

Exploring the prevalence of suspension and expulsion practices in child care settings in South Carolina

December 2018



INSTITUTE *for* CHILD SUCCESS

(introduction)

The first five years of life are a critical developmental period in which children establish the foundation for success in school and life. Negative and positive experiences through interactions with people and the environment influence brain development during this critical period. Exclusionary disciplinary practices, such as suspension and expulsion, have negative effects on children and families. States and local districts have increasingly focused on reducing such exclusionary discipline measures in early childhood since a 2005 study first raised the issue nationally. Currently, in South Carolina, some early care and education sectors have policies and track data related to children who have been suspended or expelled; however, there is currently no mechanism in South Carolina to systematically collect suspension and expulsion data in child care programs.

The purpose of this exploratory study was to get a sense of the rate at which suspension and expulsion practices are used among child care providers in South Carolina as a response to children with behaviors that are difficult to manage to help inform a discussion on reducing the prevalence of these practices.

Guiding Questions

- What is the prevalence of reported use of suspension and expulsion practices amongst licensed and registered child care providers in South Carolina?
- Are there differences in prevalence of reported use of suspension and expulsion practices related to child care provider type (i.e., center-based or family/group child care home)?

(background)

Preschool suspension and expulsion is a national issue that was first described through a groundbreaking study of state funded prekindergarten programs conducted by Walter Gilliam in 2005. In this study, Dr. Gilliam found that children in prekindergarten programs were three times more likely to be expelled than children in K-12 programs. Additionally, the researchers found that African American boys are disproportionately represented and are the most likely to be expelled. In the same study, the researchers analyzed the data across five prekindergarten classroom settings (i.e., public school-based; Head Start; for profit child care; faith affiliated; and other community-based programs). The rates of suspension and expulsion varied by provider type from 6.2 per 1,000 for public school programs to 12.5 per 1,000 for faith affiliated programs. The second highest rate for expulsion was found in for-profit child care programs (11.9 per 1,000).

(by)

Heather Smith Googe, Ph.D.
University of
South Carolina

Herman Knopf, Ph.D.
University of Florida

In K-12 programs, expulsion is generally the “last resort” disciplinary action that can be taken related to student behavior. The student is prohibited from accessing educational services through the school system. Expulsion does not include the student being offered access to alternative school services or educational programming. Suspension is removal of a student from educational services for one or more days. For children birth to age 5 enrolled in early care and education settings, suspension due to the presence of challenging behavior can include calling a parent to pick a child up early or asking a parent to keep a child home for one or more days while expulsion would be asking a parent to disenroll the child from the program.

Exclusionary disciplinary practices remove children from early care and education settings that are designed to nurture their social-emotional development and prepare them for success in school. In addition, these practices may interfere with the identification of children with disabilities or mental health issues resulting in a delay in receiving needed supports and services. Families are also affected by exclusionary practices. Nationally, 66 percent of children under the age of six have all available parents in the workforce; in South Carolina the proportion is 68 percent.¹ Parents depend on access to high quality early care and education programs to provide a healthy, safe, and nurturing environment for their children while they work. Unstable child care arrangements can increase parental stress and potentially disrupt employment.² When children are suspended or expelled from their child care setting due to challenging behavior, parents are left to scramble to find alternative care or to miss work.

Resulting from this work, federal and state agencies overseeing early care and education programming have increasingly identified reduction in suspension and expulsion practices as an important goal for quality enhancement. For example, the Head Start Performance Standards expressly prohibit expulsion from a program due to a child’s behavior and outline a comprehensive process that grantees must follow if they are concerned about a child’s behavior.³ The most recent reauthorization of the Child Care Development Fund (2014) encourages states to adopt policies to severely limit or eliminate the use of suspension and expulsion in child care programs.⁴ In addition, states are to provide professional development on practices that promote social and emotional competence and prevent challenging behavior. The Individuals with Disabilities Education Act (IDEA) requires states to report the number of children with disabilities who are suspended or expelled including preschool students with disabilities.⁵ Both South Carolina First Steps⁶ and the South Carolina Department of Education⁷ have established guidelines regarding suspension and expulsion related to behavioral concerns in programs that are funded through the SC Child Early Reading Development and Education Program.⁸ While expulsion is not prohibited, both entities outline very specific steps that should be taken to maintain the child’s enrollment and require the program to request approval from the state office to disenroll a child.

In response to the growing body of research on the prevalence of suspension and expulsion in early childhood settings, the federal Departments of Education and Health and Human Services released non-regulatory guidance titled “Policy Statement on Expulsion and Suspension in Early Childhood Settings.”⁹ This document describes the negative effects of suspension and expulsion on children and their families and makes recommendations to states and programs to address the issue. One recommendation encourages states to collect and analyze data across early childhood sectors on suspension and expulsion to understand the scope of the issue and to evaluate promising interventions that have been shown to reduce the use of suspension and expulsion, such as Early Childhood Mental Health Consultation.¹⁰

A first step in reducing these practices is understanding the current prevalence among early care and education providers. In South Carolina, some early care and education sectors have policies and track data related to children who have been suspended or expelled (e.g., IDEA Part B, CERDEP public school and private child care programs). Considering that child care settings were found to have some of the highest prevalence rates in a national study,¹¹ it is prudent for South Carolina to examine the prevalence of suspension and expulsion specifically in child care programs. However, there is currently no mechanism in South Carolina to systematically collect suspension and expulsion data in child care programs.

