



# BehaviorHelp: Supporting Teachers So Children Can Reach Their Potential!

2022 Update



## TABLE OF CONTENTS

|   |    |
|---|----|
| LIST OF ABBREVIATIONS .....   | 2  |
| EXECUTIVE SUMMARY .....   | 3  |
| THE PROBLEM OF SUSPENSION & EXPULSION .....                                     | 4  |
| THE CALL TO ACTION .....  | 4  |
| THE ARKANSAS RESPONSE .....   | 5  |
| THE BEHAVIORHELP SYSTEM .....   | 5  |
| REACHING THE STATE .....  | 7  |
| DESCRIPTION OF REFERRALS .....  | 7  |
| Description of Children Referred .....  | 7  |
| Classroom Strengths and Opportunities to Improve Social-Emotional Supports..... | 10 |
| PREVENTING SUSPENSION & EXPULSION .....   | 11 |
| Teacher Perception of Change in Child Behavior .....                            | 12 |
| THE COVID-19 PANDEMIC.....  | 13 |
| CASE STUDIES* .....   | 13 |
| Project PLAY Infant and Early Childhood Mental Health Consultation.....         | 14 |
| A-State CHS Technical Assistance .....  | 14 |
| BEHAVIORHELP SUPPORT PARTNERS .....   | 15 |
| MEMBERS OF ARKANSAS' SUSPENSION & EXPULSION PREVENTION WORKGROUP .....          | 15 |
| REFERENCES.....   | 16 |

## LIST OF ABBREVIATIONS

|             |   |
|-------------|---|
| A-State CHS | Arkansas State University Childhood Services                                      |
| BH          | BehaviorHelp  |
| DHS/DCCECE  | Department of Human Services/Division of Child Care and Early Childhood Education |
| ECE         | Early Care and Education  |
| IECMH       | Infant and Early Childhood Mental Health  |
| SDQ         | Strengths and Difficulties Questionnaire  |
| TA          | Technical Assistance  |
| TPOT-SF     | Teaching Pyramid Observation Tool – Short Form                                    |
| UA ECEP     | University of Arkansas Early Care and Education Programs                          |
| UAMS        | University of Arkansas for Medical Sciences                                       |

## EXECUTIVE SUMMARY

In the United States, children in early care and education (ECE) settings are being suspended or expelled at alarming rates. The long-term effects of preschool suspension and expulsion are significant, including school failure, behavior problems, and even adult incarceration. In 2014, the U.S. Departments of Health and Human Services and Education released a policy statement urging states to take action to reduce the practice of suspension and expulsion in ECE settings. Arkansas' Suspension and Expulsion Workgroup, convened by the state's Department of Human Services/Division of Child Care and Early Childhood Education (DHS/DCCECE), worked to revise existing policies within the state, requiring prior approval for children's dismissal from ECE programs that are state funded and/or accept federally-funded childcare assistance. In addition, the workgroup designed BehaviorHelp, a single point-of-entry support system for teachers struggling to manage challenging behaviors in the classroom. Those in need of assistance can now receive key training, technical assistance, and mental health consultation resources by one of three agencies in the state: DHS/DCCECE, the University of Arkansas for Medical Sciences (Project PLAY), and Arkansas State University Childhood Services (Technical Assistance). These supports are classroom or child specific, geared to meet the needs of each individual case referred.

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*IN FY'22, BEHAVIORHELP SERVED THE TEACHERS OF 482 CHILDREN AT 234 CENTERS IN 52 COUNTIES & 92 CITIES.*

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Since BehaviorHelp began in 2016, 2304 BehaviorHelp requests were received related to challenging classroom behavior. Requests for help were received on children who ranged in age from 0 to 12 years of age, and most referrals involved male children (80%). More than half of children referred (52%) had experienced difficult or traumatic events such as abuse or neglect, divorce/parent separation, and parent substance use or mental illness. Most referrals were related to behaviors described as aggressive and disruptive in the classroom.

Of the BehaviorHelp cases assigned for support, the A-State CHS technical assistance team was lead agency in 68.7% of cases, with 29.6% of referrals assigned to Project PLAY as lead. An additional 1.7% of cases were worked by DHS/DCCECE. Within these assigned cases, the work of the lead agency was supplemented with assistance from a partner agency 1% of the time. Of the 2449 cases that BH has *closed* since, **3% of children were expelled (n = 57)**. For cases receiving child-specific support, teachers reported improvements in child behavior and social skills on standardized screening tools.

From FY '20-21, BehaviorHelp saw the impact of the COVID-19 pandemic, with referrals for services decreasing during that time. COVID restrictions across the state lessened in FY '22 and brought about an increase in BehaviorHelp referrals. Both before and during the pandemic, our experiences suggest an array of supports are needed to assist teachers in designing classroom environments that support the social and emotional development of all children, prevent challenging behaviors from emerging, and accommodate children who have unique needs.

