



Building a Comprehensive State Policy Strategy to Prevent Expulsion from Early Learning Settings, 2nd Edition

No evidence exists that expulsion and suspension are effective responses to children’s behavior. Instead, expulsion early in a child’s education is associated with expulsion in later school grades.¹ Young students who are expelled are 10 times more likely to drop out in high school, experience academic failure, hold negative school attitudes, and face incarceration than those who are not.²

As states and territories work to reduce and ultimately eliminate expulsion and suspension from all early learning settings, leaders face significant complexity. This complexity comes from the following factors:

- ◆ How children’s behaviors are understood
- ◆ The different types of exclusionary practices that are used and what data are available about them
- ◆ The degree to which the characteristics of early learning settings may provoke or contribute to children’s behaviors
- ◆ The subjectivity of what behavior is considered challenging
- ◆ The increased understanding of how implicit bias affects children of color
- ◆ The significant need to address an underprepared and under supported workforce, as well as children and families who need supports beyond what an early setting can provide alone
- ◆ The range of definitions for expulsion and suspension across early learning settings

This tool, *Building a Comprehensive State Policy Strategy to Prevent Expulsion from Early Learning Settings* (Expulsion Policy Strategy Tool), is designed to address this complexity. Its aim is to support states and territories in designing a multifaceted policy approach to developing a continuum of supports for programs, families, and children. It provides policy options to promote young children’s social-emotional development and reduce the likelihood of expulsion and suspension in early learning.

Early learning settings are defined in this tool as programs serving children from birth to age 5 in centers, schools, and homes, and other community-based programs that provide early care and education. The Expulsion Policy Strategy Tool focuses is closely aligned with the 2014 Child Care and Development Block Grant (CCDBG) reauthorization. The complex problem of expulsion and suspension requires policy action across all early learning settings and partnerships with other sectors such as health and mental health.

The Expulsion Policy Strategy Tool can be used to identify strengths upon which to build and prioritize areas for action. Its goal is to support analyses about what can be included in state-level strategies to build quality, equity, and capacity in early learning settings.

How the Tool is Organized

Part I. Expulsion in the Early Years: A Review of Research	1
Part II. Dimensions of Expulsion	3
Part III. Using the Tool	5
Part IV. The Expulsion Policy Strategy Tool	8

Part I. Expulsion in the Early Years: A Review of Research

Definition

No formal definition exists for expulsion and suspension across the early childhood field.³ As states and territories establish shared definitions across all settings, there are many types of exclusionary practices to consider:

- ◆ In-program suspensions that involve removing a child from a classroom or from activities that include the other children
- ◆ Out-of-program suspensions that remove a child in the short-term or place restrictions on the time a child may attend the program
- ◆ Expulsions that dismiss a child from the program permanently
- ◆ “Soft expulsions,” in which program practices encourage families or parents to voluntarily terminate services⁴

Expulsion Rates

National rates and initial findings on race, gender, and age disparities. Walter Gilliam’s research conducted across 40 states found a national rate of 6.7 children expelled per 1,000 in publicly funded prekindergarten programs delivered through schools, Head Start, and child care settings. This rate is triple the rate of expulsion of K–12 students.⁵ This research also identified significant racial, age, and gender disparities in the rates: 4-year-olds were expelled at a rate about 50 percent greater than 3-year-olds, boys were expelled at a rate more than 4.5 times higher than that of girls, and Black children were about twice as likely to be expelled as Latino and White children and more than 5 times as likely as Asian children.⁶

Child care rates and emerging birth-to-3 findings. Studies in Colorado, Massachusetts, and Michigan have shown that child care expulsion rates appear to be even higher, with an average of 27.4 children expelled per 1,000 students.⁷ A study in Chicago of child care programs serving children younger than age 3 found that 42 percent of programs had terminated at least one young child’s participation in the previous year because of a challenging behavior.⁸ A recent study of Philadelphia child care programs found that 26 percent had expelled at least one child in the past year and that toddlers were just as likely as preschoolers to be asked to leave the child care setting.⁹

Program Characteristics Associated with Likelihood of Expulsion

The research also identifies program characteristics that are associated with an increased likelihood of expulsion.^{10,11} These characteristics comprise a mixture of policies, program design elements, and teacher attributes that create a context that may lead to behaviors perceived as challenging.¹²

- ◆ **Programmatic policies.** Higher child-to-adult ratios, larger group size, too little or too restrictive structure, physical environments that are too open or unclearly defined, longer staffing or operating hours, and a lack of behavior supports and early childhood mental health consultation for program leadership and staff
- ◆ **Teacher-student interactions.** Teachers with higher levels of stress, teachers with higher rates of depression, and teachers who hold beliefs about stricter discipline

Racial and Gender Inequities Persist

Stark racial and gender disparities persist in expulsion rates. The federal government started collecting data on public preschool suspension and expulsion in 2011. The following figures come from the most recent data from the U.S. Department of Education’s Office for Civil Rights:¹³

- ◆ Black children make up 18 percent of preschool enrollment, but 48 percent of the preschool children who are suspended more than once.



- ◆ Latino and Black boys combined represent 46 percent of all boys in preschool, but 66 percent of all boys who are suspended.
- ◆ Boys receive more than three-quarters of out-of-school suspensions.
- ◆ Girls who are Black, Native Hawaiian, or Pacific Islander represent 30 percent or more of all out-of-school suspensions even though they have a much smaller total population in preschool than girls in other racial or ethnic groups, such as White, Latina, and Asian.

Why these gender and racial disparities exist in early childhood has not yet been empirically investigated; however, research demonstrating similar disparities in school-age children has found potential contributors, including uneven or biased implementation of disciplinary policies, discriminatory discipline practices, school racial climates, and under resourced and inadequate education and training of teachers.¹⁴

Part II. Dimensions of Expulsion

As states and territories consider strategies to prevent and ultimately eliminate expulsion and suspension in the early years, why early learning programs suspend or expel young children needs to be explored. The reasons can be considered as three dimensions of the problem: 1) the absence of deep understanding of child development, 2) implicit bias, and 3) young children who need more and different support than can be provided by an educator or an early learning setting alone.

Dimension 1. Knowledge of Child Development

Focus on social-emotional development. Children's social-emotional development is a cornerstone of school readiness, health, and overall well-being. This area of development includes personality, temperament, social problem solving, self-conceptualization, and self-regulation.¹⁵ Social-emotional development is a child's capacity to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore and learn from his or her environment.

Focus on cultural and linguistic competence, equity, and core child development knowledge. Cultural competence in all early learning program staff is a necessary factor in reducing expulsion and suspension and advancing equity. National data suggest that children of particular cultural communities (for example, Hawaiian, Pacific Islanders, Latino, and Black) are more likely to be expelled or suspended than White children. Cross-cultural differences in children's expression and interpretation of emotions have increasingly been documented. For example, anger, shame, and exuberant expression of positive emotions are treated differently in child socialization practices across cultures.¹⁶

All child development occurs in the context of culture.¹⁷ Children learn how to understand, address, regulate, and express culturally appropriate emotions through everyday interactions with adults and children in their families. Early childhood staff who interact daily with young children from diverse racial, cultural, and language communities need to have the knowledge and skills to understand how children's emotional responses may reflect cultural expectations and learning. They also need to be able to communicate classroom expectations in a child's first language; support social-emotional learning; and examine their own cultural socialization, bias, and practices.

Challenging behavior as part of child development. Young children's social-emotional capacity develops over time in the context of family, community, and cultural expectations.¹⁸ Warm, nurturing relationships with adults help very young children develop trust, empathy, and compassion. They also support children as they develop curiosity and confidence and learn to cooperate with others and persist with challenging tasks.¹⁹ As young children grow, they communicate through behavior such as facial expressions, body movements, and sounds.²⁰ Pediatrician T. Berry Brazelton observed that as children reach key developmental milestones, they have periods of challenging behaviors that offer "touch points" for caregivers because they "typically come with regressive behavior that can provide self-doubt and despair [for the parent or caregiver]" before the child integrates the new skill.²¹ In other words, some challenging behaviors are normal and to be expected in infants and young children.



Some challenging behaviors are easier to understand than others as children's behaviors reflect their experiences, culture, and personal history.²²

Expulsion and suspension can pathologize child behavior and increase disparities. Young children test boundaries and act out as they develop social-emotional skills. According to the American Academy of Pediatrics, for example, it is typical for a preschooler's frustration or anger to manifest as physical conflict.²³ If the child is responded to in a way that promotes empathy, for instance, this fosters the child's development. Labeling a developmentally appropriate behavior as disruptive or challenging and removing the child from the setting does not help the child or family, and could lead to unnecessary interventions.²⁴

Distinguishing concerning behaviors from developmentally appropriate behaviors. The appearance of challenging behavior is subjective, and teasing apart the reasons for such behavior can be difficult. Factors contributing to a child's behavior may be related to the child, family, program, or all of the above.²⁵ Identification of behaviors as challenging is often based on an adult's perception of risk. Traits such as independent-mindedness and a willingness to assert one's views can be viewed as disruptive, defiant, or aggressive.²⁶

The 2012 National Survey of Early Care and Education indicates that only about 20 percent of providers reported receiving training on facilitating social-emotional growth in the past year.²⁷ Without enough training, it may be difficult to distinguish concerning behaviors from those that are developmentally appropriate, and mischaracterizing these behaviors may lead to inappropriate responses and labeling.²⁸

Dimension 2. Implicit Bias

Definition of implicit bias. Implicit bias refers to the unconscious attitudes that affect understanding, actions, and decisions. These associations cause feelings and attitudes about other people based on characteristics such as race, ethnicity, gender, age, and appearance. Implicit associations do not necessarily align with declared beliefs. Recent studies shed light on how implicit bias contributes to the likelihood of expulsion:

- ◆ **Disproportionate levels of discipline.** In a recent study that used eye-tracking technology, Yale researchers found that preschool teachers (regardless of their race) tend to more closely observe Black children, especially Black boys, than White children when they are expecting challenging behavior. White teachers appeared to hold Black preschoolers to a lower behavioral standard, whereas Black teachers held Black preschoolers to a high standard and in general tended to recommend harsher exclusionary discipline. These biases, though different, appear to share the expectation that Black children will have more frequent challenging behaviors.

When teachers were provided background information that included familial stressors that may explain problematic child behavior, teachers of the same race as the child showed greater empathy for the child, which may have led to feelings that the challenging behavior could improve. However, this information did not have the same impact on teachers of a different race than the child, who actually rated the behavior as more severe. The researchers concluded that for these teachers, the background information may have led to feelings of hopelessness and the sense that the child's challenging behaviors were insurmountable. These findings are consistent with studies showing a tendency for raters (applied here to teachers) to show greater empathy for the misfortunes of others when rating someone of their own race.²⁹

- ◆ **Perceptions of children's behavior.** A review of the Early Childhood Longitudinal Study to understand disparities at kindergarten entry shows trends in teachers' perceptions of children's behavior.³⁰ The review analyzed both parent and teacher perceptions of children's noncognitive skills, such as self-control, approaches to learning, social interactions, and persistence. It found disparities in how parents and teachers rated students' behavior. For example, Black and White parents equally rated their children's persistence, approaches to learning, and social interactions, but teachers rated Black students as having a distinct disadvantage relative to Whites in these skills. The disparity was even greater when rating self-control: "according to parents, Black children exhibit a relatively high degree of self-control, while teachers perceive them to have substantially less self-control than White students."³¹ The study did not offer reasons for these differences; however, the ratings matched by socioeconomic status, but not by race, suggesting that race introduces biases.