(methods)

In the absence of routinely reported suspension and expulsions in state level child care data systems, the research team surveyed child care program directors about the prevalence of children perceived to have challenging behavior and their use of suspension and expulsion as a response with young children.

The survey used for this research was adapted from the “Pre-Training Survey for Directors and Teachers developed by Project PLAY in Arkansas.”¹² The survey included general demographic questions about the program (i.e., provider type, ABC Quality Level, enrollment, desired enrollment, and county) as well as questions relating to the programs’ use of exclusionary practices. More specifically, the research team asked providers to indicate, within the last year, how many children enrolled in their program exhibited behaviors that were very difficult to manage. Subsequent items inquired about the program’s practices related to children with behaviors like hitting, kicking, biting, tantrums, or disobeying. Directors were asked to indicate whether in the last year they had asked a parent to pick a child up early from the program, asked a parent to keep a child home on one or more days, and/or asked a parent to withdraw a child from the program permanently due to a child’s challenging behavior. Directors responded to this item for children under age three and for children three to five years of age. Additionally, directors were asked to indicate how many times within the last month they had to call parents to report challenging behavior for children under the age of three and children three to five years of age. Finally, directors were asked to describe other strategies used in their program to respond to young children’s challenging behavior.

At the time the sample was drawn (July 2018), 2,542 regulated child care programs were in operation based on a download from SC Child Care’s agency website.¹³ From this dataset, the research team observed that 65 percent of those programs were identified as child care centers and 35 percent were home-based providers (family child care home or group home providers). A random sample stratified by program type (i.e., child care center; family child care home or group home) was drawn from the full list. The sample selected for this study included 551 providers, 358 (65 percent) child care centers and 193 (35 percent) home-based providers. Data from the 138 returned surveys were entered into the online cloud-based survey tool, Survey Monkey.

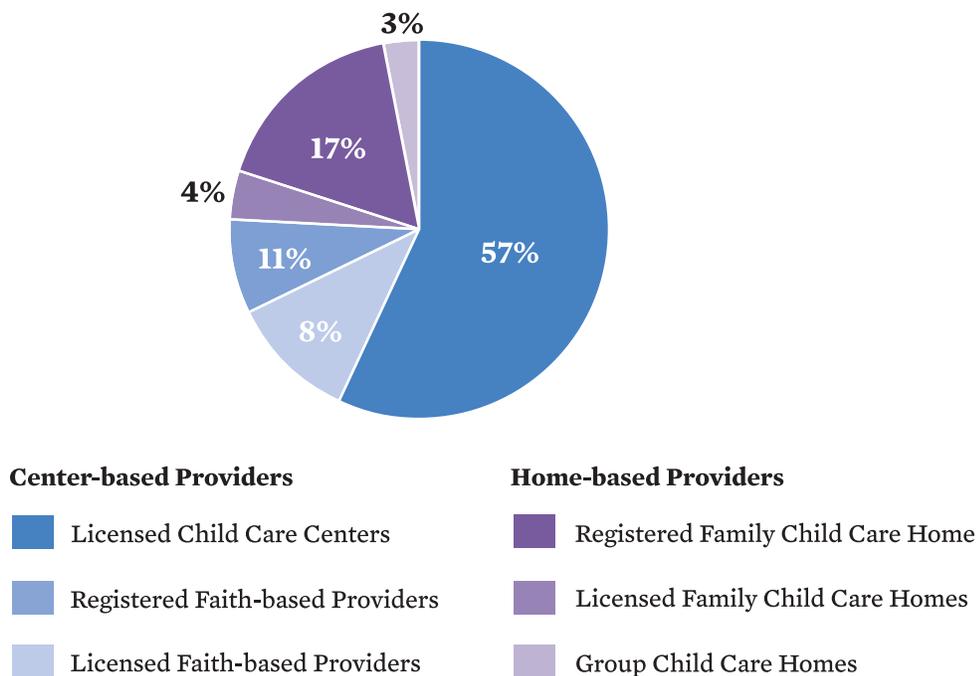
Participant recruitment included a direct mailing to the stratified random sample of regulated child care programs with a cover letter describing the study and a postage-paid envelope in which to return the survey. Following the mailing, a research assistant attempted to contact all 551 programs that received the survey via telephone. Programs who reported that they had not responded to the survey were offered three options another mailed survey, an emailed link to complete the survey online, or the option to complete the survey over the phone

(respondent characteristics)

Before describing the prevalence of suspension and expulsion practices reported by 138 program administrators that completed the survey (hereafter referred to as respondents), it is important for the reader to understand the extent to which the sample of respondents is similar to the population of providers serving young children in South Carolina. Each respondent provided some general (non-identifying) information about the program that they represented while completing the survey: the type of program (center-based, family child care home, group child care home), ABC Quality program participation and quality level (if applicable), overall size of the program as measured by desired capacity, and the enrollment level (number of children enrolled divided by the program reported desired capacity). The tables and charts in the following section show these descriptive characteristics of the providers.