## THE PROBLEM OF SUSPENSION & EXPULSION

The success of young children in early care and education (ECE) settings is closely tied to their social and emotional development. As children progress through early childhood, it is important for them to learn skills such as how to get along with others, listen and follow directions, and identify and manage their emotions. However, data suggests that most early childhood classrooms include at least one child with significant social, emotional, or behavioral issues. In the United States, approximately 10–20% of preschool children in the U.S. have some type of emotional or behavioral problem. The recent National Survey of Children’s Health found that 22% of children ages 2–8 in Arkansas have a diagnosed mental, behavioral, or developmental disorder—the highest rates in the nation<sup>1</sup>.

Without intervention, children with such social and emotional delays are at risk of suspension and expulsion as well as problems in later childhood. In fact, children who are suspended or expelled are more likely to have long-term negative outcomes, including teen pregnancy, substance abuse, school failure and drop-out, and even incarceration<sup>2-4</sup>. Further, when young children are excluded from the classroom, we miss the opportunity to identify and address their needs, which often include developmental delays or disabilities and experiences of trauma or serious family stressors. We also lose the chance to increase the capacity of teachers to build children’s social and emotional skills and manage challenging classroom behavior.

## THE CALL TO ACTION

Because of growing concerns about the negative consequences of suspension and expulsion, in 2014, the U.S. Departments of Health and Human Services and Education released a joint policy statement recommending that states and programs take action to reduce and ultimately eliminate suspension and expulsion<sup>5</sup>. Recommendations in this policy statement fall into six areas:



Establishing fair and appropriate practices.



Ensuring a highly skilled workforce.



Increasing access to specialized supports.



Strengthen family partnerships.



Implement universal developmental and behavioral screening.



Set goals and track data.

## THE ARKANSAS RESPONSE

Upon the release of the joint U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Expulsion and Suspension, the Director of the Arkansas Department of Human Services/Division of Child Care and Early Childhood Education (DHS/DCCECE) convened a workgroup to develop a plan to reduce suspension and expulsion in ECE programs in Arkansas. The workgroup was comprised of multiple units of the DHS/DCCECE, various university partners, professional development providers, professionals with experience as ECE administrators, and more.

The state's workgroup reviewed existing policy that limits expulsions in state funded pre-k settings. The policy stated that "No child shall be dismissed from the program for behavior without prior approval from DHS/DCCECE." In 2016, DHS/DCCECE expanded this policy to also cover about 1,000 ECE providers that accept childcare assistance (vouchers/subsidy). Head Start and Early Head Start programs have long had non-expulsion policies built into their federal performance standards.

The workgroup utilized both in person and online strategies to spread the word about the negative impacts of suspension and expulsion on young children and their families, the policy change, and the state's new ECE provider support system—BehaviorHelp. These efforts have been renewed annually to ensure providers are aware of both the policy and the supports available.

## THE BEHAVIORHELP SYSTEM

Arkansas' BehaviorHelp (BH) system was designed by the state's Suspension and Expulsion Prevention Workgroup to provide a single point-of-entry to access support for teachers experiencing behavioral challenges in the classroom. Launched July 1, 2016, the system coordinates key training, technical assistance (TA), and mental health consultation resources in the state with a goal of helping ECE providers quickly and easily access the support that is likely to best match their needs. Requests for support can be submitted by teachers, parents, child welfare caseworkers, and others through a brief online BH support request form. It is important to note that while BH requests might be initiated because of concerns around an individual child, the support system is aimed at building the skills of teachers to support *all* children and families, including those in their class whose behavior may be challenging.