- ◆ **Overestimation of threat.** Growing evidence indicates that Black boys are perceived as less innocent, less human, and more deserving of punishment than their White peers, and that adults continually overestimate Black boys' ages relative to their White and Latino peers. The findings suggest that the perceived threat commonly associated with Black men may be generalized to Black boys as young as 5.^{32,33}
- ◆ **Teacher relationships with students.** A study of kindergarteners and first graders found that while all teachers struggle in their relationships with children of both genders who exhibit challenging behaviors, teachers reported more conflict in their relationships with Black students at the end of the year than at the beginning. The study determined that teacher relationships with Black students increase in conflict over the school year, but also start with less closeness, possibly reflecting an initial bias.³⁴
- ◆ **Impact of underprepared teachers.** Research at Stanford University shows that underprepared early learning teachers are more likely to use punitive and rejecting disciplinary techniques and are more likely to over-identify children, especially children of color, for special education, disciplinary action, and expulsions. They lack the skills to teach problem-solving behaviors, and often misinterpret what children do and say.³⁵

These realities can be changed. Implicit biases are malleable.³⁶ Recent research suggests that early childhood mental health consultation can reduce disparities in expulsion³⁷ and that interventions can be designed to increase teachers' empathy for children.³⁸ Teachers may benefit from ongoing guidance and support on how best to use knowledge about family background, culture, and first language to improve communication with families, improve their interpretations of children's behavior, and avoid feelings of hopelessness, especially when the teacher's and child's races do not match.³⁹

Dimension 3. Additional Needs of Some Children

Role of trauma-informed care. Young children dealing with trauma may exhibit challenging behavior. Trauma can disrupt the architecture of the developing brain—cognitively, biologically, and physiologically.⁴⁰ Children experiencing trauma arrive at school less ready to learn than their peers, and trauma from exposure to violence can diminish concentration, memory, organizational, and language abilities.⁴¹ New strategies for supporting children who have experienced trauma are emerging, and resources are being produced to advance trauma-informed teaching practices.⁴²

Infant and early childhood mental health services. Approximately 10 to 14 percent of children from birth to age 5 experience emotional, relational, or behavioral disturbance.⁴³ As a recent Zero to Three report points out, "Children living in families coping with parental loss, substance abuse, mental illness, or exposure to trauma are at heightened risk of developing infant-early childhood mental health disorders. The stressors of poverty can compound these risks. Young children, even infants, can show early warning signs of mental health disorders ... Without intervention, serious mental health problems can manifest."⁴⁴ Early learning programs are one important place for early detection; program staff can connect families to appropriate supports and services.

Part III. Using the Tool

Eliminating expulsion and suspension will "require an all-hands-on-deck approach and a shared responsibility between families, programs, and government at all levels."⁴⁵ The Expulsion Policy Strategy Tool focuses on one of the important hands—that of the states and territories and their public policy approaches to promoting social-emotional development and preventing expulsion and suspension from early learning. The Expulsion Policy Strategy Tool is designed to provide a range of policy options, but it is written from the early learning policy viewpoint. It also assumes that partners from other systems will be critical to solving the problem. No one system owns the complete solution.

The tool is guided by five values:

1. **Gathering and using data are essential.** Data are essential to examine the range of reasons families leave early learning programs, and monitor progress in reducing suspension and expulsion by tracking investments, workforce and quality improvement initiatives, and implementation of supports.



2. **Quality programs are part of the solution.** Evaluation research has shown that the programs that produce the largest gains for children share similar characteristics,⁴⁶ and state policy should strive to make the following characteristics possible for all programs: qualified and appropriately compensated personnel, small group sizes and high adult-child ratios, language-rich environments, developmentally appropriate curricula, safe physical settings, and warm, responsive adult-child interactions.
3. **Strong partnerships between programs and families support healthy child development.** The quality of relationships between families and programs and teachers is what drives and creates family engagement. Families are more likely to be engaged when they feel supported and understood. Research indicates that families' involvement in children's learning affects lifelong health, developmental, and academic outcomes.⁴⁷
4. **Promoting racial equity and cultural and linguistic competence is imperative.** Given the research on implicit bias and racial disparities in expulsion rates, this tool values taking action to promote equity. The disproportionality of expulsion rates means that addressing the range of reasons children may be expelled becomes even more critical. There could be unintended consequences if a policy strategy only addresses one reason. For example, if a state policy strategy only addresses the availability of child treatment services without addressing workforce concerns or racial, age, and gender inequities, it could lead to children of color being overrepresented in intervention services.
5. **A continuum of supports is needed.** The goal of a state strategy is to improve the use of existing and new resources across a continuum of supports that can meet the diversity in culture, language, race, and needs across children and families, programs, and communities. There is no single solution.

The Tool's Policy Categories

The tool is organized into six key strategies for states and territories to consider when developing or enhancing their policy approaches to reducing and, ultimately, eliminating expulsion and suspension in the early years. Each strategy has corresponding policy options. The order of strategies does not indicate order of importance. The six strategies are as follows:

1. Clear goals and data progress monitoring
2. Fair and appropriate policies
3. Strong family partnerships
4. Universal developmental and behavioral screening
5. Highly skilled workforce
6. Access to specialized consultation

Suggestions for Using the Expulsion Policy Strategy Tool

Please consider the following recommendations.

- ◆ **Team approach.** Given the need to craft a multifaceted solution, individuals with different expertise can contribute to the analysis and strategy. Individuals with policy and practice perspectives from both the public and private sectors should be involved, with representatives from the following:
 - Child care
 - Preschool and prekindergarten
 - Infant/toddler early learning programs
 - Quality rating and improvement system (QRIS)
 - Early Intervention (Part C of the Individuals with Disabilities Education Act [IDEA]) and Special Education (Part B, section 619 of IDEA)



- Mental health, particularly infant and early childhood mental health and trauma-informed care
 - Health: primary pediatric health care and Medicaid
 - Child welfare
 - Workforce development: higher education and professional development
 - Federal grant programs; for example, the Substance Abuse and Mental Health Services Administration's System of Care program and Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)
- ◆ **Rating system.** Work through each of the six strategies and rate the extent of implementation for each of the policy options as one of the following:
- **Area of strength:** The state has fully implemented the policy successfully over many years.
 - **In process:** The state is either in the process of implementing the policy, with roll-out across the state underway, or the policy has been implemented but the state is still determining its impact and whether changes or improvements in implementation are needed.
 - **In planning:** The state is considering the policy. It is of interest and initial research is underway, or the state is still determining the design and implementation process.
 - **Not started:** The state does not have the policy and is not currently doing any exploration.
- ◆ **Guiding questions for using the Expulsion Policy Strategy Tool.** Review the strategies before meeting so that adequate data and information can inform the discussion. Consider the following guiding questions:
- What data do you have and how do you know the extent of your progress?
 - What policies does your state or territory implement well?
 - What policies exist but require improvement in implementation?
 - What policies, initiatives, or partnerships are needed?
 - What policies may face significant barriers, but research or planning could be started?
- ◆ **Policy levers.** Solutions are complex, and not all solutions can be tackled at one time. Discussing the state or territory's context, strengths, and challenges can help the state approach hone in on the key policy areas to be advanced in each strategy or across the strategies. This discussion can also help assess whether some policies need to be addressed first in order to make other policies possible, and which ones present immediate, short-term, or long-term opportunities.
- ◆ **Opportunity to succeed and agency responsibility.** Discuss where a specific state agency has authority to implement new policies, and where developing partnerships or shared goals across agencies is more advantageous to improving outcomes for children and families.



Part IV. The Expulsion Policy Strategy Tool

Six Strategies for Expulsion Prevention in Early Learning At-A-Glance

Strategy I. Clear Goals and Progress Monitoring	
Governance and shared definitions	Governance Shared definitions
Goals and data to track improvement	Goals State roadmap Data questions Data collection Data alignment or integration
Communications	Communication strategies

Strategy II. Fair and Appropriate Policies	
Programmatic policies of state early learning programs	Teacher:child ratios Group size Curriculum Guidance practices State expulsion policies and guidance
Continuity of care	Family and child eligibility Family and child eligibility redetermination Job search Parent work hours Family income policies Family contribution or copayment
Access to high-quality care	Enrollment reimbursement for programs Payment practices and timeliness of payments to programs Base rates and tiered reimbursement for programs

Strategy III. Strong Family Partnerships	
Shared vision for strong partnerships with families	Shared understanding of strong family partnerships
Early learning programs' strong partnerships with families	Program capacity to build strong partnerships Program approaches to preventing expulsion



Strategy IV. Universal Developmental and Behavioral Screening

Universal screening and referrals	Screenings in early learning programs Early detection Referrals to further assessment and services
Capacity for further assessment and services	Capacity of assessment and intervention and treatment services

Strategy V. Highly Skilled Workforce

Highly skilled early learning workforce	Workforce knowledge and skills Facilitate practice change QRIS social-emotional content Program leadership Statewide positive behavior interventions and supports (PBIS)
Early learning work conditions and workforce well-being	Work environment and well-being Compensation
Infant and early childhood mental health (IECMH) workforce	IECMH consultation workforce IECMH assessment and treatment services IECMH professional endorsement or credential

Strategy VI. Access to Specialized Consultation

Access to specialized consultation	Early childhood mental health consultation Alignment across technical assistance providers
------------------------------------	---



Strategy I. Clear Goals and Progress Monitoring

The strategy **Clear Goals and Progress Monitoring** provides policy options for states and territories to explore regarding the design of a cross-system leadership team, the development and use of shared definitions, the establishment of state-level goals, and the coordination of data and monitoring progress.

1. Governance and Shared Definitions	Area of Strength	In Progress	In Planning	Not Started
<p>A. Governance</p> <p>A1 policy: Identify or develop a collaborative body of stakeholders across the early childhood system to design, implement, and monitor the state’s multifaceted strategy for reducing expulsion and suspension in early learning programs. This body could do the following:</p> <ul style="list-style-type: none"> i. Establish a cross-system public and private leadership team ii. Identify a director who can make a significant time commitment to driving implementation and monitoring progress iii. Ensure that goals and data are integrated in all agencies’ agendas iv. Perform an annual assessment of progress to inform ongoing policy, investments, and supports v. Implement short- and long-term strategies simultaneously vi. Determine how to increase access to the continuum of supports vii. Ensure that racial, gender, and age disparities are reduced <p>Resource: Zero to Three webinar and policy brief, Planting Seeds in Fertile Ground: Steps Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health⁴⁸</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>B. Shared Definitions</p> <p>B1 policy: Establish a statewide definition of expulsion.</p> <p>Resources: Caring for Our Children⁴⁹ defines expulsion as terminating the enrollment of a child or family because of a challenging behavior or health condition. SRI International’s Program Leader’s Guide to Supporting All Children’s Success⁵⁰ defines expulsion as permanent removal or dismissal from the program and soft expulsion as practices that make it so that the program is not a viable care arrangement and leave a family with little choice but to withdraw their child. Child Care and Development Fund Final Rule (2016)⁵¹ preamble recommends using Caring for Our Children Basics⁵² as additional guidance for programs.</p> <p>B2 policy: Establish a statewide definition of suspension.</p> <p>Resources: Caring for Our Children⁵³ defines suspension as any reductions in the amount of time a child is in attendance at the group setting, such as requiring the child to cease attendance for a particular period of time or reducing the number of days or amount of time that a child may attend, and/or requiring a child to attend the program away from the other children. It also recommends that there are other services that should not be limited on the basis of challenging behaviors, including denying outdoor time, withholding food, and using food as a reward or punishment. SRI International’s Program Leader’s Guide to</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