Of the 138 respondents that completed the survey 75 percent (104) are categorized as center-based providers (which includes licensed child care, licensed faith-based providers, and registered faith-based providers), while 25 percent (34) were categorized as home-based child care providers (including registered family child care homes, licensed child care homes, and group child care homes). Figure 1 below demonstrates a further breakdown of program type. As previously indicated, at the time that the sample was drawn, 65 percent of the population of providers in South Carolina provided center-based services and 35 percent provided home-based services.

Figure 1: Study Sample, by Provider Type



Provider Participation in ABC Quality Program

The ABC Quality program is South Carolina’s voluntary Quality Rating and Improvement System (QRIS). ABC Quality program participation, although voluntary, is required for programs seeking to serve vulnerable children who receive child care subsidy in South Carolina. The ABC Quality program, through direct observation of teachers’ interaction with children, and a provider completed self-assessment of administrative practices, issues a quality rating (A+, A, B+, B, and C) for each participating provider. Once rated, child care providers receive tiered reimbursement through the voucher system with the higher quality providers receiving higher reimbursement rates than providers providing lower quality rated services.

The Table 1 shows the self-reported participation and, if applicable, quality level of the survey respondents.

Table 1: Provider Participation in ABC Quality Program

Provider Quality Level	Count by Quality Level	Percent by Quality Level
A+	13	10%
A	2	1%
B+	12	9%
B	11	8%
C	22	16%
Not Participating	75	54%
Blank	3	2%

Program Size and Enrollment Rate

By definition in South Carolina state child care regulation, home-based providers have capacity restrictions (6 children for family child care homes, 12 children for group child care homes) based solely on the fact that they are providing service in a home-based setting. Child care centers on the other hand have enrollment capacities determined by the useable space (square footage) of the building within which services are provided. While the licensing agency approves programs to serve a certain number of children based on square footage, this does not reasonably represent the real or intended capacity, due to the need to meet ratio requirements. In response to this state of affairs, providers were asked to report their *intended* capacity as well as the number of children that are currently enrolled in their programs. As determined by desired enrollment capacity, home-based providers reported capacities ranging from 5-12 with a mean of 6.7. Center-based programs are much more diverse in terms of the size of the program with desired capacities ranging from 15-350 and an average desired capacity of 95.51.

Enrollment rates of the providers participating in the survey were calculated by dividing the number of children enrolled in the program at the time of survey completion by the desired capacity of the program. This resulted in a percentage of desired capacity that is currently attained. When looking at this by provider type, center-based programs had an average enrollment/capacity of 82 percent with a minimum of 0 percent and a maximum of 109 percent. Family child care homes had an average enrollment/capacity rate of 83 percent and a minimum of 0 percent and a maximum of 167 percent.

The enrollment/capacity rate for group child care homes was calculated separately because their enrollment capacity (12) is significantly different than that of family child care homes (6). The calculated enrollment/capacity rate for group child care homes was 73 percent with a minimum of 33 percent and a maximum of 100 percent.

Geographic Representation

When considering the physical location of the providers who completed the survey, 35 of the 46 counties in South Carolina had at least 1 representative, providing representation from each of the 4 licensing regions in South Carolina. The total number of respondents shown in Table 2 is 137, indicating that one respondent did not indicate the county in which the program provides services.

Table 2: Physical Location of Providers by County

County	Number of Respondents	County	Number of Respondents
Richland	20	Pickens	2
Lexington	11	Georgetown	2
Greenville	9	Oconee	2
Spartanburg	9	Dillon	2
Florence	7	Marlboro	2
Charleston	6	Darlington	2
York	6	Cherokee	2
Berkeley	5	Williamsburg	2
Horry	5	Union	2
Aiken	4	Clarendon	2
Anderson	3	Marion	1
Kershaw	3	Abbeville	1
Greenwood	3	Lancaster	1
Sumter	3	Orangeburg	1
Beaufort	3	Hampton	1
Dorchester	3	Saluda	1
Laurens	3	Colleton	1
Jasper	2	Grand Total	137

* Five of the respondents mis-interpreted the survey prompt and indicated their location as the United States.

(results)

The purpose of this initial survey was to learn the extent to which child care providers in South Carolina report the use of exclusionary practices as a response to children’s challenging behavior. In service to this aim, the survey respondents were asked to reflect on their experiences during the past year and report the number of children who exhibited behavior that was difficult to manage and whether or not providers used exclusionary practices. In acknowledgement that developmental considerations might change the tendency of providers to use these exclusionary practices, the providers were asked to respond separately for children under three years old and for children aged 3-5 years old.