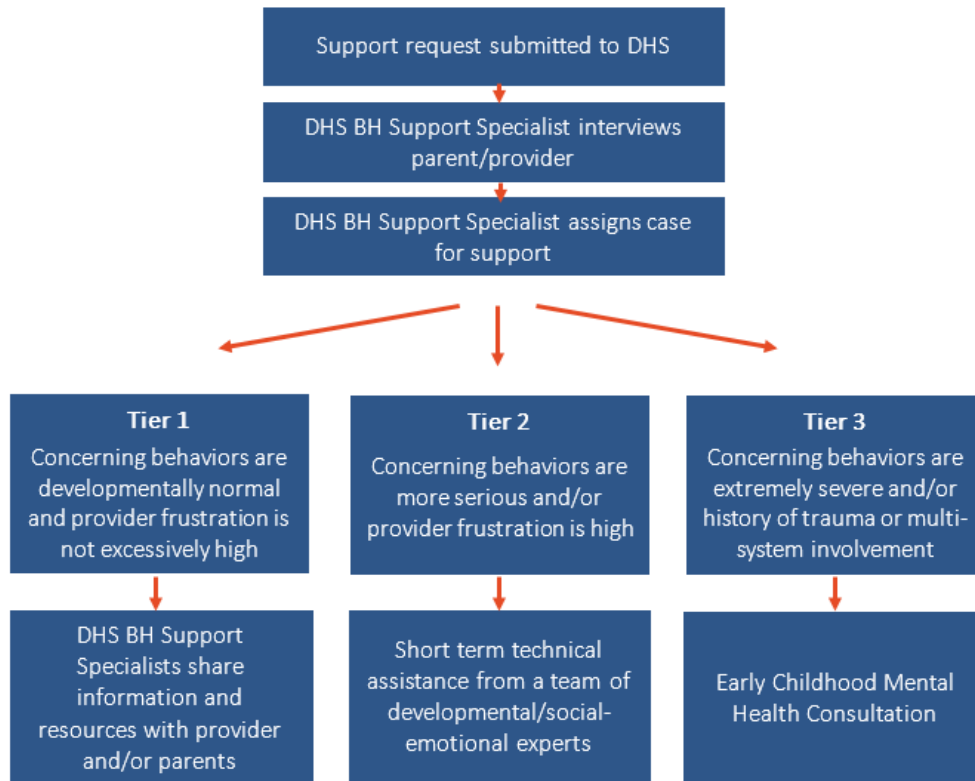
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*Launched July 1, 2016, BehaviorHelp coordinates key training, technical assistance, and mental health consultation resources.*

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BehaviorHelp is a multi-tiered approach to services and includes team members from DHS/DCCECE, Arkansas State University Childhood Services (A-State CHS), and the University of Arkansas for Medical Sciences (Project PLAY). Initial child referrals are received by BH Support Specialists with the DHS/DCCECE. These specialists then contact the person submitting the request to complete a phone interview. The BH Support Specialist then decides the most appropriate next steps for referral to help support the teacher. Next steps can include assistance via phone or email by DHS/DCCECE staff,

assignment to a BH Technical Assistance Provider (through A-State CHS) for on-site short-term assistance, or assignment to on-site infant and early childhood mental health consultation (through Project PLAY).



If a case is assigned to A-State CHS Technical Assistance (Tier 2), the ECE professional would receive the following supports:

- Initial visit to observe the classroom, teacher, and environment.
- Between 4 and 10 additional classroom visits (or more if needed) to assist the teacher in implementing strategies designed to strengthen the quality of the classroom environment, support social and emotional learning, and reduce behavior concerns in the classroom.
- Identification of additional appropriate professional development opportunities.

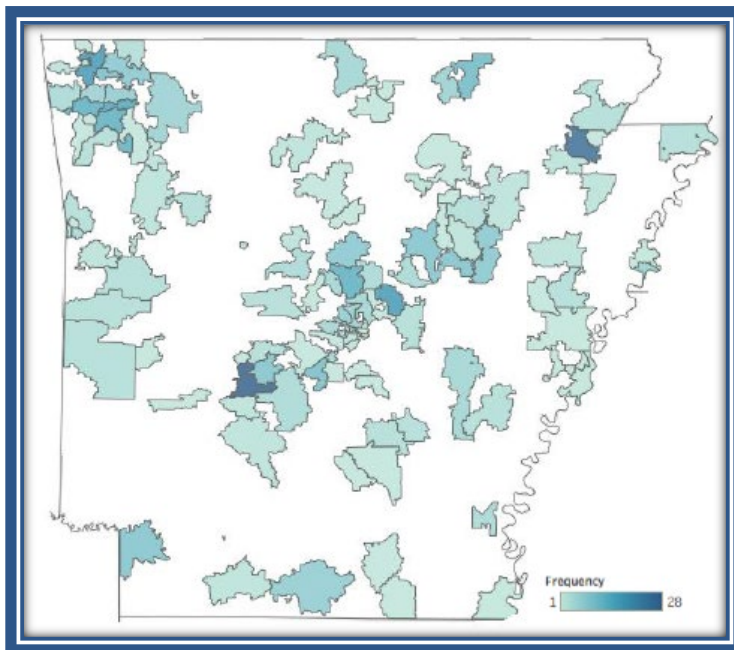
If a Project PLAY Infant and Early Childhood Mental Health (IECMH) Consultant (Tier 3) is assigned, supports could include:

- Observation of classroom, teacher, environment, and child referred.
- Developmental, social, and emotional screening.
- Partnering in development of individualized plans to support caregivers in managing challenging behaviors and strengthening social and emotional supports in the classroom.
- Weekly classroom visits for approximately three months to assist teachers in implementing new strategies and techniques and support the well-being of the teacher.
- Partnership with parents to facilitate consistency between home and school.