1. Governance and Shared Definitions	Area of Strength	In Progress	In Planning	Not Started
<p>Supporting All Children's Success⁵⁴ defines in-school suspension as practices that involve removing or excluding children from the classroom, and out-of-school suspension as practices that involve temporarily removing children from the program. Child Care and Development Fund Final Rule (2016)⁵⁵ preamble recommends using Caring for Our Children Basics⁵⁶ as additional guidance for programs.</p>				
<p>B3 policy: Establish a statewide definition of adult-child interactions.</p> <p>Resources: Center on the Developing Child reviewed 40 years of evaluation research⁵⁷ that shows one of the critical factors that improves outcomes is “warm and responsive adult-child interactions.” National Center on Early Childhood Development, Teaching and Learning⁵⁸ has resources on engaging interactions and environments, and defines interactions using the domains established by the Classroom Assessment Scoring System (CLASS) as a way to measure quality of interactions and identify thresholds. Center on the Social and Emotional Foundations for Early Learning has What Works Briefs⁵⁹ on building teacher-child relationships and promotes the Pyramid Model for states interested in statewide positive behavioral intervention and supports for early childhood.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Goals and Data to Track Improvement	Area of Strength	In Progress	In Planning	Not Started
<p>A. Goals</p> <p>A1 policy: Establish goals for state-level improvements in reducing and preventing expulsion.</p> <p>Resource: U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings⁶⁰ provides examples.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B. State Roadmap</p> <p>B1 policy: Develop a state roadmap or logic model to connect goals with strategies and data-driven monitoring of progress.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>C. Data Questions</p> <p>C1 policy: Establish key questions that the data collected will assist in answering and monitoring progress.</p> <p>Resource: The fourth webinar in the Administration for Children and Families series Reducing Suspension and Expulsion Practices in Early Childhood Settings⁶¹ offers sample questions: Who is asked to report? How will the data capture soft expulsion? What program, teacher, child, and family characteristics will be reported? How will the state capture racial, age, and gender disparities? What supports are being offered? Is the issue becoming better or worse over time?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. Goals and Data to Track Improvement	Area of Strength	In Progress	In Planning	Not Started
D. Data Collection				
<p>D1 policy: Identify what data are already being collected as part of existing efforts through administrative sources or workforce surveys.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>D2 policy: Identify barriers to collecting data about expulsion and suspension and how that may affect data collection methods chosen. For example, a no-expulsion policy may mean that programs will not report their practices if their identities are connected to the data.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>D3 policy: Identify data to collect that represent all children across all settings and all the reasons children leave programs.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>D4 policy: Identify data that will enable you to hear from families that have been affected by expulsion, and require data to be disaggregated by race, gender, age, child’s first language, and the like.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Resource: U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings⁶²</p>				
<p>D5 policy: Modify workforce data system to enable an assessment of the reach of education, training, and coaching opportunities for all early educators, across settings and disaggregated by race, language, and the like, as it pertains to reducing expulsion and suspension.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>D6 policy: Identify measures that can inform the supports used to reduce expulsion and suspension in early learning programs.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Resource: U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings⁶³ suggests tracking professional development, access to early childhood mental health consultation, and investments in and effects of prevention efforts.</p>				
<p>D7 policy: Collect data on the availability and impact of intervention services for children and families who need additional supports, such as special education and early intervention, health, and mental health.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Data Alignment or Integration				
<p>E1 policy: Coordinate efforts to collect data from the data systems that serve across all early childhood programs to enhance tracking progress, reduce duplication, and so forth.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Communications	Area of Strength	In Progress	In Planning	Not Started
A. Communication Strategies				
A1 policy: Collect and disseminate the following to parents, providers, and the general public in multiple languages and modes:				
i. Research and best practices in child and social-emotional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. State-level policies regarding social-emotional and early childhood mental health of young children, which may include positive behavior supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Policies on expulsion and suspension in early childhood programs receiving child care assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource: Child Care and Development Block Grant Act, 42 U.S.C. (2015) . ⁶⁴				
A2 policy: Develop a parent education strategy that takes into account multiple languages and cultures and covers health and public benefit programs and ways parents can promote child well-being, care for their own mental health, recognize signs of maternal depression, and identify community resources.				
Resource: Zero to Three webinar and policy brief, Planting Seeds in Fertile Ground: Steps Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health ⁶⁵				



Notes on Strategy I. Clear Goals and Progress Monitoring

Reflections

1. What data do you have and how do you know the extent of your state or territory's progress on the first strategy?
2. What policies are implemented well and what needs to improve?
3. What policies, initiatives, or partnerships are needed?
4. What policies face significant barriers, but research or planning could be started?

Policy Levers

- Are there key policy areas to be advanced in this strategy and coordinated with policy areas in the other strategies?
- Do some policies need to be addressed first in order to make other policies possible?
- Which policies have immediate, short-term, or long-term opportunities?



Strategy II. Fair and Appropriate Policies

This strategy, **Fair and Appropriate Policies**, includes two sections. The first focuses on state early learning policy options related to program design, quality rating and improvement systems, and financing that have been found to affect the likelihood of expulsion. The second focuses on child care assistance policy as these policy decisions can affect programs' capacity to create continuity of care, stabilize adult-child interactions, and invest in quality improvements, which may in turn affect expulsion and suspension practices.

1. Programmatic Policies of State Early Learning Programs	Area of Strength	In Progress	In Planning	Not Started
<p>A. Teacher:Child Ratios</p> <p>A1 policy: Review licensing policies and identify current ratios across all early learning settings; consider whether there is an opportunity to modify policies to address possible root causes of suspension and expulsion.</p> <p>Resources: Child Care and Development Fund (CCDF) Final Rule preamble⁶⁶ and the CCDF, 45 C.F.R. (2016);⁶⁷ Caring for Our Children⁶⁸ child care ratio standards for centers and family child care homes; the most recent Preschool Year Book⁶⁹ from National Institute for Early Education Research (NIEER) for their most up-to-date Quality Standard Benchmarks which includes ratios. Research indicates that the larger the ratio, the increased likelihood of expulsion.⁷⁰ Lower teacher-child ratios are also associated with better classroom quality across birth to age five.⁷¹</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B. Group Size</p> <p>B1 policy: Review licensing policies and identify current group sizes across all early learning settings; consider whether there is an opportunity to modify policies to address possible root causes of suspension and expulsion.</p> <p>Resources: Child Care and Development Block Grant Act, 42 U.S.C. (2015);⁷² Caring for Our Children⁷³ child care group size standards for centers and family homes; See the most recent Preschool Year Book⁷⁴ from NIEER for their most up-to-date Quality Standard Benchmarks which includes group size.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>C. Curriculum</p> <p>C1 policy: Require the use of a research-based curriculum.</p> <p>C2 policy: Assess whether guidance is provided on when to use social-emotional curricula.</p> <p>Resources: The 2016 CCDF Final Rule preamble.⁷⁵ The Center for Early Childhood Mental Health Consultation has Creating Teaching Tools⁷⁶; the National Center on Early Childhood Development, Teaching and Learning has a framework on curricula and teaching practices⁷⁷; the National Association for the Education of Young Children⁷⁸ and NIEER⁷⁹ have policy statements; and the Division for Early Childhood has curriculum recommendations⁸⁰ for children with disabilities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>D. Guidance Practices</p> <p>D1 policy: Set requirements for programs on appropriate positive guidance policies to promote a social climate conducive to learning for all children.</p> <p>Resource: One strategy the Kirwan Institute⁸¹ recommends to reduce implicit bias is to decrease ambiguity in guidance.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1. Programmatic Policies of State Early Learning Programs	Area of Strength	In Progress	In Planning	Not Started
<p>D2 policy: Provide guidance to early learning programs on the following:</p>				
<p>i. Having developmentally appropriate expectations</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ii. Developing guidance on what to do when staff experience a challenging behavior</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>iii. Ensuring that programs' guidance practices are not punishment</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>iv. Fostering programs' teaching practices that support children's social-emotional development</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>v. Ensuring that guidance policies comply with federal civil rights laws⁸²</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Resources: U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings.⁸³ SRI International's Center for Learning and Development has a guide on program-level policies and practices, Preventing Suspensions and Expulsions in Early Childhood Settings.⁸⁴</p>				
<p>E. State Expulsion Policies and Guidance</p>				
<p>E1 policy: Provide statewide policy and guidance to programs that establish clear due process protocols and requirements regarding the following:</p>				
<p>i. Responding to challenging behaviors</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ii. Accessing supports before expulsion is allowed</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>iii. Supporting transitions to another early learning program</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Resources: Administration for Children and Families' report, State and Local Action to Prevent Expulsion and Suspension in Early Learning Settings,⁸⁵ as well as its Preschool Development Grants,⁸⁶ provide early examples of those working on expulsion by establishing due process policies and supports for programs. For example, Arkansas's⁸⁷ expulsion prevention policy outlines procedures that must be taken before expulsion can be approved.</p>				
<p>Ohio⁸⁸ and Arkansas⁸⁹ have hotlines or a centralized intake process for early learning programs to contact for rapid in-person consultation and support from specialists or early childhood mental health consultants.</p>				



The policy options outlined below are focused on the unique policy decisions that need to be made regarding child care assistance and how children are enrolled and maintained in programs. These decisions can affect programs' capacity to create continuity of care, stabilize adult-child interactions, and invest in quality improvements, which could contribute to decreasing the likelihood of expulsion and suspension.

2. Continuity of Care	Area of Strength	In Progress	In Planning	Not Started
A. Family and Child Eligibility				
A1 policy: Set the income eligibility threshold no lower than 200 percent of the federal poverty level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2 policy: Indefinite eligibility for families who have a Temporary Assistance for Needy Families (TANF) plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Family and Child Eligibility Redetermination				
B1 policy: Set 12-month child care eligibility determination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2 policy: Set exit income eligibility threshold higher than the entry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3 policy: Align redetermination with Head Start, Early Head Start, and preschool year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4 policy: Average family earnings and work hours over a period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5 policy: Eliminate the reporting of fluctuation in earnings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Job Search				
C1 policy: Job search eligibility should be at least 90 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2 policy: Eligible new families who are seeking employment are allowed job search for 60 days so child is already transitioned into child care when parent lands a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Parent Work Hours				
D1 policy: Delink parent work hours from child's attendance hours to consider the development needs of the child and not only the parents' schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Family Income Policies				
E1 policy: Allow for other means to verify employment if employer refuses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2 policy: Eliminate child support cooperation provisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3 policy: Mandate that only the income of the parent or guardian be considered in determining income eligibility, especially for teen parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Family Contribution or Copayment				
F1 policy: Waive copayments for the following:				
i. Families living in poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Families who receive TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Families who are homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Teen parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Children in protective services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F2 Policy: Develop copayment sliding fee scales for families with lower incomes and those with more than one child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Access to High-Quality Care	Area of Strength	In Progress	In Planning	Not Started
A. Enrollment Reimbursement for Programs A1 policy: Reimburse on the basis of enrollment rather than attendance. A2 policy: Modify reimbursement to eliminate disincentives for serving infants, toddlers, and children with disabilities (who have more absences).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Payment Practices and Timeliness of Payments to Programs B1 policy: Provide a mix of vouchers and contracts to providers. B2 policy: Offer contracts to providers who meet higher quality standards, such as a certain level on the quality rating and improvement system, or those blending preschool and/or Early/Head Start with child care assistance. B3 policy: Offer contracts to providers who serve subsidized children in key populations, such as dual-language learners, children with disabilities, homeless children, and infants and toddlers. B4 policy: Ensure that providers are paid within a reasonable timeframe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Base Rates and Tiered Reimbursement for Programs C1 policy: Determine actual costs for special populations of children and provide tiered rates or rate add-ons; for example, children with special needs and infants and toddlers. C2 policy: Determine actual costs for programs meeting higher quality standards; for example, higher QRIS ratings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resources for State Child Care Assistance Policy

- [Child Care and Development Block Grant Act](#)⁹⁰ and [Child Care and Development Fund Final Rule](#)⁹¹
- [Implementing the Child Care and Development Block Grant Reauthorization: A Guide for States](#),⁹² from the Center for Law and Social Policy and the National Women’s Law Center
- Publications from the Center for Law and Social Policy: [Promote Continuity of Care](#),⁹³ [Better for Babies: A Study of State Infant and Toddler Child Care Policies](#),⁹⁴ and [Confronting the Child Care Eligibility Maze: Simplifying and Aligning with Other Work Supports](#)⁹⁵
- Publications from the Ounce of Prevention Fund: [The Importance of Continuity of Care: Policies and Practices in Early Childhood Systems and Programs](#)⁹⁶ and [Blending and Braiding Early Childhood Program Funding Streams Toolkit](#)⁹⁷
- [Policies/Resources for Expanding ECE Services for Homeless Children & Families](#),⁹⁸ Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services



Notes on Strategy II. Fair and Appropriate Policies

Reflections

1. What data do you have and how do you know the extent of your state or territory's progress on continuity of care and ensuring access to high-quality child care?
2. What policies are implemented well and what needs to improve?
3. What policies, initiatives, or partnerships are needed?
4. What policies face significant barriers, but research or planning could be started?

Policy Levers

- Are there key policy areas to be advanced in this strategy and coordinated with policy areas in the other strategies?
- Do some policies need to be addressed first?
- What policies have immediate, short-term, or long-term opportunities?



Strategy III. Strong Family Partnerships

This strategy, **Strong Family Partnerships**, includes policy options for how states and territories can foster programs' capacity to develop mutually respectful, reciprocal relationships with families. This strategy is about how the quality of relationships between families and teachers can drive and create family engagement. Families are more likely to be engaged when they feel supported and understood. And at the same time, teachers may become more sensitive and responsive to families as parents become more involved in programs.⁹⁹ Research indicates that good relationships between parents and their children's teachers can lead to positive outcomes.¹⁰⁰ Efforts to build partnerships must be responsive to families' cultures, racial and ethnic backgrounds, and home languages.