Considering the fact that providers serving young children do not typically refer to suspension and expulsion practices directly by name, but instead use terminology that is softer and more positively received by parent the survey used more commonplace terminology. Providers were asked to indicate if they “asked a parent to pick a child up from school early” (suspension), “asked a parent to keep a child home for a day or more” (suspension), and/or “asked a parent to withdraw the child from the program permanently” (expulsion).

Program Experience with Challenging Behavior

Each respondent was asked, “In the last year, how many children in your program had behaviors that were difficult to manage?” Of the 135 respondents to this question, 29 indicated that they did not have any children with challenging behavior, 44 reported 1-2 children with challenging behavior, 44 reported 3-5 children with challenging behavior, 11 reported 6-10 children with challenging behavior, and 7 reported having experience with more than 10 with challenging behavior. Table 3 shows the reported frequency of challenging behavior by program size. A review of this table shows that as the current enrollment average increases, so does the incidence of reported challenging behavior.

Table 3: Frequency of Challenging Behavior by Program Size

Challenging Behavior	Average Current Enrollment*	Average Enrollment/Capacity*
1 or 2	53	87%
3 to 5	84	102%
6 to 10	91	88%
More than 10	136	86%
None	11	75%

* Average rates are rounded to the nearest whole digit.

The research team also examined the frequency reported by the type of program. This examination revealed a stark contrast when comparing home-based providers to center-based providers. Table 4 shows that 73 percent of family child care home providers reported that they did not have any children with behaviors that are difficult to manage while just under 7 percent of center-based providers reported that they did not have children with behavior that was difficult to manage.

Table 4: Frequency of Challenging Behavior by Program Type

Challenging Behavior	Child Care Program (n=101)	Family Child Care Home (n=30)	Group Child Care Home (n=4)	Grand Total
1 or 2	35%	23%	50%	33%
3 to 5	41%	3%	50%	33%
6 to 10	11%	0%	0%	8%
More than 10	7%	0%	0%	5%
None	7%	73%	0%	21%

Program Tendency to Call Home

To understand the extent to which programs contact families during the school day as a strategy to respond to challenging behaviors, each respondent was asked how frequently they have called a family to report challenging behaviors. Tables 5 and 6 show that center-based providers report this strategy more frequently overall, and that their use of this strategy is more frequent for older children than it is for younger children. Home-based providers use this strategy infrequently; more than 85 percent of home-based providers report not using this strategy at all.

Table 5: Calls Home, under age 3

	1-2 per month	1-2 per week	More than 2 per week	Not at all	Left blank
Center-based Program	21%	5%	2%	65%	7%
Home-based Child Care	12%	3%	0%	85%	0%
Grand Total	19%	4%	1%	70%	5%

Table 6: Calls Home for Ages 3-5

	1-2 per month	1-2 per week	More than 2 per week	Not at all	Left blank
Center-based Program	38%	11%	4%	43%	5%
Home-based Child Care	12%	3%	0%	85%	0%
Grand Total	31%	9%	3%	54%	4%

(program reported prevalence of suspension and expulsion)

Through the survey, the child care program respondents were asked “In the past year have you or someone in your program asked a parent to keep a child at home because of the child’s behavior?” Through this question the providers identified whether or not they have used either suspension or expulsion practices at any point during the past year. The following data reflect the responses shared by child care providers that indicate the extent to which these practices are used. Due to the different needs and behaviors typically exhibited by very young children (less than three years of age) compared with older young children (three to five years of age), the data are presented separately.

Figure 2 shows both the proportion respondents who indicated that they have or have not used exclusionary practices in the past year with children under 3. The figure illustrates that almost 20 percent more center-based providers use exclusionary practices with children under 3 years of age when compared to home-based providers.

Figure 2: Percentage of Provider Reporting Any Suspension or Expulsion for Children under 3

