say, “Oh, that’s just the child, it’s just how he/she reacts”. She stated that because of this, she often “lets things slide” before calling a behavior challenging. She went on to explain that because their staff keep parents informed and meet with families when a behavior becomes a concern, they are able to meet the wide range of needs of the children in their program.

Another participant shared her thoughts about the benefits of being able to provide services for typical children and for children with special needs in an inclusive setting. She stated that,

It is a huge strength because it is so great for the kids that come with IEPs (Individualized Education Plans) as well as the typical kids to have the variety of personalities and needs and to see that that’s okay and that that’s a good thing.

She went on to say that both groups of children benefit from what they learn from each other. It’s “kids helping other kids and the compassion and joy in it, knowing that they are helping someone else.”

Another interviewee spoke of the love for kids that her staff demonstrates. She saw her program as blessed by the individuals she has on staff. She described them as a “strong

backbone” for her center. They demonstrate a caring nature and are willing to do what it takes to ensure that all children in the program are successful.

Other strengths mentioned included communication with families and relationships with families. Communication with families is something mentioned by all five of the programs (100%) interviewed. They all stated that they meet with families when they have concerns for a challenging behavior. One participant in particular spoke in detail about a free communication app called “Brightwheel”. The adoption of this system allows the program to communicate throughout the day with each child’s family by sending a message to a parent’s phone or tablet. They can also send pictures and give daily updates about naps, meals, and behavior. This participant indicated that she believes that this app allows her staff to address concerns on the spot. She felt that it has improved the communication between the program and families and has definitely contributed to the closeness and collaboration that they share with their families.

All five programs were asked specifically about the needs of their programs with regard to challenging behavior. Some of these needs were mentioned throughout the interview, creating a recurring theme of the need for additional supports such as specific strategies, more staff, and further training. Two of the programs (40%) indicated that staffing becomes a need when a child is experiencing challenging behaviors. One Program uses the Teaching Pyramid for positive behavior supports. The interviewee from the program expressed concern over the children that reach the upper most layer of the triangle. She believed that these children were being left behind because there are no supports that are readily available for children in need of the most intensive interventions. She also indicated that these are the children who have historically been expelled or considered for expulsion from the program. This same program has teachers who are trained to use and document progress with strategies for tiers one and two. Tier One strategies include

the use of universal practices such as a picture schedule showing the daily classroom routine. Tier Two strategies common to the classroom might include the use of an adult to facilitate play or an exchange of conversation among a small group of children. This participant indicated that the program struggles when children move to the top tier of the pyramid and are experiencing a crisis level of behavior that indicates a need for more individualized supports.

The participants did not give examples of specific individualized strategies for Tier Three interventions during their interviews. However, four participants (80%) alluded to the use of some form of individualized strategies. Additionally, they indicated that when children are at this level of challenging behavior they believe it is necessary to bring in individual assistance, usually in the form of an individual trained to address challenging behaviors. They emphasized the need for individuals to assist when children are in crisis and indicated that they do not have the financial means to add additional staff to support one child who needs additional help due to behaviors. They have to rely on county and state agencies such as Behavioral Health services, the Keystone Stars Network, and the preschool Early Intervention program. However, these preschool programs often become frustrated when a child is at a crisis level with behavior and there is no immediate support available. The behavioral health and early intervention systems have guidelines and timelines that they follow once a referral is made to one of these agencies. There are currently no options in place to advance a child forward in the process at a rapid rate due to a crisis. As a result, these programs reported frustration over the perceived delays they experience in accessing additional supports for children who experience challenging behaviors.

Participants in all five programs (100%) also reported a need for additional training, with one participant specifying that she wants to see training that goes “beyond positive discipline”. These programs would like to see training that includes practical strategies that they can

immediately implemented into their classrooms. They want to know “what to do next when you feel like you are at the point beyond where anything you have tried works”. All of the programs talked about training in some form of PBS. They all indicated that they are aware that because they are Keystone Stars programs they can contact the PA Key for training. Three of the participants (30%) interviewed hope for additional training to provide them with specific strategies to use when a child demonstrates challenging behaviors. They want to know “what to do”. These participants reported being familiar with strategies such as using a “first-then” model to ask a child to first complete a less desirable or undesirable task and then reward him with a preferred task. For example, the teacher might ask the child to “first clean up the blocks then you may play with the cars”. Participants were familiar with picture schedules that can be created for the entire class as well as individual schedules for children who need supports that are more intensive. Another common strategy is the use of prevention of a behavior before it occurs. To be able to do this, staff have to know what kinds of triggers might lead a child to demonstrate an undesirable behavior.

For example, one program was moving a three-year-old into a room with two year olds when they had too many children in that classroom. This child had a delay in his communication skills and struggled to communicate with the children who were younger than he was. They saw aggressive behaviors escalate when he was in the room with two year olds. They noted that those behaviors decreased dramatically when he was in a room with four year olds. They concluded that he communicated better with the older children and therefore did not exhibit the aggressive behaviors as frequently in that classroom of older peers.

Another group of comments brought up by the participants pertained to the many common issues related to their ability to support children with challenging behaviors. Four

participants (80%) spoke of the referral system and the length of time it takes to access additional supports was of utmost concern. For example, when a child is referred to early intervention for evaluation of his/her development, it may take up to ten days after the referral is made for the parent to receive the paper work needed to authorize the evaluation to begin. Once authorized, the evaluation process may take as long as sixty days. If the child demonstrates eligibility for early intervention services, it can take up to thirty days to develop his/her IEP and as long as another fourteen days for services to begin. Altogether, this process may take more than three months to complete. One participant interviewed shared her worry that some children with challenging behaviors are in such a state of dire need that there should be a way to expedite this process in order to get supports in place much more rapidly. She wondered if there might be a way to “fast track” these children through the evaluation process.

Four of the participants (80%) expressed a concern for the safety for all children and staff. These participants worried about what happens to a child who is asked to leave or whose family chooses to withdraw from the program. “If I don’t expel them they may just leave anyway. They just go to another program and then another, so it’s like the county has seen these same children. They’re not getting the help they need,” was the sentiment of one program. Another indicated that they worry about the time spent going through the process of helping the family and the child and that is all wasted if the family leaves the program. The thought of the program is that the family may not share the history of what has already occurred and that another program will have to go through the same process of experiencing the behaviors, meeting with the family, and helping the family to access supports for the child. These participants indicated they all too often see this movement from one program to the next become a pattern for children with challenging behavior in which the child never does get the supports he

needs to address his behaviors. With respect to this concern, they reiterated that there is a need for common policy so that as a family moves from one program to the next, the process of supports begun for the child may follow him to his/her next program because it is likely that the challenging behaviors he exhibits will also go with him. They also expressed concern over what they can do when a family will not follow through when they have made suggestions for additional supports for a child. The interviewees indicated that they realize that it takes time to access resources and do not want children labeled as failures when they experience extreme challenging behaviors. They wanted to know what they could do when the strategies in place are not working.

The policies and procedures in place varied widely among the programs interviewed. Some reported having very specific, detailed measures in place, while others had none. All of the programs who participated in the interview were able to describe verbally the steps they take to support children with challenging behaviors. Not all have these steps in writing and available to families, however. Four of the programs (80%) have a policy statement that is given to families upon enrollment. Of the four programs that provide this policy to families, three (75%) ask families to sign a form to indicate that they have received and will follow the program policy. Three of the participants (60%) interviewed indicated that they would like to have a consistent policy, used by all programs “so that if families jump (from center to center) we are all doing the same thing”. Their hope is that by having a uniform policy a family will know exactly what happens when a child experiences challenging behavior, no matter what program s/he attend. They would like to have a policy that gives them clear-cut and sequential steps to follow when they have concerns for a child’s challenging behaviors. They indicated that they want a step-by-step plan that is “heavily loaded with resources and supports” so that they are able to explore all

possible options to support a child before going to a last resort of suspending or expelling the child due to behavior. They would like to see that the policy specifically identifies the resources and supports in the community so that all providers know when and how to access them. Included in these resources, programs would like to have access to specific strategies that they can use to support children and families when there are behaviors of concern. These participants expressed a desire to be able to continue the process of supporting a child as s/he moves from one program to the next. Therefore, they are looking for a means to safeguard themselves and the children and families they serve by being able to release information to each other as families move a child from one program to the next.

The strengths and needs discussed thus far lead up to the focus of the study. How are these programs performing with respect to the use of suspension and expulsion to address challenging behaviors? Only one participant reported the use of suspension in response to challenging behaviors in preschool children. When further questioned on the use of suspension within her program, the participant reported that it used suspension in instances such as when a child used profanity repeatedly or when a child inflicted harm on other children or staff. In an event such as this, the parent was asked to come pick up the child and the child was not permitted to return until a plan to address the behavior was in place. This plan was usually developed the same day with the parent and the child was then permitted to return to the program the following day. Despite its reported use of suspension, the verbal accounts given by the interviewee (i.e., two instances over the last several years) indicated that this is not a frequent occurrence in this program and although the program reported the use of suspension in response to challenging behavior, it did not have a formal procedure in place for collection of such data. The program had a procedure in place for meeting with families to discuss concerns and to plan

for addressing challenging behaviors but often part of that plan was to have the parent come get the child when the behavior of concern did not improve. If the program asked a family to remove the child, it was typically for the remainder of that day.

This participant provided a specific case example in which siblings were exhibiting challenging behaviors. The children were using profanity and causing harm to other children and staff. The program met with the family and asked that they seek some behavioral health supports through the county office of mental health. The family did not follow through so eventually the program felt forced to make the threat of the use of suspension. Another part of the plan was that the children would use FaceTime to speak with their mother when they were misbehaving. This strategy did not have an impact on the behavior of the children. One particular day, one of the children was using profanity repeatedly. The mother could not come to get him so the grandmother came in her place. She ended up taking both children home and they never returned to the program.

Another common trend expressed by the participants was a lack of data collection for instances of expulsion. None of the participants interviewed reported that their program kept formal data on the use of expulsion. Despite no formal data collection, the number of children expelled by each program was so small that interviewees were able to recall the number of children they expelled in the current and previous school years. Only one participant reported the use of expulsion in her program during the current or previous school year.

The participants that reported the use of expulsions attributed it to significant behaviors such as physical aggression (e.g., hitting, kicking, and throwing large items such as furniture), defiance, and injury to another child or a staff member. One participant indicated that it had to move to the use of an expulsion because the family would not follow through with accessing the

resources and supports it had given to them in an attempt to work collaboratively to support the child. Another participant reported that she had experienced several situations over the years in which families withdraw their children prior to the occurrence of an expulsion.