- Training and information sharing on topics such as childhood trauma, managing disruptive behaviors, and emotional literacy.
- Referrals to community resources, if needed, for further assessment and treatment.

## REACHING THE STATE

BehaviorHelp has provided support to childcare centers across the state, working in 63% of Arkansas counties in FY '22. Utilization of the BehaviorHelp system doubled from FY '21 to FY '22, possibly a result of COVID restrictions lifting and centers feeling more comfortable with outside partners coming into their facilities. These numbers are similar to those pre-pandemic, as FY18-19 saw 552 children referred to BehaviorHelp.



IN FY21-22, BEHAVIORHELP SERVED THE TEACHERS OF:

- 482 CHILDREN
- AT 234 CENTERS
- IN 52 COUNTIES.

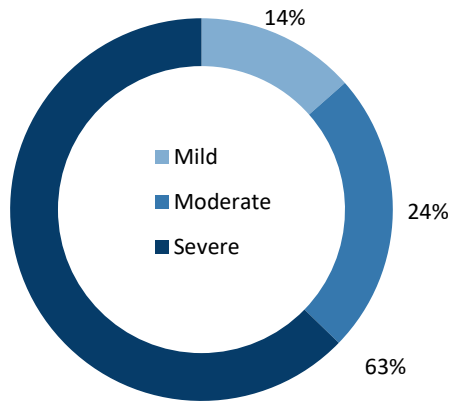
## DESCRIPTION OF REFERRALS

### Description of Children Referred

Data presented below are inclusive of children served across all program years. Since BehaviorHelp began in July 2016, the program has received referral requests on 2302 children across the state. Initial requests for service often came from the center director (48%). Other times, it was a teacher, parent, mental health professional, or caseworker who made the referral for supports. Those requesting assistance indicated children were demonstrating an average of five challenging behaviors (see next page).

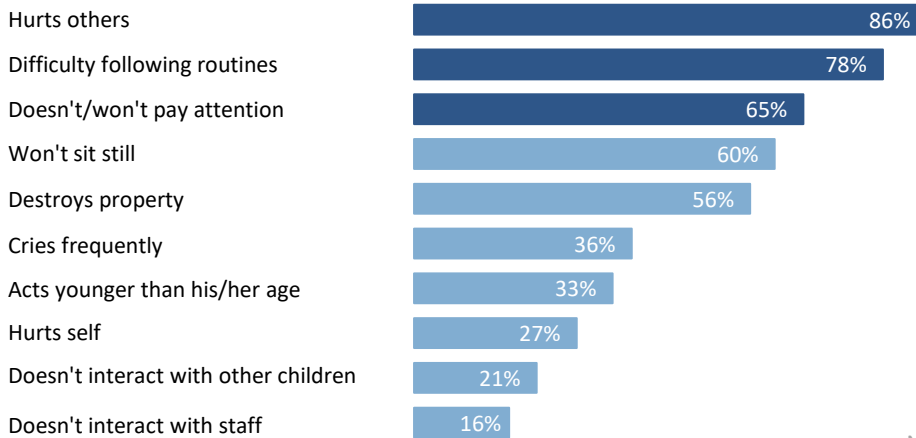


Teacher frustration with child behaviors was high.



N=1912

Reports often indicated children harmed others and had difficulty following routines and paying attention.