1. Shared Vision for Strong Partnerships with Families	Area of Strength	In Progress	In Planning	Not Started
A. Shared Understanding of Strong Family Partnerships				
<p>A1 policy: Develop or confirm shared state-level definitions for strong family partnerships and family engagement across early childhood settings.</p> <p>Resources: U.S. Department of Health and Human Services and U.S. Department of Education joint Policy Statement on Family Engagement¹⁰¹ provides recommendations. Office of Planning, Research and Evaluation's Family and Provider/Teacher Relationship Quality (FPTRQ) project¹⁰² assesses the quality of family and provider/teacher relationships and it was designed to supplement the Strengthening Families approach¹⁰³ and the Head Start Parent, Family and Community (PFCE Center) framework.¹⁰⁴</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>A2 policy: Develop or refine a state-level framework for strong family partnerships and family engagement for all early learning settings.</p> <p>Resources: Office of Planning, Research and Evaluation's FPTRQ User's Manual¹⁰⁵ provides a model regarding relationships between families and teachers. The PFCE Center has a framework,¹⁰⁶ and Strengthening Families' summary¹⁰⁷ is on statewide implementation.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>A3 policy: Include family partnership indicators across QRIS tiers using measurable indicators to supplement items from Strengthening Families and PFCE or similar self-assessment tools to capture a more complete range of quality elements in family and teacher relationships.</p> <p>Resources: Office of Planning, Research and Evaluation's FPTRQ assessment tool¹⁰⁸ provide measures on 4 indicators – knowledge, practices, attitudes, and environmental features – that could be used when designing QRIS measurable indicators. Child Care Aware of America provides The State of Family Engagement in Quality Rating and Improvement System Efforts,¹⁰⁹ and the QRIS National Learning Network has resources, including the webinar QRIS and Family Engagement.¹¹⁰</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>A4 policy: Compare family and provider/teacher relationship quality measures with professional development competencies and QRIS family partnership/engagement standards and indicators in order to fill gaps and link indicators to competencies.</p> <p>Resources: Office of Planning, Research and Evaluation's Family and Provider/Teacher Relationship Quality Measures: User's Manual Brief¹¹¹ and measure sheets.¹¹²</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. Early Learning Programs' Strong Partnerships with Families	Area of Strength	In Progress	In Planning	Not Started
A. Program Capacity to Build Strong Partnerships				
A1 policy: Identify how state policies and supports can increase or prioritize the time programs spend developing family partnerships and planning and implementing family engagement practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2 policy: Fund early learning programs to hire family services staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3 policy: Offer tools that help programs understand and measure their progress in building strong partnerships with families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Resources: Office of Planning, Research and Evaluation's FPTRQ: User's Manual Brief¹¹³ assesses the quality of relationships, and offers separate measures for directors, teachers, family service staff, and families. The NCPFC Center has a framework¹¹⁴ that illustrates how to achieve seven family engagement outcomes. Strengthening Families¹¹⁵ has a self-assessment¹¹⁶ that uses observable items to show how families strengths can be supported and risks be mitigated.</p>				
A4 policy: Communicate directly with families—in their home languages and with cultural sensitivity—on state expulsion policies and expectations for programs to use required due process protocols and positive guidance practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Resources: Child Care and Development Fund, 45 C.F.R. (2016)¹¹⁷ and the U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings¹¹⁸ provide guidance.</p>				
B. Program Approaches to Preventing Expulsion				
B1 policy: Require programs to consult parents and staff when developing expulsion policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Resource: SRI International's Center for Learning and Development has a guide for program leaders on recommended program-level policies and practices, Preventing Suspensions and Expulsions in Early Childhood Settings.¹¹⁹</p>				
B2 policy: Require programs to communicate with families on expulsion policies and guidance practices in their home languages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3 policy: Increase programs' access to early childhood mental health consultation and other supports that involve families in joint problem-solving if challenging behaviors arise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4 policy: Increase programs' capacity to support families through appropriate referrals or transitions to high-quality settings as determined by teams that include a mental health consultant and parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Notes on Strategy III. Strong Family Partnerships

Reflections

1. What data do you have and how do you know the extent of your state or territory's progress on the third strategy?
2. What policies are implemented well and what needs to improve?
3. What policies, initiatives, or partnerships are needed?
4. What policies face significant barriers, but research or planning could be started?

Policy Levers

- Are there key policy areas to be advanced in this strategy and coordinated with policy areas in the other strategies?
- Do some policies need to be addressed first in order to make other policies possible?
- Which policies have immediate, short-term, or long-term opportunities?



Strategy IV. Universal Developmental and Behavioral Screening

This strategy, **Universal Developmental and Behavioral Screening**, includes two sections. The first section focuses on policy options to promote universal screening. The second section focuses on the state or territory’s capacity to serve young children and families who need further assessment and supports beyond the early learning setting only. Screening can raise awareness of typical child development, increase early detection of developmental delays, and link to interventions when they are the most effective. Recent statistics indicate that as many as 1 in 4 children between birth and age 5 is at moderate or high risk for developmental, behavioral, or social delay.¹²⁰ There may be other screening initiatives in the state or territory on trauma or adverse childhood experiences that may contribute to this planning effort.

1. Universal Screening and Referrals	Area of Strength	In Progress	In Planning	Not Started
A. Screenings in Early Learning Programs				
<p>A1 policy: Require early learning programs to educate families about the value of developmental screening.</p> <p>Resource: Child Care and Development Fund, 45 C.F.R. (2016)¹²¹</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>A2 policy: Establish requirements to increase the workforce’s capacity to do the following:</p> <ul style="list-style-type: none"> i. Discuss healthy development with all families in culturally and linguistically appropriate ways on a regular basis ii. Share knowledge with families regarding resources on developmental screening and the Individuals with Disabilities Education Act iii. Complete developmental and social-emotional screenings iv. Discuss screening results with families and celebrate developmental milestones v. Encourage families to talk to their primary health care provider about their child’s development at every well-child visit 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>A3 policy: Align screening across early learning and other systems; for example, health and home visiting.</p> <p>Resources: American Academy of Pediatrics guidelines¹²² recommend screening at well-child visits. Center for Law and Social Policy highlights state strategies in First Steps for Early Success.¹²³ Birth to 5: Watch Me Thrive!¹²⁴ has consolidated free materials, including the report A Compendium of Screening Measures for Young Children.¹²⁵ U.S. Centers for Disease Control and Prevention has materials on milestones and taking action on its Learn the Signs, Act Early¹²⁶ web page.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Early Detection				
<p>B1 policy: Provide consumer education regarding screening to families, the general public, and providers in multiple languages.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B2 policy: Provide information on resources and services to support developmental screening and referrals, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) under Medicaid, and IDEA Part B (Special Education), section 619, and Part C (Early Intervention).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1. Universal Screening and Referrals		Area of Strength	In Progress	In Planning	Not Started
B3 policy: Provide a description of how families or providers may use resources for children who may be at risk for developmental delays.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource: Child Care and Development Fund, 45 C.F.R. (2016) ¹²⁷					
C. Referrals to Further Assessment and Services					
C1 policy: Promote linkages between prevention and intervention services:					
i. Coordinate care through medical homes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Build relationships between Early Intervention and health and early learning programs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Provide health and early childhood mental health consultation to early learning programs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Share data to support screening referrals, service coordination, and cross-system information exchange		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Disaggregate screening data by race, gender, age, and first language		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource: Zero to Three report Achieving the Promise of a Bright Future: Developmental Screening of Infants and Toddlers . ¹²⁸ PolicyLab Center to Bridge Research, Practice and Policy series An Integrated Approach to Supporting Child Development . ¹²⁹					

2. Capacity for Further Assessment and Services		Area of Strength	In Progress	In Planning	Not Started
A. Capacity of Assessment and Intervention and Treatment Services					
A1 policy: Map infant and early childhood mental health (IECMH) services to leverage funding and build cross-agency initiatives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2 policy: Require the use of an age-appropriate diagnostic classification system for mental health diagnosis in children birth to age five; for example, the DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood . ¹³⁰		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3 policy: Permit Medicaid payment for IECMH treatment in diverse settings, e.g. pediatric primary care, home visiting, and early education.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4 policy: Permit Medicaid payment for mental health services provided to families and children to prevent or treat IECMH disorders (e.g. dyadic treatment) under the child's Medicaid number.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5 policy: Require services to use evidence-based IECMH treatments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources: Zero to Three webinar and policy brief, Planting Seeds in Fertile Ground: Steps Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health . ¹³¹ Several evidence based IECMH treatments exist for early childhood: the University of California, San Francisco has information about child-parent psychotherapy . ¹³² PITC International provides resources on parent-					



2. Capacity for Further Assessment and Services	Area of Strength	In Progress	In Planning	Not Started
<p>child interaction therapy,¹³³ and the National Child Traumatic Stress Network offers details on attachment and biobehavioral catch-up.¹³⁴</p>				

Notes on Strategy IV. Universal Developmental and Behavioral Screening

- Reflections**
1. What data do you have and how do you know the extent of your state or territory’s progress on the fourth strategy?
 2. What policies are implemented well and what needs to improve?
 3. What policies, initiatives, or partnerships are needed?
 4. What policies face significant barriers, but research or planning could be started?
- Policy Levers**
- Are there key policy areas to be advanced in this strategy and coordinated with policy areas in the other strategies?
 - Do some policies need to be addressed first in order to make other policies possible?
 - Which policies have immediate, short-term, or long-term opportunities?



Strategy V. Highly Skilled Workforce

This strategy, **Highly Skilled Workforce**, focuses on policy options that (1) foster the preparation and ongoing development of the early learning workforce, (2) create positive work conditions and workforce well-being, and (3) foster the development of the infant and early childhood mental health workforce. The workforce is the critical ingredient of high-quality programs. Research has shown that most social-emotional and behavioral issues can be resolved through nurturing relationships and high-quality early learning environments.¹³⁵

1. Highly Skilled Early Learning Workforce	Area of Strength	In Progress	In Planning	Not Started
<p>A. Workforce Knowledge and Skills</p> <p>A1 policy: Examine social-emotional content in all early childhood education and training to ensure that it includes the following areas:</p> <ul style="list-style-type: none"> i. Promoting children’s social and emotional development ii. Providing culturally and linguistically competent early education iii. Understanding how implicit bias influences teaching iv. Implementing positive behavior management and productively responding to challenging behaviors v. Incorporating trauma-informed care <p>Resources: Center on the Social and Emotional Foundations of Early Learning compiled competencies¹³⁶ for promoting social-emotional development and addressing challenging behavior. Yale University’s report, Social-Emotional Skills in Preschool Education in the State of Connecticut: Current Practice and Implications for Child Development,¹³⁷ discusses social-emotional content in teacher education and training. The Dual Language Learner Teacher Competencies (DLLTC) Report¹³⁸ from the Alliance for a Better Community highlights a social-emotional domain. Head Start has information on evidence-based social-emotional development practices.¹³⁹ Michigan Association for Infant Mental Health¹⁴⁰ and California Center for Infant-Family and Early Childhood Mental Health¹⁴¹ have endorsements across the career ladder. University of Washington’s research and practice on culturally responsive teaching.¹⁴² Head Start’s report, Revising and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five,¹⁴³ and the National Association for the Education of Young Children has a quality benchmark for cultural competence.¹⁴⁴</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<p>A2 policy: Ensure that social-emotional content is used in all forms of adult education:</p> <ul style="list-style-type: none"> i. Professional development and continuing education series ii. Higher education coursework iii. QRIS standards, ratings, and technical assistance <p>Resources: Child Care Development Block Grant Act, 42 U.S.C. (2015);¹⁴⁵ Administration for Children and Families’ State and Local Action to Prevent Expulsion and Suspension in Early Learning Settings,¹⁴⁶ as well as its Preschool Development Grants,¹⁴⁷ provide</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			