Finally, each participant was asked to recall and share a specific success story. For each participant that reported a success story, it most often involved a collaboration between program, family, and resources from additional agencies. Participants that reported success in addressing a challenging behavior involved parents through their entire process, had staff who are dedicated to children, and had an understanding of how to access and agencies through the referral process, as well as how to utilize positive strategies to support an individual child's success.

A success story shared by one program involved a child who was under the care of a grandparent. He came to the program shortly after he turned two years of age. He did attend a program prior to this one and was demonstrating some aggressive behaviors there. He knocked other children down, threw toys, and lifted objects such as furniture over his head and threw it. The child was referred for evaluation with both Early Intervention and Behavioral Health. He qualified for Early Intervention services and these services alternated between the preschool and the home. It took between six and nine months for the Behavioral Health process to be completed but he eventually began to receive Therapeutic Staff Support (TSS) at school and in the home. The family learned strategies to use in the home. "They did everything right that they needed to do (to support the child)". The preschool staff began to use focused strategies with him. As a result, he was able to successfully transition to the three-year-old classroom and then to the four-year-old classroom. He was in the program for two full years of preschool and by the time he had completed the program, staff felt he was ready to go on to kindergarten. They attributed his success to the collaboration between the program, the family and support services.

A similar story of success revolved around a program supporting a family in seeking additional resources to support the child. In this case, the guardian was also a grandparent. The program director went with the grandmother to all of the appointments needed to get Early Intervention and TSS supports in place for the child. During the interview, she said “I just kept trying to help her and I’m like, ‘Let’s do this.’ And she did.” This participant reported that once the child had individualized services in place, he was able to be successful in her preschool and was able to make a successful transition to kindergarten.

A different story of success occurred for a child who was already receiving Early Intervention services in a typical preschool classroom. His teachers reported that he was aggressive toward other children. He would target and go after certain children, often putting his hands around their necks and choking them. The preschool program held a meeting with the family, the preschool teacher and the Early Intervention teacher. Through talking with the family, it was discovered that the child did not do well in large groups. He attended a small group day care setting and was not demonstrating any of the challenging behaviors that they saw in the preschool. The team decided to try a change to a smaller group setting. Almost immediately, the child stopped targeting other children. His new teacher reported that he was finding success in her classroom and was ready to move on to kindergarten. “He is a smart, loving child and in this setting is excelling. I feel he will do very well in kindergarten.”

Referral processes can seem slow when stakeholders are concerned for a child’s well-being. All of the programs interviewed had a general understanding that there are agencies that a family can be referred to for assistance when their child has challenging behaviors. Interviewees were not always clear on how to make a referral or that early intervention determines the need for support in the development of age appropriate skills and that behavioral health provides

assistance when children are experiencing behaviors that are beyond what the family and/or school can manage.

4.3 HANDBOOK REVIEW

All five participants (100%) provided copies of their policies for addressing challenging behaviors. Four participants (80%) identify their policies as “discipline” policies while the fifth labels her program’s policy “special needs”. The OCDEL draft announcement on suspension and expulsion issued in 2015 was used as a tool for reviewing the five policies submitted by the programs participating in the study. It outlines five criteria to be used in the development of policy: “(a) written policy for Positive Behavior Supports (PBS), (b) written procedures for the reduction of suspension and expulsion, (c) written behavior policies for distribution to families, (d) training and professional development, and (e) awareness of available resources,” (Office of Child Development and Early Learning, 2015).

The first criteria, written policy for PBS, was an area that identified as a need for these programs. Three programs mentioned positive discipline and their philosophy of using redirection and the building of skills to help children learn appropriate behaviors. They describe strategies that teach rather than punish and that involve families in the development of skills and routines for the promotion of appropriate behaviors. For example, one program used a social skills curriculum that incorporated story-telling and puppets. The story is about making choices and gives an illustration of the characters making a bad choice. The teacher then talks with the children about better choices that the character could have made and has the children act out making good choices using puppets. Another example is that when one program meets with

families to talk about behaviors of concern, they develop a plan together that involves strategies that the family can use at home to promote making good choices. As a result, there is consistency between teaching and expectations at home and in school. One program alluded to steps to ensure that strategies are attempted prior to making a decision to remove a child from its care. The program did not go into detail about the steps that it uses but simply made mention that this is part of its attempt to work with families. The other programs either did not address means of reducing the need for suspensions or expulsions or they went into detail of their specific procedures for removing children from care either short-term (suspension) or permanently (expulsion).

Written policies for discipline (special needs) are provided to families by all five programs. Each program indicates that families receive this information upon enrollment in the program. Families are given a handbook that contains information about the program, including its discipline policy. For example, one program indicated in its policy that it reserves the right to terminate a child's attendance at the center without cause. Another program states that if parents do not follow through with recommendations of the program, the child may be removed from the center. A third program uses its policy to illustrate the methods of discipline it may use, such as redirection, time-out, and physical intervention for a child's safety. No mention is made of removal from program in this program's policy.

Although each of the programs was able to identify specific training and professional development they have received related to the use of positive behavior supports (PBS), none of the programs has this information included in their handbooks/policies. Two programs include references to other available resources in their handbook/policies. One refers to working with families to connect them with additional resources, where the other devotes an entire section of

the handbook to information necessary for making referrals to other agencies for support. Overall, the policies and procedures were found to vary greatly in terms of strategies and interventions used if these were even stated in writing.

5.0 LIMITATIONS

The first research question asked about practices used to address challenging behaviors in preschools in Beaver County. This study found that the participating programs demonstrated varying levels of knowledge of strategies for supporting children with behaviors of concern. The interviews indicated, however, that participants were not always be confident in selecting appropriate strategies. Furthermore, they may not be aware of how to consistently collect data and use it to develop a plan for addressing the behaviors of specific children. It is apparent that programs overlook some behaviors upon first emergence. As a result, behaviors are often extreme by the time the program determines that there is a concern. Most of the programs then attempt to address behaviors that have escalated to crisis levels. They expressed the most concern and need for assistance in these situations.

The second research question focused on resources available to preschool program staff including training, agency collaboration, and family involvement. Additionally, this question looked at how these resources contribute to the successes of the programs and what challenges exist for programs. Despite mention in almost all programs that they trained staff in positive behavior supports, only one program spoke of the tiers utilized in the Teaching Pyramid (Fox et al., 2003). However, this program could not give examples of specific tier two strategies that could be used to focus on children who might be at risk for challenging behaviors. The strategies identified by programs most often were strategies within the first tier of support (i.e., strategies

designed for universal support of all children in the program), such as the use of class-wide schedules, environmental considerations, and the use of established classroom routines. However, programs had difficulty identifying the secondary or targeted interventions to support children with more significant problem behaviors. Before programs can develop their capacity to support children with challenging behaviors, they need to have a strong understanding of how to support children beyond a universal level of support.

Furthermore, the findings suggest a lack of implementation of the strategies learned in training (e.g., only two programs indicated that they are continuing to implement strategies learned in trainings). Most others seem to implement strategies based on a training and then for an unknown reason they stop using those strategies. This is consistent with the findings of Odom (2009) that describe a gap between evidence-based practices and their use by early childhood teachers. Odom (2009) further indicates the early childhood programs frequently do not implement evidence based strategies.

With regard to the question regarding the rates of suspensions and expulsions in EC settings, those practices do not appear to be frequently used in the participating programs. Only one interviewee identified the use of suspension as a means of addressing challenging behaviors. From the accounts provided by this participant, it does not appear that suspension has been an effective response to the challenging behaviors of children in the program. Despite the evidence that all of the participating programs have used expulsions at one time or another, these programs have used it very infrequently in the recent year. This finding contradicts the current data on the wide spread use of suspensions and expulsions in preschool settings. The participants in this study described the use of expulsion from the program only in instances where a child put other children and staff at risk for injury. This finding demonstrates that although programs describe a

need for specific strategies to address challenging behaviors, they do not use suspension or expulsion fleetingly and would prefer to have strategies for prevention and development of positive social and emotional skills (Fox et al., 2006; & Gunter et al., 2012).

Participants described some training in positive behavior supports (Benedict et al., 2007; Duda et al., 2004; Frey et al., 2010; Hemmeter et al., 2007) but only one could describe that within a model of tiered support (Fox et al., 2003). Despite that knowledge of tiered supports, it is apparent that most of the programs do not consider themselves capable of providing supports at a Tier Three level. The consensus among participants appeared to be that a child at the top tier of the pyramid was in need of an individual or specialist to provide support. It is true that some children in crisis may need individualized early intervention services or mental health support. However, the reality is that these supports can be in a way such that the preschool staff can provide these supports independent of a specialist.

It is apparent that programs that involve parents in the process of addressing challenging behaviors described greater success with the child. Participants described their attempts to connect families with agencies to obtain services. With additional training in tiered supports, these programs can build their capacity to support children for whom they do not have the full support of the family.

One of the things that make these programs successful in their work with children demonstrating challenging behaviors are caring and dedicated staff. This is described in research as one of the pieces of a strong foundation for a tiered level of supports (Fox et al., 2003). Another piece of this is the consistent use of universal strategies in classrooms (Fox et al., 2003). The programs participating in this study also demonstrate that they have this in place. Communication with families is also a strength identified by one participant. Other programs

could follow this example in creating strong daily systems of communication with families (LeBel et al., 2012).

Challenges identified by the programs appear to be in the areas of providing specific strategies, the need for more training and the perceived need for more staff. These programs demonstrated that they are aware of basic strategies but it appears that they are not implemented consistently across each program. Combined with this is a perceived need for additional training and additional staff to address the needs of children with challenging behaviors. The programs do not appear to have a consistent plan for how to address challenges that incorporates the training they have already received. This indicates a need focused for training that addresses data collection, identification of evidence based strategies and the ability to determine when it is necessary to move to more intensive strategies and supports. The perception that additional staff are needed to support children with challenging behaviors is a common misconception among programs. With training in a tiered system of supports, existing staff would be more confident in providing necessary supports to children with challenging behaviors (Fox et al., 2003). There is, however, a concern that the collection of data by staff would be a daunting task considering all that preschool programs are tasked with completing during a school day.

A final challenge of the programs participating in the study is the referral process. Participants indicated that the process takes too long when children are in crisis. Ultimately, the timeliness of an evaluation to determine need for additional supports should be started much earlier. Some of the programs demonstrate a lack of knowledge in which agencies to make referrals to as well as how to complete the referral process.

The final research question was designed to examine what information is shared with families through program policies and procedures. This question also sought to uncover the

needs of the programs with regard to further development of their policies and procedures for addressing challenging behaviors. Review of program handbooks and policies/procedures parallels the findings mentioned above. Program handbooks do not consistently outline for families the steps, strategies, and procedures that a program uses when a challenging behavior occurs. Additionally, the procedures used vary from program to program. Based upon the feedback given by programs, policies should clearly indicate what steps a program will offer to the family to help them continue the process begun if the family should decide to leave the preschool.