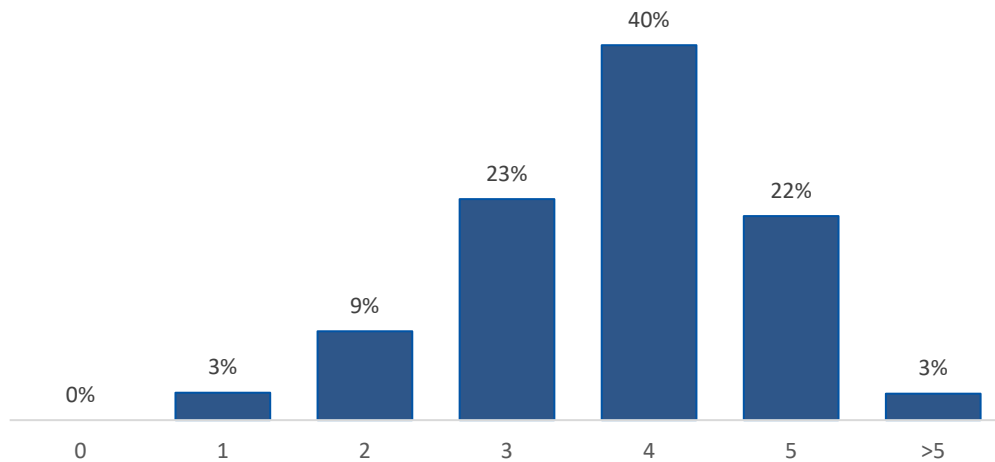


N=2302

While the system was primarily designed to serve children birth to five, some referrals were received for children enrolled in after-school or summer programs (3%). Referrals involved children ranging in age from 0 to 12 years of age ( $M=3.82$ ,  $SD=1.26$ ), though most were between the ages of 3 and 5. **Most referrals involved male children (80%).** In terms of race and ethnicity, the **majority of children were non-Hispanic Caucasian (62%),** followed by non-Hispanic African American (23%) and multi-racial (10%). Three percent of families were of Hispanic ethnicity. Reports indicated that **9% of the children referred were currently in foster care at the time of initial request for support.** Families received support for children's care from a variety of funding sources, including ABC (34%), CCDF or Foster Care Voucher (23%), Head Start/Early Head Start (10%) and other sources (33%), including private pay, Medicaid, etc.

N=2023

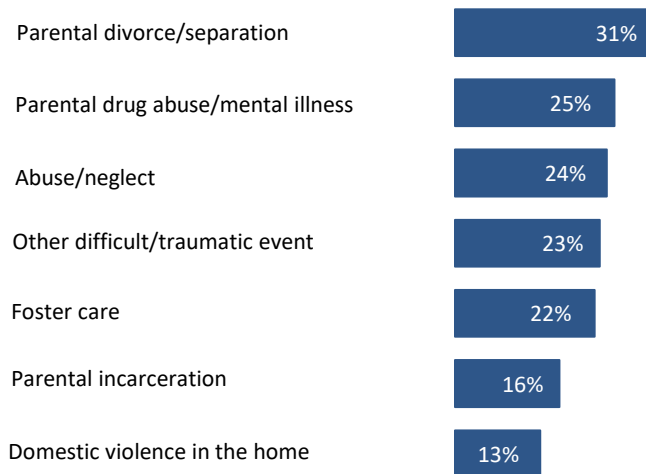
### Child Age in Years



Children who exhibit behaviors that teachers find challenging to manage in the classroom are often survivors of trauma, have developmental delays, or are in need of stronger positive relationships with adults in their lives. In year 2, we began gathering data on the special needs of children. Since then, we have learned that while some teachers indicated they were not aware of services children are receiving, overall, they reported that 21% of children had an Individualized Education Plan, 16% were receiving support from the local education agency, and **42% were receiving services such as speech, occupational, or physical therapy.**

Upon initial referral to BehaviorHelp, more than half (53%) of children referred had reportedly gone through recent changes in their life. Center staff also indicated that 48% of children had experienced difficult or traumatic events, including DHS involvement, divorce/separation, parent incarceration, serious illness and injury, and other difficult experiences (i.e., homelessness, parent deployment, witness to violence). Sometimes throughout the course of the case, however, evidence of trauma was discovered in children initially not thought to have experienced difficult life events. By case closure, **the proportion of children who were reported to have experienced trauma rose to 52%.**

Among children whose history of experiencing a traumatic event was known at intake, the experiences below were most common:



N=977 children with known history of trauma

### Classroom Strengths and Opportunities to Improve Social-Emotional Supports

BehaviorHelp staff utilized the Teaching Pyramid Observation Tool – Short Form (TPOT-SF) in their initial observations of classrooms in which teachers were requesting help for managing challenging behavior (for infant-toddler classrooms, a different tool was utilized). The TPOT-SF is designed to align with the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children and