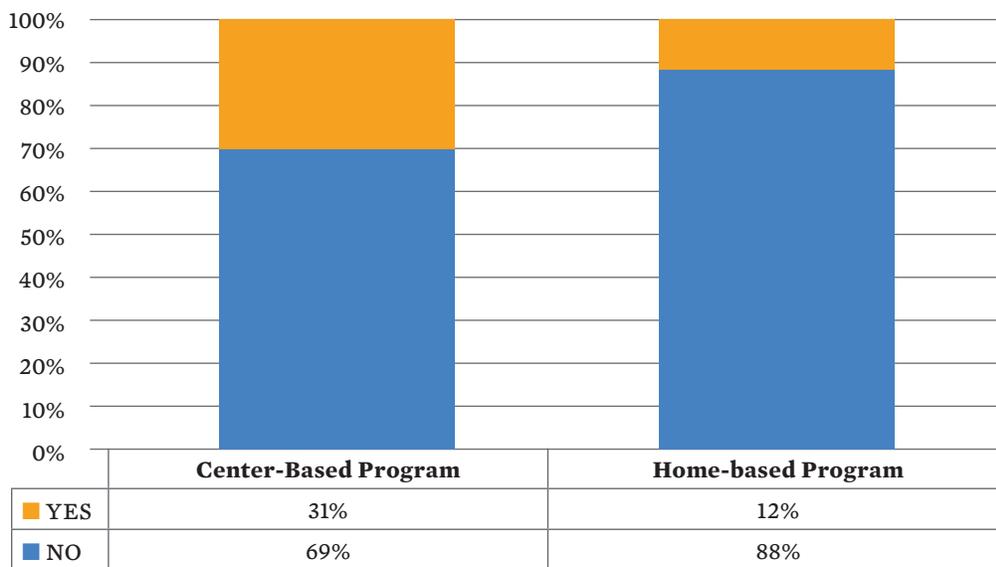
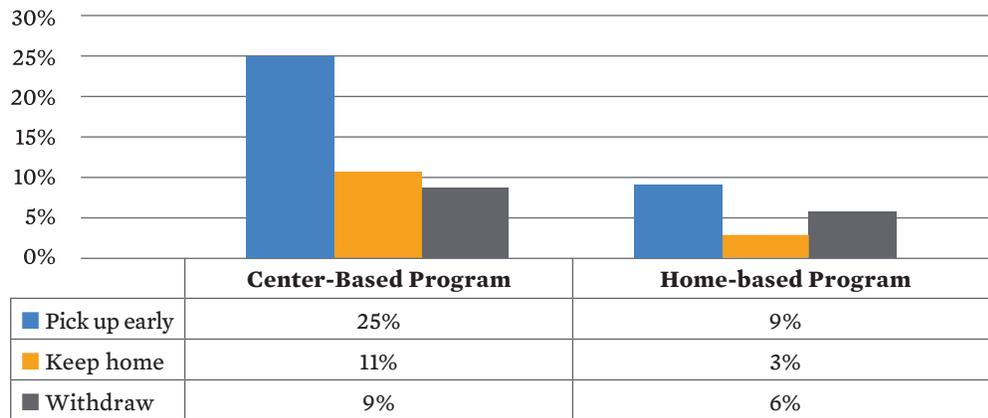


Figure 3 shows the types of exclusionary practices reported by providers, by provider type. Among providers who report the use of exclusionary practices, asking a parent to retrieve a child early from school is considerably more prevalent for both center-based providers and home-based providers. Asking a parent to keep a child home for a day or more was more prevalent than asking a parent to withdraw a child from the program among center-based providers but the inverse is true for home-based providers.

Figure 3: Percentage of Providers Reporting Suspension and Expulsion by Provider Type (Children Under 3)



Similar to Figure 2, Figure 4 shows the overall prevalence of exclusionary practices as reported by providers among children between the ages of 3 – 5 year of age. Within this age group, center-based providers report a considerable increase in the use of suspension and expulsion. While about 30 percent of providers reported using exclusionary practices for children under 3, 54 percent of center-based providers reported using these practices for preschool children. Home-based providers, on the other hand, report this practice less frequently for preschool aged children.

Figure 4: Percentage of Providers Reporting any Suspension or Expulsion by type for 3-5

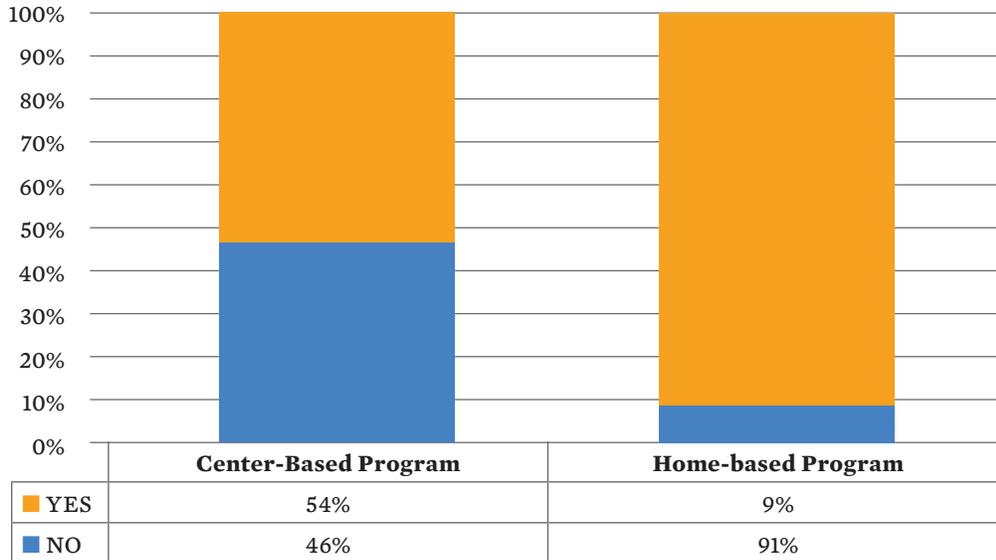
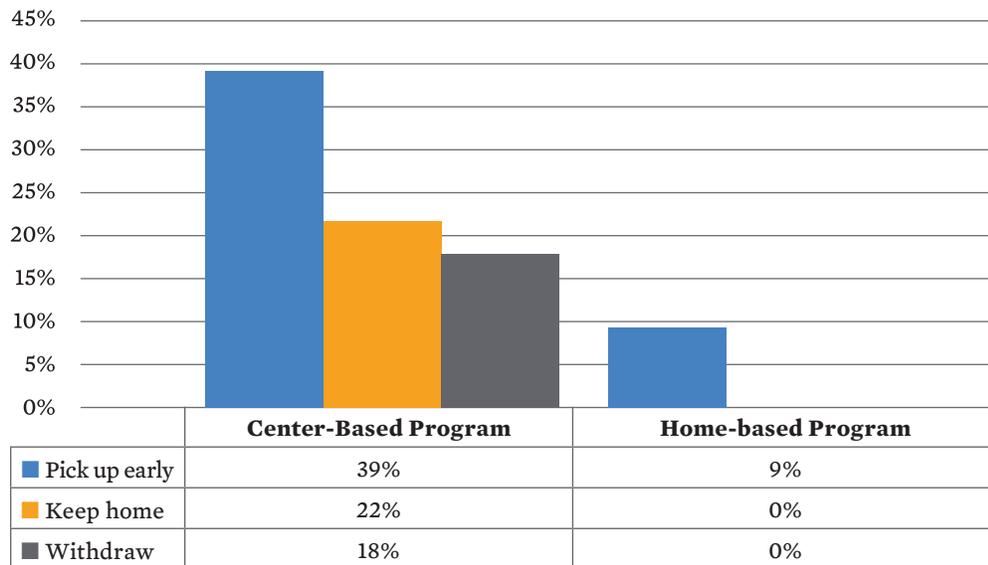