5.1 LIMITATIONS

One limitation of this study was the sample size. This was a very small sample so results should not be generalized across other preschool settings. An additional limitation of the study was that there was not data to represent suspension and expulsion rates in the participating programs. The study relies on the verbal report of administrators in these programs. Another possible limitation was the possibility that the programs that chose to participate in the study were those that are confident with the policies and procedures that they have in place. Therefore, the study may not include programs that do not have confidence in their existing policies and procedures. Finally, the data collected from the study comes only from administrators. No other staff (e.g. preschool teachers) were surveyed or interviewed in the study.

5.2 RECOMMENDATIONS

Overall, the findings of this study suggest that the programs interviewed would benefit from the development and consistent use of a data tracking system, which documents their use of suspensions and expulsions. Programs that do use suspension and expulsion should take care to document carefully the events (e.g., specific challenging behaviors, known triggers, patterns of behavior, strategies used) leading up to these disciplinary actions and be sure to attempt other possible supports first. In addition to documenting the disciplinary measures, programs should use the data tracking system to document behaviors of concern and to describe the information relevant to understanding of the possible triggers and consequences as well as strategies used to address those behaviors.

Second, programs should plan to document each step in their process of supporting a child and his family, including referrals to other agencies and plans set in place within the preschool program. Sending this documentation with the family or sharing it (with parent consent) with another preschool program in the event that a child moves is one way to ensure continuation of the process of supporting the child as he moves on to another program.

Almost every program interviewed expressed concern for what happens to children with challenging behaviors when they move from one preschool program to another. Programs indicated a desire to be able to share information with each other so that steps taken in a process are not lost as the child moves from one program to the next, suggesting the need for better collaboration and communication within the district. Policies and procedures should outline the steps the program will take to help the family continue to address challenging behaviors when they leave the program. This could be in the form of a transition plan or a summary of steps already taken. This would be easy for a family to share with the next program they enroll in.

Additionally, based on the described needs and challenges of the participants, the programs may benefit from training specific to addressing challenging behaviors at the secondary and tertiary levels. The exploration of intervention models or that include modeling and coaching (Duda et al., 2004 & Feil et al., 2014) for staff may prove to be effective in answering the question of “what to do next” that was expressed as a challenge by several participants.

5.3 IMPLICATIONS FOR PRACTICE

The ultimate goal of this study was to garner a sense of the strengths and needs of preschool programs, resulting in the creation of a policy template that would meet their collective needs. The literature indicates that the incidences of suspension and expulsion of preschool children have reached alarming rates (U.S. Departments of Health and Human Services and Education, Administration for Children and Families, 2014). Data from this study indicates that this may not be the case in Beaver County. However, problem behaviors are a concern that was expressed across study participants. It is critical that the early childhood community in the county adopts practices to prevent this from becoming a local issue. The following recommendations are to aid in the development of a policy that will meet the needs expressed by these programs.

1. The policy will include the five criteria outlined by OCDEL.
 - a. Positive Behavior Supports (PBS)
 - b. Procedures for the reduction of suspension and expulsion
 - c. Behavior policies for distribution to families
 - d. Training and professional development

- e. Awareness of available resources
- 2. The policy will include templates/forms for sharing of information between programs.
- 3. The policy will emphasize and create opportunities for preschool programs to build capacity for staff to support challenging behaviors, as agency supports are faded.
- 4. The policy will be in a format that can be used uniformly across programs that choose to adopt it.

The findings of this study were presented to the early childhood community at a countywide workshop in February 2017. This was the first step in bringing early childhood programs together in collaboration to address the nationwide concern of suspension and expulsion of preschool children (U.S. Departments of Health and Human Services and Education, Administration for Children and Families (2014). The next step will be the creation of a uniform policy for addressing challenging behaviors. This will serve to assist programs as they move toward a system in which they are better prepared to address the needs of children with challenging behaviors. Support for these children should begin with strategies that involve families and which can be implemented program-wide. Additional strategies may need to be introduced when universal strategies do not support the child's behavioral needs. Programs need to have on-going training to support the use of such individualized supports. Finally, other agencies and resources can be sought out when a child is in crisis and needs immediate behavioral health or mental health supports.

In early 2017, the United States Department of Health and Human Services and the United States Department of Education issued a "Dear Colleague" letter reconfirming their

commitment to the reduction of the use of suspension and expulsion in preschool settings. The Office of Child Development and Early Learning responded with a revision to its draft announcement regarding next steps for preschool programs. Both of these documents will be used as guidance in the development of the policy template at supports described above.

APPENDIX A

CONSENT FORM

You are invited to participate in a research study conducted by Lori Murtha, M.Ed., and a Special Education doctoral candidate at the University of Pittsburgh, Department of Instruction and Learning. This study will examine the approaches taken by preschool programs to support children who have behaviors of concern and the ways in which preschool programs work with families to support these children. My ultimate goal is to help preschool programs develop a policy which supports keeping children in program rather than suspending or expelling them when they have behaviors of concern. You were selected as a possible participant in this study because at a recent provider meeting you expressed interest in exploring the development of a uniform policy for preschool programs for supporting families of children who are exhibiting behaviors of concern.

If you decide to participate, an electronic survey consisting of approximately 25 questions will be emailed to you. You will then be scheduled to meet individually with Lori Murtha for an interview which may be audiotaped. It is anticipated that the survey should take about 15 minutes to complete and that the interview should take no more than one hour.

Risks associated with this study are minimal. You will be asked to share data regarding recent suspensions and expulsions from your program but this information will not be published with the name of your program or any other identifying information attached to it. There is no cost to participate in this study. The anticipated benefits of this study are that a policy template will be developed and shared with you so that you are able to provide families with a written description of the supports available to them and the steps that will be taken by your program if a child displays a behavior of concern. However, I cannot guarantee that you personally will receive any benefits from this research.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Study participants and their programs will remain anonymous. A numerical identity known only to the researcher will be assigned to each participant/program. Electronic data will be stored on a password protected computer. Any paper data such as field notes and transcription of interviews will be kept in a locked file drawer. A final report and a policy template will be issued to you and to the general public but it will not name you or your program or provide any identifiable information related to you or your program.

Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with Lori Murtha, the University of Pittsburgh, or the preschool early intervention program by which Lori Murtha is employed. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions about the study, please feel free to contact Lori Murtha at 724-480-9462 or by email at lam225@pitt.edu or Anastasia Kokina, research advisor, at (412) 648-7373

or by email at kokina@pitt.edu. If you have questions regarding your rights as a research subject, please contact the IRB (IRB@up.edu). You will be offered a copy of this form to keep.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.

Signature

Date

APPENDIX B

QUALTRICS SURVEY

QUALTRICS SURVEY

The purpose of this survey is to gather information about how well preschools and daycare programs in our county are prepared to support children with behaviors of concern. Our goal is to access information that will help lead to the development of a model policy/protocol that preschool and daycare programs can adopt to support children and families who are experiencing behaviors of concern. The ultimate goal is that this policy/protocol will help reduce the need for suspensions and expulsions from preschool and daycare programs.

Your response to this survey will remain anonymous. You may skip any question in the survey and proceed to the next. If you have any questions about the survey or this study you may contact Lori Murtha at 724-480-9462 or lam225@pitt.edu.

1. Name of Person Completing Checklist

2. Title of Person Completing Checklist

3. Program Name

4. Program Address

5. Program Phone Number

6. Email Address of Person Completing Checklist (Write NONE if no email address is available)

7. Number of Staff Employed by Center

8. Number of Classrooms

9. Number of Children Ages 3-5 in Program

10. Do staff ever report concerns with challenging behaviors of preschool aged children?

Yes

No

11. Does your program collect data regarding challenging behaviors of preschool children?

Yes

No

12. Suspension is defined as "the removal of a child from participation in an early childhood program for 1-10 consecutive programming days in response to a behavioral incident(s)." Does your program use suspension in response to behavioral incidents?

- Yes
- No

13. Of the children suspended, were any enrolled in day care only?

- Yes
- No
- Does not apply

14. Of the children suspended, did any attend preschool only?

- Yes
- No
- Does not apply

15. Of the children suspended, do any attend both day care and preschool?

- Yes
- No
- Does not apply

16. Of the children suspended, were any receiving early intervention services at the time of their suspension?

- Yes
- No
- Does not apply

17. Of the children suspended, were any receiving behavioral health services (such as wrap around) at the time of their suspension?

- Yes
- No
- Does not apply

18. Expulsion is defined as "the removal from an early childhood program in response to a behavioral incident(s) for a period that exceeds 10 program days (PA Code Chapter 12, Student and Student Services), or terminating a child from services." Does your program use suspension in response to behavioral incidents?

- Yes
- No

19. Of the children expelled, did any attend day care only?

- Yes
- No
- Does not apply 3

20. Of the children expelled, did any attend preschool only?

- Yes
- No
- Does not apply

21. Of the children expelled, did any attend both day care and preschool?

- Yes
- No
- Does not apply

22. Of the children expelled, were any receiving early intervention services at the time of their expulsion?

- Yes
- No
- Does not apply

23. Of the children expelled, were any receiving behavioral health services (such as wrap around) at the time of their expulsion?

- Yes
- No
- Does not apply

24. Is your program aware of other agencies that can assist with children who have challenging behaviors?

- Yes
- No

25. Are your staff trained in Positive Behavior Supports?

- Yes
- No

26. Does your program have written policies and procedures for addressing challenging behaviors?

- Yes
- No

27. Does your program inform parents when a child has challenging behaviors?

- Yes
- No

28. Does your program involve parents in its decisions to suspend or expel children due to challenging behaviors?

- Yes
- No

29. Does your program make referrals to Beaver County Behavioral Health?

- Yes

No

30. Does your program make referrals to Early Intervention?

Yes

No

31. Are you interested in being contacted to discuss possible participation in a face-to-face interview?

Yes

No

APPENDIX C

INTERVIEW PROTOCOL

“My name is Lori Murtha and I am a student at the University of Pittsburgh. I am conducting research on how preschools and daycare programs in our county are responding to children with behaviors of concern and would like to find out more about your program and what strategies you have in place. My goal is to access information that will help lead to the development of a model policy/protocol that preschool and daycare programs can adopt to support children and families who are experiencing behaviors of concern. The ultimate goal is that this policy/protocol will help reduce the need for suspensions and expulsions from preschool and daycare programs.”

Let’s start by having you introduce yourself and describe your program.

1. How do you currently screen children to identify those who are at risk for problem behavior?
 - a) Are there any formal or informal procedures in place?
2. Do you have a system for tracking discipline referrals or occurrences of challenging behaviors?
 - a. If so, please describe it and explain how this information is used by your program.