1. Highly Skilled Early Learning Workforce	Area of Strength	In Progress	In Planning	Not Started
<p>early examples of those addressing workforce development and reducing expulsion.</p> <p>A3 policy: Ensure that professional development supports on social-emotional content are accessible to all providers, including those serving American Indian and Alaska Native Grantees and those with limited English proficiency.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B. Facilitate Practice Change</p> <p>B1 policy: Attach coaches to training to assist teachers in translating training into their own goals, action plans, and teaching practices in order to implement the social-emotional content covered in the training.</p> <p>Resource: Practice-based coaching¹⁴⁸ is one evidenced-based model that supports translating training into teaching practices.</p> <p>B2 policy: Provide early childhood mental health consultation to programs to enhance teacher-child interactions, improve the quality of classroom climate, increase children’s social skills, and prevent expulsion.</p> <p>Resource: Center of Excellence for Infant and Early Childhood Mental Health Consultation’s IECMHC Toolbox¹⁴⁹ provides resources on how early childhood mental health consultation can be designed to support program- and classroom-level practices and policies.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>C. QRIS Social-Emotional Content</p> <p>C1 policy: Include a progression to increase teacher competency in social-emotional knowledge and skills across QRIS rating tiers.</p> <p>C2 policy: Review and set standards to use continuous quality improvement processes to improve program-level strategies to promote adult-child interactions, prevent suspension and expulsion, build partnerships with families, and so forth.</p> <p>C3 policy: Revise ratings to encourage programs to meet key social-emotional content criteria; for example, using social-emotional early learning standards, building relationships with families, and accessing expulsion prevention supports.</p> <p>Resource: The QRIS National Learning Network has resources on using QRIS as a tool to enhance children’s social-emotional well-being.¹⁵⁰</p> <p>C4 policy: Use tools that measure the quality of teacher-child relationships.</p> <p>Resources: There are several tools, such as CLASS, EduSnap, and the Office of Planning, Research and Evaluation’s report Measuring the Quality of Caregiver-Child Interactions for Infants and Toddlers.¹⁵¹</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1. Highly Skilled Early Learning Workforce	Area of Strength	In Progress	In Planning	Not Started
D. Program Leadership				
D1 policy: Support program leaders to develop skills in the following:				
i. Setting program goals and data tracking on expulsion and suspension practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Increasing access to professional development, technical assistance, and early childhood mental health consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Building teachers' time to plan, assess, and change practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Providing reflective supervision aimed at reducing implicit bias in teaching practices, guidance, expulsion and suspension, and so forth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Building strong partnerships with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Promoting teacher and staff wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Creating program-level guidance practices for all staff, and ensuring that guidance policies comply with federal civil rights laws ¹⁵²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Resources: Kirwan Institute for the Study of Race and Ethnicity has strategies for addressing implicit bias¹⁵³ through organizational strategies. Early Childhood Learning and Knowledge Center¹⁵⁴ has resources on cultural and linguistic responsiveness. Ounce of Prevention Fund's Lead Learn Excel¹⁵⁵ program helps leaders support everyday learning within their programs.</p>				
E. Statewide Positive Behavior Interventions and Supports (PBIS)				
E1 policy: Implement a PBIS approach statewide as a strategy to sustain a professional development system focused on children's social-emotional and behavioral needs and the supports programs need.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Resources: A PBIS framework comes with tools—such as training, coaching, and data collection—and the flexibility to address what the state or territory and its programs need around curriculum and practices. The following organizations can offer support: Pyramid Model Consortium, which has updated its resources based on its recent Equity Project¹⁵⁶, Technical Assistance Center on Positive Behavioral Interventions and Supports, and Technical Assistance Center on Social Emotional Intervention. Frank Porter Graham Institute has a report: One State's Systems Change Efforts to Reduce Child Care Expulsion: Taking the Pyramid Model to Scale.¹⁵⁷</p>				



Work conditions and workforce well-being: Early childhood educators disproportionately suffer from poor mental and physical health as compared to their peers.¹⁵⁸ Promoting teacher wellness may strengthen teachers' capacity to form strong nurturing relationships with children, as well as reduce job stress, which has been shown to be predictive of expulsions. Evidence demonstrates that programs with well-prepared, well-supported, and well-compensated teachers are more like to deliver early learning experiences that support children's development, offer and sustain high-quality services, and succeed at helping teachers hone their practice.¹⁵⁹

2. Early Learning Work Conditions and Workforce Well-Being	Area of Strength	In Progress	In Planning	Not Started
A. Work Environment and Well-Being				
<p>A1 policy: Support early learning programs' ability to create organizational climates that alleviate conditions that cause stress, and instead promote teacher well-being and their professional practice.</p> <p>Resources: BUILD Initiative¹⁶⁰ and Center on Enhancing Early Learning Outcomes¹⁶¹ drafted a teaching conditions guide and crosswalk¹⁶² of frameworks that examine teaching conditions, including, the Supportive Environmental Quality Underlying Adult Learning,¹⁶³ the Early Childhood Work Environment Survey,¹⁶⁴ and the Program Administration Scale.¹⁶⁵ QRIS National Learning Network has webinars¹⁶⁶ and materials¹⁶⁷ on these resources. Early childhood mental health consultation¹⁶⁸ can also be a strategy to decrease teacher stress and turnover.¹⁶⁹</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>A2 policy: Support programs' ability to provide reflective supervision to staff in building and maintaining relationships with others, and in gaining deeper understanding of their own beliefs and how their beliefs impact their work with children and families.</p> <p>Resources: Early Childhood Learning & Knowledge Center's has a collection of resources on reflective supervision¹⁷⁰ and Zero To Three has the professional resource, Three Building Blocks of Reflective Supervision.¹⁷¹</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>A3 policy: Revise program guidelines, QRIS ratings, and state early learning funding requirements to phase in paid planning time for teachers.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>A4 policy: Develop community or regional substitute pools to allow staff to attend training and participate in reflective groups and other supportive development activities during the workday.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>A5 policy: Provide guidance and support structuring staffing patterns with reasonable hours and breaks.</p> <p>Resource: Implementing the Child Care and Development Block Grant Reauthorization: A Guide for States¹⁷² by the Center for Law and Social Policy and the National Women's Law Center.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. Early Learning Work Conditions and Workforce Well-Being	Area of Strength	In Progress	In Planning	Not Started
<p>B. Compensation</p> <p>B1 policy: Identify guidelines for determining initial and ongoing compensation levels, including benefits, for teaching positions ranging from entry level to leadership level (taking into account education, training, and experience), in order to achieve parity with the K–12 education system.</p> <p>Resource: National Institute for Early Education Research’s report Teacher Compensation Parity Policies and State-Funded Pre-K Programs,¹⁷³ the Center for the Study of Child Care Employment reports Worthy Work, STILL Unlivable Wages: The Early Childhood Workforce 25 Years after the National Child Care Staffing Study¹⁷⁴ and Early Childhood Workforce Index 2016¹⁷⁵</p> <p>B2 policy: Identify ongoing funding to ensure sustainable raises in base pay in order to improve the economic circumstances of early educators and ensure the ability to attract and retain a skilled workforce.</p> <p>Resource: The Center for the Study of Child Care Employment report Early Childhood Workforce Index 2016¹⁷⁶</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Infant and early childhood mental health: IECMH is a multidisciplinary field, and expertise varies across states and territories. Mental health practitioners need to have knowledge and skills that enable them to promote young children’s healthy development within the context of their relationships with caregivers, while also engaging in consultation and supporting referrals for further assessment and intervention services when needed.

3. Infant and Early Childhood Mental Health Workforce	Area of Strength	In Progress	In Planning	Not Started
<p>A. IECMH Consultation Workforce</p> <p>A1 policy: Increase the mental health workforce that has knowledge and skills in early childhood social-emotional development, mental health, early learning, and consultation in order to provide effective IECMH consultation to early learning programs and families.</p> <p>Resource: Center of Excellence for Infant and Early Childhood Mental Health Consultation’s IECMHC Toolbox¹⁷⁷ and the Center for Early Childhood Mental Health Consultation have a set of resources on designing early childhood mental health consultation and developing its workforce.¹⁷⁸</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B. IECMH Assessment and Treatment Services</p> <p>B1 policy: Increase the professional mental health workforce that has knowledge and skills in infant and early childhood clinical mental health in order to provide effective assessment and treatment services for young children and their families.</p> <p>Resource: Zero to Three webinar and policy brief, Planting Seeds in Fertile Ground: Steps Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health¹⁷⁹</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Infant and Early Childhood Mental Health Workforce	Area of Strength	In Progress	In Planning	Not Started
<p>C. IECMH Professional Endorsement or Credential</p> <p>C1 policy: Implement a credential that recognizes competencies in IECMH and identifies mental health professionals equipped to work with young children and the adults who care for them.</p> <p>Resource: California¹⁸⁰ and Michigan¹⁸¹ have endorsement processes that identify professionals equipped with these competencies. The credential in Illinois¹⁸² offers a combined approach of verifying competencies and providing a 10-month professional development experience.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes on Strategy V. Highly Skilled Workforce

- Reflections**
1. What data do you have and how do you know the extent of your state or territory's making progress on the fifth strategy?
 2. What policies are implemented well and what needs to improve?
 3. What policies or initiatives are needed?
 4. What policies face significant barriers, but research or planning could be started?
- Policy Levers**
- Are there key policy areas to be advanced in this strategy and coordinated with policy areas in the other strategies?
 - Do some policies need to be addressed first?
 - Which policies have immediate, short-term, or long-term opportunities?



Strategy VI. Access to Specialized Consultation

This strategy, **Access to Specialized Consultation**, focuses on the policy option related to early childhood mental health consultation for early learning programs. According to research, children are expelled about twice as frequently when there is no consistent, ongoing availability of a mental health consultant.¹⁸³

Consultants work with programs to help staff and families understand the ways their relationships and interactions affect children’s development. They conduct observations, facilitate screening, help identify children with or at risk for mental health challenges as early as possible, and build program capacity to promote children’s social-emotional development.

There is growing evidence that consultation prevents expulsions, reduces disparities in expulsion, improves adult-child interactions, reduces missed work days for parents, and reduces staff stress and turnover.¹⁸⁴ It supports developmental screening, early identification, and more appropriate referrals for specialty services when needed.¹⁸⁵

1. Access to Specialized Consultation	Area of Strength	In Progress	In Planning	Not Started
<p>A. Early Childhood Mental Health Consultation</p> <p>A1 policy: Ensure that all early learning leaders and teachers have regular access to early childhood mental health consultants. In general, regular access means most programs receive visits once or twice a week for 3 to 6 months with follow-up sessions being common and recommended.</p> <p>Resources: RAINE Group’s Advancing Early Childhood Mental Health Consultation Practice, Policy and Research¹⁸⁶ provides an overview of early childhood mental health consultation. Center of Excellence for Infant and Early Childhood Mental Health Consultation has a toolkit¹⁸⁷ to guide states, tribes, and communities in the development and use of early childhood mental health consultation, including further information on systems and policy,¹⁸⁸ models,¹⁸⁹ competencies,¹⁹⁰ and financing.¹⁹¹</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B. Alignment Across Technical Assistance Providers</p> <p>B1 policy: Establish the shared knowledge and skills that all technical assistance providers should have in social-emotional content (for example, QRIS specialists, infant-toddler specialists, health consultants, and practice-based coaches).</p> <p>B2 policy: Align and coordinate joint professional development of all early childhood technical assistance providers.</p> <p>B3 policy: Establish relationships between technical assistance providers, especially those covering similar regions or communities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Notes on Strategy VI. Access to Specialized Consultation

Reflections

1. What data do you have and how do you know the extent of your state or territory's progress on the sixth strategy?
2. What policies are implemented well and what needs to improve?
3. What policies, initiatives, or partnerships are needed?
4. What policies face significant barriers, but research or planning could be started?

Policy Levers

- Are there key policy areas to be advanced in this strategy and coordinated with policy areas in the other strategies?
- Do some policies need to be addressed first in order to make other policies possible?
- Which policies have immediate, short-term, or long-term opportunities?