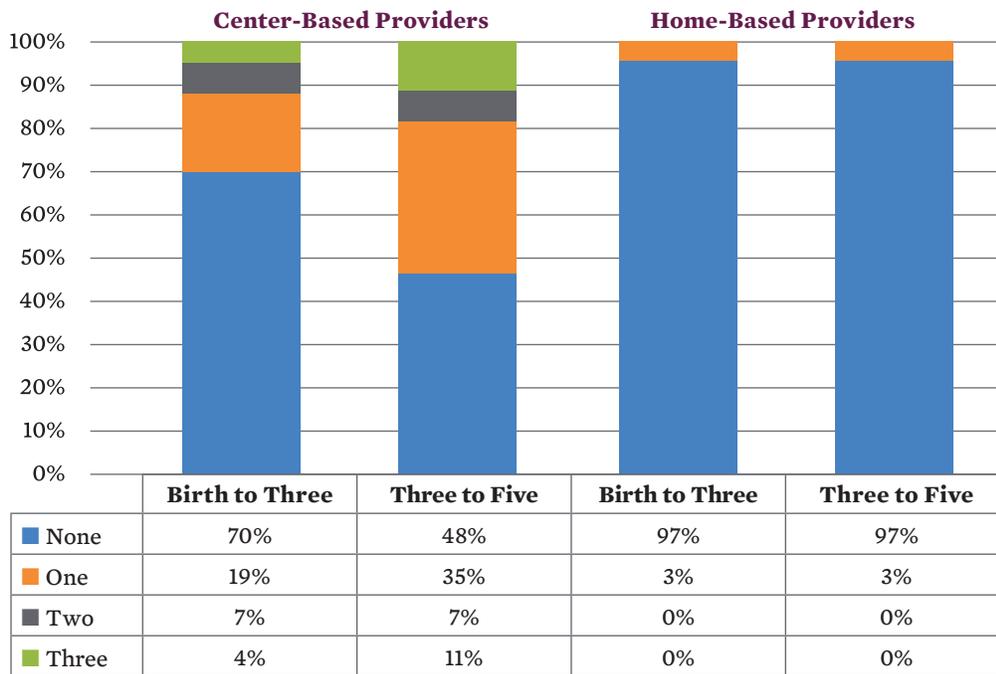
Figure 5 shows the type of exclusionary practices used among providers. Among the respondents, center-based providers reported the use of all three strategies (asking a parent to retrieve a child early, asking a parent to keep a child home for 1 or more days, and asking a parent to withdraw a child), whereas home-based providers reported only having asked a parent to pick a child up early. Similar to the tendencies reported with children under 3, center-based providers reported asking parents to pick children up early most frequently followed by suspension for a day or more, and expulsion (withdrawal) the least. It is noteworthy that 18 percent of center-based programs reported asking a parent to withdraw a child from the program.

Figure 5: Percentage of Providers reporting Suspension and/or Expulsion by provider type (Children 3-5)



After analyzing the data regarding the type of exclusionary practices reported broadly, the research team also explored the number of strategies that each of the respondents used. Each respondent could have indicated that they either did not use any of the exclusion practices, or any combination of the three exclusionary practices (early pick-up, suspension, and/or expulsion). Figure 6 illustrates the number of strategies that each of the respondents indicated that they have used in the past year, reported by both provider type and child age range.