3. Please describe your program's current policies and procedures for addressing challenging behaviors.
 - a. What steps do you follow?
 - b. What consequence systems are in place to address challenging behavior?
 - c. Do you use suspension/expulsion? If so, explain in what situations.
4. What training has staff had on addressing challenging behaviors?
5. What information do you provide to parents regarding your procedures for addressing challenging behavior?
 - a. When do you provide this information?
6. In general, how do you involve families when there is a behavior of concern?
7. What are the strengths of your program?
 - a. Please describe any "success stories".
8. What are the greatest areas of need for your program with regard to addressing challenging behaviors?
9. Do you feel that you/your staff are prepared to address challenging behaviors?
 - a. Why/why not?
 - b. What would make you feel more prepared?
10. What are your greatest concerns when it comes to children who exhibit challenging behaviors?
11. What would you hope that a policy for reducing suspensions and expulsions address?
12. Is there anything else that you would like to share related to the topic of suspension and expulsion/challenging behavior of children in a preschool/daycare setting?

13. Are you willing to provide me with a copy of your ECERS assessment scores for 2015-2016?

That concludes the interview portion of this study. Thank you for your participation. I would like to remind you that you may contact me or my advisor with any questions regarding the study.

ANNOUNCEMENT: OCDEL-15 #01

Effective Date:

SUBJECT: Reduction of Expulsion and Suspension in Early Childhood Programs in Pennsylvania
FROM: Michelle Figlar, Deputy Secretary
Office of Child Development and Early Learning

PURPOSE:

The U.S. Departments of Health and Human Services (HHS) and Education (ED) released a policy statement recommending that states develop policies and practices to significantly limit the practice of expulsion and suspension of young children due to challenging behaviors, in all early childhood programs (2014).

Expulsion and suspension have significant negative effects on the development and learning of young children. The purpose of this announcement is:

- To promulgate the HHS and ED policy statement,
- Provide guidance to OCDEL programs regarding appropriate behavior support practices and the reduction of expulsion and suspension of young children
- Identify resources available to local programs
- Specify next steps to be taken at the local and state level.

BACKGROUND:

HHS and ED provide funding to a wide variety of Pennsylvania early childhood programs including Child Care Works; Early Head Start; early intervention (EI); and Keystone STARS. As a recipient of these federal funds, the Office of Child Development and Early Learning, (OCDEL) is acting on the recommendations to develop and disseminate a program policy statement to the local early childhood programs who are also recipients of these funds through OCDEL. This OCDEL announcement also applies to programs receiving state funding including Head Start Supplemental Assistance Program and Pennsylvania Pre-K Counts.

Recent data indicate that expulsions and suspensions occur at high rates in preschool settings and are associated with negative educational and life outcomes. In addition, racial and gender disparities exist in these practices (U.S. Department of Education, 2014).

For the purposes of this announcement, suspension is defined as removal of a child from participation in an early childhood program for 1-10 consecutive programming days in response to a behavioral incident(s). Expulsion is removal from an early childhood program in response to a behavioral incident(s) for a period that exceeds 10 program days (PA Code, Chapter 12-Student and Student Services), or terminating a child from services.

Figure 1. ANNOUNCEMENT: OCDEL-15 #01



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. DEPARTMENT OF EDUCATION

POLICY STATEMENT ON EXPULSION AND SUSPENSION POLICIES IN EARLY
CHILDHOOD SETTINGS

PURPOSE

The purpose of this policy statement is to support families, early childhood programs, and States by providing recommendations from the U.S. Departments of Health and Human Services (HHS) and Education (ED) for preventing and severely limiting expulsion and suspension practices in early childhood settings.¹ Recent data indicate that expulsions and suspensions occur at high rates in preschool settings.^{2,3,4} This is particularly troubling given that research suggests that school expulsion and suspension practices are associated with negative educational and life outcomes.^{5,6,7} In addition, stark racial and gender disparities exist in these practices, with young boys of color being suspended and expelled much more frequently than other children.^{2,3,4} These disturbing trends warrant immediate attention from the early childhood and education fields to prevent, severely limit, and work toward eventually eliminating the expulsion and suspension – and ensure the safety and well-being – of young children in early learning settings.⁸

This joint HHS and ED policy statement aims to:

- Raise awareness about expulsion, suspension, and other exclusionary discipline practices in early childhood settings, including issues of racial/national origin/ethnic and sex disparities and negative outcomes for children associated with expulsion and suspension in the early years;
- Provide recommendations to early childhood programs and States on establishing preventive, disciplinary, suspension, and expulsion policies and administering those policies free of bias and discrimination;
- Provide recommendations on setting goals and using data to monitor progress in preventing, severely limiting, and ultimately eliminating expulsion and suspension practices in early childhood settings;
- Highlight early childhood workforce competencies and evidence-based interventions and approaches that prevent expulsion, suspension, and other exclusionary discipline practices, including early childhood mental health consultation and positive behavior intervention and support strategies;
- Identify free resources to support States, programs, teachers, and providers in addressing children's social-emotional and behavioral health, strengthening family-program relationships,

¹ Early childhood programs or early childhood settings include any program that provides early care and education to young children birth through age five, including, but not limited to private child care, Head Start, and public, private, and faith-based Pre-K/preschool programs.

² Gilliam, W. S. (2007). *Preschoolers left behind: Expulsion rates in state prekindergarten systems*. New York, NY: Foundation for Child Development.

³ U.S. Department of Education Office for Civil Rights (2014). *Data Snapshot: Early Childhood Education*.

⁴ Gilliam, W. S., & Shahar, G. (2006). *Preschool and child care expulsion and suspension: Rates and predictors in one state*. *Infants & Young Children*, 19, 228-243.

⁵ Lamont, J. H., Dewere, C. D., Allison, M., Ancona, R., Barnes, S. E., Guntler, R., ... & Young, T. (2013). *Out-of-school suspension and expulsion*. *Pediatrics*, 131(3), e1000-e1007.

⁶ Petras, H., Marya, K. E., Buckley, J. A., Jalongo, N. S., & Kellam, S. (2011). *Who is most at risk for school removal? A multilevel discrete-time survival analysis of individual- and context-level influences*. *Journal of Educational Psychology*, 103, 223

⁷ American Psychological Association, *Zero Tolerance Task Force Report* (2005). *An evidentiary review and recommendations*.

⁸ It should be noted that a long-standing and continuing practice in Head Start is to not expel or suspend any child.

increasing developmental and behavioral screening and follow-up, and eliminating racial/ national origin/ethnic, sex, or disability biases and discrimination in early learning settings;⁹ and

- Identify free resources to support families in fostering young children’s development, social-emotional and behavioral health, and relationships.

This policy statement is part of a series of Federal actions that aim to prevent, severely reduce, and ultimately eliminate expulsion and suspension in early childhood settings, and more broadly, to improve school climates and discipline across the educational spectrum. This statement follows the January 2014 release of the Department of Education’s *Guiding Principles: A Resource Guide for Improving School Climate and Discipline*, which provides recommendations for reducing expulsion, suspension, and disciplinary removals in K-12 settings. The *Guiding Principles* articulated in that practice guide are as follows:

- Create positive climates and focus on prevention;
- Develop clear, appropriate, and consistent expectations and consequences to address disruptive student behaviors; and
- Ensure fairness, equity, and continuous improvement.

Although early childhood settings differ in context from K-12 settings, the *Guiding Principles* are applicable to both, such that focusing on prevention, developing and communicating clear behavioral expectations, and ensuring fairness, equity, and continuous improvement, can and should be applied across settings where children learn. In addition to this policy statement, HHS and ED are working together to raise awareness of the issue, encourage State and local policy development, invest in professional development for the early childhood workforce, disseminate resources to support families, programs, and States, and enforce Federal civil rights law that prohibit discriminatory discipline practices.⁹ We want to work toward a goal of ensuring that all children’s social-emotional and behavioral health are fostered in an appropriate high-quality early learning program, working toward eventually eliminating expulsion and suspension practices across early learning settings.

OVERVIEW

The beginning years of any child’s life are critical for building the early foundation of learning, health and wellness needed for success in school and later in life. During these years, children’s brains are developing rapidly, influenced by the experiences, both positive and negative, that they share with their families, caregivers, teachers, peers, and in their communities.¹⁰ A child’s early years set the trajectory for the relationships and successes they will experience for the rest of their lives, making it crucial that children’s earliest experiences truly foster – and never harm – their development. As such, expulsion and suspension practices in early childhood settings, two stressful and negative experiences young children and their families may encounter in early childhood programs, should be prevented, severely limited, and eventually eliminated. High-quality early childhood programs provide the positive experiences that nurture positive learning and development.

⁹ ED’s Office for Civil Rights and HHS’ Office for Civil Rights enforce several Federal civil rights laws that prohibit discrimination in early childhood programs receiving Federal financial assistance from their respective departments, including: Title VI of the Civil Rights Act of 1964 (Title VI), 42 U.S.C. §§ 20006 - 20006-7 (prohibiting discrimination based on race, color, or national origin by recipients of Federal financial assistance); Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. §§ 1681 - 1688 (prohibiting discrimination based on sex by recipients of Federal financial assistance); and Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. § 794 (prohibiting discrimination based on disability by recipients of Federal financial assistance. ED, HHS, and the Department of Justice share authority to enforce Title II of the Americans with Disabilities Act, 42 U.S.C. §§ 12131 - 12134, which prohibits discrimination based on disability by state and local governments, regardless of whether they received Federal financial assistance. In addition, the Department of Justice enforces Title III of the American with Disabilities Act, 42 U.S.C. §§ 12181 - 12189, which prohibits disability discrimination in most private early childhood programs.