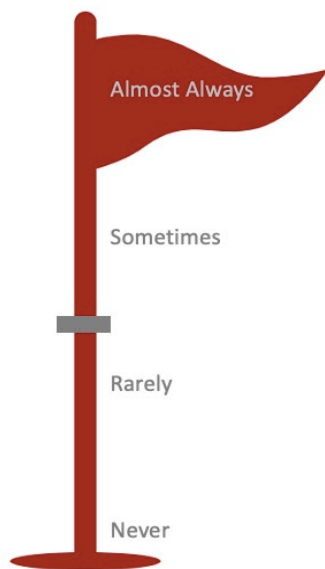
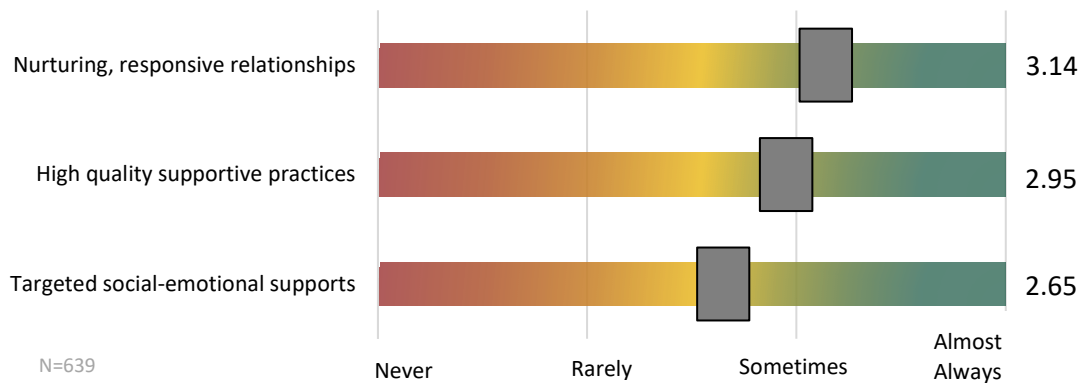


identifies tiered classroom practices that support children’s development and reduce challenging behavior in the classroom. Selected results from the TPOT are shown below, highlighting existing strengths as well as opportunities to strengthen classroom practices so that fewer emotional and behavioral challenges emerge.

Centers receiving assistance from BehaviorHelp were mostly Level 3 Better Beginnings sites (58%). In the figure below, we show the average of the TPOT-SF items scored within each level of the Pyramid. These results show that in initial classroom observations by BH consultants, teachers needed the most support in helping to build children’s social-emotional skills. Overall, classroom teachers were rated highest on their use of strategies to build nurturing, responsive relationships with the children in their classroom. For example, 81% of teachers have conversations with children, and 67% join in children’s play ‘sometimes’ or ‘almost always.’ There were slightly more opportunities to build supportive teaching practices that build high quality classroom environments. For example, while most classrooms had teacher directed activities were less than 20 minutes (86%), only 42% of classrooms were using a visual schedule to help children understand what to expect during the day, and transitions are often chaotic in more than two-thirds of classrooms (67%). The lowest average scores were seen on use of

targeted social-emotional supports. For example, 58% of teachers support children in problem-solving 'sometimes' or 'almost always,' and 56% of teachers rarely discuss emotions in the classroom.

Classrooms teachers are fostering nurturing relationships with children; however, classrooms need more assistance with building children's social-emotional skills.



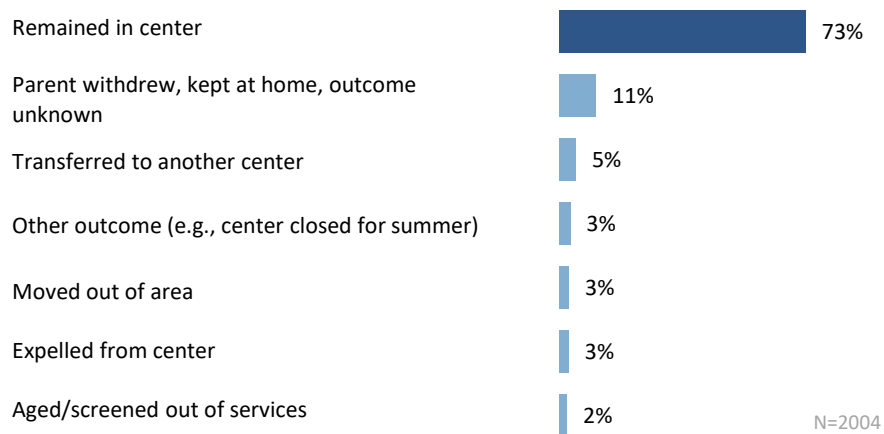
Four items on the TPOT-SF are considered 'red flag items,' in that they are classroom practices *not consistent* with the Pyramid Model. These 'red flags' can be indicative of a need for more teacher training and support in those areas or program-wide policies and procedures that may need to change. 'Red flag' items include teachers frequently reprimanding children for engaging in problem behavior (i.e., teacher says "no," "stop," or "don't"), threatening children with negative consequences if problem behaviors persist, and reprimanding children for expressing their emotions. Questions are worded such that 'never' is positive and 'almost always' is negative. As shown in the graphic to the left, of cases actively worked by BehaviorHelp consultants, teachers engaged in these 'red flag' practices between 'rarely' and 'sometimes.' For example, 33% of teachers threatened children 'sometimes' or 'almost always' during the observation period.