Figure 6: Percentage of Centers Reporting Frequency of Practices, All Ages



(discussion)

The purpose of this initial study was to determine the prevalence of the use of suspension or expulsion to respond to young children’s challenging behaviors in child care programs in South Carolina. The results show that, for center-based providers, one-third of the respondents reported using exclusionary practices for children under the age of three; over half of the respondents reported using those practices for children ages 3-5 in response to challenging behavior. The reported use of exclusionary practices among home-based providers is proportionately less frequent than center-based providers.

In order to better understand the issue and target interventions to reduce the use of these practices, South Carolina should develop a system to collect and share suspension and expulsion data across early childhood sectors that is sensitive to the natural reluctance of providers to routinely share this information lest it might damage their reputation. While some sectors in the early childhood field in South Carolina systematically collect child-level data regarding the use of expulsion, the data does not generally include information about suspension, and no system has been developed and implemented that includes the child care sector in collection or reporting. In addition, South Carolina lacks data about “in-school” suspensions for children birth-Kindergarten entry. In-school suspension for young children might include practices such as sending a child to sit in the director’s office due

to behavior or sending a child to another classroom, thereby excluding the child from participation in learning activities with his or her peers.

Developing systems to gain a more comprehensive understanding of the pervasiveness of suspension and exclusion practices throughout the early care and education system in South Carolina is both difficult and necessary. Understanding the full scope and scale of the use of these practices is only the first step. South Carolina must decide to embrace and invest in supports for teachers to promote social emotional learning in young children and respond supportively to young children's challenging behavior across all early childhood sectors (e.g., child care, state-funded pre-Kindergarten, Head Start/Early Head Start, early childhood special education, early intervention). Providing supports for social emotional learning for children has been shown to provide positive benefits to teachers in regard to improved job satisfaction, decreased levels of depression, improved perception of positive program climate, and feeling more supported to manage challenging behavior.¹⁴ More specifically, the types of supports included mental health consultation, social emotional learning curriculum implementation, and classroom resources.

The HHS/ED joint policy statement on preschool suspension and expulsion in early childhood settings provides recommendations for states related to investments in workforce preparation and development.¹⁵ One recommendation is that states implement a statewide mental health consultation system which is accessible in all early childhood settings as a strategy to reduce or eliminate suspensions and expulsions of young children. This recommendation is based on studies of Early Childhood Mental Health Consultation (ECMHC) that report a reduction in the use of suspension and expulsion.¹⁶ South Carolina should explore existing ECMHC models to select a model that can be easily integrated into our current early childhood system and can be implemented in multiple early childhood sectors. For information about several existing ECMHC models see Duran et al, 2009.¹⁷

Another recommendation related to workforce development encourages states to implement a statewide model of positive behavior intervention and supports (PBIS). PBIS is a multi-tiered system of support that focuses on promoting social emotional competence, intentional teaching of targeted social and emotional skills; and intervention with children who are exhibiting persistent challenging behaviors. One example of a PBIS model for early childhood settings is the Pyramid Model.¹⁸ The Pyramid Model framework can be used to build the capacity of the early childhood workforce to engage in nurturing and responsive relationships with children, design high quality learning environments that promote social emotional learning and provide explicit instruction regarding social skills and emotional regulation. For children who need it, teachers and caregivers can learn to implement individualized strategies to replace challenging behavior with more appropriate behavior.

Investing in teachers and caregivers to implement effective teaching practices related to social emotional learning and classroom management will not only prepare teachers to support young children's social and emotional competence, it has the potential to result in positive program climate and improved working conditions. These investments in supporting teacher development are important but investment should also be made in research.

While this study is helpful in getting a first look at the proportion of child care providers in South Carolina that report the use of exclusionary practices, the generalizability of findings is limited because only 138 child care providers were willing to share this information. Future work should be conducted, over a longer duration, to provide opportunity to engage in more expansive provider recruitment strategies that might result in a higher number of respondents.

While the reported prevalence of exclusionary practices among center-based child care providers could be alarming, there is a critical mass of providers who report not using these practices that are potentially harmful to young children's social and emotional development. In an optimistic vein, the field should invest in research that identifies the guiding principles and practices used by these providers to support children with challenging behavior.

(about the authors)

Heather Smith Googe, Ph.D. is a Research Assistant Professor at the Yvonne & Schuyler Moore Child Development Research Center at the University of South Carolina. She is the Principal Investigator and Director of the South Carolina Child Care Inclusion Collaborative and the Principal Investigator of the South Carolina Partnerships for Inclusion project. She has 20 years of experience in the field of early childhood special education and holds a PhD in Special Education from the University of South Carolina. Her research and professional interests include professional development to support inclusive practices among early childhood teachers, developmental screening practices of early childhood teachers, and the development and implementation of cross sector professional development systems in early childhood.