Notes

1. Raffaele Mendez, L. (2003). Predictors of suspension and negative school outcomes: A longitudinal investigation. *New Directions for Youth Development*, 99, 17–33.
2. Lamont, J. H., Devore, C. D., Allison, M., Ancona R., Barnett, S. E, Gunther, R., ... & Young, T. (2013). Out-of-school suspension and expulsion. *Pediatrics*, 131(3), e1000–e1007.
3. U.S. Department of Health and Human Services & U.S. Department of Education. (2015). *Webinar 1: Basic research, data trends, and the pillars of prevention* [PowerPoint slides from Expulsion and Prevention Webinar Series]. Retrieved from <https://www.acf.hhs.gov/ecd/child-health-development/reducing-suspension-and-expulsion-practices>
4. U.S. Department of Health and Human Services & U.S. Department of Education. (2015). *Webinar 4: Using data systems to track and reduce expulsion and suspension* [PowerPoint slides from Expulsion and Prevention Webinar Series]. Retrieved from <https://www.acf.hhs.gov/ecd/child-health-development/reducing-suspension-and-expulsion-practices>



5. Gilliam, W. S. (2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. New York, NY: Foundation for Child Development.
6. Ibid.
7. U.S. Department of Health and Human Services & U.S. Department of Education. (2015). *Webinar 1: Basic research, data trends, and the pillars of prevention* [PowerPoint slides from Expulsion and Prevention Webinar Series]. Retrieved from <https://www.acf.hhs.gov/ecd/child-health-development/reducing-suspension-and-expulsion-practices>
8. University of Illinois at Chicago, Erikson Institute, & Illinois Council on Developmental Disabilities. (2002). *Unmet Needs Project: A research, coalition building, and policy initiative on the unmet needs of infants, toddlers, and families: Final report*. Chicago: Department of Disability and Human Development, University of Illinois at Chicago.
9. Gerdes, M., & Renew, N. (2016). *Incidence of expulsion and suspensions in Philadelphia 2016: Summary of survey findings*. Philadelphia: Children's Hospital of Philadelphia PolicyLab.
10. Gilliam, W. S. (2008). *Implementing policies to reduce the likelihood of preschool expulsion*. New York, NY: Foundation for Child Development.
11. Perry, D., Holland, C., Darling-Kuria, N., & Nativ, S. (2011). Challenging behavior and expulsion from child care: The role of mental health consultation. *Zero to Three Journal*, 32(2), 4–11.
12. Bell, S. H., Carr, V., Denno, D. M., Johnson, L. J., & Phillips, L. R. (2004). *Challenging behaviors in early childhood settings: Creating a place for all children*. Baltimore: Paul H. Brookes Publishing Company.
13. Office for Civil Rights, U.S. Department of Education. (2014). *Data snapshot: Early childhood education*. Washington, DC: Author.
14. U.S. Department of Health and Human Services & U.S. Department of Education. (2016). *Policy statement on expulsion and suspension policies in early childhood settings*. Administration for Children and Families log no. ODAS, ECD-ACF-PS-2016-01. Washington, DC: Authors.
15. Meisels, S., & Atkins-Burnett, S. (2005). *Developmental screening in early childhood* (5th ed.). Washington, DC: National Association for the Education of Young Children.
16. Halberstadt, A. G., & Lozada, F. T. (2011). Culture and emotions in the first 5 to 6 years of life. In the *Encyclopedia of Early Childhood Development*. (p. 3). Retrieved from <http://www.child-encyclopedia.com/emotions/according-experts/culture-and-emotions-first-5-6-years-life>
17. Rogoff, B. (2003). *The cultural nature of human development*. New York, NY: Oxford University Press.
18. Zero to Three. (2016). *Infant-Early Childhood Mental Health*. Washington, DC. Retrieved from <https://www.zerotothree.org/resources/110-infant-early-childhood-mental-health>
19. McCann, C. E., & Yarbrough, K. (2006). *Snapshots: Incorporating comprehensive developmental screening into programs and services for young children*. Chicago: Ounce of Prevention Fund. Retrieved from <https://www.theounce.org/wp-content/uploads/2017/03/Snapshots-FINAL.pdf>
20. Head Start Bureau, Administration for Children and Families, Administration on Children, Youth, and Families, U.S. Department of Health and Human Services. (2006). *Strategies for understanding and managing challenging behavior in young children: What is developmentally appropriate and what is a concern?* Technical assistance paper no. 10. Washington, DC: Author.
21. Crawford, B. (2016). Thomas Brazelton's theories on child development [Online article]. Retrieved from <http://oureverydaylife.com/thomas-brazeltons-theories-child-development-6009.html>
22. Head Start Bureau, Administration for Children and Families, Administration on Children, Youth, and Families, U.S. Department of Health and Human Services. (2006). *Strategies for understanding and managing challenging behavior in young children: What is developmentally appropriate and what is a concern?* Technical assistance paper no. 10. Washington, DC: Author.
23. Shelov, S. P., Altmann, T. R., & Hannemann, R.E. (2014). *Caring for your baby and young child, Birth to age 5, 6th edition*. American Academy of Pediatrics; New York: Bantam Books.



24. Malik, R. (2017, March 30). *4 disturbing facts about preschool suspension*. Retrieved from the Center for American Progress website: <https://www.americanprogress.org/issues/early-childhood/news/2017/03/30/429552/4-disturbing-facts-preschool-suspension/>
25. Bell et al., *Challenging behaviors in early childhood settings* (see note 11).
26. Perry et al., “Challenging behavior and expulsion from child care” (see note 10).
27. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. (n.d.) National Survey of Early Care and Education (NSECE), 2010–2015 [Web page]. Retrieved from <https://www.acf.hhs.gov/opre/research/project/national-survey-of-early-care-and-education-nsece-2010-2014>
28. Qi, C. H., & Kaiser, A. P. (2003). Behavior problems of preschool children from low-income families: Review of literature. *Topics in Early Childhood Special Education*, 23(4), 188–216.
29. Gilliam, W., Maupin, A., Reyes, C., Accavitti, M., & Shic, F. (2016). *Do early educators’ implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions?* New Haven, CT: Yale University Child Study Center.
30. Garcia, E., & Weiss, E. (2015). *Early education gaps by social class and race start U.S. children out on unequal footing: A summary of the major findings in inequalities at the starting gate*. Washington, DC: Economic Policy Institute.
31. Ibid., p. 8.
32. Goff, P. A., Jackson, M. C., Allison, B., Di Leone, L., Culotta, C. M., & DiTomasso, N. A. (2014). The essence of innocence: Consequences of dehumanizing black children. *Journal of Personality and Social Psychology*, 106(4), 526–545. Retrieved from <http://www.apa.org/pubs/journals/releases/psp-a0035663.pdf>
33. Todd, A. R., Thiem, K. C., & Neel, R. (2016). Does seeing faces of young black boys facilitate the identification of threatening stimuli? *Psychological Science*, 27(3) 384–393.
34. Gallagher, K., Kainz, K., Vernon-Feagans, L., & White, K. (2013). Development of student-teacher relationships in rural early elementary classrooms. *Early Research Quarterly*, 28, 520–528.
35. Collaborative for Academic, Social and Emotional Learning (CASEL). (2010). *Social and emotional learning: Ready! Creating a national initiative* [CASEL 2009 Forum summary and follow-up]. Chicago, IL: Author. Retrieved from <https://www.casel.org/wp-content/uploads/2016/01/social-and-emotional-learning-ready-creating-a-national-initiative.pdf>
36. Kirwan Institute for the Study of Race and Ethnicity. (n.d.). Understanding implicit bias [Web page]. Retrieved September 13, 2017, from <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>
37. Shivers, E. M. (2016). Integrating racial equity and infant and early childhood mental health consultation: Arizona findings [PowerPoint slides from QRIS National Learning Network Conference, July 13]. Indigo Cultural Center. Retrieved from <http://qrisnetwork.org/sites/all/files/conference-session/resources/726RacialDisparitiesPPT4.pdf>
38. Gilliam et al., *Early educators’ implicit biases* (see note 28).
39. Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early childhood mental health consultation: Results from a statewide random-controlled evaluation. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55, 754–761.
40. Zero to Six Collaborative Group, National Child Traumatic Stress Network. (2010) *Early childhood trauma*. Los Angeles, CA & Durham, NC: National Child Traumatic Stress Network. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/nctsn_earlychildhoodtrauma_08-2010final.pdf
41. National Scientific Council on the Developing Child. (2014). *Excessive stress disrupts the architecture of the developing brain: Working paper 3*, Updated edition. Retrieved from http://developingchild.harvard.edu/wp-content/uploads/2005/05/Stress_Disrupts_Architecture_Developing_Brain-1.pdf
42. Ferguson, D. (2017). *Child care and early education for children who have experienced trauma: Research-to-policy resources*. Retrieved from <http://www.researchconnections.org/childcare/resources/33039/pdf>



43. Brauner, C. B., & Stephens, C. B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. *Public Health Reports*, 121(3), 303–310.
44. Zero to Three. (2016). *Planting seeds in fertile ground: Steps every policymaker should take to advance infant and early childhood mental health*, p. 3. Retrieved from <https://www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health>
45. U.S. Department of Health and Human Services & U.S. Department of Education, *Policy statement on expulsion and suspension* (see note 14).
46. Harvard University Center on the Developing Child. (n.d.). *InBrief: Early childhood program effectiveness*. Retrieved from <http://developingchild.harvard.edu/resources/inbrief-early-childhood-program-effectiveness/>
47. U.S. Department of Health and Human Services & U.S. Department of Education. (2016). *Policy statement on family engagement: From the early years to the early grades*. Washington, DC: Authors. Retrieved from <https://www2.ed.gov/about/inits/ed/earlylearning/files/policy-statement-on-family-engagement.pdf>
48. Zero to Three. (2016). *Planting seeds in fertile ground: Steps every policymaker should take to advance infant and early childhood mental health*. Retrieved from <https://www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health>
49. American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association.
50. Schachner, A., Belodoff, K., Chen, W-B., Kutaka, T., Fikes, A., Ensign, K., Chow, K., Nguyen, J., & Hardy, J. (2016). *Preventing suspensions and expulsions in early childhood settings: An administrator's guide to supporting all children's success*. SRI International: Menlo Park, CA. Retrieved from <http://preventexpulsion.org>
51. Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67,438, 67,484 (Sept. 30, 2016) (codified at 45 C.F.R. pt. 98).
52. Administration for Children and Families, U.S. Department of Health and Human Services. (2015). *Caring for our children basics: Health and safety foundations for early care and education*. Retrieved from <http://www.acf.hhs.gov/programs/eecd/caring-for-our-children-basics>
53. American Academy of Pediatrics et al., *Caring for our children* (see note 49).
54. Schachner et al., *Preventing suspensions and expulsions* (see note 50).
55. Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67,438, 67,484 (Sept. 30, 2016) (codified at 45 C.F.R. pt. 98).
56. Administration for Children and Families, U.S. Department of Health and Human Services, *Caring for our children basics* (see note 52).
57. Center on the Developing Child, Harvard University. (2007). *InBrief: Early childhood program effectiveness*. Retrieved from <http://developingchild.harvard.edu/resources/inbrief-early-childhood-program-effectiveness/>
58. National Center on Early Childhood Development, Teaching, and Learning. (n.d.). Engaging interactions and environments [Web page, last updated October 2016]. Retrieved May 22, 2017, from <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/practice/engage>.
59. Ostrosky, M. M., & Jung, E. Y. (n.d.). *Building positive teacher-child relationships. What Works Brief, 12*. Retrieved from Center on the Social and Emotional Foundations for Early Learning website: <http://csefel.vanderbilt.edu/briefs/wwb12.pdf>
60. U.S. Department of Health and Human Services & U.S. Department of Education, *Policy statement on expulsion and suspension* (see note 14).
61. U.S. Department of Health and Human Services & U.S. Department of Education. (2015). *Webinar 4: Using data systems to track and reduce expulsion and suspension* [PowerPoint slides from Expulsion and



- Prevention Webinar Series]. Retrieved from <https://www.acf.hhs.gov/ecd/child-health-development/reducing-suspension-and-expulsion-practices>.
62. U.S. Department of Health and Human Services & U.S. Department of Education, *Policy statement on expulsion and suspension* (see note 14).
 63. U.S. Department of Health and Human Services & U.S. Department of Education, *Policy statement on expulsion and suspension* (see note 14).
 64. Child Care and Development Block Grant (CCDBG) Act, 42 U.S.C. § 9858c(2)(E)(i)(VI-VII) (2015).
 65. Zero to Three, *Planting seeds* (see note 48).
 66. Child Care and Development Fund, 45 C.F.R. § 98 (2016)
 67. Child Care and Development Fund, 45 C.F.R. § 98.41(d) (2016).
 68. American Academy of Pediatrics et al., *Caring for our children* (see note 49).
 69. Barnett, W. S., Friedman-Krauss, A. H., Gomez, R. E., Horowitz, M., Weisenfeld, G. G., Clarke Brown, K., & Squires, J. H. (2016). *The state of preschool 2015: State preschool yearbook*. Retrieved from the National Institute for Early Education Research website: <http://nieer.org/state-preschool-yearbooks/the-state-of-preschool-2015>
 70. Gilliam, W. S. (2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. New York, NY: Foundation for Child Development.
 71. Phillipsen, L. C., Burchinal, M. R., Howes, C., & Cryer, D. (1997). The prediction of process quality from structural features of child care. *Early Childhood Research Quarterly*, 12(3), 281–303. Retrieved from <https://eric.ed.gov/?id=ej561596>
 72. Child Care and Development Block Grant Act, 42 U.S.C. § 9858c(c)(2)(H)(i)(I) (2015).
 73. American Academy of Pediatrics et al., *Caring for our children* (see note 49).
 74. Barnett, W. S., Friedman-Krauss, A. H., Gomez, R. E., Horowitz, M., Weisenfeld, G. G., Clarke Brown, K., & Squires, J. H. (2016). *The state of preschool 2015: State preschool yearbook*. Retrieved from the National Institute for Early Education Research website: <http://nieer.org/state-preschool-yearbooks/the-state-of-preschool-2015>
 75. Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67,438, 67,457 (Sept. 30, 2016) (codified at 45 C.F.R. pt. 98).
 76. Center for Early Childhood Mental Health Consultation. (n.d.). Creating teaching tools for young children with challenging behavior [web page]. Retrieved May 22, 2017, from: <https://www.ecmhc.org/TTYC/index.html>
 77. National Center on Early Childhood Development, Teaching, and Learning. (n.d.). Framework for effective practice: Research-based curricula and teaching practices [Web page, last updated January 2017]. Retrieved May 22, 2017, from <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/practice/curricula>
 78. National Association for the Education of Young Children. (n.d.). Position statements on curriculum, assessment, and program evaluation [Web page]. Retrieved May 22, 2017 from <https://www.naeyc.org/positionstatements/cape>
 79. Frede, E., & Ackerman, D. J. (2007). Preschool curriculum decision-making: Dimensions to consider. *Preschool Policy Brief*, 12. Retrieved from the National Institute for Early Education Research website: <http://nieer.org/policy-issue/policy-brief-preschool-curriculum-decision-making-dimensions-to-consider>
 80. Division for Early Childhood, Council for Exceptional Children. (2007). *Promoting positive outcomes for children with disabilities: Recommendations for curriculum, assessment, and program evaluation*. Missoula, MT: Author. Retrieved from <https://www.naeyc.org/files/naeyc/file/positions/PrmtgPositiveOutcomes.pdf>
 81. Capatosto, K. (2015). *Implicit bias strategies: Addressing implicit bias in early childhood education*. Retrieved from the Kirwan Institute for the Study of Race and Ethnicity website: <http://kirwaninstitute.osu.edu/wp-content/uploads/2016/04/Implicit-Bias-Strategies-Early-Childhood.pdf>