## PREVENTING SUSPENSION & EXPULSION

**BehaviorHelp cases were assigned to the A-State CHS technical assistance team as lead (68.7%), Project PLAY as lead (29.6%), or supported by phone and email with DHS/DCCECE as lead (N=33, 1.7%).** Within these assigned cases, the work of the lead agency was supplemented with assistance from a partner agency 1% of the time. These numbers exclude the cases that were not assigned outside of DHS/DCCECE for various reasons (attempts to contact school were unsuccessful, parent had already moved child, etc.). In some cases, A-State CHS and Project PLAY staff also collaborated with early childhood special education professionals.

Of the 2249 cases that the BH team has *closed* across all fiscal years, **57 children were expelled (3%)**. Most children (73%) remained in the center that initiated the BH referral, with 86% of those still in the same classroom as intake. In 11% of cases, parents withdrew the child from the program. Sometimes these withdrawals can be indicators of what is termed a ‘*soft expulsion*,’ in which parents feel unable to keep their child enrolled due to frequent calls about behavior or requests to pick up the child. Other times the parent may withdraw the child for other reasons entirely, and we do not have data on the reason for the withdrawal. Other children were transferred to another center (5%). In 11 of 102 transfers, the decision to transfer was recommended and facilitated by the BehaviorHelp team with the support of the parents, while most transfers were the decision of the parent and/or program alone. The remaining children changed centers due to aging out or graduating or moving out of the area.

At the time their case closed, most children **remained in the ECE center**.



### Teacher Perception of Change in Child Behavior

When a child-specific case was opened through Project PLAY, teachers were asked to complete the Strengths and Difficulties Questionnaire (SDQ), a 25-item screening tool designed to assess children’s behavior in five key areas: emotional difficulties, conduct problems, hyperactivity, peer relationships, and prosocial behaviors. The average scores for children referred to BehaviorHelp were higher than SDQ normative data (with prosocial scales lower than the norm), indicating the severity of behaviors exhibited by children referred to BehaviorHelp services. However, **total SDQ scores improved significantly**, with children’s behavior seeing significant improvements over the course of the three-months of Project PLAY consultation with the teacher (see figure below). **Teachers also reported a significant decline in the impact of the child’s challenging behaviors on the classroom.** This was evidenced by a significant decrease in teachers scores related to how much the child’s difficulties (problems with emotions, concentration, behavior, and/or getting along with others) upset the child or interfere with classroom life (including peer relationships and learning within the classroom).



**Significant decrease** in conduct, hyperactivity, and peer problems such as:

- Often fights with other children.
- Constantly fidgeting or squirming.
- Picked on or bullied by other children.



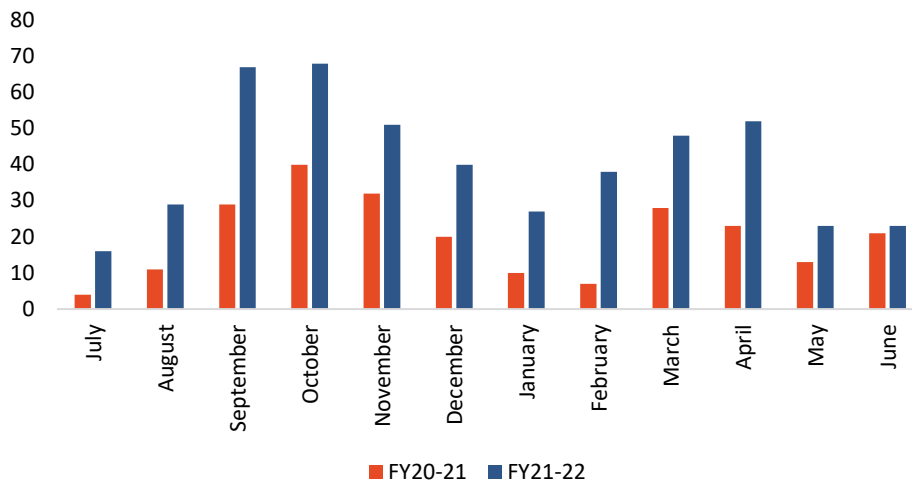
**Significant increase** in prosocial behaviors such as:

- Considerate of other people’s feelings.
- Shares readily with other children.
- Often offers to help others.

## THE COVID-19 PANDEMIC

In March of 2020, the work of the BehaviorHelp team was impacted by school and childcare closures and disruptions related to the COVID-19 pandemic. The pandemic appears to have had a direct impact on the number of referrals that were made to BH during that time and continued to impact the 2020-2021 fiscal year (see figure below). In the beginning of FY ’21, BehaviorHelp received significantly fewer referrals than in previous years. BehaviorHelp consultants, however, were continuing to provide virtual services to childcare centers across the state during this time. As COVID restrictions began to lessen across the state, Project PLAY and ASU staff began to increase their capacity to serve centers in person. This coincided with an uptick in support requests submitted in the Spring of 2022. BehaviorHelp referrals in FY ’22 almost reached pre-pandemic numbers. In 2018-2019, BehaviorHelp assisted with 552 referrals, while 2021-2022 saw 482 children referred.