¹⁰ National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

Suspension and expulsion can influence a number of adverse outcomes across development, health, and education. Young students who are expelled or suspended are as much as 10 times more likely to drop out of high school, experience academic failure and grade retention, hold negative school attitudes, and face incarceration than those who are not.^{5,6,7} While much of this research has focused on expulsion and suspension in elementary, middle, and high school settings, there is evidence that expulsion or suspension early in a child's education is associated with expulsion or suspension in later school grades.¹¹

Not only do these practices have the potential to hinder social-emotional and behavioral development, they also remove children from early learning environments and the corresponding cognitively enriching experiences that contribute to healthy development and academic success later in life. Expulsion and suspension practices may also delay or interfere with the process of identifying and addressing underlying issues, which may include disabilities or mental health issues. Some of these children may have undiagnosed disabilities or behavioral health issues and may be eligible for additional services, but in simply being expelled, they may not receive the evaluations or referrals they need to obtain services. For example, the source of challenging behavior may be communication and language difficulties, skills that can be improved through early assessment and intervention services. In these cases, appropriate evaluation and follow-up services are critical, but less likely if the child is expelled from the system. Finally, expulsions may contribute to increased family stress and burden. In many cases, families of children who are expelled do not receive assistance in identifying an alternative placement, leaving the burden of finding another program entirely to the family. There may be challenges accessing another program, particularly an affordable high-quality program. Even in cases where assistance is offered, often there is a lapse in service which leaves families, especially working families, in difficult situations.¹²

Furthermore, if administered in a discriminatory manner, suspensions and expulsions of children may violate Federal civil rights laws. ED and the Department of Justice recently issued guidance explaining the obligation of recipients of Federal financial assistance to administer student discipline without regard to race, color, or national origin.¹³ In addition, early childhood programs must comply with applicable legal requirements governing the discipline of a child for misconduct caused by, or related to, a child's disability, including, as applicable, implementing reasonable modifications to policies, practices, or procedures to ensure that children with disabilities are not suspended or expelled because of their disability-related behaviors unless a program can demonstrate that making such modifications would result in a fundamental alteration in the nature of a service, program, or activity.¹⁴ If the child's behavior impedes the child's learning, or that of others, the IEP Team¹⁵ must consider behavioral intervention strategies, including the use of positive behavioral interventions and supports, when developing the initial IEP, or modifying an existing IEP, so as to reduce the need for discipline of a child with disabilities and avoid suspension or expulsion from a preschool program. In addition, preschool children with disabilities aged three through five who are eligible for services under the IDEA are entitled to the same disciplinary protections that apply to all other IDEA-eligible children with disabilities, and may not be subjected to impermissible disciplinary changes of placement for misconduct that is caused by or related to their disability, and must continue to receive educational services consistent with their right to a free appropriate public education (FAPE) under the IDEA.¹⁶

Data released over the past decade have shown high rates of expulsion and suspension in early childhood programs, with variability in rate depending on the setting.^{2,3,4} For example, a nationally representative

¹¹ Raffaele Menden, L. (2003). Predictors of suspension and negative school outcomes: A longitudinal investigation. *New Directions for Youth Development*, 99, 17-33.

¹² Van Egeen, L.A., Kirk, R., Brophy-Herb, H.E., Carlson, J. S., Tableman, B. & Bender, S. (2011). *An Interdisciplinary Evaluation Report of Michigan's Child Care Expulsion Prevention (CCEP) Initiative*. Michigan State University.

¹³ ED Office for Civil Rights and DOJ, Dear Colleague Letter on the Nondiscriminatory Administration of School Discipline, at 3-4 (2014), www.ed.gov/ocr/letters/colleague-201401-title-ix.pdf

¹⁴ 34 C.F.R. §§ 104.4, 104.38; 28 C.F.R. § 35.130(b)(1), (7).

¹⁵ 34 C.F.R. §300.321

¹⁶ 34 CFR §§300.530 through 300.536 (IDEA's disciplinary protections) and 34 CFR §§300.101 and 300.17 (FAPE).

study published in 2005 found that over 10% of preschool teachers in state-funded prekindergarten programs reported expelling at least one preschooler in the past year: a rate more than three times higher than estimates for teachers of K-12 public school students.² A 2006 study examined expulsion in child care programs not participating in a State prekindergarten system, in one State. In these settings, 39% of preschool teachers reported expelling a child in the past year.⁴ Experts have suggested that rates are high because early education is voluntary, many programs do not have established policies, and often these programs have less infrastructure and workforce support than do public schools or more structured early education programs, like Head Start. This suggests that established policies and investments in supports for programs may help reduce these rates.

Data also indicate that specific groups of children are being disproportionately expelled and suspended from their early learning settings; a trend that has remained virtually unchanged over the past decade.^{2,3,4} Recent data out of ED indicate that African-American boys make up 18% of preschool enrollment, but 48% of preschoolers suspended more than once. Hispanic and African-American boys combined represent 46% of all boys in preschool, but 66% of their same-age peers who are suspended. Analyses of boys, compared to girls, indicated that they make up 79% of preschoolers suspended once, and 82% of preschoolers suspended multiple times.³ Although *why* these gender and racial disparities exist in early childhood settings has not yet been empirically investigated, research demonstrating similar disparities in school-aged children has found that potential contributors may include uneven or biased implementation of disciplinary policies, discriminatory discipline practices, school racial climates, and under-resourced, inadequate education and training for teachers, especially in self-reflective strategies to identify and correct potential biases in perceptions and practice.^{5,7,17,18}

To that end, ensuring that the early childhood workforce is adequately trained, supported, and prepared to help all children excel is a key strategy in limiting and eventually eliminating early expulsion and suspension. Unfortunately, many teachers and providers do not have sufficient training and support to meet this goal. The 2012 National Survey of Early Care and Education indicates that only about 20% of teachers and providers serving children under five reported receiving specific training on facilitating children's social and emotional growth in the past year.¹⁹ Other studies have found that early learning teachers report that coping with challenging behavior is their most pressing training need.^{20,21} Aside from not having adequate support in fostering social-emotional development and appropriately responding to challenging behavior, without enough training in child development, it may be difficult to distinguish behaviors that are inappropriate from those that are developmentally age appropriate. Early childhood experts posit that developmentally inappropriate behavioral expectations may lead to inappropriate labeling of child behavior as challenging or problematic.²² Furthermore, teachers must also be trained to recognize behaviors that may be a manifestation of a child's disability. This training is essential to ensure that children with disabilities receive reasonable modifications for their disabilities and are not impermissibly suspended or expelled for behaviors caused by disabilities.^{9,14}

Early suspension, expulsion, and other exclusionary discipline practices contribute to setting many young children's educational trajectories in a negative direction from the beginning. This has long-term consequences for children, their families, and the schools that they will later attend. More broadly, there

¹⁷ Gregory, A., Skiba, R. J., & Noguera, P. A. (2010). The Achievement Gap and the Discipline Gap Two Sides of the Same Coin? *Educational Researcher*, 39(1), 59-68.

¹⁸ Skiba, R. J., Horner, R. H., Chung, C. G., Rausch, M., May, S. L., & Tobin, T. (2011). Race is not neutral: A national investigation of African American and Latino disproportionality in school discipline. *School Psychology Review*, 40(1), 85.

¹⁹ National Survey of Early Care and Education. <http://www.acf.hhs.gov/programs/ocpr/research/project/national-survey-of-early-care-and-education-nsece-2010-2014>

²⁰ Yoshikawa, H. & Zigler, E. (2000). Mental health in Head Start: New directions for the twenty-first century. *Early Education and Development*, 11, 247-264.

²¹ Fox, L. & Smith, B. (2007). Issue Brief: Promoting social, emotional, and behavioral outcomes of young children served under IDEA. Challenging Behavior, Retrieved November 24, 2014 from www.challengingbehavior.org/doc/resources/documents/brief_promoting.pdf

²² Qi, C. H., & Kaiser, A. P. (2003). Behavior problems of preschool children from low-income families: Review of the literature. *Topics in early childhood special education*, 23(4), 188-216.

are societal consequences of setting children on a negative path, including exacerbating inequality. Resolving this issue will require an all-hands-on-deck approach and a shared responsibility between families, programs, and government at all levels. The most important steps programs, schools, and States can take in preventing, severely limiting, and ultimately eliminating expulsion and suspension practices in early childhood settings are combining developmentally appropriate and nondiscriminatory discipline procedures and policies, with targeted workforce professional development focused on promoting the social-emotional and behavioral health of all children and enhancing teacher and provider self-reflective capacity to prevent and eliminate biases in practice.

RECOMMENDATIONS FOR EARLY CHILDHOOD PROGRAMS

Develop and Clearly Communicate Preventive Guidance and Discipline Practices: In accordance with the first and second *Guiding Principles*, programs should establish developmentally appropriate social-emotional and behavioral health promotion practices, and discipline and intervention procedures. These practices and procedures should be clearly communicated to all staff, families, and community partners, and implemented consistently and without bias or discrimination. Preventive and discipline practices should be used as learning opportunities to guide children's appropriate behavioral development. Children's desired behavior should be reinforced and consequences for challenging behavior should be developmentally appropriate and consistent. Programs should pay distinct attention to the developmental appropriateness of both behavioral expectations and consequences for challenging behavior, given the substantial developmental and experiential differences among children birth through age five and the range of what is age-appropriate across this age range. Programs should also pay distinct attention to the language they use in shaping children's behavior and communicating with families. Language commonly used in the criminal justice system, such as the use of "probation plans" or "three strikes and you are out" frameworks, should not be applied to discipline frameworks in early childhood programs (e.g. "three bites and you are out"). These terms connote criminal behavior and inappropriately label children.

Program discipline procedures should provide specific guidance on what teachers and programs will do when presented with challenging behaviors, including specific teacher and staff responses, communication with families and caregivers, and consulting with mental health specialists, school counselors, and the child's medical home.²³ In addition, if the child is suspected of having a developmental delay, disability, or mental health issue, it may be appropriate to refer the child's parents to the mental health system, the State's early intervention program, or their local school for information regarding evaluation for services under the Individuals with Disabilities Education Act (IDEA) Part B or C programs. These systems can conduct an evaluation, so that if the child is eligible, he or she may receive the appropriate services and supports as soon as possible. Children eligible for services under Part B or C are also likely entitled to protections under Title II and Title III of the ADA, such that programs must make reasonable modifications to their policies, practices, or procedures to ensure that children with disabilities are not suspended or expelled because of their disability-related behaviors.^{9,14,22,24}

Develop and Clearly Communicate Expulsion, and Suspension Policies: Currently, many early childhood programs do not have suspension or expulsion policies. However, some programs, like Head Start, have a long-standing and continuing practice to prohibit the expulsion or suspension of any child.

²³ The modern medical home is a home base for any child's medical and non-medical care. It is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community. A medical home is a home base for any child's medical and non-medical care. <http://www.hrsa.gov/health/toolbox/Childrenstoolbox/BuildingMedicalHome/whvimportant.html>

²⁴ The IDEA Part C program makes early intervention services available to children with disabilities, generally ages birth to age three (and at the State's option, beyond age three until kindergarten), and the IDEA Part B program requires States and their public agencies to make available a free appropriate public education to children with disabilities, beginning at age three and lasting through 21 depending on State law or practice. The IDEA Part B and Part C programs have different eligibility criteria and service requirements. IDEA Part B is codified at 20 U.S.C. 1401 1411-1419 and implementing regulations are at 34 CFR Part 300 and IDEA Part C is codified at 20 U.S.C. 1431 through 1443 and implementing regulations are at 34 CFR Part 303.