82. U.S. Department of Education & U.S. Department of Justice. (2014). *Dear colleague letter on the nondiscriminatory administration of school discipline*. Retrieved from <https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201401-title-vi.pdf>
83. U.S. Department of Health and Human Services & U.S. Department of Education, *Policy statement on expulsion and suspension* (see note 14).
84. Schachner et al., *Preventing suspensions and expulsions* (see note 50).
85. Administration for Children and Families, U.S. Department of Health and Human Services. (2016). *State and local action to prevent expulsion and suspension in early learning settings: Spotlighting progress in policy and supports*. Retrieved from https://www.acf.hhs.gov/sites/default/files/eecd/state_and_local_profiles_expulsion.pdf
86. Fonseca, M., Mitchell, S., & LaFave, A. (2016). *Suspension and expulsion in preschool development states: policies and practices*. Retrieved from the Preschool Development and Expansion Grant Technical Assistance Program website: <https://pdg.grads360.org/services/PDCService.svc/GetPDCDocumentFile?fileId=26907>
87. Arkansas Department of Education. (2007). Rules governing the Arkansas Better Chance Program [Regulations]. Retrieved May 22, 2017 from: http://humanservices.arkansas.gov/dccece/abc_docs/ABCrules.pdf
88. Nationwide Children's Hospital & Ohio Department of Education. (n.d.). Ohio preschool expulsion prevention partnership [Flyer]. Retrieved May 22, 2017, from: <http://mha.ohio.gov/Portals/0/assets/Prevention/EarlyChildhood/NACH-2730-Preschool-Expulsion%20flier.pdf>
89. Division of Behavioral Health Services, Arkansas Department of Human Services. (n.d.). BehaviorHelp support request form. Retrieved May 22, 2017, from: http://humanservices.arkansas.gov/dccece/dccece_documents/BehaviorHelp%20Support%20Request%20Form.pdf
90. Child Care and Development Block Grant Act, 42 U.S.C. § 9858 (2015).
91. Child Care and Development Fund, 45 C.F.R. § 98 (2016).
92. Matthews, H., Schulman, K., Vogtman, J., Johnson-Staub, C., & Blank, H. (2015). *Implementing the Child Care and Development Block Grant reauthorization: A guide for states*. Retrieved from the Center for Law and Social Policy website: <http://www.clasp.org/resources-and-publications/publication-1/ccdbg-guide-for-states-final.pdf>
93. Center for Law and Social Policy. (2009). Promote continuity of care. *Reinvesting in child care: state infant/toddler policies*. Retrieved from: <http://www.clasp.org/resources-and-publications/publication-1/0465.pdf>
94. Schmit, S., & Matthews, H. (2013). *Better for babies: A study of state infant and toddler child care practices*. Retrieved from the Center for Law and Social Policy website: <http://www.clasp.org/resources-and-publications/publication-1/BetterforBabies2.pdf>
95. Adams, G., & Matthews, H. (2013). *Confronting the child care eligibility maze: Simplifying and aligning with other work supports*. Retrieved from the Urban Institute website: <http://www.urban.org/sites/default/files/publication/24266/412971-Confronting-the-Child-Care-Eligibility-Maze.PDF>
96. Reidt-Parker, J., & Chainski, M. J. (2015). *The importance of continuity of care: Policies and practices in early childhood systems and programs*. Retrieved from the Ounce of Prevention Fund website: <https://www.theounce.org/wp-content/uploads/2017/03/NPT-Continuity-of-Care-Nov-2015.pdf>
97. Wallen, M., & Hubbard, A. (2013). *Blending and braiding early childhood program funding streams toolkit: Enhancing financing for high-quality early learning programs*. Retrieved from the Ounce of Prevention Fund website: <https://www.theounce.org/wp-content/uploads/2017/03/NPT-Blended-Funding-Toolkit.pdf>
98. Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (2013). Policies/resources for expanding ECE services for homeless children & families [Web



- page]. Retrieved May 23, 2017, from <https://www.acf.hhs.gov/occ/resource/policies-resources-for-expanding-ece-services-for-homeless-children>
99. Kim, K., Atkinson, V., Brown, E., Ramos, M., Guzman, L., Forry, N., Porter, T., & Nord, C. (2015). *Family and provider/teacher relationship quality measures: User's manual brief*. OPRE Report 2015-54. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/fptrq_users_manual_brief_508.pdf
 100. Halgunseth, L. C., Peterson, A., Stark, D., & Moodie, S. (2009). *Family engagement, diverse families, and early childhood education programs: An integrated review of the literature*. Washington, DC: The National Association for the Education of Young Children. Retrieved from https://www.naeyc.org/files/naeyc/file/ecprofessional/EDF_Literature%20Review.pdf
 101. U.S. Department of Health and Human Services & U.S. Department of Education, *Policy statement on family engagement* (see note 47).
 102. Porter, T., Bromer, J., & Forry, N. (2015). *Assessing quality in family and provider/teacher relationships: Using the Family and Provider/Teacher Relationship Quality (FPTRQ) Measures in conjunction with Strengthening Families and the Head Start Parent, Family and Community Engagement Frameworks and their self-assessment tools*. OPRE Report 2015-56. Washington, DC: Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/assessing_quality_in_family_provider_teacher_relationships_a.pdf
 103. Browne, C. H. (2014). *The Strengthening Families approach and protective factors framework: Branching out and reaching deeper*. Retrieved from the Center for the Study of Social Policy website: http://www.cssp.org/reform/strengtheningfamilies/2014/The-Strengthening-Families-Approach-and-Protective-Factors-Framework_Branching-Out-and-Reaching-Deeper.pdf
 104. Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. (n.d.). The Office of Head Start (OHS) Parent, Family, and Community Engagement Framework [Online tool, last updated February 2017]. Retrieved from the National Center on Parent, Family, and Community Engagement website: <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/framework>
 105. Kim et al., *Family and provider/teacher relationship quality measures* (see note 99).
 106. Office of Head Start, OHS Parent, Family, and Community Engagement Framework (see note 104).
 107. Center for the Study of Social Policy. (2016). Strengthening Families implementation in early care and education. Retrieved from the Center for the Study of Social Policy website: <http://www.cssp.org/young-children-their-families/strengtheningfamilies/about/body/SF-in-ECE-2016.pdf>
 108. Child Trends. (n.d.). Family and Provider/Teacher Relationship Quality products [Web page]. Retrieved May 22, 2017, from <https://www.childtrends.org/fptrq-products/>
 109. Child Care Aware of America. (2016). *The state of family engagement in quality rating and improvement system efforts*. Retrieved from: http://usa.childcareaware.org/wp-content/uploads/2016/05/FamilyEngagementBrief_final.pdf
 110. Lovejoy, A., Higa., R., Goodreau, C. (2013, January 1). QRIS and family engagement: A Strengthening Families approach [Webinar materials]. Retrieved from the QRIS National Learning Network website: <http://qrisnetwork.org/member/calendar/event/130130/qris-and-family-engagement-strengthening-familiesm-approach>
 111. Kim et al., *Family and provider/teacher relationship quality measures* (see note 99).
 112. Child Trends, FPTRQ products (see note 108).
 113. Kim et al., *Family and provider/teacher relationship quality measures* (see note 99).
 114. Office of Head Start, OHS Parent, Family, and Community Engagement Framework (see note 104).



115. Center for the Study of Social Policy. (n.d.). Strengthening Families [Web page]. Retrieved May 22, 2017, from: <http://www.cssp.org/young-children-their-families/strengtheningfamilies>
116. The Center for the Study of Social Policy. (n.d.). *About the Strengthening Families self-assessments for child- and family-serving programs*. Retrieved from: <http://www.cssp.org/reform/strengtheningfamilies/2015/AboutTheSelfAssessments.pdf>
117. Child Care and Development Fund, 45 C.F.R. § 98.33(b)(1)(v) (2016).
118. U.S. Department of Health and Human Services & U.S. Department of Education, *Policy statement on expulsion and suspension* (see note 14).
119. Schachner et al., *Preventing suspensions and expulsions* (see note 50).
120. Administration for Children and Families, U.S. Department of Health and Human Services. (n.d.). *Birth to 5: Watch Me Thrive! Fact sheet*. Retrieved from https://www.acf.hhs.gov/sites/default/files/occ/b_to_5_one_pager.pdf
121. Child Care and Development Fund, 45 C.F.R. § 98.33(c)(1-2) (2016).
122. American Academy of Pediatrics, Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, Medical Home Initiatives for Children With Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118(1), 405–420. Retrieved from <http://pediatrics.aappublications.org/content/118/1/405.full>
123. Johnson-Staub, C. (2014). *First steps for early success: State strategies to support developmental screening in early childhood settings*. Retrieved from the Center for Law and Social Policy website: <http://www.clasp.org/resources-and-publications/publication-1/State-Strategies-to-Support-Developmental-Screening-in-Early-Childhood-Settings.pdf>
124. Administration for Children and Families, U.S. Department of Health and Human Services. (n.d.). Birth to 5: Watch Me Thrive! [Web page, last reviewed January 2017]. Retrieved May 22, 2017, from: <https://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive>
125. Administration for Children and Families, U.S. Department of Health and Human Services. (2014). *Birth to 5: Watch Me Thrive! A compendium of screening measures for young children*. Retrieved from https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf
126. Center for Disease Control and Prevention, U.S. Department of Health and Human Services. (n.d.). Learn the signs. Act early. [Web page, last updated October 2016]. Retrieved May 22, 2017, from <https://www.cdc.gov/ncbddd/actearly/index.html>
127. Child Care and Development Fund, 45 C.F.R. §98.33(c)(1-2) (2016).
128. Zero to Three. (2012). *Achieving the promise of a bright future: Developmental screening of infants and toddlers*. Retrieved from <https://www.zerotothree.org/resources/71-achieving-the-promise-of-a-bright-future-developmental-screening-of-infants-and-toddlers#downloads>
129. Kavanagh, J., Gerdes, M., Sell, K., Jimenez, M., & Guevara, J. (2012). *An integrated approach to supporting child development*. Retrieved from the Policy Lab website: http://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab_EtoA_SERIES_Developmental_Screening_Summer_2012.pdf
130. Zero to Three. (2017). *DC:0–5 diagnostic classification of mental health and developmental disorders of infancy and early childhood*. Washington, DC: Author.
131. Zero to Three, *Planting seeds* (see note 48).
132. University of California, San Francisco. (n.d.). Child-parent psychotherapy training [Web page]. Retrieved May 22, 2017, from <http://childtrauma.ucsf.edu/child-parent-psychotherapy-training>
133. PCIT International. (n.d.). Parent-child interaction therapy [Website]. Retrieved May 22, 2017, from <http://www.pcit.org/>