Herman T. Knopf, PhD, is a Research Scientist at the Anita Zucker Center for Excellence in Early Childhood Studies at the University of Florida. Through more than two decades of work Dr. Knopf has strengthened systems that 1) Provide professional development to childcare providers, 2) measure and support child and family access to quality childcare services, and 3) coordinate efforts to leverage existing resources to ensure children with and without special needs receive care that supports early development and learning.

(references)

- 1 Kids Count Data Center, "Kids Count National Indicators," available at <http://datacenter.kidscount.org/data#USA/1/0/char/0> (last accessed November 13 2018).
- 2 Van Egeren, L. A., Kirk, R. H., Brophy-Herb, H. E., Carlson, J. S., Tableman, B., Bender, S. L. (2011). *An Interdisciplinary evaluation report of Michigan's childcare expulsion prevention (CCEP) initiative*. Michigan State University. Retrieved from: https://cerc.msu.edu/upload/documents/FINAL_COMPLETE_CCEP_REPORT_V2_2011-03-16.pdf
- 3 Administration of Children and Families, Head Start, 42 U.S.C. 9801 et seq., subchapter-B of 45 CFR chapter XIII
- 4 Child Care Development Block Grant Act of 2014, 42 U.S.C. 9858 et seq.
- 5 IDEA
- 6 South Carolina First Steps (2018). South Carolina First Steps 4k guidelines. Columbia, SC: SC First Steps.
- 7 South Carolina Department of Education. (n.d.). *Truancy, suspension, and expulsion data*. Retrieved from: <https://ed.sc.gov/districts-schools/school-safety/discipline-related-reports/truancy-suspension-and-expulsion-data/>
- 8 South Carolina Department of Education (2018, August). CERDEP Guidelines: Act 284. Columbia, SC: SC Department of Education.
- 9 US Departments of Health and Human Services and Education (HHS/ED). (2014). *Policy statement on expulsion and suspension policies in early childhood settings*. Washington DC: HHS/ED.
- 10 Perry, D. F., Dunne, M. C., McFadden, L., & Campbell, D. (2008). Reducing the risk for preschool expulsion: Mental health consultation for young children with challenging behaviors. *Journal of Child and Family Studies*, 17 44-54 doi 10.1007/s10826-007-9140-7; Gilliam, W.S. (2008). Implementing policies to reduce the likelihood of preschool expansion. New York, NY: Foundation for Children Development. Available at: <https://www.fcd-us.org/implementing-policies-to-reduce-the-likelihood-of-preschool-expulsion/>
- 11 Gilliam, W. S. (2005, May). Prekindergarteners left behind: Expulsion rates in state prekindergarten programs. (Policy Brief 3). New York: Foundations for Child Development.
- 12 Edge, N. (n. d.). *Pre-training survey for directors and teachers*. Little Rock, AR: University of Arkansas for Medical Services.
- 13 SC Child Care. *Early Care & Education Search*. Available at: sccildcare.org
- 14 Zinsser, K. M., Christensen, C. G., & Torres, L. (2016). She's supporting them; who's supporting her? Preschool center-level social-emotional supports and teacher well-being. *Journal of School Psychology*, 59, 55-66. doi 10.1016/j.jsp.2016.09.001
- 15 US Departments of Health and Human Services and Education, 2014.
- 16 Gilliam, 2005; Connors-Burrow, N. A., Whiteside-Mansell, L., McKelvey, L., Virmani, E. A., & Sockwell, L. (2012). Improved classroom quality and child behavior in an Arkansas early childhood mental health consultation pilot project. *Infant Mental Health*, 33 256-264 doi 10.1002/imhj.21335; Perry, Dunne, McFadden, & Campbell, 2008.
- 17 Duran, F. et al. (2009). *What works?: A study of effective early childhood mental health consultation programs*. Washington, DC: Georgetown University Center for Child and Human Development. Retrieved from <https://www.aecf.org/m/resourcedoc/aecf-WhatWorksStudyofEffectiveEarlyChildhoodMentalHealthConsultationPrograms-2009.pdf>
- 18 Hemmeter, 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.



INSTITUTE *for* CHILD SUCCESS

613 East McBee Avenue • Greenville, SC 29601
w: instituteforchildsuccess.org | p: 864.287.8063

FOUNDED AND
FUELED BY



**Children's
Hospital**

Greenville Health System



United Way
of Greenville County

The Institute for Child Success is fueled by the BlueCross BlueShield of South Carolina Foundation, the Mary Black Foundation, and BlueCross BlueShield of South Carolina, an independent licensee of the BlueCross and BlueShield Association.

Headquartered in Greenville, South Carolina, the Institute for Child Success (ICS) is an independent, nonpartisan, nonprofit research and policy organization dedicated to the success of all young children. ICS pursues its mission by

- Proposing smart public policies, grounded in research.
- Advising governments, nonprofits, foundations, and other stakeholders on strategies to improve outcomes.
- Sharing knowledge, convening stakeholders, embracing solutions, and accelerating impact.
- Modeling, encouraging and cultivating catalytic, innovative leadership in early childhood.