Early childhood programs are strongly encouraged to establish policies that eliminate or severely limit expulsion, suspension, or other exclusionary discipline; these exclusionary measures should be used only as a last resort in extraordinary circumstances where there is a determination of a serious safety threat²⁵ that cannot otherwise be reduced or eliminated by the provision of reasonable modifications, consistent with the second *Guiding Principle*. Even in such extraordinary cases, the program should assist the child and family in accessing services and an alternative placement through, for example, community-based child care resource and referral agencies. In addition, consistent with the third *Guiding Principle*, early childhood programs must ensure that discipline policies comply with Federal civil rights laws.^{9,14,21}

Should a situation arise where there is documented evidence that all possible interventions and supports recommended by a qualified professional, such as an early childhood mental health consultant, have been exhausted – and it is unanimously determined by the family, teacher, program, and other service providers that another setting is more appropriate for the well-being of the child in question – all parties, including the receiving program, should work together to develop a seamless transition plan and use that plan to implement a smooth transition. If the child has a disability, including children receiving services under Part B of the IDEA, additional procedural safeguards and nondiscrimination requirements apply.²⁶ When making decisions about transitioning a child and family to another program, specific attention should be paid to ensure that the new program is inclusive²⁷ and offers a rich social context and opportunities for interactions with socially competent peers to ensure that children can optimize their learning, and develop their social skills alongside their peers in a natural environment. The program transitioning the child should also undergo a self-evaluation and identify systemic reforms and professional development actions they may take to prevent the need for such transitions in the future. The family should be encouraged to inform the child's primary health care provider so that developmental and health evaluations may be conducted and so the health care provider may serve as a coordinating support to the family.

Once appropriate policies and procedures are established, early childhood programs should clearly communicate them with all staff, families, health and mental health consultants, and community partners. Clear communication will enable program administrators, teachers, aides, and other staff to be consistent in their implementation of prevention and intervention strategies as well as their expulsion/suspension practices, and will ensure that all parties share the same information and operate with the same set of assumptions. Clear and consistent policies may reduce the likelihood of inconsistent, ad-hoc, or discriminatory decision-making and help address racial disparities by reducing subjective behavioral judgments that have been shown to contribute to racial discipline disparities in the K-12 context.²⁸

All programs must ensure that the policies developed, and implementation of those policies, are in accordance with applicable State and Federal statutes. Such statutes include, but are not limited to IDEA, Title II of the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act.

Access Technical Assistance in Workforce Development to Prevent Expulsion and Suspension: Teachers and support staff are the most critical ingredients of high-quality early learning programs. Several core program features, facilitated by a strong workforce, can assist in preventing, severely limiting, and ultimately eliminating expulsions and suspensions. In accordance with the first *Guiding*

²⁵ Determinations of safety threats must be based on actual risks, best available objective evidence, and cannot be based on stereotypes or generalizations.

²⁶ For children receiving services under IDEA, Part B, public agencies must comply with applicable requirements, including those in 34 C.F.R. § 300.530 through 300.536, when considering discipline actions against a child with a disability as well as ED's Section 504 regulations. 34 C.F.R. §§ 104.4, 104.38. In addition, public entities must comply with Title II, 28 C.F.R. § 35.130(b)(7). For additional information about IDEA requirements, see the June 2009 Questions and Answers on Discipline Procedures, available at <http://idea.ed.gov/explore/view/p?id=Croor%2Cdynamic%2CQaCorner%2C7%2C>

²⁷ An inclusive setting is a setting where all children, regardless of ability or disability, participate fully in program activities, learn together, and form meaningful relationships with one another.

²⁸ Skiba, R. J., Chung, C. G., Trachok, M., Baker, T. L., Shays, A., & Hughes, R. L. (2014). Parsing Disciplinary Disproportionality: Contributions of Infraction, Student, and School Characteristics to Out-of-School Suspension and Expulsion. *American Educational Research Journal*, 51(4), 640-670.

Principle – create positive climates and focus on prevention – programs should strive to build their workforce’s capacity in:

- Promoting children’s social-emotional and behavioral health and appropriately addressing challenging behavior;
- Forming strong, supportive, nurturing relationships with children;
- Conducting ongoing developmental monitoring, universal developmental and behavioral screenings at recommended ages, and follow-up, as needed;
- Collaborating with community-based service providers, including the child’s medical home, and connecting children, families, and staff to additional services and supports as needed;
- Forming strong relationships with parents and families;
- Having a strong understanding of culture and diversity;
- Employing self-reflective strategies and cultural awareness training to prevent and correct all implicit and explicit biases, including racial/national origin/ethnic, sex, or disability biases; and
- Eliminating all discriminatory discipline practices.

To prevent, severely limit, and ultimately eliminate expulsion and suspension practices, all program staff should have a strong set of skills; equally essential, however, is ensuring that they have access to additional support from specialists or consultants, such as early childhood mental health consultants, behavioral specialists, school counselors, or special educators. Such support would provide assistance in conducting more sophisticated evaluations; identifying additional services if needed for children, families, or staff; understanding and responding appropriately to other behavioral determinants in the child’s life, such as exposure to traumatic events or stressors; developing evidence-based individualized behavior support plans for children who require them; and building greater capacity in teachers and staff to implement those behavior support plans and engage in self-reflective practice that can help prevent and eliminate potential biases in practice. Early childhood teachers who report regular access to such mental health and behavioral supports, report half the rate of expulsions than do teachers who report no such access. Unfortunately, only about one in five teachers report regular access to behavioral consultants of any type.²⁶ Practices like early childhood mental health consultation and positive behavior intervention and support, both of which generally consist of staff capacity building paired with external specialized support, have been shown to reduce and prevent expulsion and suspension in early learning and school settings, as well as reduce rates of teacher-rated challenging behaviors in young children.^{29,30,31} Appendices 1 and 2 contain additional information on early childhood mental health consultation and positive behavior intervention and support, respectively.

Finally, early childhood programs should promote teacher health and wellness and ensure that teachers work reasonable hours with breaks. Programs should have strong relationships with community-based service providers that can offer teachers additional social services, as needed, including health and mental health supports. Promoting teacher wellness may strengthen teachers’ capacity to form strong nurturing relationships with children, as well as reduce teacher job stress, which has been shown to be predictive of preschool expulsions.²⁸

Combined, workforce wellness, preparation and development, and access to expert supports, may assist programs in preventing, severely limiting, and ultimately eliminating expulsion and suspension in early childhood settings.

²⁶ Gilliam, W.S. (2007). *Reducing Behavior Problems in Early Care and Education Programs: An Evaluation of Connecticut’s Early Childhood Consultation Partnership*. IMPACT series, Child Health and Development Institute, Farmington, CT.

²⁸ Hapburn, K.S., Pery, D.F., Shivers, E.M., & Gilliam, W.S. (2013). Early childhood mental health consultation as an evidence-based practice: Where does it stand? *Zero to Three*, 33, 10-19.

³¹ Bradshaw, C., Mitchell, M., & Leaf, P. (in press). Examining the effects of school-wide positive behavioral interventions and supports on student outcomes: Results from a randomized controlled effectiveness trial in elementary schools. *Journal of Positive Behavior Interventions*.

Set Goals and Analyze Data to Assess Progress:¹² Programs will progress at different paces in fully implementing consistent preventive practices, severely limiting, and eventually eliminating expulsion and suspension practices due to program variability in size and access to resources. In accordance with the third *Guiding Principle* – ensure fairness, equity, and continuous improvement – it is important that all programs set their own goals, monitor their data to assess progress, and modify their practices and investments, as needed, to reach their goals. Several types of data can be useful in assessing progress, depending on the specific goal. Some examples of useful data to collect include:

- Percentage of teachers with regular access to a behavioral or mental health consultant;
- Percentage of children who receive developmental and behavioral screenings on regular schedules;
- Percentage of children with challenging behaviors who have received a comprehensive evaluation for services under Part B or Part C;
- Number of behavior incident reports, broken down by child and setting characteristics;
- Number of suspensions and expulsions broken down by race, gender, and disability; and
- Number of suspensions and expulsions broken down by teacher/provider, class/group size, teacher-child ratio, and length of day.

Examples of goals may include:

- Provide professional development on social-emotional and behavioral health to all staff in one year; ensure that 50% of teachers have access to specialists or consultants in two years; ensure that all lead teachers have access to specialists or consultants in three years.
- Adopt a program-wide positive behavior intervention and support framework in one year.
- Reduce the number of total suspensions and expulsions program-wide by 50% in one year; eliminate all expulsions and suspensions, with exceptions only in extraordinary cases, in two years.

Make Use of Free Resources to Enhance Staff Training and Strengthen Family Partnerships: There are several currently and formerly Federally funded resources available free of charge that can assist in preventing, severely limiting, and ultimately eliminating expulsion and suspension. Resources include – but are not limited to – the National Resource Center for Health and Safety in Child Care and Early Education’s *Stepping Stones to Caring for Our Children: National Health and Safety Performance Standards*, which can assist programs in establishing disciplinary and expulsion/suspension policies; HHS and ED’s *Birth to Five Watch Me Thrive* materials, which can enhance developmental and behavioral screening practices in early learning settings; and materials from the *National Center on Early Childhood Mental Health Consultation*, *Center for the Social Emotional Foundation for Early Learning (CSEFEL)*, and the *Technical Assistance Center on Social Emotional Intervention (TACSEI)*, which can be used to bolster staff training on social-emotional and behavioral support for very young children. Programs should access and make use of these resources, as appropriate, to aid in their efforts to prevent, severely limit, and eventually eliminate expulsion and suspension practices. Appendices 3 and 4 offer resources for programs/teachers and families, respectively.

RECOMMENDATIONS FOR STATE ACTION

Develop and Clearly Communicate Expulsion and Suspension Policies: States are strongly encouraged to establish statewide policies, applicable across settings, including publicly and privately

¹² Note that, in some cases, public preschool programs may already be required to collect this data for purposes of the Civil Rights Data Collection (CRDC). The CRDC is a mandatory data collection, authorized under the statutes and regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and under the Department of Education Organization Act (20 U.S.C. § 3413). The regulations implementing these provisions can be found at 34 CFR 100.6(b); 34 CFR 106.71; and 34 CFR 104.61.

funded early childhood programs, to promote children's social-emotional and behavioral health and eliminate or severely limit the use of expulsion, suspension, and other exclusionary discipline practices; these exclusionary measures should be used only as a last resort in extraordinary circumstances where there is a determination of a serious safety threat²⁰ that cannot otherwise be reduced or eliminated by the provision of reasonable modifications, consistent with the second *Guiding Principle*. In addition, consistent with the third *Guiding Principle*, States must ensure that discipline policies comply with Federal civil rights laws.⁹ Should a situation arise where there is documented evidence that all possible interventions and supports recommended by a qualified professional have been exhausted and it has been determined that transitioning a child to another program is necessary for the well-being of the child or his or her peers, the State should encourage programs to take a series of documented steps to ensure a smooth transition into another setting that offers a rich social context and opportunities for interactions with socially competent peers so that children's learning and social skills practice is optimized in a natural environment. If the child has a disability and is receiving services under IDEA, the State must ensure that additional applicable procedural safeguards and requirements are met. In addition, the State is responsible for nondiscrimination on the basis of disability in its programs in compliance with Title II of the ADA and Section 504 of the Rehabilitation Act.