BehaviorHelp showed an increase in referrals from FY21 to FY22.



## CASE STUDIES\*

A variety of factors can contribute to a center’s decision to expel a child. Teacher stress, low self-efficacy to help the child, lack of access to classroom supports, and organizational stressors are all associated with increased risk for expulsion.<sup>6-8</sup> Building a teacher’s skills, reflective capacity, and relevant knowledge can help enhance teacher-child relationships and improve child outcomes, including

risk for expulsion. The case studies below are reflective of such relationships and skill building through BehaviorHelp services.

### Project PLAY Infant and Early Childhood Mental Health Consultation

BehaviorHelp received a referral for a 4-year-old girl whose teacher shared concerns of increasing verbal aggression, running out of the classroom, and physical aggression to other students. A Project PLAY consultant was assigned to the case. The consultant learned there were some changes in the home that were affecting the child's previously consistent schedule. Additionally, the teachers shared that while they were very experienced, they had never experienced behaviors like the targeted child was exhibiting. The teachers shared feeling overwhelmed by having to balance the needs of this child and their classroom as a whole.

The teachers and PLAY consultant met collaboratively to create goals that would: 1) strengthen supportive relationships, 2) increase predictability and consistency within the classroom, and 3) increase social-emotional supports in the classroom. The consultant helped the teachers understand the importance of adult self-regulation, incorporate more visual supports in the classroom, add breathing strategies into their daily routine, and increase language about feelings in the classroom. The referred child was receiving additional community supports. The teachers, the director, the parent, and the consultant regularly met with the community support partners to ensure consistency of strategies as well as work collaboratively on additional supports/goals for targeted child.

At the end of consultation, the teachers reported decreased instances of running out of the classroom and less physical aggression. In addition, the child was able to use visual supports to help her teachers understand what she needed in moments of upset. The teachers shared they felt more confident in their ability to manage challenging behaviors in the classroom and were excited about implementing more social-emotional supports to help all children in their classroom. The director noted the increased confidence the teachers had to manage challenging behaviors.

### A-State CHS Technical Assistance

A BehaviorHelp request was made for a classroom with a child who was physically injuring both other children and staff. The child also exhibited destructive behaviors and struggled to follow directions. Both in-person and virtual supports were provided by an A-State CHS consultant who collaborated with teachers to develop a plan to incorporate social emotional structures into the classroom.

Teachers seemed to feel overwhelmed and frustrated with the behaviors in the classroom. The consultant brainstormed ways to prompt them throughout the day when feeling overwhelmed. Teachers were also guided in shifting their focus from the child's behavior to the teacher's own responses to the behavior. Both teachers were open and willing to explore how they were feeling. A new plan was made for the teachers to focus on noticing their state, actively calming themselves, and focusing on what they wanted the children to do in the moment, using assertive communication. The teachers would also continue to offer intentional moments of connection to all children.

As these "intentional moments" were implemented, teachers reported that the children loved this time. Teachers added moments in their day outside of the classroom for decompressing and taking their breaks away from the classroom. They also created a plan to incorporate breathing and calm down

strategies to the children in their classroom as well. Teachers created spaces in the classroom for children to go to calm when having big feelings. Children learned to use these calming spaces on their own.

The teachers reflected that while they still saw some of the behaviors they originally reported, they were occurring less often, and they felt more equipped to support the children when these behaviors occurred. They saw these strategies benefit multiple children in the classroom and observed progress overall with children talking more about their feelings and being willing to use calm down strategies with their teachers. Teachers also reflected they were feeling less stressed and were more composed in their responses to the children.

\*Names and other identifying information have been changed to protect the privacy of teachers and families.

## BEHAVIORHELP SUPPORT PARTNERS



## MEMBERS OF ARKANSAS' SUSPENSION & EXPULSION PREVENTION WORKGROUP

- Arkansas Department of Human Services/Division of Child Care and Early Childhood Education
  - Licensing and Accreditation Unit
  - Arkansas Better Chance
  - Family Support
  - Director's Office
- Arkansas Department of Human Services/Division of Behavioral Health Services
- Arkansas Department of Education/Division of Elementary and Secondary Education Special Education Unit
- Head Start Collaboration Office
- Project LAUNCH
- University Partners
  - Arkansas State University—Jonesboro
  - University of Arkansas for Medical Sciences
  - University of Arkansas—Fayetteville
- Out of School Network
- Arkansas Advocates for Children and Families



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