134. The National Child Traumatic Stress Network. (2012). ABC: Attachment and biobehavioral catch-up: General information. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/abc_general.pdf
135. Fox, L., Smith, B. J., Hemmeter, M. L., Strain, P., & Corso, R. (2015). *Using the Pyramid Model to address suspension and expulsion in early childhood settings*. Retrieved from the Pyramid Model Consortium website: http://challengingbehavior.fmhi.usf.edu/explore/webinars/11.19.15_tacsei_webinar/3_Pyramid%20to%20address%20suspension.pdf
136. Cimino, J., Forrest., L. L., Smith, B. J., Stainback-Tracy, K. (2007). *Evidence-based competencies for promoting social and emotional development and addressing challenging behavior in early care and education settings*. Retrieved from the Center on the Social and Emotional Foundations for Early Learning website: http://csefel.vanderbilt.edu/resources/states/se_competencies.pdf.
137. Tominey, S., & Rivers, S. E. (2012). *Social-emotional skills in preschool education in the state of Connecticut: Current practice and implications for child development*. Retrieved from http://ei.yale.edu/wp-content/uploads/2013/06/Social-Emotional_Skills_CT_Yale.pdf
138. Lopez., A., & Zepeda, M. (2012). *Dual language learner teacher competencies report*. Retrieved from the BUILD Initiative website: <http://www.buildinitiative.org/Portals/0/Uploads/Documents/DualLanguageLearnerTeacherCompetenciesReport.pdf>
139. Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. (n.d.). Social and emotional development [Web page, updated June 2015]. Retrieved May 22, 2017, from https://eclkc.ohs.acf.hhs.gov/hslc/hs/sr/approach/elo/seo_dev.html
140. Michigan Association for Infant Mental Health. (n.d.). Alliance for the advancement of infant mental health [Website]. Retrieved May 22, 2017, from <http://mi-aimh.org/feature/the-alliance-for-the-advancement-of-imh/>
141. California Center for Infant-Family and Early Childhood Mental Health. (n.d.) Endorsement [Web page]. Retrieved June 7, 2017, from <http://cacenter-ecmh.org/wp/professional-development/>
142. Gay, G. (2002). Preparing for culturally responsive teaching. *Journal of Teacher Education*, 53(2), 106–116.
143. Early Head Start National Resource Center. (2008). *Revisiting and updating the multicultural principles for Head Start programs serving children ages birth to five*. Washington, DC: Office of Head Start. Retrieved from https://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/pdfs/revisiting%20multicultural%20principles%20for%20head%20start_english.pdf
144. National Association for the Education of Young Children. (n.d.). QRIS implementation: Cultural competence [Web page]. Retrieved May 22, 2017, from <http://www.naeyc.org/policy/statetrends/gris/culturalcompetence>
145. Child Care Development Block Grant Act, 42 U.S.C. § 9858e(b)(1)(C) (2015).
146. Administration for Children and Families, *State and local action to prevent expulsion and suspension* (see note 85).
147. Fonseca et al., *Suspension and expulsion in preschool development states* (see note 86).
148. The National Center on Quality Teaching and Learning. (2014). *Practice-based coaching: Collaborative partnerships*. Washington, DC: Office of Head Start. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/docs/psc-handout.pdf>
149. The Center of Excellence for Infant and Early Childhood Mental Health Consultation. (2017). *Infant and early childhood mental health consultation toolbox*. Washington, DC: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/iecmhc/toolbox>
150. Nagle, G., & Boothe, A. (2010, July 7). Using QRIS as a tool to enhance children’s social-emotional well-being [Webinar materials]. Retrieved from the QRIS National Learning Network website: <http://grisnetwork.org/member/calendar/event/100707/webinar-using-gris-tool-enhance-childrens-social-emotional-well-being>



151. Atkins-Burnett, S., Monahan, S., Tarullo, L., Xue, Y., Cavadel, E., Malone, L., & Akers, L. (2015). Measuring the Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIT). OPRE Report 2015-13. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/measuring_the_quality_of_caregiver_child_interactions_for_infants_and.pdf
152. U.S. Department of Education. (n.d.). School climate and discipline: Know the law [Web page, last updated July 2016]. Retrieved May 22, 2017, from <https://ed.gov/policy/gen/guid/school-discipline/law.html>
153. Capatosto, K. (2015). *Strategies for addressing implicit bias in early childhood education*. Retrieved from the Kirwan Institute for the Study of Race and Ethnicity website: <http://kirwaninstitute.osu.edu/wp-content/uploads/2015/06/implicit-bias-strategies.pdf>
154. Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. (n.d.). Cultural and linguistic responsiveness [Web page, last updated June 2016]. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic>
155. Ounce of Prevention Fund. (n.d.). Lead learn excel [Web page]. Retrieved May 23, 2017, from <https://www.theounce.org/lead-learn-excel/>
156. The Pyramid Model Consortium. (n.d.). Suspension and expulsion [Web page]. Retrieved May 23, 2017, from <http://www.pyramidmodel.org/resource/suspension-and-expulsion/>
157. Vinh, M., Strain, P., Davidon, S., & Smith, B. J. (2016). One state's systems change efforts to reduce child care expulsion: Taking the Pyramid Model to scale. *Topics in Early Childhood Special Education*, 36, 159–164. Retrieved from <http://fpg.unc.edu/resources/one-states-systems-change-efforts-reduce-child-care-expulsion-taking-pyramid-model-scale>
158. Gooze, R. (2014). The health and well-being of early childhood educators: A need for compassion and commitment. Retrieved from the Child Trends website: <https://www.childtrends.org/the-health-and-well-being-of-early-childhood-educators-a-need-for-compassion-and-commitment/>
159. Whitebook, M., McLean, C., & Austin, L. J. E. (2016). *Early childhood workforce index: 2016*. Retrieved from the Center for the Study of Child Care Employment website: <http://cscce.berkeley.edu/files/2016/Early-Childhood-Workforce-Index-2016.pdf>
160. Tarrant, K. (2015). *State policy to promote effective teaching that improves children's learning*. Retrieved from the BUILD Initiative website: <http://buildinitiative.org/Portals/0/Uploads/Documents/WorkingPaperStatePolicytoPromoteEffectiveTeachingthatImprovesChildrensLearning.pdf>
161. The Center for Enhancing Early Learning Outcomes and the BUILD Initiative. (n.d.). Teaching and learning [web page]. Retrieved May 23, 2017, from: <http://ceelo.org/teaching-and-learning/>.
162. Tarrant, K. (2015). *State policy to promote effective teaching and learning, Discussion guide: In what ways do teaching condition[s] support effective teachers?* Retrieved from the BUILD Initiative website: <http://buildinitiative.org/Portals/0/Uploads/Documents/TeachingLearningDiscussionGuide.pdf>
163. Center for the Study of Child Care Employment. (2014). *Supportive environmental quality underlying adult learning* [Assessment tool]. Retrieved May 23, 2017, from <http://cscce.berkeley.edu/sequal/>
164. McCormick Center for Early Childhood Leadership. (n.d.). *Early childhood work environment survey* [Assessment tool]. Retrieved May 23, 2017, from <http://mccormickcenter.nl.edu/tag/early-childhood-work-environment-survey/>
165. McCormick Center for Early Childhood Leadership.(n.d.). *Program administration scale* [Assessment tool]. Retrieved May 23, 2017, from <http://mccormickcenter.nl.edu/program-evaluation/program-administration-scale-pas/>
166. Bella, J., & Bloom, P. J. (2015, January 20). Measuring, monitoring, and improving the quality of work life in early childhood programs [Webinar materials]. Retrieved from the QRIS National Learning Network website: <http://qrisnetwork.org/member/calendar/event/150120/measuring-monitoring-and-improving-quality-work-life-early-childhood-pr>



167. McCormick Center for Early Childhood Leadership. (n.d.) ECWES and PAS crosswalk. Retrieved from the QRIS National Learning Network website: <http://qrisnetwork.org/resource/2015/ecwes-and-pas-crosswalk>
168. The Center of Excellence for Infant and Early Childhood Mental Health Consultation, Infant and early childhood mental health consultation toolbox (see note 149).
169. The RAINE Group. (n.d.). Early childhood mental health consultation: Protects and maximizes our national investment in early care and education. Retrieved from http://indigoculturalcenter.org/wp-content/uploads/2015/11/RAINE-ecmhc_infographics_finalF_Proof5.pdf
170. Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. (n.d.). What is reflective supervision [Web page, last updated August 2015]. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/reflective-supervision>
171. Parlakian, R. (2016). *Look, listen, and learning: Reflective supervision and relationship-based work*. Washington, DC: Zero to Three.
172. Matthews et al., *Implementing the Child Care and Development Block Grant reauthorization* (see note 92).
173. Barnett, W. S., & Kasmin, R. (2017). *Teacher compensation parity policies and state-funded pre-k programs*. Retrieved from the National Institute for Early Education Research website: http://nieer.org/wp-content/uploads/2017/04/Pre-K-Parity-Report_Final.pdf
174. Howes, C., Phillipps, D., Whitebook, M. (2014). *Worthy work, still unlivable wages: The early childhood workforce 25 years after the national child care staffing study*. Berkeley, CA: Center for the Study of Child Care Employment. Retrieved from <http://cscce.berkeley.edu/worthy-work-still-unlivable-wages/>
175. Whitebook et al., *Early childhood workforce index: 2016* (see note 159).
176. Ibid.
177. The Center of Excellence for Infant and Early Childhood Mental Health Consultation, Infant and early childhood mental health consultation toolbox (see note 149).
178. Ibid.
179. Zero to Three, *Planting seeds* (see note 48).
180. California Center for Infant-Family and Early Childhood Mental Health, Endorsement (see note 141).
181. Michigan Association for Infant Mental Health, Alliance for the advancement of infant mental health (see note 140).
182. Illinois Association for Infant Mental Health. (n.d.). Infant and Early Childhood Mental Health Credential (IECMH-C) System: Building a strong, infant/early childhood mental health workforce [Web page]. Retrieved May 23, 2017, from <https://www.ilaimh.org/what-we-do/infant-and-early-childhood-mental-health-credential-project/>
183. Gilliam, W. S. (2007). *Reducing behavior problems in early care and education programs: An evaluation of Connecticut's Early Childhood Consultation Partnership*. Farmington, CT: Child Health and Development Institute of Connecticut.
184. The RAINE Group, *Early childhood mental health consultation* (see note 169).
185. Hepburn, K. S., Perry, D. F., Shivers, E. M., & Gilliam, W. (2013). Early childhood mental health consultation as an evidence-based practice: Where does it stand? *Zero to Three*, 33(5), 10–19.
186. The RAINE Group, *Early childhood mental health consultation* (see note 169).
187. The Center of Excellence for Infant and Early Childhood Mental Health Consultation, Infant and early childhood mental health consultation toolbox (see note 149).
188. The Center of Excellence for Infant and Early Childhood Mental Health Consultation. (2017). *Infant and early childhood mental health consultation toolbox: Systems and policy*. Washington, DC: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/iecmhc/toolbox/systems-policy>



189. The Center of Excellence for Infant and Early Childhood Mental Health Consultation. (2017). *Infant and early childhood mental health consultation toolbox: Models*. Washington, DC: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/iecmhc/toolbox/models>
190. The Center of Excellence for Infant and Early Childhood Mental Health Consultation. (2017). *Infant and early childhood mental health consultation toolbox: Competencies*. Washington, DC: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/iecmhc/toolbox/competencies>
191. The Center of Excellence for Infant and Early Childhood Mental Health Consultation. (2017). *Infant and early childhood mental health consultation toolbox: Financing*. Retrieved from <https://www.samhsa.gov/iecmhc/toolbox/financing>

This document was developed with funds from Contract #HHSP2332015000711 for the U.S Department of Health and Human Services, Administration for Children and Families, Office of Child Care, by the Child Care State Capacity Building Center. This resource may be duplicated for noncommercial uses without permission.

The State Capacity Building Center (SCBC) works with state and territory leaders and their partners to create innovative early childhood systems and programs that improve results for children and families. The SCBC is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care.

**State Capacity Building Center,
A Service of the Office of Child Care**

9300 Lee Highway
Fairfax, VA 22031

Phone: 877-296-2401
Email: CapacityBuildingCenter@ecetta.info

Subscribe to Updates
http://www.occ-cmc.org/occannouncements_sign-up/



ADMINISTRATION FOR
CHILDREN & FAMILIES