These policies may be included in State child care licensing regulations, as some States have begun doing. Many States currently address behavior and discipline in their child care licensing regulations. Adding explicit policies on expulsion and suspension is an important next step.

These policies and procedures should be clearly communicated to all relevant parties, including programs, schools, families, community partners, and others. Under the reauthorized Child Care and Development Block Grant Act of 2014, States are required to disseminate consumer education information to parents, the general public, and child care providers. These efforts must include information about State policies regarding the social-emotional behavioral health of young children, which may include positive behavior intervention and support models, and policies on the expulsion of young children in early childhood programs receiving assistance under the Child Care and Development Fund (CCDF).

Set Goals for Improvement and Analyze Data to Assess Progress: States should work on building capacity to collect and analyze statewide data on expulsions, suspensions, and other exclusionary discipline practices. States are encouraged to coordinate data systems across early childhood programs and track their own information on early childhood workforce professional development or continuing education, access to behavioral or mental health specialists, investments and effects of prevention efforts, and expulsion and suspension from early childhood programs. These systems should also align with K-12 data systems. States are also encouraged to develop roadmaps to eliminating expulsion and suspension, informed by goals and data-driven progress monitoring. Goals may differ across States, but examples may include:

- Incorporate basic training on social-emotional and behavioral health in State entry-level credentials in one year; ensure 50% of community colleges and universities incorporate social-emotional and behavioral health, with guidance on real-world applicability, in teacher preparation programs in two years.
- Ensure that 25% of programs have access to early childhood mental health consultant within one year; ensure that 50% of programs have access to early childhood mental health consultant within two years; ensure that 100% of programs have access to mental health consultant within three years;
- Reduce the number of total suspensions and expulsions statewide by 25% within one year; 50% within two years; and 75% in three years.

Invest in Workforce Preparation and Development: States have a significant role to play in ensuring that the early childhood workforce has a strong knowledge base and skills, and access to behavioral

specialists or mental health consultants, to prevent expulsion, suspension, and other exclusionary discipline practices. The Child Care and Development Block Grant of 2014 directs States to use a percentage of funds on activities that enhance the quality of child care programs. Among the list of allowable quality enhancement activities are behavioral management strategies and training that promotes positive social-emotional development and reduces challenging behaviors and expulsion practices. States can strengthen their workforce through a variety of mechanisms, including:

State Entry-Level Credentials: Many States have established early childhood development credentials for entry-level providers and teachers. By including practice-based professional development in State entry-level credentials, focused on enhancing teacher and provider skills in promoting children's social-emotional and behavioral health and capacity to identify and eliminate biases, States can ensure that new providers, teachers, and support staff have the skills to appropriately support all children, enabling them to play an important role in eliminating expulsion and suspension.

Higher Education: States can work with their local institutions of higher education, including universities and community colleges, to ensure that a strong component of teacher preparation, including coursework and student teaching/internships, includes social-emotional and behavioral health promotion and self-reflection capacity to identify and eliminate biases.

Statewide Early Childhood Mental Health Consultation: States can leverage Federal, State, and private funding to implement statewide early childhood mental health consultation systems so that all early learning programs have access to a knowledgeable early childhood mental health consultant. Several States have funded early childhood mental health consultation systems, and the results of several evaluations of these systems using a variety of evaluative methods indicate strong effectiveness.^{25,26} The *What Works* publication (2009) outlines several successful statewide systems of early childhood mental health consultation that can serve as models or roadmaps for States interested in developing or expanding their mental health consultation efforts (see Appendix 1).

State Endorsements for Infant, Early Childhood, and Family Mental Health Specialists: Some States have invested in endorsements that recognize a set of knowledge, skills, and competencies in infant and early childhood mental health. In providing a standard set of competencies, these endorsements help ensure a high-quality mental health workforce equipped with the skills to work with very young children and the adults who care for them.

Statewide Models of Positive Behavior Intervention and Supports (PBIS): States can adopt a PBIS framework. Through this, they can plan, implement and sustain a professional development system to enhance the knowledge and skills of the early childhood workforce in meeting the social-emotional and behavioral health needs of young children in inclusive and natural environments. Appendix 2 contains information on program-wide models of positive behavior interventions and supports.

Career Pathways: States can build early childhood career pathways that incorporate progressively advanced capacity in social-emotional and behavioral health promotion and self-reflection to identify and eliminate biases at each step in the career ladder. As with other knowledge and skills, students should demonstrate competencies in such content areas prior to advancement to the next step in their career.

Establish and Implement Policies Regarding Program Quality: Several factors related to the overall quality of early care and education programs are predictive of expulsion, suspension, and other exclusionary discipline practices. These quality factors should be targeted by States to both increase

overall quality of early learning services and reduce or eliminate expulsions, suspensions, and other exclusionary discipline practices. For example, staff qualifications should be high and professional development should be provided on an ongoing basis, including professional development that addresses social-emotional and behavioral development and exclusionary discipline practices. Programs should adhere to group sizes and child/adult ratios no greater than those recommended in the National Resource Center for Health and Safety in Child Care and Early Education's *Stepping Stones to Caring for Our Children*. Teachers should use developmentally appropriate, culturally and linguistically responsive practices and evidence-based curricula and create learning environments aligned with the State early learning and development standards. Children should have access to comprehensive services and individual accommodations and supports as needed. Health and safety standards should be implemented and programs should be evaluated to ensure continuous improvement.

Access Free Resources to Develop and Scale Best Practices: Several free resources are available to assist States in eliminating expulsion and suspension in early childhood settings. For example, technical assistance resources from centers such as the previously Federally funded *Center for the Social Emotional Foundation for Early Learning (CSEFEL)* and the *Technical Assistance Center on Social Emotional Intervention (TACSEI)*, offer helpful information for States interested in implementing statewide positive behavior intervention and support strategies; the *National Center for Early Childhood Mental Health Consultation* offers numerous resources on statewide early childhood mental health consultation systems; the *National Center on Culturally Responsive Systems* houses materials to enhance cultural responsiveness in educational settings; and *Stepping Stones to Caring for Our Children: National Health and Safety Performance Standards* provides guidance on establishing expulsion and suspension policies. Appendix 5 provides several free resources that States can access, as appropriate, to address expulsion and suspension practices.

CONCLUSION

Fostering the social-emotional and behavioral development of all children, and in doing so eliminating expulsion and suspension practices in early childhood settings, depends on strong partnerships between families, programs, and government, serious investments in workforce wellness, preparation and training, and development of appropriate and clearly communicated policies that are implemented consistently and without bias or discrimination across the diversity of young children represented in early learning settings. Those who serve our youngest learners have the responsibility and trust of setting infants, toddlers, and young children on positive trajectories. By reducing and ultimately eliminating expulsion and suspension through nurturing relationships and capacity building, with and on behalf of young children and their families, we can ensure that all of our youngest learners have the tools and experiences they need to thrive.

APPENDIX 1: Early Childhood Mental Health Consultation¹⁸

Early Childhood Mental Health Consultation (ECMHC) is a multi-level preventive intervention that teams mental health professionals with people who work with young children and their families to improve their social-emotional and behavioral health and development. ECMHC builds the capacity of providers and families to understand the powerful influence of their relationships and interactions on young children's development. Children's well-being is improved and mental health problems are prevented and/or reduced as a result of the mental health consultant's partnership with adults in children's lives. ECMHC includes skilled observations, individualized strategies, and early identification of children with and at risk for mental health challenges. The model also includes strengthening of the teacher-family relationship and connecting young children, teachers, and families to additional mental or behavioral health services, as needed. The amount of time a consultant spends with a program/teacher varies depending on need, but most programs range between three and six months, with visits once or twice a week. "Booster" or "follow up" sessions after primary consultation has occurred is common and recommended.

Empirical evidence has found that ECMHC is effective in increasing children's social skills, reducing children's challenging behavior, preventing preschool suspensions and expulsions, improving child-adult relationships, and identifying child concerns early, so that children get the supports they need as soon as possible. In addition, the model has been found effective in reducing teacher stress, burnout, and turnover. Preschool teacher stress and burnout have been previously associated with increased risk of expelling and suspending young children.¹⁹ The resources below provide information and resources to implement ECMHC:

- Center for Early Childhood Mental Health Consultation
<http://www.ecmhc.org/>
- Early Childhood Mental Health Consultation: Research Synthesis
http://cefel.vanderbilt.edu/documents/rs_ecmhc.pdf
- Georgetown University Center for Child and Human Development: Early Childhood Mental Health Consultation
<http://gucchd.georgetown.edu/67637.html>
- Issue Brief: Integrating Early Childhood Mental Health Consultation with the Pyramid Model
http://challengingbehavior.fmhi.usf.edu/do/resources/documents/brief_integrating.pdf
- Resource Compendium: What Works? A Study of Effective Early Childhood Mental Health Consultation Programs
<http://gucchd.georgetown.edu/products/78366.html>
- Promotion of Mental Health and Prevention of Mental and Behavioral Disorders
<http://store.samhsa.gov/shin/content/SVP05-0151/SVP05-0151.pdf>
- What Works? A Study of Effective Early Childhood Mental Health Consultation Programs
http://gucchdtacenter.georgetown.edu/publications/ECMHCStudy_Report.pdf

¹⁸ The resources included in this Policy Statement are examples provided as resources for the reader's convenience. Their inclusion is not intended as an endorsement by ED or HHS. These resources are intended to promote discussion within the community of early childhood learning. The Department cannot guarantee the accuracy of these resources or that these resources represent all of the relevant and up to date thinking in these areas. The opinions expressed in any of these materials do not necessarily reflect the positions or policies of ED and HHS, and the inclusion of references to these materials should not be construed or interpreted as an endorsement by ED or HHS.

APPENDIX 2: Positive Behavior Intervention and Support (PBIS)³³

Program-wide positive behavior intervention and support (PBIS), traditionally practiced in school-based settings, is increasingly being implemented in early childhood settings, with promising results. Program-wide PBIS is a systems approach to establishing the social culture and behavioral supports needed for all children in a school or early childhood program to achieve both social and academic success. It is not a specific curriculum; rather it is a group of effective practices, interventions, and evidence-based implementation supports. PBIS strategies are typically organized into three progressively intensive tiers, with specific interventions being executed across primary, secondary and tertiary tiers. The process is facilitated by a knowledgeable behavioral consultant, who, in partnership with the program team, builds the capacity of school personnel to foster the social-emotional and behavioral development of all students.

There are PBIS frameworks specifically for young children. As an example, the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children provides a tiered intervention framework for supporting social-emotional and behavioral development. The first tier includes practices to promote nurturing and responsive caregiving relationships with the child and high-quality supportive environments. The second tier includes explicit instruction in social skills and emotional regulation for children who require more systematic and focused instruction. The third tier is for children with persistent challenging behaviors that are not responsive to interventions at other tiers and involves implementing a plan of intensive, individualized interventions. The general application of program-wide PBIS in early childhood settings requires programs to establish a team, develop a set of behavioral goals, teach positive behavior, perform functional assessments of challenging behaviors, and use the assessment to construct individualized behavior support plans. For program-wide adoption, programs need administrative support to provide a sustained commitment and ensure training for staff, competent coaching, access to specialists in mental health and behavior, the use of process and outcome data for decision-making, and the development of policies and procedures that support the implementation of a PBIS framework.

In elementary schools, randomized control trials have found that program-wide PBIS reduced discipline referrals and suspensions, and improved fifth grade academic performance.³⁴ Studies have also found that the use of program-wide PBIS was associated with improved perception of school safety, and improvements in the proportion of students at third grade who met the state reading standard.³⁵ The emerging research in early childhood settings is promising. Results from the first randomized control study examining the Pyramid Model in early childhood settings found that children enrolled in the intervention classrooms demonstrated improved social skills and reductions in problem behavior.³⁶ A comparative study found increased positive child behaviors and decreased negative child behaviors in Pyramid Model classrooms, compared to control classrooms.³⁷

The resources below provide information and resources to implement PBIS:

- Center on the Social and Emotional Foundations for Early Learning
<http://csefel.vanderbilt.edu/>
- Technical Assistance Center on Positive Interventions and Supports
<https://www.pbis.org/>
- Technical Assistance Center on Social Emotional Interventions
<http://challengingbehavior.fmhi.usf.edu/>

³⁴ Bradshaw, C., Mitchell, M., & Leaf, P. (in press). Examining the effects of school-wide positive behavioral interventions and supports on student outcomes: Results from a randomized controlled effectiveness trial in elementary schools. *Journal of Positive Behavior Interventions*.

³⁵ Horner, R., Sugai, G., Smolkowski, K., Todd, A., Nakasato, J., & Esperanza, J. (in press). A Randomized Control Trial of School-wide Positive Behavior Support in Elementary Schools. *Journal of Positive Behavior Interventions*.

³⁶ Hammeter, M.L., Snyder, P., Fox, L., & Algina, J. (April 2011). Efficacy of a classroom wide model for promoting social-emotional development and preventing challenging behavior. Paper presented at the annual meeting of the American Educational Research Association, New Orleans, LA.

³⁷ Gettinger, M. & Stoiber, K. C. (2006). Functional assessment, collaboration, and evidence-based treatment: Analysis of a team approach for addressing challenging behaviors in young children. *Journal of School Psychology, 44*(3), 231-252.

APPENDIX 3: Resources for Parents and Families³³

Preventing expulsion and suspension will require a strong partnership with families. Programs should treat families as the foremost experts on their children and as such, exchange information relevant to the child's culture, social-emotional and behavioral strengths and concerns, approaches to learning, and strategies that work at home. At a minimum, programs should ensure families have information on:

- Their child's health, behavior and development, especially social-emotional development, during the hours they are in their early learning setting;
- Developmental milestones, healthy development and behavior, and places to go for help;
- Identifying a high-quality early learning program; and
- Communicating with program or school personnel and advocating for their child.

Below are resources to share with families to facilitate this partnership and information sharing:

- **Child learning, social-emotional and behavioral development:**
 - Family Learning Activities and Games
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/for-families/Learning%20Games%20and%20Activities/Preschool%20Learning%20Activities%20and%20Games/home.html>
 - Parents as Teachers
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/for-families/Everyday%20Parenting>
 - Fostering Children's Behavioral Development
<http://challengingbehavior.fmhi.usf.edu/do/resources.htm>
 - Fostering Children's Social and Emotional Foundations for Early Learning
<http://csefel.vanderbilt.edu/resources/family.html>
 - Backpack Connection Series for Teachers and Caregivers
<http://challengingbehavior.fmhi.usf.edu/do/resources/backpack.html>
 - Parenting Essentials
<http://www.cdc.gov/parents/essentials/>
- **Developmental and behavioral milestones, monitoring, and screening:**
 - Milestones Moments
http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/milestonemomentseng508.pdf
 - Free Tools to Track Your Child's Development
<http://www.cdc.gov/features/trackmilestones/>
 - Birth to Five: Watch Me Thrive – For Families
<http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive/families>
 - Developmental and Behavioral Screening Passport
https://www.acf.hhs.gov/sites/default/files/ecd/screening_passport.pdf
 - Where to go if You're Concerned
<http://www.cdc.gov/ncbddd/actearly/concerned.html>
 - Center for Parent Information and Resources
<http://www.parentcenterhub.org/>
 - Parent Training and Information Centers for Parents of Children with Disabilities
<http://www.parentcenterhub.org/find-your-center/>
- **Identifying a high-quality early learning program:**
 - Child Care Aware
<http://www.childcareaware.org/>

APPENDIX 4: Resources for Programs, Schools and Staff³³

The following resources offer support for superintendents, program directors, principals, teachers, providers, and other staff to prevent and eliminate expulsions and suspensions in early childhood settings.

- **Social-emotional and behavioral health**
 - Center on the Social and Emotional Foundations for Early Learning
<http://csefel.vanderbilt.edu/>
 - Technical Assistance Center for Social Emotional Intervention
<http://challengingbehavior.fmhi.usf.edu/>
 - Positive Behavior Intervention Support
<https://www.pbis.org/>
 - Center on Early Childhood Mental Health Consultation
<http://www.ecmhc.org/>
 - National Center on Health
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health>

- **Universal developmental and behavioral screenings**
 - Watch Me! Celebrating Milestones and Sharing Concerns- Training for Teachers
<http://www.cdc.gov/ncbddd/watchmetraining/index.html>
 - Birth to Five: Watch Me Thrive!
<http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive>
 - Learn the Signs. Act Early
<http://www.cdc.gov/ncbddd/actearly/index.html>

- **Partnering with community service providers**
 - Birth to Five: Watch Me Thrive! Community Guide
https://www.acf.hhs.gov/sites/default/files/ecd/communities_guide_march2014.pdf
 - Legacy for Children: Public Domain Evidence-Based Parent Intervention
<http://www.cdc.gov/ncbddd/childdevelopment/legacy.html>
 - Early Childhood Technical Assistance Center
<http://ectacenter.org/>
 - Association of University Centers on Disabilities
<http://www.aucd.org/directory/directory.cfm?program=UCEDD>

- **Forming strong relationships with parents and families**
 - National Center on Parent, Family, and Community Engagement: Resources and Guides
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/resources.html>
 - Family and Provider/Teacher Relationship Quality Measures: User's Manual
<http://www.acf.hhs.gov/programs/opre/resource/family-and-provider-teacher-relationship-quality-measures-users-manual>
 - National Association for the Education of Young Children: Engaging Diverse Families
<http://www.naeyc.org/familvenagement>

- **Culturally and Linguistically Responsive Practice and Nondiscriminatory Discipline**
 - National Center for Cultural and Linguistic Responsiveness
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic>
 - U.S. Department of Education Office of Civil Rights Data Collection
<http://www.ocrdata.ed.gov>
 - U.S. Department of Education and Justice Dear Colleague Letter on Nondiscriminatory Administration of School Discipline
<http://www.ed.gov/ocr/letters/colleague-201401-title-vi.pdf>

APPENDIX 5: Resources for States¹¹

States play a key role in eliminating expulsion and suspension, by establishing developmentally appropriate policies, investing in the early childhood workforce, and relaying critical information to parents and programs. Below are several free resources States can access to assist in preventing and eliminating expulsion and suspension practices.

- Action Steps for Reducing Suspension and Expulsion in California Schools
http://www.promoteprevent.org/sites/www.promoteprevent.org/files/resources/California_Action_Steps_May_2011.pdf
- Association of University Centers on Disabilities Research, Education, and Service
<http://www.aucd.org/template/index.cfm>
- Center for Early Childhood Mental Health Consultation
<http://www.ecmhc.org/>
- Early Childhood Mental Health Consultation: Research Synthesis
http://csefel.vanderbilt.edu/documents/rs_ecmhc.pdf
- Georgetown University Center for Child and Human Development: Early Childhood Mental Health Consultation
<http://gucchd.georgetown.edu/67637.html>
- National Center for Culturally Responsive Educational Systems
<http://www.nccrest.org/>
- National Clearinghouse on Supportive School Discipline
<http://supportiveschooldiscipline.org/learn/reference-guides/positive-behavioral-interventions-and-supports-pbis>
- Positive Behavior Intervention and Supports State Coordinator Network
<https://www.pbis.org/pbis-network>
- Positive Behavior Interventions and Supports Technical Assistance Center
<http://www.pbis.org/>
- Resource Compendium: What Works? A Study of Effective Early Childhood Mental Health Consultation Programs
<http://gucchd.georgetown.edu/products/78366.html>
- Roadmap to State-wide Implementation of the Pyramid Model
http://challengingbehavior.fmhi.usf.edu/do/resources/documents/roadmap_6.pdf
- State Planning Resources: Center on the Social and Emotional Foundations for Early Learning
http://csefel.vanderbilt.edu/resources/state_planning.html
- State Planning Resources: Center on the Social and Emotional Foundations for Early Learning
http://csefel.vanderbilt.edu/resources/state_planning.html

- State Work and Resources: Technical Assistance Center on Social Emotional Intervention
<http://challengingbehavior.fnhl.usf.edu/communities/TACSEIstates.htm>
- Technical Assistance Center on Social Emotional Intervention
<http://challengingbehavior.fnhl.usf.edu/>
- U.S. Department of Education Office of Civil Rights Data Collection
<http://www.ocrdata.ed.gov>
- U.S. Department of Education and Justice Dear Colleague Letter on Nondiscriminatory Administration of School Discipline
<http://www.ed.gov/ocr/letters/colleague-201401-title-vi.pdf>
- What Works? A Study of Effective Early Childhood Mental Health Consultation Programs
http://gucchdtacenter.georgetown.edu/publications/ECMHCStudy_Report.pdf

Figure 2. Policy Statement of Expulsion and Suspension Policies in Early Childhood Settings

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